

Homeless Service Settings: Interim Guidance for Providers

PLAN, PREPARE, AND RESPOND TO CORONAVIRUS DISEASE 2019 (COVID-19)

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Background

The recommendations in this document apply to homeless service settings and encampments. This interim guidance is based on what is currently known about the transmission and severity of Coronavirus Disease 2019 (COVID-19).

This guidance will be updated as needed and as additional information is available. Please regularly check [MDH: Community Settings: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/communities.html\)](https://www.health.state.mn.us/diseases/coronavirus/communities.html) for updated interim guidance.

COVID-19 mainly spreads from person to person between people who are in close contact with each other (within about 6 feet). Spread is from respiratory droplets produced when an infected person coughs or sneezes. Though it is not the main way the virus spreads, it could spread if a person touches a surface or object that has the virus on it and then touches their own mouth, nose, or eyes. A person can be infected with COVID-19 without showing symptoms.

COVID-19 appears to cause more serious illness in older people and those with underlying health conditions. Therefore, directors of congregate living facilities play an important role in preparing and responding to COVID-19 if the virus becomes widespread in their communities.

Steps to Take Right Now to Prevent the Spread of COVID-19

Strategies to prevent the spread of COVID-19 in congregate living facilities are similar to strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like common colds and influenza. Use proper hand hygiene, respiratory etiquette, cleaning, and have staff to stay home when sick. Follow these additional mitigation strategies:

- Limit nonessential personnel and visitors.
- Have staff, volunteers, and guests to keep a distance of 6 feet between themselves and others.
- Identify clients who could be at high risk for complications from COVID-19 or from other chronic or acute illnesses, and encourage them to take extra precautions. Refer to [CDC: People Who Need to Take Extra Precautions \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html).
- Keep group meetings small (< 5 people) and keep at least 6 feet between people.
- Establish maximum occupancy limits for common rooms and bathrooms.
- If possible, place beds at a minimum of 6 feet apart and align so guests sleep head to toe.
- Limit gathering of residents or staff by staggering mealtimes and times for using shared space and create 6 feet of space between seats, and/or allow either for food to be delivered to clients or for clients to take food away.

- Clean and disinfect high-touch surfaces at least daily, shared objects between each use, and shared spaces frequently using an EPA-registered disinfectant. Refer to [EPA: Disinfectants for Use Against SARS-CoV-2 \(www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2\)](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
- Use physical barriers to protect staff who will have interactions with guests. This may include a sneeze guard or placing a big table to increase distance between staff and guests.
- As availability of alternative sites for non-congregate sheltering allows, reduce overcrowding of shelters where social distancing (6 feet between people) is not possible, and provide safe shelter for those experiencing unsheltered homelessness.
- Arrange for continuity of and surge support for mental health, substance use treatment services, and general medical care.

Community-based COVID-19 Prevention and Response

Connect with key partners to make sure that you can all easily communicate with each other while preparing for and responding to cases. A community-based response for COVID-19 planning and response might include:

- Local and state health departments
- Homeless service providers and Continuum of Care leadership
- Emergency management
- Law enforcement
- Health care providers
- Housing authorities
- Local government leadership
- Other support services like outreach, case management, and behavioral health support

Identify Additional Sites and Resources

- Continuing homeless services during community spread of COVID-19 is critical, and homeless shelters should not close or exclude people who are having symptoms or test positive for COVID-19 without a plan for where these clients can safely access services and stay.
- Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in a shelter, or be directed to alternative housing sites, should be made in coordination with local health authorities.

Organizational Preparedness

These steps can help protect a facility while minimizing disruption to its important services. Be prepared to change your practices as needed to maintain critical operations. Refer to [CDC: Interim Guidance for Businesses and Employers \(www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) for more information on planning for and responding to COVID-19.

Planning for Staff and Volunteers

- Develop or review business-continuity plan so you can continue providing critical services even if staffing levels drop due to illness, caring for sick family members or friends, or because children may be temporarily out of childcare or school.
- Develop a plan to monitor staff absenteeism.
- If possible, cross-train personnel to perform essential functions so the facility is able to operate even if key employees are absent.
- Staff and volunteers who are at high risk of severe COVID-19 (those who are older or have underlying health conditions) should check with their health care provider about restrictions on their activities when COVID-19 is present in the community. Do not have high-risk staff and volunteers care for sick guests who are staying in the shelter. Refer to [CDC: People Who Are at Higher Risk for Severe Illness \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).
- During times when COVID-19 is present in the community, make sure your sick leave and other absence policies are flexible and nonpunitive so employees and volunteers can stay home if they are sick or if they need to care for a sick family member or friend.
- Make sure your employees and volunteers are aware of sick leave and other absence policies. Do not require a health care provider's note to validate illness or return to work, as health care provider offices and medical facilities may be extremely busy and not able to provide this documentation.

Planning for How to Respond to Sick Guests and Those with Positive COVID-19 Tests

- Identify a space to isolate sick guests, those with positive COVID-19 tests (regardless of symptoms), and guests who were in contact with someone who is sick.
 - Prioritize these clients for individual rooms. Use a large, well-ventilated room if individual rooms are not available.
 - Alternative isolation spaces may be used if a single-occupancy room is not available; consult with Minnesota Department of Health if you have questions.
 - If a safe isolated space is not available in your facility, look for an alternate location like a hotel or other shelter with private rooms. Work with your local public health department or partners to develop a plan for what will happen if a shelter guest or someone experiencing unsheltered homelessness needs a space that is separate from others.
- Identify a bathroom or stall that could be used only by the sick guest.
- Identify one or two staff who will bring food, hydration, provide laundry service, and check in on guests who are sick.
 - Limit the number of staff who have face-to-face interactions with guests who are sick.
- Train staff in the appropriate use of personal protective equipment like masks and gloves.
- Develop a transportation plan for guests who may need to see a health care provider for evaluation and COVID-19 testing.

- Develop a procedure for referring guests with severe symptoms to a designated health care provider. Resources to find low-cost health care or to get health insurance can be found at: [MDH: Resources to Find Low-Cost Health Care or Get Health Insurance \(www.health.state.mn.us/diseases/coronavirus/materials/lowcost.html\)](http://www.health.state.mn.us/diseases/coronavirus/materials/lowcost.html).

Preparing and Educating Staff, Volunteers, and Guests

- Managers should make sure all staff and volunteers, including custodians and food handlers, are familiar with COVID-19 symptoms, transmission, and prevention. Refer to [About Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/basics.html\)](http://www.health.state.mn.us/diseases/coronavirus/basics.html).
- Staff and volunteers should prevent the spread of illness by:
 - Frequent handwashing with soap and water for at least 20 seconds, or using alcohol-based hand sanitizer if hands are not visibly dirty.
 - Coughing or sneezing into a tissue, or their sleeve if a tissue is not available, and cleaning their hands immediately afterward.
 - Avoiding touching their mouth, nose, and eyes.
 - Keeping a distance of 6 feet between themselves and others.
 - All clients should wear cloth face coverings for source control (when someone wears a covering over their mouth and nose to contain respiratory droplets) any time they are not in their room or on their bed/mat (in shared sleeping areas).
 - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - See below for information on laundering cloth face coverings.
 - **Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.** Launder work uniforms, clothes, and cloth face coverings after use using the warmest appropriate water setting for the items and dry items completely.
 - Staff involved in laundering client face coverings should do the following:
 - Face coverings should be collected in a sealable container (like a trash bag).
 - Gloves should be properly removed and disposed of after laundering face coverings; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available. Refer to [CDC: Using Personal Protective Equipment \(www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html).

Preparing the Facility

- Post signs throughout the facility to teach proper hand hygiene (washing hands and using hand sanitizer), respiratory etiquette (cover your cough and sneeze), avoiding touching your face, use of cloth face coverings, and social distancing.
 - Post materials in the languages used by the populations you serve.

- Print materials in several languages are available on [MDH: Hand Hygiene Print Materials \(www.health.state.mn.us/people/handhygiene/materials.html\)](http://www.health.state.mn.us/people/handhygiene/materials.html).
- Handwashing posters are also available on [CDC: Posters | Handwashing \(www.cdc.gov/handwashing/posters.html\)](http://www.cdc.gov/handwashing/posters.html).
- [CDC: Print Resources \(www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html\)](http://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html) and [MDH: Materials and Resources for COVID-19 Response \(www.health.state.mn.us/diseases/coronavirus/materials/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/materials/index.html) are also available to shelter providers.
- If possible, space beds at least 6 feet apart and align them so guests sleep head to toe.
- Tell staff and guests to keep at least 6 feet between themselves and others.
- Put alcohol-based hand sanitizer at all entry points and key points in the facility. If that isn't possible, put up signs directing to the nearest sink to wash hands with soap and water.
- Help guests or others with physical difficulty to do proper hand hygiene like washing hands or using hand sanitizer. Make sure the person helping also washes their hands or uses hand sanitizer afterward.
- Make sure soap, disposable paper towels, and running water are available in bathrooms and that toilets are in good working order.
- Put waste baskets throughout the facility and regularly empty them and dispose of waste products. Use disposable liners in wastebaskets if possible. Use a no-touch disposal receptacles if possible.
- Regularly clean all frequently touched surfaces such as doorknobs, handrails, bathroom fixtures (sink handles, toilets), countertops, work stations, tables, chairs, and elevator buttons.
 - Use the cleaning products that you usually use in these areas and follow the directions on the label.
 - Provide disposable wipes so employees can frequently wipe down commonly used surfaces like doorknobs, keyboards, remote controls, and desks.
 - Staff and volunteers should wash hands, preferably with soap and water or, alternatively, with alcohol-based hand sanitizer after any cleaning activities.
- Clean all shared equipment after each use.
- Post signs instructing guests to notify an employee if they feel sick: [STOP: Prevent the Spread of COVID-19 \(PDF\) \(www.health.state.mn.us/diseases/coronavirus/materials/clinicdoor.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/materials/clinicdoor.pdf).
- Develop or review your facility's plans for infection control and response to infectious disease.

Personal Protective Equipment (PPE) and Supplies

- Staff who have direct face-to-face interaction within 6 feet of a sick person should wear a surgical mask, gown, gloves, and eye protection. We recognize that PPE may not be widely available. Train any staff using PPE to make sure they use it properly.
- Get PPE, such as masks, eye protection, gowns, gloves, and handwashing supplies. If your shelter or team needs additional equipment and supplies, contact your local Emergency Manager:

[DPS: County Emergency Managers \(dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx\)](https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx).

- **Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.**
- Get an adequate inventory of supplies, including:
 - Soap, paper towels, alcohol-based hand sanitizer that contains at least 60% ethanol or isopropanol, hand wipes, and tissues.
 - Cleaning supplies, large and small garbage bags, and other waste disposal supplies.
 - Disinfectant (bleach or other household disinfectants).
 - PPE, such as gloves and surgical masks, including for use by people who are sick.
 - Cloth face coverings.
- If your facility provides health care and/or medical screening to guests, be sure to stock:
 - Thermometers and thermometer covers. (Approximately one thermometer for every 10 sick guests should be adequate. Clean between uses per product instructions.)
 - Medicine to bring fevers down, such as acetaminophen (Tylenol) or aspirin (adults over 18 only).
 - Extra fluids and foods. Juices like Gatorade® or Gatorade® instant mix (powder), Pedialyte, instant soups, Jello®, and teas.
 - Withdrawal treatments or other treatment like your shelter typically provides.

If the supplies you need are not available for purchase, please contact your Local Emergency Managers. You can also try requesting supplies through your local public health agency, your community, social media, and word-of-mouth.

Screening and Monitoring

- Develop a procedure for performing simple symptom-screening of guests and staff.
 - An on-site nurse or other clinical staff can help with clinical assessments.
 - Provide anyone who presents with symptoms with a cloth face covering.
- Staff who are checking client temperatures should refer to [CDC: Screening Clients at Homeless Shelters \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html). Use a system that creates a physical barrier between the client and the screener. See [CDC: Guidance for Child Care Programs that Remain Open \(www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren) for examples of screening methods.
 - 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.
 - 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 of a client.

- However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier whenever you can.
- This example of a screening tool from a local shelter offers suggestions for what the process might look like: [Heading Home Alliance: How to screen clients upon entry to shelter or opportunity centers \(PDF\) \(headinghomealliance.files.wordpress.com/2020/03/covid-screening-and-ppe-guidelines-last-updated-3.20.2020.pdf\)](https://headinghomealliance.files.wordpress.com/2020/03/covid-screening-and-ppe-guidelines-last-updated-3.20.2020.pdf).
- Minnesota Department of Health is a partner in the [Heading Home Alliance: Symptom Alert System for Shelters \(headinghomealliance.com/symptom-alert-system-for-shelters-sass/\)](https://headinghomealliance.com/symptom-alert-system-for-shelters-sass/) survey for providers that allows them to report the number of people in their shelter each day with new symptoms.
- Shelters should screen staff and volunteers at the beginning of every shift for fever (take their temperature) and other COVID-compatible symptoms. People with COVID-19 have mild to severe respiratory illness, and symptoms can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea. Not everyone with COVID-19 has all of these symptoms, and some people may not have any symptoms.
 - Immediately send home staff with a fever (>100.0°F) or other COVID-compatible symptoms. Tell them to seek care from a health care provider as needed.
- Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
 - Notify the designated medical facility and personnel to transfer clients that the client might have COVID-19.

Testing for COVID-19

- Guests with COVID-compatible symptoms should discuss their symptoms with a designated care provider to determine whether an in-person evaluation is needed.
- Guests, staff, and volunteers working in a shelter or congregate living setting for people experiencing homelessness are in the priority testing group in Minnesota. [Evaluating and Testing for Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/hcp/eval.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).
- Do not require a negative COVID-19 diagnostic test for entry to a homeless services site unless otherwise directed by local or state health authorities.

What to Do When a Guest is Sick

- If a person who has spent time in your facility is confirmed or suspected to have COVID-19 infection, the state health department will work with you to develop response steps. Call 651-201-5414.
- **For a laboratory-confirmed or clinically-diagnosed COVID-19 case:**
 - Place the guest in the designated space away from others.
 - If you have multiple guests with **laboratory-confirmed** COVID-19 illness, they can be in the same space.
 - Do not place people who were clinically diagnosed with COVID-19 (meaning not laboratory tested and confirmed) with people who have laboratory test-confirmed COVID-19.
 - Note: All people living in Minnesota with test-confirmed COVID-19, clinically diagnosed COVID-19, or who have symptoms of COVID-19 are expected to isolate (stay away from others) until they meet the criteria for being removed from self-isolation. If a person cannot stay away from others in their current setting, shelters and homeless service providers should work with their local public health departments and county governments to find a safe space for the person that is away from others.
 - Bring food, hydration, medicine, or other essential needs to the sick guest to limit any movement outside of their isolated space. Monitor the sick guest to determine if they need a higher level of care at any point.
 - If possible, staff should wear appropriate personal protective equipment when bringing supplies (tissue, hand sanitizer), providing support (food, drink), assessing symptoms, or handling guests' belongings or laundry, especially sick guests.
 - Identify close contacts of the sick guest and place them in a designated quarantine space away from others for 14 days past the last date of exposure. If single-occupancy rooms are not available, close contacts may be isolated in the same space. Make sure beds are 6 feet apart and aligned so guests sleep head to toe and there is a barrier such as a sheet is hung between beds. There should be enough space for people to stay 6 feet apart at all times.
 - If available, close contacts of sick guests can use masks used for source control:
 - [Interim Guidance on Alternative Facemasks \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/ltc/masksalt.pdf)
www.health.state.mn.us/diseases/coronavirus/hcp/ltc/masksalt.pdf
 - [Interim Guidance on Facemasks as a Source Control Measure \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/maskssource.pdf)
www.health.state.mn.us/diseases/coronavirus/hcp/maskssource.pdf
 - If close contacts are together in a shared space for quarantine and one of them becomes sick, ideally the entire group will need to be quarantined for an additional 14 days.
 - People who were in contact with those in quarantine should be monitored for symptoms twice daily.
- Provide respite settings (temporary care) for clients who were hospitalized with COVID-19 but have been discharged.
 - Some of these clients will still require isolation to prevent transmission.

- Some of these clients will no longer require isolation and can use normal facility resources.
- **For employees, volunteers, or visitors who become sick with respiratory symptoms while at the facility:**
 - Immediately separate the sick employee, volunteer, or visitor from others and send them home as soon as possible.
 - Sick people should cover their noses and mouths with a tissue when coughing or sneezing (or cough into elbow or shoulder if tissues not available) and wash hands or use hand sanitizer immediately afterward.

When Can a Guest with Suspected or Confirmed COVID-19 Be Released from Isolation?

Both lab-confirmed and clinically diagnosed people should stay in isolation away from others until **all of these are true:**

- Symptoms have improved and
- At least 10 days after illness onset and
- At least 3 days after fever is gone (without fever-reducing medicine)

When Can an Ill Employee or Volunteer Return to Work?

Both lab-confirmed and clinically diagnosed volunteers or employees should stay home and not come to work until **all of these are true:**

- Symptoms have improved and
- At least 10 days after illness onset and
- At least 3 days after fever is gone (without fever-reducing medicine)

Tips for Outreach Workers

If you have homeless outreach teams, make sure they have adequate protective supplies (gloves, hand sanitizers) and keep 6 feet between themselves and others at all times.

When COVID-19 is spreading in your community, assign outreach staff who are at higher risk for severe illness ([CDC: People Who are at Higher Risk for Severe Illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html)) to other duties. Advise outreach staff who will be continuing outreach activities on how to protect themselves and their clients from COVID-19 in the course of their normal duties. Instruct staff to:

- Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19.
- Screen clients for symptoms of COVID-19 by asking them if they have a fever, new or worsening cough, or shortness of breath.
- If the client has a cough, immediately provide them with a surgical mask or an alternative mask.
- If urgent medical attention is necessary, use standard outreach protocols to get access to health care.

- Continue conversations and provide information while maintaining 6 feet of distance.
- Maintain good hand hygiene by washing your hands with soap and water for at least 20 seconds or using hand sanitizer with at least 60% alcohol on a regular basis.
- Wear gloves if you need to handle client belongings. Wash your hands or use hand sanitizer with at least 60% alcohol before and after wearing gloves.
- If at any point you do not feel that you are able to protect yourself or your client from the spread of COVID-19, stop the interaction and notify your supervisor. Examples include situations where the client declines to wear a mask or where you cannot maintain a distance of 6 feet.
- Provide all clients with hygiene products, when available.
- Outreach staff (street medicine and health care workers) should review and follow recommendations for health care workers: [CDC: Information for Healthcare Professionals about Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).
- Review stress and coping resources for yourselves and your clients during this time: [CDC: Stress and Coping \(www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html\)](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html).

Source: [CDC: People Experiencing Homelessness and COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html)

Additional Considerations for People in Encampments

Per CDC, “unless individual housing units are available, do not clear encampments during community spread of COVID-19. Clearing encampments can cause people to disperse throughout the community and break connections with service providers. This increases the potential for infectious disease spread.”

Other Considerations

- Develop a plan for health care access for guests needing services for non-COVID-related acute or chronic health issues (nonemergency).
- Develop a communication plan to distribute information to all guests, staff, and key community and agency partners.
 - Identify platforms for communications such as a hotline, automated text messaging, or a website to help disseminate information to those inside and outside your organization.
 - Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve.
- Minnesota Department of Health has materials available in multiple languages: [Materials and Resources for Coronavirus Disease 2019 \(COVID-19\) Response \(www.health.state.mn.us/diseases/coronavirus/materials/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/materials/index.html).

Additional Steps to Take if COVID-19 Becomes Widespread in Your Community

- Check [MDH: Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/index.html) and news sources for new information about the spread of COVID-19 in Minnesota. Local conditions will impact the recommendations that Minnesota Department of Health and local public health departments may make regarding COVID-19.
- Current strategies to slow the spread of COVID-19 include social distancing (keeping 6 feet between people) and restrictions on gatherings. This includes cancelling meetings, gatherings or events, and limiting the presence of nonessential people in your facility.
- Follow guidance for determining when to seek medical attention or report potential outbreaks. For guidance: [MDH: About Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/basics.html\)](https://www.health.state.mn.us/diseases/coronavirus/basics.html). If you have questions, call the Minnesota Department of Health at 651-201-5414 or toll-free 1-877-676-5414.

Other Guidance to Review

- [CDC: Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/index.html).
- For additional guidance on unsheltered homeless response, review [CDC: People Experiencing Homelessness and COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html).
- [CDC: Resources to Support People Experiencing Homelessness \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html).
- For COVID-19 resources from the U.S. Department of Housing and Urban Development (HUD), visit [HUD Exchange: Disease Risks and Homelessness \(www.hudexchange.info/homelessness-assistance/diseases/#covid-19-key-resources\)](https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-key-resources).
- For resources from the U.S. Department of Health & Human Services, visit [ASPR TRACIE: Homeless Shelter Resources for COVID-19 \(https://asprtracie.hhs.gov/technical-resources/resource/8040/homeless-shelter-resources-for-covid-19\)](https://asprtracie.hhs.gov/technical-resources/resource/8040/homeless-shelter-resources-for-covid-19).
- If your facility provides health care, refer to [CDC: Information for Healthcare Professionals about Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).
- For facility cleaning instructions, refer to [CDC: Cleaning and Disinfection for Community Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html).
- [CDC: Community- and Faith-Based Organizations \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html).

Additional Resources

- [Minnesota Heading Home Alliance: COVID-19 Questions and Answers \(https://headinghomealliance.com/covid-19-questions-and-answers/\)](https://headinghomealliance.com/covid-19-questions-and-answers/), frequently asked questions and answers from homeless service providers.

HOMELESS SERVICE SETTINGS: INTERIM GUIDANCE FOR PROVIDERS

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-5414.