COVID-19 Guidelines: Congregate Living Settings

Homeless Health Infectious Disease (HHID) Program

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Table of Contents

Executive Summary

The Homeless Health Infectious Disease (HHID) Program has compiled Centers for Disease Control and Prevention (CDC) guidelines for sites serving persons experiencing homelessness and those living in other congregate community living settings in order to provide content that follows the recently updated and streamlined COVID-19 guidance.

This guidance can be used to make informed COVID-19 prevention decisions in sites serving persons experiencing homelessness and those living in other congregate community living settings. This guidance should not be used to direct decision making in dedicated patient care areas within these settings. Facilities that provide health care services should look to the CDC's interim infection and control recommendations for dedicated patient areas.

Sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to work directly with their local health departments for further specific guidance in these areas. The continuation of services is essential for people experiencing homelessness; community organizations should work together to avoid shelter closures or the exclusion of people with symptoms or positive test results.

Facilities will be provided a framework to assess their risk of COVID-19 spread, define everyday prevention measures, enhanced prevention measures (for high COVID-19 Community Level), updated quarantine and isolation guidance, and additional resources. This guidance will be aimed at protecting both residents and staff in congregate living settings against the spread of COVID-19, however, these measures can inhibit the spread of similar communicable diseases as well.

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Preface

This protocol guide combines the most current CDC guidance on mitigating COVID-19 spread in congregate living settings. The guide includes both prevention measures for everyday operations and enhanced prevention strategies. When adding enhanced prevention strategies, facility staff and/ or volunteers should balance the need for COVID-19 prevention with the impact of reducing access to services and programming among residents.

Sites serving persons experiencing homelessness are uniquely qualified to inform epidemic (outbreak) risk mitigation for the specific needs of individuals experiencing homelessness within their facilities.

It is understood that facilities may not be able to apply enhanced COVID-19 prevention strategies due to resource constraints, population characteristics, and available planning space. However, facilities should implement as many feasible measures as possible as a multi layered approach to increase the population's level of protection against COVID-19 infection.

The following COVID-19 guidance will be revised as the CDC continues to update recommended procedures in sites serving persons experiencing homelessness and those living in other congregate community living settings.

The supply of COVID-19 Antigen Tests provided by the Homeless Health Infectious Disease (HHID) Program will be updated accordingly as the virus continues to develop in order to provide the most sensitive and specific diagnostic measure for sites serving persons experiencing homelessness, correction and those living in other congregate community living settings.

SARS-CoV-2 Virus and Variants

Viruses like the SARS-CoV-2 virus that causes a COVID-19 infection continuously evolve as the virus replicates. As the virus evolves, small changes are made in the genetic code by genetic mutations or viral recombination.

The SARS-CoV-2 virus has mutated several times over the course of the pandemic producing variants that are different from the original SARS-CoV-2 virus.

Variants of the SARS-COV-2 virus can be considered as branches of the tree that is the original SARS-CoV-2 virus. These small changes, variants, may allow the virus to spread more easily, increase the likelihood of severe illness, or make it more resistant to treatments or vaccines. The variations in these factors make it incredibly important that virus mitigation efforts and vaccines are tailored to the variants in circulation.

The Centers for Disease Control and Prevention (CDC) uses genomic surveillance in order to quickly identify and track the evolving COVID-19 variants. The CDC COVID Data Tracker, which is discussed in the next section, publishes estimates of how common variants are at national and regional levels.

Respiratory season varies from region to region but is considered to be the period of time between October and February with peaks in activity beginning in December. Sites serving persons experiencing homelessness and those living in other congregate community living settings are highly encouraged to communicate with their local health department for further guidance outside of these provisions for facility specific recommendations to combat the COVID-19 variants in circulation throughout respiratory season.

This following COVID-19 guidance for sites serving persons experiencing homelessness and those living in other congregate community living settings will be revised as the CDC continues to update information regarding the COVID-19 variants in circulation.

How Can a Facility Assess Their Risk?

The Centers for Disease Control and Prevention (CDC) COVID Data Tracker allows individuals to view COVID-19 hospital admissions, deaths, emergency department (ED) visits and test positivity by geographic area. This live data tracker is updated twice weekly with the most current reported county data.

The COVID Data Tracker defines low, medium, and high level COVID-19 hospital admissions as the following:

COVID-19 Hospital Admission Level	Hospital Admissions per 100,000 Population
High	≥ 20
Medium	10.0 – 19.9
Low	< 10.0

Facilities are encouraged to monitor these metrics within their county when assessing their facilities risk status. The CDC COVID Data Tracker can be accessed here.

In addition to monitoring their local COVID-19 hospital admission levels, facilities can consider factors that would indicate heightened risk including:

- A substantial portion of people within the facility are more likely to develop severe COVID-19 if exposed. These persons could have underlying health or pre-existing conditions making them high risk*. Individuals with limited access to care would also be considered high risk of developing severe COVID-19.
- Facility structural or operational characteristics that may increase spread such as a high volume of outside visitors, poor ventilation, areas where individuals sleep close together, or the residents' ability to adhere to COVID-19 prevention measures.

*Pre-existing or underlying conditions can include but are not limited to cancer, chronic kidney disease, chronic liver disease, chronic lung diseases, cystic fibrosis, dementia or other neurological conditions, diabetes (type 1 or type 2), heart conditions, HIV infection, and an immunocompromised condition. High risk individuals: pregnant or over the age of 50 years old.

- Active COVID-19 spread occurring in the facility. Transmission rates can be assessed through diagnostic testing of residents with COVID-19 symptoms and their close contacts, routine screening efforts, or other surveillance testing at the facility. However, results of testing performed at intake are not recommended as an indicator of transmission inside of the facility. The infections identified at intake most likely occurred elsewhere.

Prevention Strategies for Everyday Operations & Enhanced Prevention Strategies

- **Prevention Strategies for Everyday Operations** – are recommended to be in place at all times regardless of COVID-19 Community Levels (low, medium).

- **Enhanced Prevention Strategies** – are recommended to be **added** to supplement prevention strategies for everyday operations when COVID-19 Community Levels are high, anytime there is active transmission within the facility and / or 3 or more active cases within a 14 -day period have been identified within the facility.

Additionally Enhanced Prevention Strategies may be implemented:

- Based on the assessment of facility-specific factors that increase risk and / or resources are available for enhanced everyday use.

Facilities are **strongly encouraged** to adopt and publish an emergency policy to staff for rapid implementation in the event 3 or more active cases within 14 days have been identified and / or active transmission has been discovered (via diagnostic testing, routine screening efforts or other surveillance testing) within the congregate living facility.

- Because of the close proximity of residents in homeless shelters and other congregate living settings, the risk of COVID-19 transmission is higher in these settings compared with the general population. There is an increased risk for severe outcomes from COVID-19 in these populations due to a higher prevalence of underlying conditions.
- The rapid implementation of an emergency policy aims to mitigate the extent of the COVID-19 transmission and / or risk of severe outcomes within the population.

Protection Measures

Personal Protective Equipment (PPE) Usage

- Masks, Respirators, Gloves, Hand Sanitizer and /or other PPE as appropriate
    - Prevention for everyday operations
        - Maintain a stock of PPE (masks, gloves, respirators, and hand sanitizer).
        - Offer high-quality masks and respirators to all residents and staff and provide other PPE for staff and residents based on risk.
        - All staff conducting COVID-19 testing or providing direct care to residents in isolation should be fitted with a mask (KN95 or N95 preferred) and gloves.
        - Encourage indoor masking regardless of vaccination status among high-risk individuals (isolated for positive test result or pre-existing condition) *
    - Enhanced Prevention Measures
        - Require universal indoor masking regardless of vaccination status or risk.

Transmission and Prevention

Improve Ventilation

- Prevention for everyday operations
    - Ensure HVAC systems are operating properly. If possible, consider holding group activities outdoors or in areas with greater air flow.
- Enhanced Prevention Measures
    - Increase and improve ventilation as much as possible. Test ventilation options in advance for higher risk periods and be ready to deploy.

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Physical Distancing

- Persons, Beds, and High Traffic Areas as Appropriate
    - Prevention for everyday operations
        - Create physical distance (3ft to 6ft) in congregate areas where possible, e.g., additional distance between beds, empty chairs between residents during meals (where able), social distancing in lines.

    - Enhanced Prevention Measures
        - Reduce movement and contact between different parts of the facility. Reduce contact between the facility and the community as applicable.

Frequent Sanitation

- Hands, Bed Materials, Shared Spaces, Frequently Touched Surfaces (High Traffic Areas), All Shared Items
- See page 11 for information on cleaning / sanitizing / disinfecting.
    - Prevention for everyday operations
        - Conduct standard infection control - cleaning, sanitizing, and disinfecting daily.
        - Maintain supplies for hand hygiene, cleaning, and disinfecting: all at no cost to residents. (non-alcohol-based hand sanitizer when possible)

    - Enhanced Prevention Measures
        - Implement enhanced infection control protocols (e.g., more frequent daily sanitation practices and prompt sanitization after each resident uses a shared item or surface).

Screening Measures

Intake Symptom Screening

- COVID-19 (Temperature Capture + Symptom Survey)
    - Prevention for everyday operations
        - Capture the temperature of residents at arrival to identify current COVID-19 illness or other possible fever-inducing illness.

        - Conduct a one-minute symptom survey about past feelings of fever, cough, muscle aches, fatigue, and sore throat upon entry. Refer to National Health Care for the Homeless Council (NHCHC) Covid Symptom Screening Tool page 13.

    - Enhanced Prevention Measures
        - During periods of high COVID-19 community levels, facilities may begin providing rapid antigen testing to all new residents regardless of NHCHC Covid Symptom Screening Tool results.

Daily Symptom Screening

- COVID-19 (Temperature Capture + Symptom Survey)
    - Prevention for everyday operations
        - Capture the temperature of residents daily to identify current COVID-19 illness or other fever inducing illnesses.
        - Conduct a one-minute symptom survey about past feelings of fever, cough, muscle aches, fatigue, and sore throat upon entrance.

Reference National Health Care for the Homeless Council (NHCHC) Covid Symptom Screening Tool on page 13.

    - Enhanced Prevention Measures
        - During periods of high COVID-19 Community Level, facilities may implement more frequent rapid antigen testing (every 3-7 days) for residents.

Testing Guidelines

Routine Testing

- COVID-19 (Temperature Capture + Rapid Covid Testing)
    - Prevention for everyday operations
        - Conduct rapid antigen tests for residents and staff who have been exposed or who are symptomatic. If testing onsite of staff is not feasible (employment policy or availability of testing supplies) advise staff who have been exposed or who are symptomatic to receive testing offsite.

- Enhanced Prevention Measures
    - Routine testing can help identify infections early, which is especially important for curbing the spread.
    - Routine testing - During periods of high COVID-19 Community Level, facilities may implement more frequent rapid antigen testing (every 3-7days) for residents and staff.
    - If rationing resources, individuals who are considered high risk* of developing severe COVID-19 should be prioritized.

Post - Exposure Guidelines

Identification of Exposed Persons (Contact Tracing)

- A close contact is defined as a someone who was less than 6 feet way from an infected person (confirmed positive test result) for a cumulative total of 15 minutes or more over a 24hour period within the 2 days prior to the onset of symptoms or (for asymptomatic persons) 2 days before the positive specimen collection date.
    - Prevention for everyday operations
        - Contact tracing is a voluntary, yet critical part of a case interview. Staff (wearing appropriate PPE – KN95 or N95 mask) may ask patient if any around them (in the facility or outside the grounds) fits the definition of close contact.
        - Identified persons (within the facility) may begin to wear a provided mask and move into quarantine for the recommended 5 days. It is recommended that they receive testing on day 5 or sooner at the onset of symptoms.
    - Enhanced Prevention Measures
        - During periods of high COVID-19 community levels, facilities may begin preemptively identifying close contacts of the ill person(s) to anticipate possible spread.

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Post Exposure Guidance (Residents + Staff Members)

- COVID-19 Exposure
    - Prevention for everyday operations
        - After a resident has tested positive for COVID-19 and their recent contacts have been established, move exposed contacts into quarantine where possible.
        - Test residents who have been exposed at **five full days** after the exposure (or sooner if they develop symptoms). Consider day of exposure day 0.
        - Highly encourage exposed residents to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status or individual risk of severe COVID-19.

    - Enhanced Prevention Measures
        - There are no current enhanced prevention measures. Testing earlier than five full days after exposure or before the development of symptoms can result in a false negative result.

Isolation Guidelines

Isolation of Positive / Infectious Disease Tests

- Restructuring to Allow for the Isolation of Residents Without Excluding Those from Services + Engagement.
    - Prevention for everyday operations
        - Isolate staff, volunteers and residents who test positive for COVID-19 away from other residents for 10 days since symptoms first appeared or from the date of the sample collection for the positive test (if asymptomatic).
        - All positive persons (residents and staff) should continue to wear a mask for 10 full days after the onset of symptoms or positive test result. All persons should continue to be masked even if they receive a negative test result resulting in their isolation ending before day 10.

- Either a viral (NAAT or molecular based) or antigen test can be used to determine if the isolation period can be shortened to 7 days if the following guidelines are met:
    - A viral test only requires one negative test 48hours prior to returning to work (staff) or ending isolation (residents).
    - An antigen test requires two negative tests results. One no sooner than day 5 and the second 48 hours later at day 7.
    - The resident/staff member's symptoms must also be improving, have been fever free for 24 hours, the individual was not hospitalized, and they are not considered a high-risk person*.

Note: The isolation period for homeless service sites and those living in other congregate living settings is longer than the duration recommended for the general public because of the risk of widespread transmission in these environments and the high prevalence of underlying medical conditions associated with the development of severe COVID-19.

Isolation Guidance:

- Create distance between individuals in isolation and the community.
- Arrange beds so that individuals can lie head to toe relative to one another.
- In large, shared rooms, create temporary physical barriers between beds using sheets, curtains, or accordion walls.
- Consider whether a room shares direct ventilation with another before using the space for isolation.
    - Ventilation can be improved within a space by bringing in outdoor air (opening windows), using portable high efficiency particulate air (HEPA) cleaners, and/or turning on circulating fans.
- Direct ill individuals to medical team on site, community health organizations or local hospitals as needed.

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- Refer to the **Ideal to Least Ideal** graphic on page 18 for further isolation information as available space and resources differ from location to location.
- **If multiple residents have tested positive** – These residents can isolate together in the same area. Residents who are suspected cases should not be housed with the confirmed cases. Suspected cases should quarantine away from the community and residents in isolation.
- Ensure the continuation of support services, including behavioral health and medical care for residents while they are in isolation.

- Enhanced Prevention Measures
  - During crisis level operations (large outbreaks/ severe shortages of staffing and/ or space). Facilities may consider short term reductions to the standard isolation period. Facilities should contact their local health department to discuss appropriate measures to meet needs while maximizing infection control.

Important Considerations for Isolation Measures:

COVID-19 is a respiratory illness that can spread when an infected person breathes out droplets and small particles that contain the SARS – CoV- 2 virus. Surrounding persons can breathe in these droplets and small particles, or these droplets and particles can land on the nose, eyes, or mouth causing a person to contract the virus.

Isolation measures should aim to eliminate or dimmish the spread of these droplets and particles between residents who have tested positive for COVID-19 and those who have not.

Facilities are encouraged to consider whether their isolation measures are eliminating or diminishing the ability of these droplets and particles to reach residents who do not have the virus.

Cleaning vs. Sanitizing vs. Disinfecting

Cleaning

- Cleaning with soap or detergent decreases the number of germs on surfaces and reduces the risk of infection from surfaces within the facility. Cleaning will remove most types of harmful germs (viruses, bacteria, parasites, or fungi) from surfaces.
    - Clean high touch areas regularly (e.g., pens, counters, door handles, stair rails, light switches, restroom fixtures).
    - For **hard surfaces**:
        - Clean surfaces with soap and water or a cleaning product appropriate for the surface.
    - For **Laundry items**:
        - Use the warmest water setting and dry items completely.
        - It is safe to wash dirty laundry from a person who is sick with other non- sick persons.
        - Clean clothes hampers and baskets regularly.

Sanitizing

- Sanitizer will remove the remaining germs on surfaces after they have been cleaned.
    - Sanitize high touch areas regularly (e.g., pens, counters, door handles, stair rails, light switches, restroom fixtures).

Disinfecting

- Disinfectant can kill harmful germs that remain on surfaces after cleaning. Disinfectant can further reduce the risk of spreading disease.
    - Disinfectant may be used in/on high traffic areas or surfaces that are cleaned more frequently.
    - During periods of time where COVID-19 Community Level is high; disinfectant usage may further inhibit transmission from surfaces.
        - Always follow manufacturer safety guidelines when using chemical disinfectants.

****Always** clean surfaces first before disinfecting and sanitizing - impurities like dirt will act as a barrier and inhibit the sanitizer or disinfectant from being able to work effectively.

NHCHC COVID-19 Symptom Screening Tool

COVID-19 SCREENING QUESTIONNAIRE				
To be performed upon entrance to the shelter and daily				
Date		Time		
Name				
Birth Year				
	Gender	male	female	other
In an effort to provide you the safest possible sleeping and living conditions, we want to screen you for symptoms of COVID-19. We will help you have a safe place to stay regardless of COVID-19 risk or not.				
A. Please perform hand hygiene with hand sanitizer (if supplies allow) and answer these questions				
B. MEASURED TEMPERATURE			C	F
C. Over the past 14 days, have you had ANY of these symptoms?				
		YES	NO	DID NOT ANSWER
1	Dry cough (change from baseline)			
2	Shortness of breath (change from baseline)			
3	Muscle aches (myalgias)			
4	Sore throat			
5	Headache *(influenza like illness)*			
6	Fatigue *(influenza like illness)*			
7	Have you had close contact with anyone who has COVID-19? (close contact is defined as <6ft for >10 minutes)			
If yes to 1-7 with T>37.8 or if yes to any questions 1-4 without T>37.8 (100F) please apply 3-layer mask and direct to isolation area, if T>37.8 without symptoms please apply 3-layer mask and direct to quarantine				
Notes:				

Workflow:
A) Name collected by line monitor(s).
B) 2-person team to collect info (one to ask questions, one as recorder.
C) Third person taking temperature
D) Sticker given at conclusion

Good Hygiene / Etiquette Practices

Respiratory Hygiene / Cough Etiquette

Respiratory hygiene and cough etiquette are infection prevention measures aimed at limiting the transmission of respiratory pathogens that are spread by airborne routes or droplets. These strategies target anyone who may have undiagnosed respiratory infections or any persons with signs and symptoms of illness.

For Staff:

- Provide tissues and no touch receptacles for their disposal.
- Provide resources for performing hand hygiene (hand sanitizer/ soap).
- Offer masks to all symptomatic residents.
- Encourage symptomatic residents to sit at a distance from other individuals as possible.

Encourage Residents to:

- Cover their mouth and nose when coughing or sneezing.
- Use tissues and throw them away.
- Wash their hands or use hand sanitizer every time they touch their mouth or nose.

Hand Hygiene

Hand hygiene is the practice of using soap or hand sanitizer to reduce the number of potential pathogens on the hands. Hand hygiene is considered a primary measure to reduce the risk of transmitting infection among staff and residents.

Hand hygiene includes hand washing with soap and water **or** using hand sanitizer (alcohol based or non-alcohol based). Unless hands are visibly soiled (e.g., dirt, blood, body fluids), a hand sanitizing liquid is preferred over soap and water in most situations because:

- Requires less time.
- Is more accessible than handwashing sinks.
- Reduces bacterial counts on hands.
- Less irritation and dryness than soap and water.

Hand hygiene should be performed:

- Regularly throughout the day.
- After using the toilet.
- Before eating food.
- Resident/staff has come into contact with items (e.g., sheets, clothing, shared items) of someone in isolation, quarantine, or suspected to be a positive case.
- After touching garbage.
- When hands are visibly soiled.
- After coming in contact with a high traffic/ frequently used item (e.g., doorknob, dining table, other shared community items).

How Should Hand Hygiene be Performed?

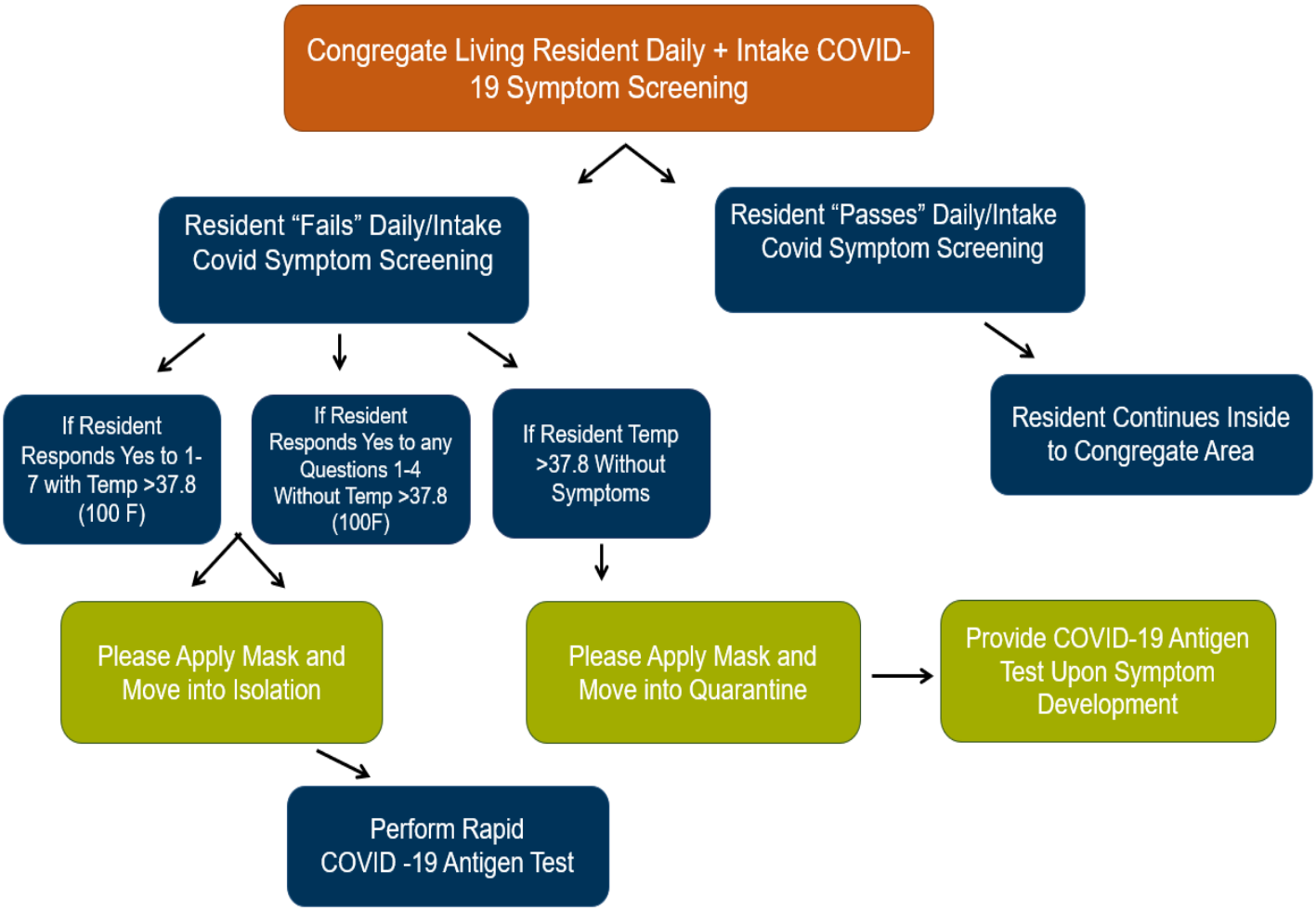
Using an alcohol-based or non-alcohol-based hand sanitizer (follow manufacturer directions):

- Dispense the recommended amount of product (most recommend an amount the size of a quarter).
- Apply product directly to the palm of one hand.
- Rub hands together, making sure that all surfaces of hands and fingers are covered. Rub hands together until they are dry (should take around 20 seconds, no rinsing required).
- Do not rinse or wipe off hand sanitizer before it is dry.

Hand washing with soap and water

1. Wet hands first with water.
2. Apply soap to hands.
3. Rub hands vigorously for at least 20 seconds, covering all surfaces of hands and fingers.
4. Rinse hands with water and dry thoroughly.

Walkthrough – Daily + Intake COVID-19 Symptom Screening



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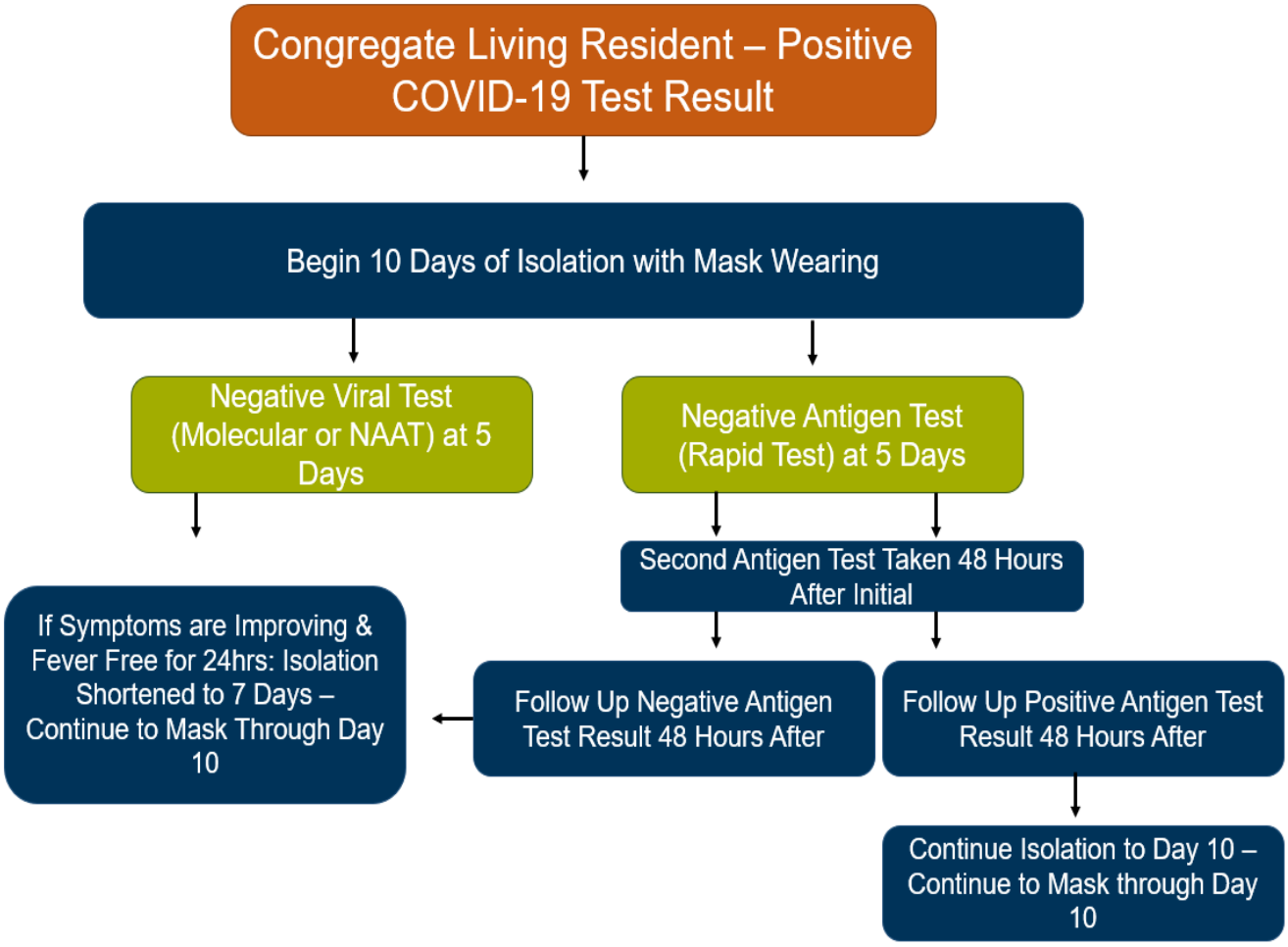
Walkthrough – Positive COVID-19 Test Result



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Ideal to Least Ideal – Isolation Practices

ISOLATION IN CONGREGATE LIVING SETTINGS

IDEAL

LEAST IDEAL

1. Maintain Transmission and Prevention Measures for Everyday Operations
   - Practice Good Respiratory/Cough/Hand Hygiene
   - Practice Personal Protective Equipment (PPE) Usage
   - Practice Cleaning/Sanitizing/Disinfecting

2. General Tips for Everyday Operation Isolation Measures
   - Create space between individuals (3ft -6ft)
   - Wear a mask (N95) when providing direct care to ill
   - Arrange beds so that individuals lie head to toe
   - Create physical barriers between beds

1 Person Ill	2-10 People Ill	More than 10 People Ill	Majority of Community Ill
Isolate in separate room (if possible)	Isolate together in separate room	Isolate together on one floor/ separate section of building	Isolate together throughout the site
Isolate in shared room with ill	Isolate together in common area	Isolate together throughout the site	
Isolate in large shared space	Isolate together in large space		

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The Importance of Providing Similar Access - Isolation

Individual spaces within congregate living settings that are used for medical isolation for residents with COVID-19 may not be equipped with the same communal resources (e.g., T.V., radio, reading materials, clean clothing and linens, personal property, showers, and other resources). Therefore, those in isolation do not have the items that are normally available. Individuals in isolation should not be restricted from partaking in food services or other support services offered at the facility.

These conditions can discourage residents from reporting symptoms of COVID-19. This can lead to the further COVID-19 spread within the congregate setting. Additionally, prolonged isolation in such conditions can have negative consequences on residents' mental health, including risk of suicide. Visitation and programming are essential for residents' mental health and well-being. When possible, encourage access to opportunities for safe in -person visitation and programming even when COVID-19 community levels are high.

To encourage prompt reporting of COVID-19 symptoms and to support mental health of all residents, ensure that medical isolation and quarantine are operationally distinct from administrative or disciplinary segregation even if the same housing spaces are being used for both.

Summary and Further Considerations

Enhanced prevention measures can be applied across an entire facility, or can be exclusive to a single housing area, floor, or building. While enhanced prevention measures are recommended for when COVID-19 Community Level is high, facilities can implement these enhanced strategies at times when COVID-19 Community Level is low or medium.

These measures should only be implemented with the state of health equity in mind. Health equity ensures that all persons have a fair and just opportunity to attain and maintain their highest level of health. These provisions are in no way to act as a barrier between residents and the services being provided in each congregate living setting.

Facilities are encouraged to connect with their local health department(s) for further guidance outside of these provisions for facility specific recommendations to combat COVID-19 transmission.