Sheltering in COVID-19 Affected Areas

These guidelines for operating shelters in a Covid-19 environment are provided as a public service and are still under development, review and subject to change based on changing CDC and local rules and procedures. In all cases, the jurisdiction should follow current recommendations from Federal, State and Local authorities. This document should not substitute for such guidelines and current best practices, as they evolve, and common sense.

Introduction

This document provides an overview of necessary changes to normal shelter operations in order to provide a safe and effective shelter where there is COVID-19. Additional job tools and tactical guidance to support this document may be released subsequently

Opening and operating shelters in a COVID-19 environment requires an adjustment to standard procedures in order to support the safety of clients and workers.
- Shelters will continue to provide a safe space for clients impacted by a disaster or other event.
- Adjustments should always follow Centers for Disease Control (CDC) guidance and best practices to protect clients and workers from contracting and spreading COVID-19.

In all sheltering environments, whether providing sheltering in hotels or congregate facilities, it is important to maintain contact with public health and emergency management before, during, and after shelter operations.

Important Considerations

Sheltering is different in a COVID-19 environment:
- Information about the virus and the status of our communities is incomplete;
- Public Health is not always available to support;
- Clients may not obey social distancing protocols or isolation procedures;
- People experiencing homelessness and others with significant non-disaster caused needs may come to shelters for help;
- Masks for clients with symptoms may be unavailable;
- Clients may hoard supplies, like hand sanitizer or toilet paper;
- There may be a lack of personal protective equipment available to meet CDC guidance;
- There may be significant fear amongst clients and the community;
- Support services provided to shelter workers in the shelter may be provided virtually.

Guiding Principles

In providing sheltering solutions for communities affected by COVID, the following guiding principles provide important considerations. **In the absence of other doctrine or official guidelines, these principles provide support for independent decision making.**

- Reinforce fundamental principles for supporting all clients, regardless of their background or illness status;
- Do not operate shelters that do not have dedicated resources for the Isolation Care Area (Public Health or other qualified health services);
- Require screening of clients, partners, visitors, and workforce before entering a shelter;
- Follow CDC guidance for identifying clients with COVID-19 symptoms;
- Provide an increased Public Health and security presence;
- Adhere to public health guidance for quarantines;
- Follow social distancing practices with cots and daily life inside the shelter;
- Commitment to provide accessible facilities, programs, and services;
- Maintain a safe environment through increased cleaning and disinfection of facilities;
- Follow practices that avoid transmission of the virus when providing food and supplies and handling waste removal;
- Leverage technology to provide virtual support services to clients and workers where possible;
- Effectively separate shelter clients who show signs of illness or have been diagnosed to avoid virus transmission.

What is Social Distancing?

A key principle to maintaining safety in a COVID-19 environment is "social distancing," which is deliberately increasing the physical space between people to avoid spreading illness. Staying at least six feet away from other people lessens the chance of spreading COVID-19.

However challenging or unnatural, maintaining physical distance is a form of caring. It is important that workers find ways to provide compassion and support while maintaining physical distance from clients. Social distancing procedures include:
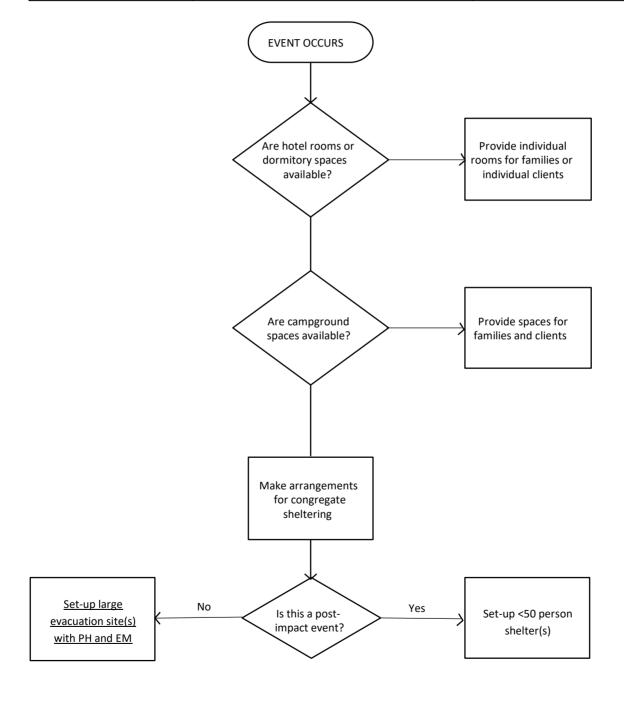- Maintain a 6-foot distance when talking with clients;
- Avoid having multiple people in a confined space;
- Offer surgical or dust masks and tissues to clients who are coughing or sneezing.

COVID-19 Shelter Approaches

There are three approaches for sheltering to consider during disasters in the COVID-19 environment.
- Hotel/Dormitory Sheltering: **preferred shelter option when available**
- Using campgrounds as Shelters
- Congregate Sheltering

Congregate Shelter Types	Duration	Common Event Type
Shelter with fewer than 50 clients	• Fewer than 14 days	• Tornado, Multi-Family Fire, Flood
Large evacuation sites	• Fewer than 7 days • As soon as possible, move to smaller shelters of fewer than 50 clients each	• Hurricane evacuation, Wildfire evacuation, Earthquake

EVENT OCCURS

Are hotel rooms or dormitory spaces available? → Provide individual rooms for families or individual clients

Are campground spaces available? → Provide spaces for families and clients

Make arrangements for congregate sheltering

Is this a post-impact event?

No → Set-up large evacuation site(s) with PH and EM

Yes → Set-up <50 person shelter(s)

Description of Shelter Types

Shelter Type	Description
Hotel/Dormitory Mass Care Sheltering	- Advantageous because of private rooms and facilities for feeding, recreation, laundry, and meetings with individual clients - Private rooms reduce risk of transmission - Common spaces can be used for multiple functions - Hotels are preferable to dormitories because they already have bedding and towels, televisions, and phone systems, and may have housekeeping workforce available. - May require multiple hotel sites.
Campgrounds as Shelters	- Clients stay in separated RVs, camp cabins, tents - Office space, supply storage, and necessary equipment lacking at many camps and must be brought to site
Congregate Sheltering	- There may be times when shelter is necessary, and the only approach is a congregate setting - All clients will be screened before entering - Space must be allocated for screening area and isolation care area - The dormitory must allocate a minimum of 110 sq ft per client - Facility has separate isolation care area with physical separation from dormitory - Barriers to accessibility must be addressed/removed - Screening and shelter entrance/exit must be controlled and staffed 24/7 **< 50 person shelters** - Safer to congregate fewer people – can add additional sites as needed - Likely available closer to incident/home location than large site - Intended for <14 days following Tornado/Flood/Apartment Fire, etc. - Smaller facility needed (gymnasium + classrooms) - Requires less planning, coordination, and resources than large shelter **Large evacuation site (max population determined by Public Health)** - Requires significant planning and support from all agencies - Intended for <7 days for Hurricane, Earthquake, Wildfire evacuation - Must transfer shelter operations to < 50 person shelter(s) within 7 days or as directed by Public Health - Ideally minimum size of 50,000 sq ft, based on 350 clients in general dormitory, which allocates 11,500 sq feet available for all non-dormitory services (isolation, registration, storage, feeding, etc.)

COVID Sheltering Team

- A COVID Sheltering Team should be trained and ready to manage the dormitory and coordinate the entire shelter operation with community partners for both congregate shelter models:
    - < 50 Person Shelter
    - Large Evacuation Site
- The COVID Sheltering Team must be integrated with Public Health and immediately connect with community resources and engage evacuees to support 24/7 shelter operation.

A COVID Sheltering Team is made up of 5-7 members with differing capabilities and operational responsibilities:

Worker	Details
Shelter Manager	• 1 required for all shelters • Accountable site leader for all services, information, operations, and alignment with fiscal authority (Primary Focus on Dormitory). • Reports to Sheltering Manager at Incident Command • Supervises COVID Sheltering Team
Assistant Shelter Manager	• Optional / Required for larger shelters • Deputy to Shelter Manager • Responsible for External Relations
Safety Officer	• 1 required for all shelters • Accountable for safety of all clients, workforce, partners, and visitors • On-site liaison with Public Health, Law Enforcement, and Life Safety & Asset Protection (LSAP) • Reports to jurisdictional health authority or subcontractor for health-related issues and to Shelter Manager for site issues
Logistics/Staffing Leader	• 1 required for all shelters • Responsible for workforce (including shelter residents who support operations), technology, and material resources • Trains clients who become Event-Based Volunteers (EBVs) • Reports to Shelter Manager
Mass Care Dormitory Generalist	• 1 required for all shelters, 1 additional for larger shelters • Responsible for registration, feeding, and general care of clients • Utility player • Reports to Shelter Manager
Health Services Leader	• 1 HS Leader required for all shelters, 2 additional DHS for Isolation Care Area if no Public Health workers available to support • Responsible for assessment and tracking of health condition of shelter residents and shelter workers • Manages the Isolation Care Area and provides care, if needed • Reports to Shelter Manager for site and receives technical direction from local public health authority

Expectations of All COVID Sheltering Team Members

- Passes deployment screening questions and is in good health
- Effective decision-maker, problem solver, and comfortable with ambiguity
- Comfortable using technology to communicate and track information
- Available for 4-week minimum (includes possible 14-day quarantine)
- Able to maintain 12-hour shift, 6 days per week
- Able to maintain lodging at shelter site if necessary
- Can travel with 50 lbs. of shelter equipment in addition to personal items
- Understands CDC guidelines and comfortable operating without personal protective equipment (PPE) in dormitory areas

Principles for COVID Shelter Set-Up

Principle	Details
Maintain Physical Separation for Social Distancing	As per CDC guidance, maintain a 6-foot separation between functional areas in a shelter: • Screening Area • Registration • Living Spaces • Supplies and Food Drop-Off Area • Isolation Care Area Clients are encouraged to spend the majority of their time in their individual spaces. When leaving these spaces, maintain 6-foot separation between all clients and workers.
Set up Isolation Care Area for Symptomatic/ Diagnosed Clients	• Requires 2 or more dedicated health professionals (public health or other health care professionals) • Clients in Isolation Care Area do not visit other areas of the shelter • Feeding supported with individually packaged meals • Isolation Care Area workers do not work in other areas of the shelter
Screen Clients Before They Enter the Shelter	• Individuals and families must go through the Screening Area and wash their hands on entry • After screening, clients are directed to their living space in dormitory, the Isolation Care Area, or to other health facilities
Ongoing Screening of Shelter Clients	• Cot-to-Cot assessment for clients twice a day per Public Health guidelines • Clients and workers are screened for temperature and symptoms (such as fever and coughing) • Clients and workers maintain a *Symptom and Temperature Log*
Maintain Heightened Sanitation	• Maintain cleaning and sanitation according to CDC and Public Health guidelines • Follow guidelines for specific type of shelter

Principle	Details
Limit Shelter Visitors	• Shelter Manager, Public Health Official, and Safety Officer set site-specific visitation rules • All visitors must approach the site through screening
Engage Shelter Residents to be Shelter Workers	• Logistics/Staffing Manager responsible for training and managing shelter resident workforce

Strategies for COVID Feeding in Shelters

- Maintain social distancing while feeding.
- Make handwashing stations and hand sanitizer available.
- Clean all surfaces with sanitizer every 2 hours.
- There will not be a traditional feeding line where staff fill clamshells with food and hand them to clients.
- Use the "set it down and step back" distribution method.
- Utilize individually packaged meals as available.
- Utilize shelf-stable, single-serve, ready-to-eat food items.
- Keep snacks, bottled water, and coffee out of client reach and use staff to serve. Staff places items on table/counter and steps back to allow client to take the items.