

# COVID-19 and other Respiratory Virus 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 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 based on changes in community rates of COVID-19 and other respiratory viruses.

Recent updates are highlighted below in bold (*last updated: **May 12, 2023***).

## 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).
- **Location Based Contact Tracing:** Identifies people with a known or potential exposure based on whether they spent time in the same areas as a person with COVID-19 during the infectious period.
- **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.
- **Most people aged 6 years and older are up to date when they have gotten one updated bivalent Pfizer-BioNTech or Moderna COVID-19 vaccine.**

- Older individuals and those who are moderately to severely immunocompromised **may** need more doses to be considered up to date and optimally protected.

**Children 6 months to 6 years old should also receive bivalent vaccines. Depending on age and vaccine history they may need more than one dose to be considered up-to-date.**

**People 12 and older who are unable or choose not to get an updated Pfizer or Moderna vaccine can consider other vaccine options. [Read more from the CDC about vaccines here.](#)**

- **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 3 to 4 days with the current variants.
- **Isolation:** Isolation separates people who are infected with a contagious disease from people who are not infected.

## General Prevention Tips

- **Vaccination:**-There are now [several vaccine products available](#). Vaccination is the best way to prevent severe illness

and death due to COVID.

- **Masking is no longer required in congregate living settings like shelters, prisons, and group homes.** Masking is still recommended in certain situations (e.g., persons who have tested positive or have symptoms that could be COVID-19, persons exposed to a COVID-19 case, facilities with COVID-19 activity). Individuals may want to consider masking when COVID-19 and other respiratory virus activity in the community is elevated. Individuals may also want to consider masking if they are immunocompromised or otherwise at high risk for severe disease due to COVID-19.
- **Distancing:** During times of increased community COVID-19 activity or outbreaks it will be important to create physical distance between individuals where possible.
- **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.
- **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 and other respiratory viruses. Learn more about [effective products against SARS-CoV-2](#).
- **Posting Prevention Reminders:** Post signs at entrances and in strategic places providing instruction on masking, 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 COVID-19 or other respiratory infections 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.
- **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 (e.g., 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 or email [COVID- GroupSettings@phila.gov](mailto: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.

If you identify a client with severe symptoms of COVID-19 or other 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 tests positive for COVID-19:
  - Contact the Health Department at (215) 685-6741 or-email [COVID-GroupSettings@phila.gov](mailto:COVID-GroupSettings@phila.gov).
  - Give client a surgical mask to be placed over the nose and mouth. If surgical masks are not available, clients should continue to use a cloth mask. A person with COVID-19 should mask until the isolation period is over.
  - 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.
    - Isolation may be shortened to 7 days with either a negative PCR test after day 5 OR 2 negative rapid tests. The first rapid test should occur no earlier than day 5 and the second 48 hours later.
    - 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.
  - 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.
  - 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.
- 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. Location-based contact tracing may be the most feasible method.
- Quarantine is no longer required. Quarantine may be considered in facilities whose resident populations are at increased risk for severe disease due to COVID-19.



Close contacts do not need to quarantine but will need to mask and monitor for symptoms for 10 days from the last exposure and isolate if they develop symptoms. They should also be tested ideally around 5 days after exposure. Mask use is especially important during the 10 days after an exposure. When there are additional exposures, testing should be repeated around day 5 after the last exposure, and strong adherence to masking should continue for 10 days from the last exposure date.

- **Persons who have recovered from COVID-19 in the 30 days prior to the exposure and are no longer contagious do not need to be tested unless they have symptoms. Those who recovered in the past 31-90 days should still test around 5 days after exposure, but only with an antigen test.**
- Families with members who test positive:
  - 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 minors and other family members in homes with relatives/caretakers at high risk for severe COVID.
  - If alternative arrangements are not available, house the family together.

### **Outbreak response: facility-wide actions**

- Maintain surveillance of clients and staff by monitoring for COVID-19 symptoms. 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](mailto:COVID-GroupSettings@phila.gov).
- **Offer masks and encourage use to all residents and staff when outbreaks are ongoing.**
- 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](mailto: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.
- Admissions should not be closed, even if there are cases in the facility. Continuation of services is essential for people experiencing homelessness. Precautions should be taken to the best of the site's ability to separate sick individuals from healthy persons.

### **Staffing considerations**

- Staff who were exposed to a case should ensure mask use both in and out of the facility for 10 days from their last exposure and be tested 5 days after their [last exposure](#).
- Develop and use contingency plans for staffing disruptions caused by staff exclusions for illness. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Contact the Health Department to discuss **questions about contingency plans for staffing.**

### **Resources**

- [CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)