



Commonwealth of Massachusetts

DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

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DIVISION OF HOUSING AND STABILIZATION **GUIDANCE FOR FAMILY SHELTER PROVIDERS RESPONDING TO INDIVIDUALS** **SUSPECTED OR CONFIRMED COVID-19**

In order to mitigate the spread of COVID-19, Family Shelter Providers must be vigilant in their efforts. Part of these efforts include knowing what to do if a resident is suspected of having COVID-19 or is a confirmed COVID-19 case. Outlined below are the protocols providers must immediately implement.

This document also provides protocols for providers for newly referred families entering congregate shelter at this time.

What should a shelter program do if it suspects a case of COVID-19?

Any shelter program serving a resident with a suspected or confirmed case of COVID-19 or other respiratory symptoms should immediately contact a care provider if you believe they should be tested.

All other questions should be directed to the new hotline number, staffed by operators 24/7 with translators available in multiple languages. Call the Massachusetts 2-1-1 hotline and press 2-6 for coronavirus to review risk assessment and control measures. These control measures include:

- Providing PPE (personal protection equipment), such as a facemask, for the resident exhibiting symptoms of COVID-19, if available.
- Isolating the suspect/confirmed resident and other members of the household in a private room with the door closed, if in a congregate or co-shelter setting.
- Asking the individual about symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If you are in the same room as the individual, wear a facemask and stand at least 6 feet away.

- Asking if they have seen their primary care provider for these symptoms and what the diagnosis was, if any, and what the recommended care and treatment plan is. If they have not been seen by their primary care provider, have them call and speak with medical providers to determine the best course of action.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.
- E-Mail Division of Housing Stabilization assigned Contract Manager, Virginia Griffin, Director of Homeless Contracts and Prevention Programs, Virginia.Griffin@mass.gov and Barbara Duffy, Director of Placement, Barbara.J.Duffy@mass.gov , for further guidance should alternative placement be necessary.

Should the shelter program screen newly referred families upon arrival to congregate shelter?

For families newly admitted to a shelter program, they must be asked about contact with confirmed COVID-19 cases and symptoms of COVID-19 (fever, cough, difficulty breathing). Other symptoms could include fatigue, confusion, bluish lips or face, chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If staff are in the same room as the individual, wear a facemask and stand at least 6 feet away.

- Provide PPE (personal protection equipment), such as a facemask, for the resident exhibiting symptoms of COVID-19, if available.
- Isolate resident with a suspected/confirmed case of COVID-19 and other members of the household in a private room with the door closed, if in a congregate or co-shelter setting.
- Ask if they have seen their primary care provider for these symptoms and what the diagnosis was, if any, and what the recommended care and treatment plan is. If they have not been seen by their primary care provider, have them call and speak with medical providers to determine the best course of action.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.
- E-Mail DHS Contract Manager, Virginia Griffin, Director of Homeless Contracts and Prevention Programs, Virginia.Griffin@mass.gov and Barbara Duffy, Director of Placement, Barbara.J.Duffy@mass.gov for further guidance should alternative placement be necessary.

This guidance is not intended to address every potential scenario that may arise and will be updated as additional information is available. Shelter programs should monitor the Department of Public Health's website, mass.gov/2019coronavirus and Local Health Department guidance and keep in close contact with appropriate Division of Housing Stabilization staff to elevate priority issues of concern.

For more information, please visit

[Frequently asked questions about COVID-19](#)

DPH prevention guidance: [printable fact sheets](#)

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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The health and safety of all families receiving Emergency Assistance is of great importance to The Department of Housing and Community Development. In an effort to slow the spread of the flu and COVID-19, **we ask that all families in shelter take the following precautions:**



- **Follow guidance from the Department of Public Health and Centers for Disease Control and Prevention** regarding hand washing and social distancing, cover your mouth when you cough or sneeze, and avoid touching your eyes, nose, and mouth with unwashed hands.
- **Limit contact** to people outside of your immediate family, and as much as possible with other families in the shelter.
- **Clean and disinfect** your living environment throughout the day, including flat surfaces, door knobs, faucet handles, etc.
- **Be prepared** – have a 2-week supply of food, water, and medicine.

Contact your shelter provider and/or 2-1-1 if you need help in getting necessary supplies – including cleaning supplies, food, water, medicine, etc.

You can help stop COVID-19 by knowing the signs and symptoms:



- Fever
- Cough
- Shortness of Breath

- Contact your doctor or 2-1-1 if you have questions or have a heightened risk level due to a compromised immune system or coexisting heart disease, lung disease, or diabetes.
- Talk to your children about COVID-19 and how they can stay healthy and stop the spread of germs.



WHAT DO I DO IF A MEMBER OF MY HOUSEHOLD BECOMES ILL?

- Call your primary care doctor, or other local health care provider, immediately if you have COVID-19 symptoms, call 911 if symptoms become serious.
- You will be required to keep all family members in your assigned shelter unit/room.
- **Inform your shelter director immediately if you suspect you may have COVID-19 or the diagnosis has been confirmed by a medical professional.**

In order to increase “social distancing” and decrease the likelihood of spreading COVID-19 in family shelters:

- All families in congregate and co-shelters will be permitted to take extended overnights for up to two weeks; please make sure host households do not have symptoms or high-risk family members.
- Temporary Shelter Interruptions (TESI) will be approved for families able to identify a long-term alternative to shelter.
- No visitors will be allowed inside shelter until further notice.
- Please be sure to update emergency contact information with your shelter provider and identify a plan for the care of your children in case of severe illness.

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EA SHELTER COVID-19 GUIDANCE

Coronaviruses are a group of viruses that commonly cause either mild-to-moderate illness – such as a cold with runny nose, headache, cough, sore throat, or fever or sometimes pneumonia. Recently, a new coronavirus—Coronavirus Disease 2019 (COVID-19)—was detected in Wuhan, China and has spread internationally, including in the US. This novel coronavirus causes a respiratory (lung) infection. DHCD understand that EA Family Shelter management, staff, and clients have serious concerns regarding the spread of the COVID-19, and in response, we are issuing this guidance document in an effort to prevent introduction of COVID-19 and other respiratory diseases, manage known or potential exposures to COVID-19, and minimize widespread transmission. We will continue to work ensure that all EA Family Shelters have access to the most-up-to-date guidance from our partners at the Massachusetts Department of Public Health (**DPH**), the Massachusetts Emergency Management Agency (**MEMA**), and Federal Center for Disease Control and Prevention (**CDC**)

Our current understanding of SARS-CoV-2 suggests it is like other respiratory viruses with regard to transmission. In general, these viruses are spread when a sick person coughs or sneezes. It is also possible to become sick by touching surfaces contaminated with a virus, and then touching one's own eyes, nose, or mouth. **The majority of persons with COVID-19 develop a mild illness which may include fever, cough, or shortness of breath. Persons who develop more severe symptoms (such as difficulty breathing, pain or pressure in the chest, confusion, fatigue, or bluish lips or face) requiring hospitalization have often been the elderly or persons with underlying medical conditions**

Prevention

The primary goal is minimize the spread of COVID-19. Guidance at this time essentially asks all of us to take pay extra attention to hygiene, as one would do to control the spread of influenza:

- ✓ **Wash your hands often** with soap and warm water for at least 20 seconds, and/or sanitize hands with sanitizing solutions that are at least 60% alcohol.
- ✓ **Cover your mouth when you cough or sneeze. Use a tissue or your inner elbow, not your hands.**
- ✓ **Avoid touching** your eyes, nose and mouth.
- ✓ **Clean AND disinfect frequently touched surfaces *daily***, please refer to the Center on Disease Control's Effective Cleaning and Disinfecting Recommendations:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- ✓ **Reduce sharing** of dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people. Wash items thoroughly with soap and hot water. Consider disposable paper and plastic products.

- ✓ **Increase social distancing** as much as is feasible – stand more than 6 feet away from people; consider staggering meals; shifting the structure of house meetings to smaller gatherings; increase use of flyers, bulletin boards, email, texting, and phone calls to communicate instead of face to face contact.
- ✓ **Isolate if you are sick** and avoid close contact with others.

Please share information, post flyers and make educational materials available in a way that can be understood by all residents. Enlist the help of an interpreter for residents that are non-English speaking.

- DPH reminder about hygiene practices: <https://www.mass.gov/doc/stop-the-spread-of-germs-respiratory-diseases-like-flu-and-covid-19/download>
- CDC posters, available in multiple languages: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Planning

Like other housing and social service agencies, shelter programs are part of broader networks working to support healthy communities, so you should:

Stay up to date on new information and guidance:

- ✓ Ensure at least one representative from your shelter program participates on the weekly COVID-19 Information phone call with DHCD on Monday's from 10 to 11:30am.
- ✓ Check the Massachusetts Department of Public Health COVID-19 On-Line Information Page: <https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>
- ✓ Review the Interim Guide for Homeless Shelters from the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- ✓ Review the latest updates from the CDC COVID-19 Information Page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Communicate with Community Partners

- ✓ Establish a primary contact on COVID-19 for residents, community partners, and DHCD.
- ✓ Have active contacts at Health Care Centers, Local Boards of Health, and/or other health care groups to seek guidance in event of suspected infections and for inclusion in community planning.

Contingency Planning for Programming, Facilities and Budget:

- ✓ Review and update your agency's Continuity of Operations Plan (COOP)
- ✓ Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from public health officials. Be aware of temporary school dismissals in your area because these may affect your staff, volunteers, and families you serve.
- ✓ Take stock and order additional cleaning supplies, gloves, food, water, and necessary items

- ✓ Limit visitors inside facilities. Visitors and any service providers can meet with a family, if necessary, outdoors or offsite.
- ✓ Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
- ✓ Shift practices to promote social distancing – no group meetings, limit face to face meetings, use of alternative communication systems as much as possible, cancel community events, stagger meal times and use of common spaces.
- ✓ Increased housekeeping, disinfecting, and promotion of hygiene practices.
 - In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and request that all clients sleep head-to-toe.
 - Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.
 - Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
 - Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
 - At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
 - Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.

Contingency planning with residents:

- ✓ Ensure families are aware that health care services will provide care regardless of immigration status or ability to pay. Hospital staff will not ask about immigration status. Receiving health care is not a public benefit identified by the public charge test.
- ✓ COVID-19-related and treatment will **NOT** be subject to deductibles or copays for insurance carriers in Massachusetts – no-one should avoid medical care for suspected COVID-19 symptoms because of cost concerns¹.
- ✓ Remind families that for the vast majority of people, COVID-19 presents like the flu. Those at risk of complications include the elderly and those with compromised immune and respiratory systems, diabetes, and high blood pressure. Clients with heightened risk levels may want to consider contacting their doctor or 2-1-1 with any questions or concerns. Work with clients regarding their individual plans and options. While it may not be possible, if clients that are in long stay or case management beds are able to identify safe alternatives to shelter, encourage them to do so.

Contingency planning with staff:

¹ <https://www.mass.gov/doc/bulletin-2020-02-addressing-covid-19-coronavirus-testing-and-treatment-issued-362020/download>

- ✓ Review sick leave policies and consider implementing updates to reflect additional precautions during a health epidemic
- ✓ Ensure staff are aware of sick leave policies and encourage influenza vaccinations, and advise to stay home if they are ill with respiratory symptoms. Advise employees to check for any signs of illness before reporting to work each day, and notify their supervisor if they become ill. Do not require doctors' letters for staff calling in sick.
- ✓ Plan for a reduced staffing structure that ensures coverage, on call, and adequate responses to emergencies. Contact Contract Managers to review any significant changes.

Rapid Detection and Containment

Instruct residents and staff to immediately report symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness and/or during intake. If a client/resident presents with symptoms, they should be provided with a facemask (if available) and must remain in their room or unit to minimize exposure to others and contact their medical provider, or other designated health care personnel. All members of a family should remain in their rooms or units as they also may have been exposed. Household members can exit the room as necessary to use bathroom and kitchen areas, which must be disinfected immediately after use. Affected staff must not return to work until they are at least 24 hours fever-free, without use of fever-reducing medication. Follow established DPH recommendations.

- If COVID-19 infection is suspected or has been confirmed in a resident of your facility, notify your contract manager and DHCD contacts immediately. If a health care professional has not already been contacted, immediately contact your Local Board of Health or the Massachusetts Department of Public Health 24/7 Epidemiology Line at 617-983-6800 and (if applicable) the resident's primary care physician or other health care professional.
- The Local Board of Health, or other designee of the DPH will be in touch with the patient. Restrict the movement of persons within the facility, from leaving the facility, and from being transferred to another facility until COVID-19 has been ruled out (with the exception of necessary medical care). Limit transport of suspected COVID-19 patients to essential purposes only. Place facemasks on suspected COVID-19 patients during transport.
- Doors to any room or shelter unit with suspected and confirmed COVID-19 patients should be kept closed except for entry or egress. Providers will be notified when alternative isolation locations have been secured.
- Designate staff to interact with these individuals only. Wear gloves and a face mask when entering the room, and wash and sanitize hands immediately before and after exiting. Limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
- Staff may support families in quarantine or isolation by providing food and liquids. Shelter staff is not expected to and should not provide any medical care.

Dispel Rumors

Most of us are bombarded with information from the internet, social media and news reports, and it can be challenging to separate fact from fiction. Help reduce the spread of rumors or misinformation by letting residents/clients and staff know that viruses do not target people from specific populations, ethnicities or racial backgrounds, and sharing information and resources from accredited sources.

Works Consulted:

- <https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NYC Health Interim COVID-19 Guidance for Homeless Shelters
- Recommendations for Preventing and Managing the Spread of Coronavirus in Shelters, Boston Health Care for the Homeless, March 2020
- Department and Family and Support Services, City of Chicago, March 10, 2020
- Commonwealth of Massachusetts, LHA COVID-19 Risk Management Memo, March 10, 2020

COVID-19 EA Shelter Guidance 3.15.20