

Shelter-in-place Guidance During COVID-19 Surges in Homeless Shelters

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When COVID-19 Community Levels are high or when facilities experience outbreaks, normal shelter operations may be impacted by staffing shortages, and clients positive for COVID-19 may exceed available isolation spaces. Modifications to COVID-19 prevention strategies may be needed when resources (staffing, testing, isolation space) are limited, particularly in situations where limited staffing resources may impact the safety and security of clients or staff.

These modifications are offered for crisis situations where resources for additional staffing or isolation space have been exhausted. Shelter directors are in the best position to assess when and how this guidance should be applied. This guidance offers a general approach to isolation on site; shelters may need to tailor these recommendations, depending on the situation encountered and physical space or staffing available.

The primary goals of this guidance are to ensure continuity of operations for shelters and to maintain a client's connection with health care to limit severe disease and death from COVID-19 or other causes when resources are strained.

Considerations for on-site isolation

General isolation recommendations

- The primary concerns when isolating COVID-19-positive clients on site are protecting staff and clients, preventing transmission, and monitoring infected individuals to identify those who may require a higher level of care.
- CDC recommends a 10-day isolation period for clients in high-risk congregate settings, such as shelters: [Quarantine and Isolation \(www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html).
 - When isolation space is full, facilities may consider shortening isolation time in accordance with the CDC general population guidance. However, because limited data suggests that one-third of people are infectious past day five of isolation, this practice is discouraged, except when no other alternatives to isolation are available.
 - Providers should weigh the risks and benefits of shortened isolation as this approach will likely contribute to increased transmission risk.
- Isolate COVID-19-positive clients and symptomatic clients on site by creating three designated zones:
 - Red zone: Clients who **test positive** for COVID-19 (regardless of symptoms).
 - Yellow zone: Clients who **have symptoms** of COVID-19 and their test results are pending or they refuse testing.

- Green zone: Clients who **do not have symptoms** of COVID-19, or clients who are symptomatic but tested negative (two negative antigen tests more than 24 hours apart, a negative PCR test).
- Ensure that clients are monitored, assessed for risk of severe disease, and connected with care to receive medical treatment as indicated.
- Screen clients and staff daily for symptoms. Refer to Appendix G, [COVID-19 Investigation Toolkit for Homeless and Other Congregate Settings \(www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf).
- Offer testing on site.
- Offer surgical/medical masks or KN95s to clients and staff, as supplies allow.
- Ensure that staff have access to recommended personal protective equipment (PPE) if they are caring for clients who are symptomatic or have tested positive for COVID-19.
- Attend to other basic mitigation strategies, such as noncongregate dining and cleaning/disinfection.
- If your facility is experiencing staffing shortages or need access to testing supplies, PPE, or pulse oximeters, please contact the congregate living settings team at: Health.R-Congregate@state.mn.us.

Create separate living areas

Ideally, shelters would create different zones of movement in different rooms, on separate floors, or in separate buildings if shelters are able to partner with other facilities. If separate space does not exist, attempt to create separate spaces by erecting physical barriers, maintaining distance, and improving ventilation ([CDC: Ventilation in Buildings \[www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html\]](http://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html)). It is not optimal to use sheets or curtains to create separate spaces given potential for transmission via short- or long-range aerosols in poorly ventilated spaces. Check with local building and fire code authorities before constructing physical barriers to ensure they meet applicable requirements.

Establish a traffic flow for staff to move from lower risk zones (green zone) to higher risk zones (yellow and red zones). Consider entrances and exits, the location of PPE, and PPE donning and doffing stations. Ensure that all spaces are marked with signage, so staff are alerted to the need for PPE and clients remain in their designated spaces. Refer to [MDH Enhanced Respiratory Precautions \(www.health.state.mn.us/diseases/coronavirus/hcp/ppepresign.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/ppepresign.pdf). All signage should be done in a manner that protects resident privacy and is consistent with applicable federal and state law. Visit [Materials and Resources for COVID-19 Response \(www.health.state.mn.us/diseases/coronavirus/materials/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/materials/index.html).

Consider implementing strategies to maximize ventilation in the facility. Refer to [MDH Heating, Ventilation, and Air Conditioning \(HVAC\) and Fan Considerations for Long-term Care during COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/hvac.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/hvac.pdf).

Zones of movement (refer to Table 1)

Green zone: for clients with no COVID-19 symptoms

- Core mitigation and prevention strategies, including masking, distancing, ventilation, and symptom checking should be fully implemented.
- Beds should be spaced at least 6 feet apart and clients are recommended to sleep head-to-toe to maximize distance.
- Staff and clients (when not sleeping or eating and if medically able) should at a minimum wear a surgical mask and if possible, upgrade to a KN95.

Yellow zone: for clients with possible COVID-19 symptoms

- If single rooms can be provided for clients assigned to the yellow zone, that is optimal, given the higher likelihood of mixed COVID-19 status (i.e., some symptomatic people may not have COVID-19, but may have other respiratory illness). Next best would be a large room with beds, generously spaced (more than 6 feet apart) with clients sleeping head-to-toe.
- Emphasize maximizing physical distance, mask use, and increased ventilation/air filtration.
- If there are a limited number of single rooms, consider prioritizing the single rooms for people at increased risk of severe illness from COVID-19: [CDC: COVID-19 Information for Specific Groups of People \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html).
- Clients who are symptomatic should be tested.
- Clients with a negative PCR test or two negative antigen tests separated by 24 hours, or with an alternative diagnosis, may return to the green zone; emphasize importance of mask use.
- After returning to the green zone, continue to monitor symptoms and follow the facility's usual protocol for caring for residents with non-COVID related illness. If symptoms continue or worsen, consult with a clinician and consider retesting.
- Antigen testing is preferred for clients who had COVID-19 in the prior 90 days and have developed new symptoms consistent with COVID-19.
- Designate specific staff to the yellow zone as much as possible. Staff working in the yellow zone should at a minimum wear eye protection (goggles or face shield), an N95 or higher-level respirator (or KN95 or surgical mask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves.

Red zone: for isolation, triage, and care

- Check in with clients at least twice daily to assess their COVID-19 symptoms and stability. Check temperature and oxygen saturation at least twice daily. Offer supportive treatment.
- Beds may be spaced 3 feet apart, since all clients in this area have been confirmed with COVID-19.
- If possible, set aside a separate dining and bathroom area for clients who have tested positive for COVID-19. If bathroom areas are shared with people who have not tested positive, stagger showering times.
- Designate specific staff to the red zone as much as possible. Staff working in the red zone should at a minimum wear eye protection (goggles or face shield), an N95 or higher-level respirator (or KN95 or surgical mask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves.
- Evaluate COVID-19-positive clients to determine if they should remain in on-site isolation or if a higher level of medical monitoring or care is needed. For example:
 - Clients with **no symptoms** or **mild COVID-19 symptoms** (fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste or smell), but without either shortness of breath, difficulty breathing, or abnormal chest imaging (if obtained). These individuals may remain on site for isolation and be monitored daily for symptom changes (as below).
 - Clients with **moderate COVID-19 symptoms** (similar to those above), but with evidence on clinical examination of lower respiratory disease, including shortness of breath, difficulty breathing, and/or an oxygen saturation level of less than 95%, as measured by a pulse oximeter: [Oxygen Levels, Pulse Oximeters, and COVID-19 \(www.health.state.mn.us/diseases/coronavirus/pulseoximeter.html\)](https://www.health.state.mn.us/diseases/coronavirus/pulseoximeter.html). These people should be evaluated by a clinician and closely monitored and would need to be served in an off-site isolation space (e.g., hotel, congregate space converted for isolation) where medical monitoring can be performed and access to treatment (O₂, monoclonal antibody therapy, antiviral therapy, including IV

remdesivir) can be coordinated. The clinician should develop a plan for when the client would need to be transferred to a hospital for additional evaluation and treatment.

- Any clients (including people without acute COVID-19 infection) with **emergency warning signs** (including trouble breathing, persistent pain or pressure in the chest, confusion, decreased consciousness, acute change in personality or behavior, inability to stay awake, lip or skin discoloration) in on-site or off-site isolation spaces **should be transferred to a hospital via emergency medical services** (call 911). This list does not cover all possible symptoms. Follow standard shelter protocols for medical emergencies. Call 911 or call ahead to your local emergency facility to notify the operator that you are seeking care for someone who has or may have COVID-19.

Table 1. Zones of movement and considerations for facility layout, meals, PPE, and health monitoring for each zone when isolating COVID-19-positive clients on-site.

	Green Zone	Yellow Zone	Red Zone
Zone criteria	Clients with no symptoms of COVID-19. Symptomatic clients who have two negative antigen tests less than 24 hours apart, or a negative PCR result, or alternative diagnosis.	Clients with symptoms of COVID-19 (includes clients with pending test results, or not tested).	Clients who have tested positive for COVID-19 (asymptomatic or mild symptoms).
Facility layout considerations	6 feet physical distancing. Clients sleep head- to- toe.	Single rooms preferred, especially for those at increased risk of severe illness from COVID-19. Generous physical distancing (more than 6 feet). Clients sleep head- to- toe.	Beds may be spaced 3 feet apart since all clients in this area have tested positive. Preferably, designate a bathroom/shower area for people who are COVID-19-positive. If not possible, stagger showering times. This area should not share air (e.g., floor to ceiling wall, with a closed door) with the rest of the facility.
Meals	Separate dining space from yellow and red zones.	Preferably, meals brought to individual rooms. If not, then separate dining space for people in the yellow zone should be created.	Separate dining space from people in the green and yellow zones.
PPE for clients	Surgical/medical masks/KN95. Mask use is recommended at all times, especially if patient is displaying symptoms, but has tested negative for COVID-19. Mask use is also recommended in shared spaces unless sleeping or eating, or if a client is unable to wear a mask for medical reasons.	Surgical/medical masks/KN95. Mask use is recommended at all times in shared spaces, unless sleeping or eating, or if a client is unable to wear a mask for medical reasons.	Surgical/medical masks/KN95. Mask use is recommended at all times in shared spaces unless sleeping or eating, or if a client is unable to wear a mask for medical reasons.

	Green Zone	Yellow Zone	Red Zone
PPE for staff	Surgical/medical masks/KN95.	Eye protection (goggles or face shield), an N95 or higher-level respirator (or KN95 or surgical mask if respirators are not available or staff are not fit tested), disposable gown , and disposable gloves .	Eye protection (goggles or face shield), an N95 or higher-level respirator (or KN95 or surgical mask if respirators are not available or staff are not fit tested), disposable gown , and disposable gloves .
Type of monitoring	Regular symptom screening during a surge is critical to identify symptomatic people, so they can be moved to the yellow zone and tested.	Monitoring to determine symptom severity.	Monitor at least two times a day to determine symptom severity. Screening to determine if the patient is indicated for monoclonal antibody therapy or antiviral treatment.

COVID-19 prevention measures

Screening

- Assess clients at the time of admission for [symptoms of COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html\)](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html). Remind clients verbally and through posted signage to report symptoms.
- Symptomatic clients should be moved to the area designated for those with symptoms (yellow zone) and offered testing.
- Symptomatic staff should be sent home immediately and recommended to be tested.
- Screen staff and clients for symptoms daily.

Testing

- Testing should be performed as testing and staffing resources allow.
- Testing prioritization (in order of priority):
 - Symptomatic people are the highest priority for testing (clients in the yellow zone).
 - Asymptomatic people with known exposure or residents of a congregate setting where there is an outbreak.
 - Asymptomatic people who enter the shelter (staff or clients) without a known exposure are low priority and as resources allow.
- Testing can be accomplished through on- or off-site clinics, facility-led testing, testing by an outside vendor, or self-testing.
- The best test is the one that is available.

Masking

- Surgical/medical masks are preferred due to the variety in fit and quality of cloth masks. KN95s, if available, would offer a higher level of protection both for the wearer and the community.
- Mask use is recommended at all times in shared spaces unless sleeping or eating, or if a client is unable to wear a mask for medical reasons.

- Staff working in red or yellow zones (refer to Table 1) are recommended to wear PPE (refer to PPE Considerations below). At a minimum, staff should wear eye protection (goggles or face shield), an N95 or higher-level respirator (or KN95 or surgical mask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves when interacting with symptomatic or COVID-19-positive clients.

PPE considerations

If not already in place, employers operating within the facility should establish a [respiratory protection program \(www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/index.html\)](http://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/index.html), as appropriate, to ensure that staff are fit tested and medically cleared to wear N95 respirators if that is within the scope of their responsibilities (i.e., staff working in isolation spaces). People with heart or lung problems should consult with a clinician before using an N95 because wearing an N95 can make it harder to breathe. Ensure that staff are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.

- Visit CDC's website for PPE donning and doffing training videos: [COVID-19 Videos \(www.cdc.gov/coronavirus/2019-ncov/communication/videos.html?Sort=Date%3A%3Adesc&Search=PPE\)](http://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html?Sort=Date%3A%3Adesc&Search=PPE) and [PPE sequence \(www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf\)](http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf).
- Prepare to set up designated PPE donning and doffing areas outside all spaces where PPE will be used. These spaces should include:
 - A dedicated trash can for disposal of used PPE.
 - A hand washing station or access to alcohol-based hand sanitizer.
 - A poster demonstrating correct PPE donning and doffing procedures is at [CDC: Print Resources \(www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html\)](http://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html).
- Staff and/or residents should replace their N95 respirator when the straps are stretched out and it no longer fits snugly against their face or when it becomes wet, dirty, damaged, or difficult to breathe through.

Noncongregate dining

Meals should be provided to individuals in their zones. Ensure plenty of space for people to spread out while masks are off for eating.

Cleaning and disinfection

Respiratory aerosols are the main way that COVID-19 is spread. However, regular cleaning and disinfection of high-touch surfaces and shared objects is generally good practice. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, visit [CDC: Cleaning and Disinfecting Your Facility \(www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

Ventilation

Strategies to improve ventilation should be implemented to the extent possible. Since COVID-19 spreads through the air, any measures to improve ventilation in an indoor space may help minimize spread. Actions that can be taken to improve ventilation are found in guidance offered by [CDC: Ventilation in Buildings \(www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html) and [Indoor Air Considerations: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/indoorair.html\)](http://www.health.state.mn.us/diseases/coronavirus/indoorair.html).

Quarantine

CDC recommends that staff and shelter clients quarantine for 10 full days after last exposure to COVID-19, regardless of vaccination and booster status; this is the safest approach to quarantine. However, in a staffing shortage, the duration of quarantine for staff may be shortened to no fewer than five full days. A well-fitting mask should be worn at all times (except when eating or sleeping) within the facility. If a person is not medically able to wear a mask, a 10-day quarantine will be most protective. Providers should weigh the risks and benefits of shortened quarantine, as this approach will likely contribute to increased transmission risk.

Vaccination

Shelters should continue to prioritize vaccination, including the administration of booster doses in both staff and clients. Resources are available for on-site vaccination. Contact MDH at Health.R-Congregate@state.mn.us or your local public health agency to get connected with available resources.

COVID-19 treatment considerations

For most people with COVID-19, symptoms last a few days, and people usually feel better after a week. Over-the-counter medicines, fluids, and rest may help clients who test positive for COVID-19 feel better.

To prevent severe illness, some patients are recommended to receive medications, such as antibody or antivirals for COVID-19. These medications can help people ages 12 and older fight their illness. There are monoclonal antibody and antiviral treatments for COVID-19 that are administered orally (by mouth) or intravenously.

Visit [COVID-19 Medication Options \(www.health.state.mn.us/diseases/coronavirus/meds.html\)](http://www.health.state.mn.us/diseases/coronavirus/meds.html) or talk with a health care provider to see if someone may be eligible for these and other treatments, and to find a clinic. You may also call the COVID-19 Public Hotline at 833-431-2053 from 9 a.m. to 7 p.m. Monday through Friday and from 10 a.m. to 6 p.m. Saturdays to get connected to a clinic.

Resources

- The Office of Economic Opportunity (OEO) has Federal Fiscal Recovery Funds available to support rapid responses to outbreaks in shelters and other temporary congregate settings for people experiencing homelessness or domestic violence: [Minnesota Heading Home Alliance: Federal Fiscal Recovery Funds \(headinghomealliance.com/fiscal-recovery-funds/\)](http://headinghomealliance.com/fiscal-recovery-funds/).
- [COVID-19 Medication Options \(www.health.state.mn.us/diseases/coronavirus/meds.html\)](http://www.health.state.mn.us/diseases/coronavirus/meds.html)
- MDH has [Materials and Resources for COVID-19 Response \(www.health.state.mn.us/diseases/coronavirus/materials/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/materials/index.html) that can be printed and posted to remind staff and clients about masking and other mitigation measures.
- The MDH Congregate Living Team can provide technical assistance and connect you with testing resources, staffing resources, PPE, and pulse oximeters. Some of these resources are in limited supply. Contact the team at: Health.R-Congregate@state.mn.us.



Wear a mask.



Wash your hands.



Stay 6 feet from others.



Stay home if you feel sick.



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Contact health.communications@state.mn.us to request an alternate format.