



Department of Public Health

MAYOR
Oscar Leeser

GUIDANCE FOR THE PREVENTION OF SARS-CoV-2 (COVID-19) IN SHELTERS FOR MIGRANTS

CITY COUNCIL

March 16, 2021

District 1
Peter Svarzbein

People who experience homelessness due to migration to a foreign country are at risk for contracting SARS-CoV-2 (COVID-19) infection and other infectious diseases. This guidance is intended to support response planning efforts by emergency management officials, public health authorities, and migrant shelters service providers.

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The living conditions of migrants before crossing the border and the level of transmission of SARS-CoV-2 (COVID-19) in the El Paso region contribute to an increased risk of infection among migrants. Infections could lead to prolonged stays at shelters, hospital admissions, and prolonged hospitalization. In addition, infection among the migrant population may lead to illness and absenteeism among migrant shelters' staff and volunteers. Early implementation and sustained action to prevent and slow the spread of SARS-Cov-2 (COVID-19) and other infectious diseases within shelters will keep clients, staff, and volunteers healthy and help maintain normal shelter operations.

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General Recommendations

Keeping staff, volunteers and clients safe within the shelter is the paramount objective of this Guidance. To accomplish this, shelters should focus efforts on some basic points, to include proper use of Personal Protective Equipment (PPE) by staff, volunteers, and clients; appropriate distancing between individuals; timely identification of sick individuals and proper/frequent hygiene.

All staff, volunteers and clients should wear a face mask, covering nose and mouth completely. Additionally, shelter staff and volunteers should wear appropriate PPE whenever they service a symptomatic client. Shelter staff should provide a mask for the client to wear over their nose and mouth if one is available and if the client can tolerate it. If a mask is not available, educate the client about cough etiquette and provide tissues.

CITY MANAGER
Tommy Gonzalez

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Masks **should not be placed** on children younger than 2 years old, anyone who has trouble breathing or is unconscious, or anyone who is incapacitated or otherwise unable to remove the mask without assistance.

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Appropriate distancing should be maintained between clients and shelter staff to avoid close physical interaction; furthermore, distancing between clients should be promoted while staying at the shelter to avoid large exposures should someone becomes sick.

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In meal service areas, create at least 6 feet of space between seats, and/or allow either for food to be delivered to clients' rooms or for clients to take food to secluded areas where they would not be in close contact with others. In general sleeping areas (for those who are not experiencing respiratory symptoms), shelters must try to keep beds at least 6 feet apart from each other and request that all clients sleep head-to-toe.

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Isolation and quarantine of shelter clients should be initially conducted during the admission process. Shelter staff should take temperature of all new clients during the admission process and on a regular basis to identify clients that are sick and to quickly separate and place them under isolation. All clients who are visibly symptomatic must be separated from others and placed under isolation to avoid large exposures of healthy individuals.

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Shelters should frequently monitor SARS-CoV-2 (COVID-19) activity in the community to have situational awareness of local transmission of the virus that causes COVID-19. Shelter plans should have flexible isolation and quarantine locations that are scalable in case the number of COVID-19 cases in the facility or community increases. Current plans in place may have flexibility to reduce the number of healthy people staying in the shelter or to become a designated COVID-19 shelter and be able to isolate and provide care for those clients that are infected with SARS-CoV-2 (COVID-19).

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Plans should address the need to quickly increase frequency of cleaning and disinfection in response to an identified case in the facility or a rise of transmission in the community.

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Staff Considerations

- Provide training and educational materials related to SARS-CoV-2 COVID-19 for staff and volunteers.
- Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms.
- Develop and use contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members. These plans might include extending hours, cross-training current employees, or hiring temporary employees.
- Staff and volunteers who are at increased risk for severe illness from COVID-19 should not be designated as caregivers for sick shelter clients.; identify flexible job duties for these at increased risk staff and volunteers so they can continue working while minimizing direct contact with clients.
- Plans should include procedures to maintain physical/social distancing (remaining at least 6 feet apart) between all clients and staff while still providing necessary services.
- All staff should properly wear a mask and preferably wear double mask (a cloth mask on top of a medical grade mask) to decrease their risk of infection.
- Staff who do not interact closely (e.g., within 6 feet) with sick clients and do not clean client environments do not need to wear full set of PPE (gown, shoe covers, head cover, gloves).
- Staff should avoid handling client belongings; however, if they do, they should use disposable gloves, if available. Make sure to train any staff using gloves to ensure proper use and ensure they perform hand hygiene before and after use. If gloves are unavailable, staff should perform hand hygiene immediately after handling client belongings.
- Staff who are performing health checks and checking clients' temperatures during admission to shelter should use a system that creates a physical barrier between client and the screener.
 - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.

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- If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet from a client (PPE alone is less effective than a barrier)

- Shelter staff should avoid providing medical care to clients with suspected or confirmed COVID-19, particularly in situations where close contact cannot be avoided. (“Close contact” in this instance means a distance of less than 6 feet.) If it occurs, staff should wear eye protection (goggles or face shield), an N95 respirator (or double mask with a medical grade respirator or mask), disposable gown, and disposable gloves. **Simple Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.**
- Staff should launder work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
- Staff should be provided with resources for coping with stress.

Health Screenings and Preventive Measures

Access to a safe shelter is critical even during community spread of SARS-CoV-2 (COVID-19). Shelters should not exclude as their clients people who are symptomatic or test positive for SARS-CoV-2 (COVID-19).

Screen all people entering the shelter (clients, staff, volunteers, and visitors) for signs of SARS-CoV-2 (COVID-19) checking temperature at intake of new clients, and daily thereafter. For staff and volunteers, health checks (to include temperature) should be performed at the beginning of work shift. Staff and volunteers, who screen positive for SARS-CoV-2 (COVID-19) symptoms or who is feeling sick, should be sent home immediately.

Although not every person who has symptoms will have COVID-19, conducting daily health checks consisting of a series of simple key questions can help identify people who may need medical care or to be placed in isolation. If a person screens positive for symptoms, or has fever $\geq 100^{\circ}\text{F}$, the person should be directed where to stay according to the shelter’s plan.

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Health screening should include the following:

- Taking their temperature using a non-contact infrared thermometer (i.e. temporal artery scan, etc.)

AND

- Asking clients if they are experiencing SARS-CoV-2 (COVID-19) symptoms, such as:
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

If the client has a fever **OR** a new or worsening cough, **OR** any of the other symptoms:

- Notify shelter management and appropriate healthcare providers.
- Let the client know:
 - They must immediately notify a member of the shelter if their symptoms worsen.
 - They should not leave their room or designated area except to use the restroom; they should stay at least 6 feet away from others.
 - If they leave their room or designated area, they must wear a mask.
 - They should wash their hands often or use a hand sanitizer that contains at least 60% alcohol.

Following medical screening, clients who are sick should be directed to an isolation room, if available, or to the area designated for SARS-CoV-2 (COVID-19) symptomatic persons. If the shelter does not have an area for people with symptoms, redirect the person to the location as per the shelter's plan.

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For sick clients, ensure they wear a mask, or provide a mask if available.

NOTE: Masks should not be placed on babies or children younger than 2 years of age or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the covering without assistance.

Advise sick clients about the shelter's cough etiquette and provide tissues if a mask is not tolerated. However, every effort should be made to have all clients, staff and volunteers to wear a mask, with the exception of a true contraindication, as stated above.

If a person shows any of these signs*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- Any other symptoms that are severe or concerning to you.

*This list is not all possible symptoms.

Call 911 and seek emergency medical care immediately. Notify the operator that you are seeking care for someone who has or may have COVID-19.

Shelters should monitor, record and report to the City of El Paso Department of Public Health (DPH) all confirmed and possible COVID-19 cases and perform periodic assessments of all shelter policies and procedures related to lowering transmission on SARS-CoV-2 (COVID-19) e.g. isolation area, social distancing, meal service, cleaning, disinfection).

Positive cases should be reported to the DPH daily and alert them to increasing numbers of COVID-19 cases among clients and staff. Also, shelter staff should alert DPH of unusual infection patterns or increasing number of clients requiring higher level of care (hospitalizations) due to COVID-19 and other infectious diseases.

Shelters must 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 while at the shelter.

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Isolation Strategies of Sick Clients

When possible, place sick clients in individual rooms for isolation (if available). If individual rooms for sick clients are not available, shelters may consider using a large, well-ventilated room.

Isolation areas or buildings should be separate from the rest of the shelter to create physical distancing between healthy and sick clients. Isolation areas should be well-ventilated and when possible, identify and designate a separate bathroom for sick clients with COVID-19 symptoms. Bathroom facilities should be near the isolation area and separate from bathrooms used by well clients.

As much as possible, at least 6 feet of distance should be maintained between clients in isolation areas. Cots should be placed at least 6 feet apart with the use of temporary barriers between them (if possible).

Additional comfort items, like tissues and blankets, can be provided for sick clients and should not be shared between sick clients. Comfort items can be reused after they have been properly washed.

Shelter staff should let clients know:

- They must notify shelter staff immediately if their symptoms worsen.
- They must not leave their room/isolation area except to use the restroom.
- They must keep a distance of at least 6 feet away from other clients in the isolation area.
- They must wear a mask at all times, except when eating or showering, unless they have trouble breathing.

Shelter staff providing medical care to clients with suspected or confirmed COVID-19 where close contact (within 6 feet) cannot be avoided, should at a minimum, wear eye protection (goggles or face shield), an N95 respirator (or double mask with a medical grade respirator or mask), disposable gown, and disposable gloves.

Shelter staff who enter the isolation area for reasons other than providing medical care (e.g. delivering meals or other items) should wear N95 masks respirator (or double mask with a medical grade respirator or mask).

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It is recommended that shelters meet regularly with staff and volunteers to improve and implement everyday preventive actions. Shelter staff and volunteers should provide clear instructions to clients about how to prevent the spread of the disease (for example, wash hands; use hand sanitizer; avoid touching eyes, nose, and mouth; avoid close contact with others).

Education and General Information for Clients and Staff

Shelters should ensure signage is understandable for non-English speaking persons and those with low literacy. Shelters should make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or with low vision.

- Shelters may post signage at entrances and in strategic places throughout the facility on:
 - Common signs and symptoms of COVID-19.
 - Reporting symptoms to shelter staff if they feel ill.
 - Importance of wearing a mask and that it is a requirement.
 - The need to frequent handwashing and proper respiratory etiquette.
 - Reminding staff to wash their hands with soap and water after touching someone who is sick or handling a sick person's personal effects, used tissues, or laundry.
 - Coping with stress

Shelters should keep clients and staff informed about Department of Public Health orders, guidance and recommendations to prevent disease spread and about changes to services that might be related to the outbreak.

Cleaning And Disinfection

The risk of exposure to cleaning staff is inherently low. Train staff members who perform cleaning functions on infection prevention to further minimize the risk. Instructional materials for custodial and other staff should be provided in languages other than English as locally appropriate.

- Disinfection should be done using an EPA-registered disinfectant.
- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

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- Solid waste (trash) such as tissues, food items, and drink containers should be considered as potentially “infectious waste.”
- Waste receptacles with non-removable, no-touch lids, should be placed a reasonable distance away from any populated areas.
- Place a handwashing station or hand sanitizers containing at least 60% alcohol next to any waste receptables. Disinfect the lids and handles of receptacles on a regular basis.
- Outdoor waste receptacles should be covered with lids.
- Areas and items that are visibly soiled should be cleaned immediately.
- All common areas should be cleaned and disinfected as often as possible with a focus on frequently touched surfaces like tables, doorknobs, light switches, handles, desks, toilets, faucets, and sinks.
- Linens (such as bed sheets and towels), eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without having been thoroughly washed. Wash linens using laundry soap and tumble dry on the warmest setting possible.
- Staff should wash their hands with soap and water or use hand sanitizer containing at least 60% alcohol immediately after handling dirty laundry or used eating utensils and dishes.

Shelters should close off areas used by sick clients such as isolation areas and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection. If waiting 24 hours is not possible, wait as long as possible.

Vacuum the space if needed. Use vacuum equipped with high-efficiency particulate air (HEPA) filter, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum.

Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate through the facility.

Once area has been appropriately cleaned and disinfected, it can be opened for use. Shelter staff and volunteers without close contact with the person who is sick can return to work immediately after disinfection.

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Cleaning and disinfection of an area that was used by a sick client is not necessary if more than 7 days have passed and area is properly ventilated opening windows and doors if weather permits. However, continue routine cleaning and disinfection of all shelter areas. This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.

REFERENCES:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/php/eh-practitioners/general-population-disaster-shelters.html>

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