

Congregate Living Facility Guidance for Prevention and Management of COVID-19 “Orange Tier”

Preliminary Guidance for Homeless Service Providers
Updated: May 13, 2021

This guidance was developed by Contra Costa Health Services (CCHS) for use by providers and staff serving individuals and families experiencing homelessness. The purpose of this document is to assist in preparing your facility, staff, and residents for possible cases of COVID-19. These recommendations will be posted online at <https://cchealth.org/coronavirus> and updated as new information becomes available.

Our community is being categorized in the “Orange Tier” as assigned by the State based on our COVID-19 test positivity rate and adjusted case rate. The Health Officer, at any time, may revert to less or more strict practices should the community conditions change, and we move to a different tier.

For more information on Contra Costa’s tier status, go to <https://covid19.ca.gov/safer-economy/>

BACKGROUND: COVID-19 is a respiratory infection caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. The most common signs and symptoms of infection include fever, cough, and difficulty breathing. Based on the limited available data, older adults and those with chronic medical conditions are at highest risk for severe illness.

COVID-19 may be introduced into a shelter and/or congregate living facility by admitted residents, staff, or visitors. Spread can occur between and among residents, healthcare personnel, staff and visitors. Spread is thought to mostly occur through respiratory droplets in the air or on surfaces.

GENERAL MEASURES THAT CAN BE IMPLEMENTED NOW

- **Get Vaccinated** against COVID-19. All people ages 12 and older are [eligible to get vaccinated through Contra Costa Health Services \(CCHS\)](#), even if they do not live or work in Contra Costa County.
- **Educate staff and residents** on the novel coronavirus, symptoms, how it is spread, and preventive measures that can reduce the spread of viruses like COVID-19.
- **Gather and/or procure necessary cleaning supplies**, personal protective equipment, and signage.
- **Increase frequency of facility cleanings.**



- **Perform daily active monitoring** for residents in the facility who may have fever and respiratory symptoms.
- **Identify private rooms** or create spaces that can be used to isolate individuals who may be sick
- **Plan for employee absences and ways to keep essential services operational**, including food service.
- **Stay up to date** with local and state COVID-19 activity and developments from [CCHS](#).

***All “required” items below come from Health Officer Order HO-COVID19-06 found here:**

[https://813dcad3-2b07-4f3f-a25e-](https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_a6073a4ed9bb4659b541f30cd894632d.pdf)

[23c48c566922.filesusr.com/ugd/84606e_a6073a4ed9bb4659b541f30cd894632d.pdf](https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_a6073a4ed9bb4659b541f30cd894632d.pdf). The order addresses:

- Temperature Screening
- Self-Evaluation
- Prohibition of Entry
- Masking
- Physical Distancing
- Notification to emergency dispatch and ambulance transporters
- Staff working at multiple facilities

EDUCATE STAFF AND RESIDENTS

Hand Hygiene and Respiratory/Cough Etiquette:

RECOMMENDED:

Staff should review and follow recommendations for hand hygiene before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).

- For more information about hand hygiene, procedures, and recommendations, please view the following link: <https://www.cdc.gov/handwashing/when-how-handwashing.html>
- Staff should encourage more frequent handwashing and/or use of alcohol-based hand sanitizer when in group settings or when water is not available.
- Place hand sanitizer at front desks, inside and outside residents’ rooms, in staff offices; have sinks available with soap and paper towels for hand washing.
- Coughing should be done in a tissue and/or the curve of the elbow.

Signage:

REQUIRED:

- Health Order HO-COVID-19-06 (8) requires a posting of the Health Order to be posted at all entrances to each facility. For the full order, go to: https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_a6073a4ed9bb4659b541f30cd894632d.pdf

RECOMMENDED:

- Posting signs encouraging hand hygiene and respiratory etiquette in all common areas around your facility is a great way to spread information, and to teach or remind staff and clients how to practice good hygiene. Hand hygiene signage written in multiple translations is available for download at <https://www.cdc.gov/handwashing/posters.html>
- Signs should be posted at:
 - Entrances and exits
 - Communal gathering areas



- Dining areas
- Bathrooms
- Staff lounges
- Dormitories or sleeping areas

Personal Protective Equipment (PPE)

REQUIRED:

- Staff, residents, and adult visitors are always required to wear a surgical mask or cloth mask or other cloth covering while in the facility. *Residents are not required to wear a mask while they are in their single occupancy sleeping quarters.*

RECOMMENDED:

- Staff should use Personal Protective Equipment (PPE) and be trained to use Standard Precautions when cleaning and decontaminating.
- Post signs on the door or wall outside of the resident room that clearly describe the type of required PPE.
- Make PPE, including facemasks and gloves, available immediately outside of the resident spaces.
Position a trash can near the exit inside any resident room to make it easy for staff and consumers to discard PPE.

Agency and Facility Emergency Operations Plan:

RECOMMENDED:

It is also recommended to develop or update the agency or facility emergency operations plan. The plan should include at minimum:

- A list of key contacts at local and state health departments.
- Identify a list of healthcare facilities and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care.

Contingency plans for increased absenteeism caused by employee illness or leave to care for family members. (Consider planning for extended hours, cross-training current employees, or hiring temporary employees).

FACILITY SANITATION & HYGIENE PRACTICES

Cleaning and Disinfecting Shelters and Other Residential Programs:

To reduce the spread of infectious diseases at your facility, provide basic hygiene supplies (refer to next section) to staff and residents, clean and decontaminate regularly, and post information on how to reduce transmission. This will reduce the spread of diseases through the air and through droplets, and will also reduce diseases spread through contact, like COVID-19.

RECOMMENDED:

- Clean and sanitize frequently touched surfaces several times per day. Pay special attention to doorknobs, light switches, elevator buttons, public phones, banisters, tabletops, handrails/bedrails, toys, faucets, copy machines, etc.



- Wash surfaces with a general household cleaner to remove germs. Rinse with water and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against Novel Coronavirus SARS-CoV-2. EPA-registered products can be found at <https://cfpub.epa.gov/giwiz/disinfectants/index.cfm>
- If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. An EPA- registered disinfection usually requires the product to remain on the surface for a certain period (e.g., letting it stand for 3 to 5 minutes) to kill germs.
- Staff and/or residents performing the cleaning and disinfecting should use disposable gloves each time they perform the cleaning procedures.
- Use damp cloth cleaning methods. Dry dusting or sweeping can cause airborne viruses to spread
- Change mop heads, rags, and similar items used for cleaning and disinfecting frequently.
- Clean, disinfect, and dry equipment used for cleaning after each use.
- Items such as dishes, linens, or eating utensils do not need to be cleaned separately, but it important to note these items should not be shared or used by others.
- All trash cans should have plastic liners.
- Empty trash receptacles frequently throughout the day.
- Consider setting up "hygiene stations" in designated areas with hand sanitizer, tissues, masks, a garbage can, and educational signs. None of these supplies will prevent infection by simply being in your facility, so train staff to use them regularly and to teach residents how to effectively use them too.

Necessary Supplies:

- Hand sanitizer (with at least 60% alcohol) should be located at:
 - All entrances and exits
 - Front desks
 - Staff offices
 - Kitchen
 - Dining areas
 - Public phones
 - Computer stations
 - Elevators
 - Community/multi-purpose rooms
 - Dormitory or sleeping areas
- Liquid hand soap
- Paper hand towels
- Facial tissues– place at entrances and community areas
- Disposable surgical masks/surgical mask substitute
 - For all staff in the facility and for symptomatic residents
- Plastic-lined wastebaskets (for used tissues and masks) with closing lids
- Gloves in a variety of sizes
- Alcohol wipes
- EPA certified cleaning and disinfecting products

ALTERATIONS TO DAILY OPERATIONS AND STAFF



Please follow the guidance below for “Orange Tier” changes

Visitors to facility:

REQUIRED:

- Individuals who are not a patient or existing or new resident at a facility shall:
 - Immediately prior to entering a facility must perform self-evaluation for symptoms for COVID-19 or other respiratory illness, including fever, sore throat, coughing, shortness of breath, or general weakness in the past seven days and report to the site manager; and
 - Physically distance at least 6 feet from others; and
 - Wear a mask; and
 - Be denied entry to the facility if any symptoms listed above. (See full Health Order for exemptions).

The Health Officer has determined that anyone approved for IHSS hours should be allowed to have visits from their IHSS worker in their rooms. The IHSS worker must always wear a mask with the patient (in the room and outside). Programmatically, the IHSS worker should follow the same process that other health providers are following. This means they should provide proof that they are indeed an IHSS worker and that they are assigned hours for the patient they are serving. They should also check in with staff prior to entering a client room.

Transportation of clients

RECOMMENDED:

While in the Orange Tier, it is recommended that staff who are 14 days post completion of final dose in their vaccination series can transport clients if the following is adhered to:

- Masks must be worn at all times by passengers and drivers
- Maintain 6ft of distance while outside the vehicle
- Properly wash/sanitize hands before and after each transport
- Only transport one passenger at a time, unless transportation is for a family/couple
- To increase airflow and circulation in the vehicle, the rear driver and front passenger windows should be completely rolled down during transit, if not possible, rolling windows down halfway is also acceptable
- All passengers should sit in the back of the vehicle
- Ask passenger to handle their own personal bags and belongings during pick-up and drop-off.
- Provide hand sanitizer to all passengers

Clean and disinfect

- Get and carry cleaning and disinfectant spray or disposable wipes and disposal trash bags with you in your vehicle.
- Follow the directions on the cleaning product’s label.
- If surfaces are visibly dirty, they should be cleaned with detergent or soap and water prior to disinfection.
- At a minimum, clean and disinfect frequently touched surfaces in the vehicle at the beginning and end of each shift, and between transporting passengers who are sick.
- Appropriate disinfectants for hard non-porous surfaces include:



- [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#)
- Diluted household bleach solutions prepared and used according to the manufacturers label for disinfection if appropriate for the surface

Practice everyday preventive actions

- Avoid touching your eyes, nose, or mouth.
- Proper [hand hygiene](#) is an important infection control measure. Keep in mind where you can access and use facilities with soap and water during your shift. Wash your hands regularly with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Key times to clean hands include:
 - Before, during, and after preparing food
 - Before eating food
 - Before and after using the toilet
 - After blowing your nose, coughing, or sneezing
- Additional times on the job to clean hands include:
 - Before and after work shifts
 - Before and after work breaks
 - After handling passengers' personal belongings, if unavoidable
 - Between rides and after handling/exchanging money
 - After putting on, touching, or removing masks
 - Before wearing and after removing cold-weather gloves
 - Before and after pumping gas
- Carry tissues in your vehicle to use when you cough, sneeze, or touch your face. Throw used tissues in the trash.

Stay home if you are sick

- If you develop a fever, or symptoms such as a cough or difficulty breathing, call your healthcare provider for medical advice and guidance before visiting their office.
- You should not return to work until the [criteria to discontinue home isolation](#) are met, after talking with your doctor or nurse.
- <https://advances.sciencemag.org/content/7/1/eabe0166.full>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html>

Home Visiting

RECOMMENDED:

While in the Orange Tier, it is recommended that staff who are 14 days post final dose in their vaccination series can perform home visits to clients by adhering to the following recommendations:

- Masks must be always worn by both staff and the client
- Staff and client must always maintain 6ft of social distance
- Wash hands/sanitize before and after each home visit
- If available, ask to open windows/doors of home to increase airflow/circulation
- When possible meet outside

Practice everyday preventive actions



- Avoid touching your eyes, nose, or mouth.
- Proper [hand hygiene](#) is an important infection control measure. Keep in mind where you can access and use facilities with soap and water during your shift. Wash your hands regularly with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Key times to clean hands include:
 - Before, during, and after preparing food
 - Before eating food
 - Before and after using the toilet
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 - After putting on, touching, or removing masks
 - Before wearing and after removing cold-weather gloves
 - Before and after pumping gas
- Carry tissues in your vehicle to use when you cough, sneeze, or touch your face. Throw used tissues in the trash.

Stay home if you are sick

- If you develop a fever, or symptoms such as a cough or difficulty breathing, call your healthcare provider for medical advice and guidance before visiting their office.
- You should not return to work until the [criteria to discontinue home isolation](#) are met, after talking with your doctor or nurse.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html>

DINING AND MULTIPURPOSE AREA

Please follow the guidance below for “Orange Tier” changes

REQUIRED:

- **Providers operating shelters with single room occupancy, winter homeless shelters, and day shelters (ex. CARE centers) can serve meals indoors at 50% capacity with proper social distancing.** Our community is being categorized in the “Orange Tier” as assigned by the State based on our COVID-19 test positivity rate and adjusted case rate. The health officer, at any time, may revert to less or more strict practices should the community conditions change, and we move to a different tier.

For more information use the state tier restrictions here <https://covid19.ca.gov/safer-economy/> (Select “Restaurant (dine-in) in the Activity search field).

See the link here for the Full Health Order regarding indoor eating:
<https://www.coronavirus.cchealth.org/health-orders>

RECOMMENDED:

Kitchen/communal dining:



- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
 - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. [Wash hands](#) after handling used food service items.
- In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.

Outdoor Eating Use:

- Everyone must be masked prior to entering the dining space
- Mask must be removed to eat and drink and immediately replaced when eating is finished
- Station staff at entrances and exits to monitor and enforce this protocol
- All food must be stored and served individually (trays, cereal, etc.)
- No eating or serving from large containers
- Use all disposable utensils, plates, and cups
- Residential group activities are prohibited

For information on outdoor eating please reference the state guidance here:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Guidance-for-the-Prevention-of-COVID-19-Transmission-for-Gatherings-10-09.aspx>

SHELTER SLEEPING ARRANGEMENTS

Please follow the guidance below for “Orange Tier” changes

Congregate Shelter

RECOMMENDED:

While in the **Orange tier**, it is recommended that congregate shelters can maintain operations at 25% occupancy. Congregate shelters can house more than one household in a room/unit if all adult household members/individuals are 14 days post final dose in their vaccination series (*it is okay for client to self-report vaccine status if they do not have documentation of vaccination completion*). It is recommended that participants are vaccinated prior to entry, but a vaccine should not be a requirement for entry.

To safely operate shelter programs, please adhere to the following:

- All new clients must take a rapid COVID test (antigen test) prior to entry. If the test is negative client/household can be admitted into the program. If client/household member tests positive, they will need to get re-tested and quarantine prior to entry.
- Rooms/units can be shared if all adult household members are 14 days post final dose in their vaccination series. If a participant/adult household member is not vaccinated, rooms cannot be shared with other households.
- Masks must always be worn when the individual/household is outside of their room
- Staff and clients must always maintain 6ft of social distance
- Limit visitors who are not clients, staff, or volunteers



- 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 to at least 6 feet.
- Encourage proper handwashing etiquette
- Continue to monitor and screen daily for COVID symptoms
- For clients with mild respiratory symptoms consistent with COVID-19 refer to section “Care for Symptomatic Residents.”

Kitchen/communal dining

- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
 - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. [Wash hands](#) after handling used food service items.
- In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.

Sleeping Areas

- In general sleeping areas (for those who are not experiencing respiratory symptoms), try to make sure client’s faces are at least 6 feet apart.
 - Align mats/beds so clients sleep head-to-toe.
- Staff and client must maintain 6ft of social distance at all times
 - Use temporary barriers between mats/beds, such as curtains.
 - Align mats/beds so clients sleep head-to-toe.
- Beds/cots should be spaced at minimum of 6ft apart
- Encourage proper handwashing etiquette
- Continue to monitor and screen daily for COVID symptoms
- For clients with mild respiratory symptoms consistent with COVID-19 refer to section “Care for Symptomatic Residents.”

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

Facility ventilation considerations

- Ensure ventilation systems operate properly and per established local/national codes. Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
- Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area. Identifying the best steps for your specific facility will depend on a number of factors including but not limited to layout, number of occupants, environmental factors, and available resources. Potential steps include:
 - Increase the percentage of outdoor air (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with



- HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
- Increase total airflow supply to occupied spaces, if possible.
 - Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
 - Improve central air filtration:
 - [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.
 - [Generate clean-to-less-clean air movements](#) by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish observable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open). Careful placement of window exhaust fans can also assist in establishing directional airflow.
 - Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help [enhance air cleaning](#) (especially in higher-risk areas). HEPA systems not only capture and remove potentially infectious particles in the air but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
 - Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
 - Consider using [ultraviolet germicidal irradiation \(UVGI\)](#) as a supplemental technique to inactivate potential airborne virus in the [upper-room](#) air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Single Room Shelter Programs:

RECOMMENDED:

While in the **Orange** tier, it is recommended that shelters can house more than one household in a room/unit if all adult household members/individuals are 14 days post final dose in their vaccination series (*it is okay for client to self-report vaccine status if they do not have documentation of vaccination completion*). It is recommended that participants are vaccinated prior to entry, but a vaccine should not be a requirement for entry. If a participant is not vaccinated, rooms cannot be shared with other households.



To safely operate shelter programs, please continue to adhere to the following:

- All shelters have access to rapid COVID antigen tests. All new clients must take a rapid COVID test (antigen test) prior to entry. If the test is negative client/household can be admitted into the program. If client/household member tests positive, they will need to get re-tested and quarantine prior to entry. All household member, including children, need a negative test prior to admission.
- Rooms/units can be shared if all adult household members are 14 days post final dose in their vaccination series. Households with children can share rooms with other households so long as all adult household members are 14 days post final dose of vaccination series.
- Make sure that shared rooms in the facility have good air flow from an air conditioner or an opened window.
- Masks must always be worn when the individual/household is outside of their room
- Staff and clients must always maintain 6ft of social distance
- Limit visitors who are not clients, staff, or volunteers
- 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 to at least 6 feet.
- Encourage proper handwashing etiquette
- Continue to monitor and screen daily for COVID symptoms
- For clients with mild respiratory symptoms consistent with COVID-19 refer to section “Care for Symptomatic Residents.”

Kitchen/communal dining

- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
 - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. [Wash hands](#) after handling used food service items.
- In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.
- <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

Facility ventilation considerations

- Ensure ventilation systems operate properly and per established local/national codes. Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
- Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area. Identifying the best steps for your specific facility will depend on a number of factors including but not limited to layout, number of occupants, environmental factors, and available resources. Potential steps include:
 - Increase the percentage of outdoor air (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with



- HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
- Increase total airflow supply to occupied spaces, if possible.
 - Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
 - Improve central air filtration:
 - [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.
 - [Generate clean-to-less-clean air movements](#) by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish observable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open). Careful placement of window exhaust fans can also assist in establishing directional airflow.
 - Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help [enhance air cleaning](#) (especially in higher-risk areas). HEPA systems not only capture and remove potentially infectious particles in the air but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
 - Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
 - Consider using [ultraviolet germicidal irradiation \(UVGI\)](#) as a supplemental technique to inactivate potential airborne virus in the [upper-room](#) air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Winter Shelter Programs:

RECOMMENDED:

For indoor “camp -style” setup with tents:

- Each tent must be 12 ft apart.
- One family per tent (no mixing).
- Mask required anytime outside of tent space (walking to the restroom, etc).
- Meals must be delivered “take out” style and delivered at each tent “door”.



- Meals must be taken either 1) inside tent, 2) outside in open space 6ft between table/1 family per table, or directly beside tent area at a small table assigned only to that family (12ft apart).
- Provide one new tent per person/family, and/or air out tents for 24 hours between uses.
- Must observe congregate facility guidelines on proper cleaning, PPE, temp checks, etc.
- If rotating locations, consider rotating to fewer locations over the winter and for longer periods of time between rotation.
- Recommended creating a closed group of participants for the duration of the winter program, with no introductions of new participants mid-program, to prevent introduction of COVID-19.

USE OF SOCIAL DISTANCING PRACTICES IN STAFF AND CLIENT MEETINGS

REQUIRED:

- All residents of a Facility shall practice physical distancing by remaining at least 6 feet apart from other persons when out of their individual rooms.
- For more information on social distancing practices see the health order here: <https://www.coronavirus.cchealth.org/health-orders>

RECOMMENDED

- Greet and interact with clients from a distance of 6 feet when possible.
- Explain that you are taking additional precautions to protect yourself and the client from COVID-19.
- Wear gloves if you need to handle client belongings (wash hands or use sanitizer before and after wearing gloves).
- Provide all clients with hygiene products when available.
- Conduct house or shelter-wide meetings where consumers are instead of gathering as a large group.
- Maintain good hand hygiene by washing hands with soap and water for at least 20 seconds or using hand sanitizer (with at least 60%) alcohol on a regular basis.
- If at any point staff does not feel they are able to protect themselves and clients from spread of COVID-19 (i.e., symptomatic client declines to wear mask or if unable to maintain a distance of 6 feet) contact supervisor.

MONITORING AND SCREENING FOR SYMPTOMS

Preventing the spread of illness at each site is very important, but with new residents coming and going all the time, sick residents will inevitably enter program sites. Sites need to be able to **identify** sick residents, **isolate** them from other residents and staff members, and work with appropriate medical staff.

Monitoring:

Active surveillance should be performed daily to help identify residents showing signs of respiratory illness. Surveillance activities include, but are not limited to:

- Checking in daily with all residents and staff for symptoms (please see Screening Questionnaire below).
- Watching for trends in your facility regarding residents and staff with fevers and respiratory symptoms.

Screening and Identification:



Implement routine screening procedures to help identify potentially ill staff, residents and visitors. Screening for these symptoms can be accomplished through a combination of self-screening and screening questionnaires administered by general staff, with a follow-up done by a medical professional.

Remember, having symptoms is NOT a reason to exit a client from your facility or services.

REQUIRED:

- Individuals who are not a patient or existing or new resident at a facility shall:
 - Immediately prior to entering a facility, self-evaluation for symptoms for COVID-19 or other respiratory illness, including fever, sore throat, coughing, shortness of breath, or general weakness in the past seven days and report to the site manager;
 - Be denied entry to the facility if has identified any symptoms listed above. (See full Health Order for exemptions)

RECOMMENDED:

Self-screening refers to residents identifying themselves as having symptoms. The following activities may encourage self-screening among residents:

- Post signs with general symptoms near the entrance of your site and in other key locations, such as bathrooms.
- Post signs with instructions to notify staff if clients are feeling unwell.
- Remind clients upon check-in and at community meetings of common symptoms of infectious diseases, and how they should notify staff.

If a resident feels ill and is reporting any of the symptoms outlined below, follow the guidance under the “Care for Symptomatic Residents” section. If they feel ill with symptoms that are not included below, have staff record the residents’ names, symptoms, and room/bed numbers so they can be followed up with later by a supervisor, counselor, clinician, or case manager (unless the situation is urgent and needs immediate medical attention).

Screening questionnaire is a simple survey that helps to quickly identify if a resident may be sick.

The following screening questions should be asked at intake and daily:

- Contact with a confirmed COVID-19 positive patient (within the last 14 days).
- Fever (100 degrees or higher; may rely on patient self-report).
- New cough or a cough that is getting worse.
- New or worsening shortness of breath or difficulty breathing.
- New onset of diarrhea.

For information on temperature screening please visit: https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_24a9cefea3aa461da78210df0d5c57f3.pdf

CARE FOR SYMPTOMATIC RESIDENTS

REQUIRED:

- If there is a suspected or confirmed case of COVID-19 at the facility and either an emergency medical response to, or transport by ambulance from the facility is requested, the facility operator must notify the dispatcher and ambulance operator of the presence of a suspected or confirmed case of COVID-19 and the COVID-19 status, if known, of the patient or resident to be transported.



RECOMMENDED:

If a resident develops any of the symptoms outlined in the previous section symptoms, the facility should follow the process outlined here: https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_e9fafec2151a4df1b4073007f0a69ec9.pdf

TESTING OF INDIVIDUALS IN SHELTERS OR LIVING IN CONGREGATE SETTINGS

Contra Costa Health Services will screen and test individuals for COVID-19 who are living in congregate settings. For staff at congregate settings, please advise staff to schedule their own appointment for testing. For information on county testing, please go to:

<https://www.coronavirus.cchealth.org/get-tested>

For the most up-to-date guidance for the testing process, please go to:

<https://www.coronavirus.cchealth.org/for-the-homeless>

WHAT TO DO AFTER COVID-19 INFECTION IS CONFIRMED

When a resident who has tested positive at your facility, please follow this link for instructions and resources: https://813dcad3-2b07-4f3f-a25e-23c48c566922.filesusr.com/ugd/84606e_e9fafec2151a4df1b4073007f0a69ec9.pdf

For more information on steps to take if there is a confirmed positive at your facility please review information at: <https://www.coronavirus.cchealth.org/for-businesses>

CONSIDERATIONS TO PROTECT STAFF AND CONSUMERS**REQUIRED:**

- Facilities must try to avoid as much as possible using employees who have worked at another facility in the past 14 days, while maintaining adequate staffing needs of the facilities. Facilities shall keep a daily log of employees present, identifying any other facilities they have worked at the previous 14 days. That log shall be immediately produced upon demand by any staff of the County Health Services Department. Please see health order for more information, https://813dcad3-2b07-4f3f-a25e23c48c566922.filesusr.com/ugd/84606e_0e966054b968442baa91cd366ead786c.pdf

RECOMMENDED:**Assessing Risk to Employees and Measures to Maintain Their Health:**

- Assess the potential exposure risks to COVID-19 for all employees. Consider those who require prolonged close contact in heavily occupied encampment areas.
- Provide employees with information about preventing the spread of respiratory illnesses. Ensure staff are aware of sick leave policies and are encouraged 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.
- Encourage ill staff and volunteers to stay home (or be sent home if they develop symptoms while at work), to prevent transmitting the infection to others.



- Plan staffing to minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms; have surgical masks for distribution if needed.
- Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients.
- Use self-care practices at home and at work, as appropriate, to support coping and managing stress
 - Acknowledge and reduce secondary traumatic stress reactions
 - This may include taking breaks, asking for help, exercise, healthy eating, sleeping, meditation, avoiding alcohol and drugs, and connecting with others.

Facility ventilation considerations

- Ensure ventilation systems operate properly and per established local/national codes. Increase the indoor delivery of outdoor air as much as possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to clients, staff, volunteers, or visitors using the facility.
- Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional, based on local environmental conditions (temperature/humidity) and ongoing community transmission in the area. Identifying the best steps for your specific facility will depend on a number of factors including but not limited to layout, number of occupants, environmental factors, and available resources. Potential steps include:
 - Increase the percentage of outdoor air (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
 - Increase total airflow supply to occupied spaces, if possible.
 - Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow. If temperatures outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows. The resulting make-up air will come into the building via multiple leak points and blend with indoor air as opposed to a single unconditioned incoming air stream.
 - Improve central air filtration:
 - [Increase air filtration](#) to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
 - Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times.
 - [Generate clean-to-less-clean air movements](#) by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish observable pressure differentials. Have staff work in “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open). Careful placement of window exhaust fans can also assist in establishing directional airflow.



- Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help [enhance air cleaning](#) (especially in higher-risk areas). HEPA systems not only capture and remove potentially infectious particles in the air but their clean air discharge is just as beneficial as fresh outdoor air when it comes to diluting contaminants.
- Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times when possible.
- Consider using [ultraviolet germicidal irradiation \(UVGI\)](#) as a supplemental technique to inactivate potential airborne virus in the [upper-room](#) air of common occupied spaces. Seek consultation with a reputable UVGI manufacturer or an experienced UVGI system designer prior to installing and operating UVGI systems.

For more information go to <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>



ADDITIONAL RESOURCES

Center for Disease Control

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- [Preventing COVID-19 Spread in Communities](#)
- [Coronavirus Disease 2019 Interim Guidance for Homeless Shelters](#)
- [Coronavirus Disease 2019 \(COVID-19\) Print Resources \(handouts and posters\)](#)
- [Managing Anxiety and Stress for Staff and Consumers](#)
- [Cleaning and Disinfection for Community Facilities: Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 \(COVID-19\)](#)
- [Cleaning and Disinfection for Households: Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\)](#)

Department of Housing and Urban Development

- [Preventing and Managing the Spread of Infectious Disease for People Experiencing Homelessness \(PDF\)](#)
- [Preventing and Managing the Spread of Infectious Disease within Shelters \(PDF\)](#)
- [Preventing and Managing the Spread of Infectious Disease within Encampments \(PDF\)](#)

National Healthcare for the Homeless

- [Pandemic Influenza Guidance for Homeless Shelters and Homeless Service Providers](#)

California Department of Public Health

- <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

Contra Costa Health Services

- <https://cchealth.org/coronavirus/>
- [CCHS webpage: "For People Experiencing Homelessness"](#)
- [Guidance from Contra Costa Health Services for Persons at Higher-Risk from COVID-19](#)
- [Healthcare for the Homeless](#)
- [Health, Housing, and Homeless Services](#)
- [Behavioral Health Services](#)

