

COVID-19 Guidance for Homeless Service Providers and Non-Healthcare Congregate Living Homes

Background

Coronavirus disease 2019 (COVID-19) is a respiratory disease caused by SARS-CoV-2. COVID-19 is spread to people who are susceptible through direct contact with respiratory droplets that are expelled into the air when an infected person talks, coughs or sneezes and small particles that can remain in the air in poorly ventilated settings.

The symptoms of COVID-19 include fever, cough, and shortness of breath. In addition, illness may be accompanied by other symptoms including, tiredness, runny or stuffy nose, sore throat, chills, body aches, diarrhea, vomiting, and loss of the sense of smell or taste.

COVID-19 infection can vary in severity from mild to severe. Asymptomatic infections can occur. Check the [CDC website](#) for the most up-to-date information on COVID-19.

The Philadelphia Department of Public Health may modify guidance for homeless service providers and non-healthcare congregate living sites in a stepwise manner based on careful monitoring of COVID-19 cases in the community and in facilities.

Highlighted text indicates updated guidance.

COVID-19 Prevention and Control Terms

- **Close Contact:** Close contact is defined as being within 6 feet of an infected person for a 15-minute period (can include 15 minutes over the course of a day).
- **Contagious Period:** The contagious period is when a person with COVID-19 can spread the virus to others. For COVID-19, the typical contagious period is 2 days before symptom onset through at least 10 days after symptoms started AND at least 1 day has passed since fever has resolved without medication and respiratory symptoms have improved. For persons without symptoms, the contagious period is 2 days before through 10 days after the specimen collection date.
- **Up-to-date on vaccination:** A person is considered [up-to-date](#) on COVID-19 vaccination if they have received all recommended doses of COVID-19 vaccine including booster dose(s) when eligible. Booster doses are recommended 5 months after receiving the second dose of Pfizer or Moderna vaccine. Persons who received the Johnson and Johnson vaccine should receive a booster dose of the Pfizer or Moderna vaccine 2 months after the first dose. People who are [immunocompromised](#) may need an additional dose as part of their primary vaccine series. The *up-to-date* definition has replaced the previously used *fully vaccinated* definition.
- **Incubation Period:** The incubation period is the time from exposure to disease onset. For COVID-19, the incubation period ranges from 2 to 14 days with an average of 4 to 5 days. This time frame may be shorter for certain variants of COVID-19.
- **Isolation:** Isolation separates people who are infected with a contagious disease from people who are not infected. Isolation typically lasts 10 days from the start of symptoms, or from the positive test in asymptomatic people.
- **Quarantine:** Quarantine separates and restricts the movement of people who were exposed to a contagious disease as a precaution in case they become infected. Quarantine should continue for 10 days from the last exposure.

General Prevention Tips

- **Vaccination:** As of June 2021, three COVID-19 vaccine products have been approved by the FDA for use in the U.S.: Pfizer, Moderna, and Johnson and Johnson. All three have been shown to be highly effective in preventing infection and severe illness. Encourage all staff and clients to get vaccinated [with all recommended doses when eligible](#). For assistance

with onsite vaccination clinics, please email the Health Department at COVIDVax@phila.gov.

- **Masking:** All clients, staff, and visitors who are 2 years of age and older must wear facemasks when indoors with others except during meals and when sleeping. Encourage individuals to double mask with a cloth mask over a surgical mask or, if they prefer, to wear a well-fitted KN95, KF94, or N95 mask. For those who wear a single mask, a surgical mask is preferred over a cloth mask alone. Masks should be fitted and cover both the nose and mouth. Cloth masks can be laundered with regular laundry and reused.
- For those who want an additional layer of protection, reusable face shields are an option.
- **Distancing:** Distance by spacing chairs and beds as far apart as possible with a goal of at least 3 (preferably 6) feet, and post signs and educate clients about the importance of physical separation from others. During times of increased community COVID-19 activity or outbreaks, spacing between beds and chairs may need to increase. Find general FAQs here: [COVID-19 FAQ](#).
 - For sleeping spaces, arrange beds so that individuals lie head to toe relative to each other.
 - Consider staggering mealtimes to allow greater spacing of residents.
 - Use a sneeze guard, plexiglass barrier, or a big table (to increase distance) to separate clients from front desk staff.
- **Hand washing and other prevention supplies:** Maintain access to handwashing facilities for clients and staff. Ensure sufficient supplies (including hand sanitizer that contains at least 60% alcohol) are available and reinforce hand hygiene and respiratory etiquette. Provide plastic-lined wastebaskets in your facility for used tissues and paper masks.
- **Cleaning high-touch surfaces:** Clean and sanitize frequently touched surfaces regularly. Pay attention to doorknobs, banisters, tabletops, handrails, pens, phones, bathroom fixtures, keyboards, light switches, and remotes. Most disinfectants are effective against the coronavirus that causes COVID-19. Learn more about [effective products against SARS-CoV-2](#).
- **Posting Prevention Reminders:** Post signs at entrances and in strategic places providing instruction on masking, distancing, hand hygiene, respiratory hygiene, and cough. [Download signs here](#).
- **Screening for symptoms:** Continue to screen clients, staff, and visitors for COVID-19 symptoms. Encourage ill staff, volunteers, or visitors to stay home (or be sent home if they develop symptoms while at the facility) to prevent transmitting the infection to others. **Visitors with recent COVID-19 infection should not be allowed onsite until at least 10 days after symptom onset or the positive test date if asymptomatic.**
- **Protecting high-risk persons:** Refer persons at high risk of severe COVID-19 infection due to age or underlying condition(s) to a COVID-19 prevention site when available.
- **Personal Protective Equipment (PPE):** Keep a supply of gloves for staff to use when picking up used tissues or emptying wastebaskets. Maintain a supply of **KN95, KF94, or N95 masks,** face shields, gowns, and gloves for staff who care for clients with suspected or confirmed COVID-19.
- **Ventilation:** Ensure ventilation systems operate properly. Increase the indoor delivery of outdoor air as much as possible, while being mindful of health and safety issues (i.e., risk of falls, triggering asthma, etc.). Exhaust fans and properly maintained HEPA systems may be beneficial to improve ventilation. For more information, see [COVID-19 Ventilation in Buildings](#).

Outbreak Definition

A single resident or staff member with COVID-19 in a congregate setting is an outbreak.

Reporting an outbreak

All suspected and confirmed outbreaks (one or more cases) should be promptly reported to the Health Department by calling (215) 685-6741 during business hours. On weekends and holidays, call (215) 685-5488 or email COVID-GroupSettings@phila.gov.

Case identification

Anyone with symptoms of COVID-19 like illness, or with close contact to someone with COVID-19, should get tested. People with symptoms should isolate while awaiting test results. Many people with COVID-19 will have no symptoms or mild illness and do not need to be hospitalized.

If you identify a client with severe symptoms of COVID-19 infection, take the client to receive medical care immediately or call 911.

Severe symptoms include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Blue color to lips
- Flu-like symptoms improve but then return with fever and worse cough

Mild symptoms, as below, do not typically require medical attention:

- Runny nose or nasal stuffiness
- Body aches
- Mild GI upset (more often seen in children) or poor appetite

Please keep in mind that these are basic guidelines. Use your judgment. If your client is over age 50 or has underlying medical problems like diabetes, heart disease or lung disease, or weakened/suppressed immune system, they may be more vulnerable to COVID-19 and its complications.

Outbreak response: persons with suspected COVID-19

If a client at a shelter develops fever, cough, or shortness of breath or other symptoms of possible COVID-19 (fatigue, muscle pain, sore throat, chills, or new loss of smell or taste) or tests positive for COVID-19:

- Contact the Health Department at (215) 685-6741 during business hours. On weekends and holidays, call (215) 685-5488 or email COVID-GroupSettings@phila.gov.
- Give client a surgical mask to be placed over the nose and mouth. If surgical masks are not available, client should continue to use a cloth mask.
- Persons infected with COVID-19 should isolate from others for at least 10 days from the start of symptoms AND 24 hours after fever has resolved and respiratory symptoms have improved. Persons infected with COVID-19 who do not have symptoms should isolate for 10 days from the date of testing.
 - If possible, sick clients should be placed in individual rooms with separate bathroom and eating facilities and should avoid common areas.
 - If a separate room is not available, space individuals at least 6 feet away from other clients. Consider using a large, well ventilated room specifically for sick persons.
 - Refer clients with confirmed COVID-19 infection or suspected infections pending testing to the City's [Isolation and Quarantine site](#). Call (267) 396-2712 Monday-Friday from 8:30 a.m. to 7:00 p.m. and Saturdays 8:30 a.m.-5:00 p.m. or [submit a referral online](#).
 - **Clients do not need to have a negative test for COVID-19 for isolation to be discontinued.**
- Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizer.
- If a person's health status worsens, call their provider for medical advice. If it is a medical emergency, call 911. Alert emergency services that the individual may have or is currently infected with COVID-19. Masks and distancing from others should be used when seeking care or testing.
- Staff providing healthcare to confirmed and possible COVID-19 cases in the shelter setting should wear **KN95, KF94, or N95 masks**, eye protection, and gloves as well as gowns, if available.
- Consider having **staff who are up-to-date on their COVID-19 vaccination** provide care to clients with confirmed or suspected COVID-19.
- 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 who are staying in the shelter.

If a staff member at a shelter has suspected or confirmed COVID-19:

- Staff members who have been diagnosed with confirmed COVID-19 infection and those who have had symptoms of possible COVID-19 infection but have not been tested may return to work a minimum of 10 days after onset of symptoms and 1 day after resolution of fever (off antipyretics) with improvement in respiratory symptoms.
- Negative tests are *not required* for staff members prior to return to work.

Outbreak response: exposed close contacts

- Promptly identify clients and staff who are close contacts of confirmed and suspected cases.
- Close contacts should be asked individually if they are willing to share their COVID-19 vaccination status and whether they have a recent history of COVID-19, since recommendations for controlling the spread of COVID-19 among close contacts differ by vaccination status and recent disease history.
- Evidence of vaccination should be obtained using the close contact's COVID-19 vaccination card or documentation in [PhilaVax](#), the Health Department's immunization information system.
- Clients and staff who are not up-to-date on their COVID-19 vaccination and are close contacts of confirmed COVID-19 cases should be quarantined as soon as identified through 10 days from the last exposure to observe for development of COVID-19 symptoms.
 - Quarantine for exposed persons is like isolation for infected persons (e.g., avoiding contact with others, staying home from work, school, or daycare, etc.) and includes monitoring for symptoms.
 - When COVID-19 activity is not widespread, ideally close contacts who are not up-to-date on their COVID-19 vaccination should stay in separate areas from infected persons and persons who have not been exposed. This approach is called cohorting. The Health Department can assist site staff with implementing cohorting strategies.
 - Refer clients who need to quarantine to the City's [Isolation and Quarantine site](#) if they are unable to stay separated from others onsite.
 - Close contacts who remain asymptomatic regardless of vaccination or booster status should be tested at least 5 days after the last exposure. Close contacts with symptoms should be tested as soon as possible.
- Close contacts who are up-to-date on their COVID-19 vaccination do not need to quarantine but will need to monitor for symptoms for 14 days from the last exposure and isolate if they develop symptoms. Up-to-date clients should still be tested during testing clinics held in response to COVID-19 cases.
- Persons who have recovered from COVID-19 in the 90 days prior to the exposure and are no longer contagious do not need to quarantine or to be tested unless they have symptoms.
- Clients may follow [general population guidance](#) to end quarantine and isolation in other community settings. For example, if a client is working in a setting other than the homeless service site (and it is not a high-risk congregate setting at higher risk for transmission), they may return to work in accordance with the general population guidance from day 6 to 10 as long as they are asymptomatic and wear a mask around others.
- Families with infected and exposed members:
 - From the symptom onset or earliest point possible, all family members should wear masks as much as possible while in a room with a possible or confirmed case.
 - Avoid placing exposed, unvaccinated minors and other family members in homes with relatives/caretakers at high risk for severe COVID. If exposed family members are quarantining in another home, they stay at this location for 10 days. Avoid close contact with others in the home, wear masks when in the same room as others, and monitor for symptoms closely. Have caretakers monitor children for symptoms.
 - If alternative arrangements are not available, house the family together.
 - For persons who are not up-to-date for their COVID-19 vaccination with ongoing exposures to family members, the period for quarantine can be 20 days or more from the first onset or positive test date in the family.
 - Example: A mother develops COVID-19 symptoms on 11/2/2021. Her child was in the same room with her during isolation since other care options were not available. The mom's last date of isolation is 11/12/2021. The child needs to quarantine until 11/22/2021 or 10 days from the last exposure.

Outbreak response: facility-wide actions

- Maintain surveillance of clients and staff by monitoring for COVID-19 symptoms and doing temperature checks twice per day if possible. The Health Department can provide a template line list for you to use.
- Consider those clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and check on them regularly. House them separately from others if possible.
- Schedule a testing clinic for all clients and staff regardless of vaccination status through the Health Department's outbreak surveillance coordinator working with your site or COVID-GroupSettings@phila.gov.
- If your site is interested in access to COVID-19 rapid tests for testing persons with symptoms or close contacts of cases, please contact the Health Department's outbreak surveillance coordinator working with your site or COVID-GroupSettings@phila.gov.

Admissions

- Screen new admissions for symptoms of COVID-19.
- Have a plan in place for where symptomatic, new admissions who are awaiting testing or test positive can safely stay without being excluded from services.
- If a site has new admission testing in place, ask clients if they are willing to share their vaccination status. Up-to-date persons who do not have symptoms do not need to be tested as part of screening programs.
- New admissions are not required to complete quarantine on admission regardless of vaccination status.
- If an outbreak is recognized in a residential facility, there should be an effort to limit admitting or transferring clients who are not up-to-date until at least 14 days have elapsed with no new cases from the onset date of the most recent case. Persons should not be turned away from the facility; however, every precaution should be made to separate sick individuals from healthy ones. If new clients are accepted, they should be screened upon registration and intake for symptoms of COVID-19.

Staffing considerations

- Staff who are exposed to a COVID-19 case outside the shelter and are *not up-to-date* on their COVID-19 vaccination should be excluded from work for 10 days following the last exposure.
- Staff may follow [general population guidance](#) to end isolation or quarantine in other community settings outside the homeless service site or other congregate living setting from day 6 to 10 as long as they are asymptomatic and wear a mask around others. For example, staff may follow general population guidance and go grocery shopping while masked on day 6 or later after the exposure. At the homeless service site or other congregate living settings, the facility's guidance for ending isolation or quarantine applies.
- Develop and use contingency plans for staffing disruptions caused by staff exclusions for isolation and quarantine. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Contact the Health Department to discuss possible alternatives for exposed staff who do not have symptoms (i.e., options to reduce quarantine duration) when staffing shortages that may affect operations are a concern.

Considerations for persons who use drugs

COVID-19 in congregate settings that serve persons who use drugs may pose additional challenges that should be considered in a facility's COVID-19 response plan.

- Clients who use drugs and are isolated due to confirmed or possible COVID-19 are at increased risk of fatal overdose.
- Clients who are isolated might experience withdrawal symptoms. Some individuals may need referred to healthcare for their withdrawal symptoms.
- Clients who are not currently receiving medications for treatment of opioid use disorder should consider starting buprenorphine.
- Clients who are currently prescribed methadone should contact their clinic to ask about options for home delivery.

- Clients who are currently prescribed sublingual buprenorphine should contact their provider and pharmacy to ensure ongoing access to medication.
- Clients who are currently prescribed buprenorphine via injection or those receiving naltrexone via injection will need support to transition to an alternative medication.
- Clients who use drugs and are in isolation due to confirmed or possible COVID-19 may be most vulnerable to mental health issues such as depression and anxiety. Facilities should have a plan to provide support and referrals consistent with social distancing practices. Post information about resources where it is available to residents:
 - 24-Hour Suicide Crisis & Intervention: 1-800-273-8255 or text “HOME” to 741741
 - Visit [HealthyMindsPhilly](#) for more mental health support services.

For more information on overdose prevention, see [Resources for Safer substance use during COVID-19](#).

Other considerations

- Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting.
- Consider using disposable cups, plates, and eating utensils for ill individuals. If your facility uses non-disposable utensils and cups, they should be washed with soap and hot water or in a dishwasher.
- Staff and volunteers should wash their hands with soap and water or use hand sanitizer immediately after handling dirty laundry or dirty dishes regardless of whether they wore gloves or not.
- Agencies should develop strategies for handling violent, aggressive, or non-cooperative clients who are ill and are required to remain in isolation. Ill individuals in isolation may also have other mental health issues that require intervention.
- Individuals in isolation may need to refill prescriptions or need access to daily medications such as insulin, statins, and buprenorphine. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications.

Resources

- [CDC Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)