

# Homeless Shelters and Other Congregate Settings: Interim Guidance for Providers

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## Background

The recommendations in this document apply to the following congregate settings: homeless service settings and encampments, domestic violence shelters, youth shelters, transitional housing, permanent supportive housing, unlicensed sober homes, halfway houses, Department of Corrections-licensed community-based residential programs, and board and lodges.

This interim guidance is based on what is currently known about the transmission and severity of COVID-19. This guidance will be updated as needed and as additional information is available. Please check [Community Settings: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/communities.html\)](http://www.health.state.mn.us/diseases/coronavirus/communities.html) for updated interim guidance.

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## COVID-19 prevention

### Create a preparedness plan

Housing directors and managers should prepare COVID-19 preparedness plans. These plans should include:

- Strategies to cover [staffing shortages](#), refer to next section.
- Strategies to increase infection prevention.

- Ensure that the importance of staying home when ill is communicated to staff and that staff are aware of all sick leave policies.
- Using masks and other personal protective equipment as recommended in this document.
- Communicating with clients/residents, families, and staff.

## Plan for staffing shortages

Housing directors and managers should plan for staffing shortages. If you anticipate a staffing shortage, please review [COVID-19 Emergency Staffing: Frequently Asked Questions \(mn.gov/dhs/covid-staffing/\)](https://mn.gov/dhs/covid-staffing/) for information about making a request to the state staffing pool.

Housing directors and managers should have strategies to cover staffing shortages in case some staff without symptoms test positive for COVID-19.

- Identify which staff would be assigned to cover each other's positions and attempt to stagger their shifts, so they are not working the same schedules to minimize the risk of both being excluded at the same time.
- If possible, cross-train personnel to perform essential functions so the facility is able to operate even if key employees are absent.

## Put in place COVID-19 control and prevention measures

Having strong infection control measures in place is important to reducing the spread of COVID-19:

- Limit the number of people allowed at one time in recreational areas, kitchens, and dining areas, so everyone can stay at least 6 feet apart.
- Do end-of-shift assessments with staff to identify:
  - Instances where personal protective equipment was not used.
  - Instances of potential contact between staff and clients/residents with COVID-19.
- Watch closely for the re-introduction of COVID-19 into the facility.

Identify one or more staff members (infection preventionists) who can educate and monitor this guidance to make sure everyone living or working in the facility is taking all necessary steps to prevent the spread COVID-19.

## Be aware of symptoms

Facility staff and clients/residents need to be aware of the signs and symptoms of COVID-19. The common COVID-19 symptoms are:

- Fever or chills
- Cough
- 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

Staff should know the signs of serious illness that require emergency care. Serious symptoms may include:

- Severe trouble breathing
- Lasting chest pain or pressure
- New confusion
- Unable to wake up or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

Staff should check for common symptoms of COVID-19 when new people enter the facility (e.g., during intake). Staff should not allow people with suspected fever, or with symptoms described above, to enter the facility. Refer to the [COVID-19 management](#) section of this document if someone has symptoms.

Housing directors and managers should make sure staff and clients/residents know how to ask for help, call 911, and report COVID-19 symptoms.

Housing directors and managers should make sure staff and clients/residents know how to access a thermometer.

If cases increase or multiple cases are identified onsite, daily symptom screening for staff, volunteers, clients/residents, and other visitors is recommended.

Staff may use and adapt the screening form, [CDC: Screening Clients for COVID-19 at Homeless Shelters or Encampments \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html).

If a pulse oximeter is available, we recommend that staff check clients/residents who are in quarantine or isolation at least daily to determine how much oxygen is in their blood. If a person's pulse oxygenation, which is the "%SpO2" reading on the oximeter, is less than 94%, staff should contact a medical professional for more evaluation.

Housing directors and managers should make testing a high priority for staff and clients/residents. COVID-19 can spread quickly in congregate settings, so it is important for staff and clients/residents to get tested if they have chills, fever, or other symptoms of COVID-19. More information about testing can

be found at [COVID-19 Testing: Congregate Settings for People Experiencing Homelessness or Living in Emergency Shelters \(www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf).

## **Wear a well-fitted facemask and use personal protective equipment**

All people, including people who are fully vaccinated should continue to wear a well-fitted mask in correctional facilities and homeless shelters. This guidance can be found at [CDC: Interim Public Health Recommendations for Fully Vaccinated People \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html).

Review [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html) for more information about masking recommendations outside of correctional facilities and homeless shelters.

Check local laws for additional masking requirements.

If the supply is available, staff should wear a KN95 or a well-fitting medical-grade facemask during their entire shift. This guidance includes in breakrooms and other common areas where staff will be around coworkers.

If the supply of disposable medical-grade facemasks is limited, washable homemade masks may be used. Note: Cloth masks are not considered personal protective equipment.

If staff are working with a client/resident who is in quarantine or isolation, or staff cannot maintain 6-feet of social distancing with a client/resident or staff member, eye protection should be worn.

Additional guidance on using masks, gloves, gowns, etc. to prevent the spread of respiratory droplets while breathing, talking, sneezing, or coughing (source control) can be found at [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 \(COVID-19\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

More information about how to improve the way a mask fits can be found at [CDC: Improve How Your Mask Protects You \(www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html).

Housing directors and managers should make sure staff are trained and able to correctly put on and take off personal protective equipment. Video instructions are available at [Donning and Doffing Video Vignettes \(www.health.state.mn.us/diseases/hcid/videos.html\)](https://www.health.state.mn.us/diseases/hcid/videos.html).

Housing directors and managers should guide staff on reusing personal protective equipment. More information can be found at [CDC: Optimizing Personal Protective Equipment \(PPE\) Supplies \(www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).

Note: Personal protective equipment used in caring for people with suspected or confirmed COVID-19 is covered in a later section of this guidance document.

## Receive your COVID-19 vaccination

A person is considered fully vaccinated if it has been more than two weeks (14 days) since they got either their second dose of a two-dose vaccine or one dose of a single-dose vaccine.

Changes to guidance and mitigation strategies are not recommended based on vaccination rates of staff and clients/residents. Masking, physical distancing, and frequent handwashing are important measures to continue while the virus is still in our communities.

Staff or clients/residents may develop side effects immediately following vaccination, which is normal. If these side effects do not go away in three days, contact a health care provider. For more information, review [CDC: Possible Side Effects After Getting a COVID-19 Vaccine \(www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html).

For guidance about isolation and quarantine, review the [recommendations for fully vaccinated staff or recovered staff](#) and [recommendations for fully vaccinated clients/residents or recovered clients/residents](#) sections in this document.

Staff can request an onsite vaccinator for their facility using this form: [COVID-19 Vaccination Assistance and Surge Staff Request \(https://redcap-vac.web.health.state.mn.us/redcap/surveys/?s=8RHYPLTAL8\)](https://redcap-vac.web.health.state.mn.us/redcap/surveys/?s=8RHYPLTAL8).

Housing directors and managers should schedule follow-up vaccine events as new staff and clients enter the facility or people who were initially hesitant become interested in getting vaccinated. Visit [Minnesota Heading Home Alliance: COVID-19 Vaccine Information \(headinghomealliance.com/covid-19-vaccine-information/\)](https://headinghomealliance.com/covid-19-vaccine-information/) for a collection of resources about where people experiencing homelessness or people living or working in congregate facilities can get vaccinated as well as information on vaccine safety and efficacy.

## Make shared spaces safer

Shared spaces, for example dining rooms or TV rooms, should be carefully reviewed and modified to reduce the risk of spreading the virus:

- Housing directors and managers should arrange tables and chairs so people are at least 6 feet apart.
- Housing directors and managers should remind staff and clients/residents to wash their hands regularly and to stay at least 6 feet apart, or as far apart as possible.
- Housing directors and managers should encourage staff and clients/residents to wear masks that fit well when using shared spaces. If people are outdoors and they can stay at least 6 feet apart, they do not have to mask.
- Increase ventilation indoors when possible.

Clients/residents who are in quarantine or isolation should not use shared spaces.

Activities that require close contact are not recommended. Consider closing nonessential shared spaces if mitigation measures (e.g., social distancing) are a challenge.

## Keep the facility clean and sanitized

When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day should sufficiently remove virus that may be on surfaces and help maintain a healthy setting. It can be helpful to either clean more frequently or to disinfect in addition to cleaning in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces:

- High transmission of COVID-19 in your community.
- Low number of people wearing masks.
- Infrequent hand hygiene.
- The space is occupied by certain populations, such as people at increased risk for severe illness from COVID-19.

If a sick person or someone who tested positive for COVID-19 has been in your facility within the last 24 hours, you should clean AND disinfect the space.

Housing directors, managers, and staff should use disinfectants registered by the Environmental Protection Agency (EPA). Find more information at [About List N: Disinfectants for Coronavirus \(COVID-19\) \(www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19\)](https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19).

Staff should enter bedrooms of clients/residents as little as possible to lower the chance of spreading virus from one room to another.

Housing directors and managers should provide:

- Soap
- Hand sanitizers that have at least 60% alcohol (if appropriate for the clients/residents)
- Tissues
- Trash baskets
- Facemasks that are washed or thrown away after use

Housing directors and managers should encourage staff to wash their hands well, or to use hand sanitizer:

- When they arrive at the facility
- Before and after they spend any time with someone at the facility
- Before putting on and after taking off a mask and other personal protective equipment
- Before and after eating
- Before leaving the facility

## Keep clients/residents and visitors safe

Housing directors and managers need to determine their visitor protocols, based on community transmission in their region/area and the unique characteristics of their client/resident population.

Housing directors and managers should develop processes to help clients/residents remain connected to family, friends, and others, including facilitating client/resident access to virtual visits by phone and other electronic devices.

Encourage virtual visits if anyone living in the facility has COVID-19 or has had contact with someone with COVID-19.

- In-person visits can start again after everyone has stayed home for two weeks or is no longer infectious. Refer to information on quarantine below in the [recommendations for staff](#) and [recommendations for clients/residents](#) sections.

Ways to limit the spread of COVID-19 with visitors include:

- Limit contact between visitors and people that are not there to visit, especially people with health issues that could make COVID-19 worse.
- Encourage all people who are visiting to wear a mask that fits well.
- Make sure all visitors stay 6 feet away from other people during the visit. If people are outdoors and they can stay at least 6 feet apart, they do not have to mask.

Best practices with people planning visits to a facility:

- Talk with clients/residents and decide which family or friends are essential visitors.
- Make sure clients/residents have only one visitor per day.
- Housing directors and managers should check all visitors for fever and other symptoms of COVID-19 before they enter the facility. Stop visitors who are ill from entering the facility.
- Visitors should follow all rules for infection prevention and control:
  - Wash their hands regularly.
  - Wear a mask that fits well.
  - Keep the recommended physical distance apart.
- Housing directors and managers should make sure all visits occur in private rooms, not in common areas. Outdoor visits should be encouraged, as conditions allow.

## Know what to do after vacation or nonessential travel

If staff or clients/residents choose to go on vacation or travel, refer to:



**Domestic travel**

- [CDC: Domestic Travel During COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html)  
Recommendations for fully vaccinated people or unvaccinated (and partially vaccinated) people.

**International travel**

- [CDC: International Travel During COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html)  
Recommendations for fully vaccinated people or unvaccinated (and partially vaccinated) people.

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## COVID-19 management

### Perform COVID-19 risk assessments

MDH recommends that housing directors and managers complete risk assessments as soon as possible after learning someone in the facility has COVID-19. Assessing a person's contact with someone who has tested positive or who may have COVID-19 can help slow the spread.

People with COVID-19 can give it to others who have close contact with them:

- Two days before they get symptoms or before they test positive.
- Until they are no longer contagious, meaning at least 10 days since symptoms first appeared or after a positive test with no symptoms, symptoms have improved, and 24 hours without a fever (without the use of fever-reducing medications).

Housing directors and managers should identify everyone, including those who are fully vaccinated, who spent 15 minutes or more in a 24-hour period within 6 feet of the person with COVID-19. This risk assessment needs to start two days before the person felt sick or had a positive test and until one of the following:

- The person with COVID-19 is no longer in the facility.
- The person is no longer able to give the disease to others (e.g., isolated in a private space).

Masks help control the spread of COVID-19; however, there is not enough data to say masks are 100% effective in stopping the spread of COVID-19. Even if staff or clients/residents wore a mask while spending 15 minutes or more in a 24-hour period within 6 feet of someone with COVID-19, they are still considered as having had close contact.

### Test close contacts and people with COVID-19 symptoms

COVID-19 can spread fast in congregate settings so clients/residents and staff should get tested regularly. It is important to remember:

- COVID-19 tests can tell only if someone has COVID-19 at the time they are tested.

- People who test negative one day can still get sick or test positive later.

Testing is one way to limit the spread of COVID-19.

For more information about testing, visit [COVID-19 Testing: Congregate Settings for People Experiencing Homelessness or Living in Emergency Shelters](https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf) ([www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf](https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf)).

### People with COVID-19 symptoms

Clients/residents and staff who have symptoms of COVID-19 should get tested for COVID-19 and other respiratory illness.

- **Note: Due to the emergence of variants of the COVID-19 virus that may be able to infect fully vaccinated people, and because even though vaccines are highly effective they are not 100% effective, anyone with symptoms should be tested, including those who are fully vaccinated.**

People who live in the facility who have symptoms and are waiting for test results should:

- Stay in their rooms or stay at least 6 feet away from others in the facility and wear a well-fitted face mask as much as possible.
- Review [What to Do While You Wait for a COVID-19 Test Result](https://www.health.state.mn.us/diseases/coronavirus/waiting.html) ([www.health.state.mn.us/diseases/coronavirus/waiting.html](https://www.health.state.mn.us/diseases/coronavirus/waiting.html)).

### People who are unvaccinated or partially vaccinated

Testing unvaccinated or partially vaccinated people (e.g., people who completed their vaccine series less than 2 weeks ago, people who have only received one dose in a two-dose series) who do not have symptoms is recommended:

- Five to seven days after they have contact with someone who has COVID-19.
- If they often interact with people from other households.
- If they have traveled or are planning to travel. This is important because people without symptoms can still spread the disease.

### People who do not need to get tested

People may not need to get tested after an exposure as long as they remain asymptomatic and they:

- Tested positive for COVID-19 and recovered within the past three months (90 days).
- Are staff with completed vaccination (either both doses of a two-dose vaccine, or one dose of a single-dose vaccine) more than two weeks ago. Residents in shelters and congregate living settings should still be tested after a known exposure, but do not need to quarantine unless they develop symptoms or test positive for COVID-19.

Refer to [CDC: COVID-19 Testing Overview](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html) ([www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html)).

## Know isolation and quarantine recommendations for staff

### Recommendations for staff with COVID-19

Regardless of vaccination status, if a staff member tests positive for COVID-19, they should stay home from work and away from others until all the following are true:

- At least 10 days have passed since symptom onset (or test date if asymptomatic), **and**
- Symptoms have improved, **and**
- The staff member has been fever-free for at least 24 hours (without taking fever-reducing medicines).

### Recommendations for unvaccinated or partially vaccinated staff

A staff member who is not fully vaccinated and has had contact with someone with COVID-19 for 15 minutes or more in a 24-hour period should:

- Stay away from work for 14 days, starting from the most recent date of contact with someone with COVID-19. Unvaccinated staff should **not** return to work sooner than 14 days after the most recent date of contact with someone with COVID-19, even if they get a negative test result.
  - Note: Unvaccinated or partially vaccinated staff at homeless service settings and other congregate settings should **not** shorten their quarantine period to seven or 10 days. The full 14-day quarantine period is recommended.
- Get tested five to seven days after contact with someone with COVID-19.

### Recommendations for fully vaccinated staff or recovered staff

Fully vaccinated staff do not need to stay away from other people for 14 days after having contact with someone with COVID-19 if they remain asymptomatic.

- Note: If fully vaccinated staff have any symptoms of COVID-19, they should get tested and stay out of work until their test results are back and they are feeling better. If test results come back positive, they should stay home from work and away from others. Refer to [recommendations for staff with COVID-19](#) above.

If a staff member has tested positive for COVID-19 and has recovered within the past three months (90 days), they do not need to stay home from work, or be tested, after they have contact with someone with COVID-19, as long as they are asymptomatic.

- Note: If a staff member has recovered from COVID-19 within the past three months and is showing new symptoms of COVID-19, they should stay out from work until symptoms have improved and they are fever-free for at least 24 hours, without taking fever-reducing medicines, and seek medical advice regarding evaluation for symptoms.

## Know isolation and quarantine recommendations for clients/residents

### Recommendations for clients/residents with COVID-19

Regardless of vaccination status, if a client/resident tests positive for COVID-19, they should be separated from other clients/residents and isolate until all of the following are true:

- At least 10 days have passed since symptom onset (or test date if asymptomatic), **and**
- Symptoms have improved, **and**
- The client/resident has been fever-free for at least 24 hours (without taking fever-reducing medicines).

### Recommendations for unvaccinated and partially vaccinated clients/residents

A client/resident who is not vaccinated and has spent 15 minutes or more in a 24-hour period within 6 feet of someone with COVID-19 should:

- Stay alone and away from others for 14 days from the date of their last close contact with someone with COVID-19, if space allows.
  - Note: Unvaccinated or partially vaccinated clients/residents at homeless service settings and other congregate settings should **not** shorten their quarantine period to seven or 10 days. The full 14-day quarantine period is recommended.
- Get tested five to seven days after their last close contact with someone with COVID-19.

### Recommendations for fully vaccinated clients/residents or recovered clients/residents

A client/resident who is fully vaccinated and has close contact with someone with COVID-19 does not have to stay away from others (quarantine) for 14 days, unless they have symptoms. However, fully vaccinated residents of shelters and congregate living settings **should** be tested after a known exposure.

- If they were symptomatic at the time of their COVID-19 test and test negative, they should still stay away from others until their symptoms have improved and they are fever-free for at least 24 hours (without taking fever-reducing medicines).
- If they had no symptoms and test negative they can resume regular activities and do not need to quarantine.
- If they test positive, they should stay away from others for at least 10 days (isolate), and until their symptoms have improved and they are fever-free for at least 24 hours (without taking fever-reducing medicines). Their contacts should stay away from others for 14 days (quarantine).

A client/resident who has recovered from confirmed COVID-19 in the past 90 days does not have to stay away from others for 14 days or get repeated testing, if:

- It is within 90 days after the person had COVID-19 symptoms or a positive test.
- The person remains asymptomatic since any new contact with someone with COVID-19.

If they develop symptoms of COVID-19, they should seek medical advice regarding evaluation of symptoms.

## **Provide services to clients/residents who are in isolation or quarantine**

### **Monitor symptoms**

Staff should monitor clients/residents who are sick to identify people requiring a higher level of care. Three times daily, document:

- The temperatures of sick clients/residents.
- Their symptoms.
- Their blood-oxygen level (if a pulse oximeter is available).

### **Wear personal protective equipment**

When providing direct care for people with confirmed COVID-19, staff should wear personal protective equipment:

- A KN95 or a surgical mask that fits well.
- Eye protection, such as goggles or a face shield that covers the front and sides of the face.
- A gown or coveralls.
- Gloves.

It is preferable if staff providing direct care to a sick client/resident have either:

- Recovered from COVID-19 in the last 90 days.
- Been fully vaccinated. Refer to [COVID-19 vaccination](#) earlier in this document.

All staff, including staff who have recovered from COVID-19 or who have been fully vaccinated, should wear a mask, gown, gloves, and eye protection if they are providing direct care.

### **Make facility accommodations**

People with confirmed or suspected COVID-19 should:

- Be moved to a designated isolation space away from others (e.g., private rooms).
  - If multiple clients/residents have laboratory-confirmed COVID-19 (meaning they tested positive), they can isolate in the same shared space.
  - Clients/residents who test positive for COVID-19 (laboratory-confirmed) should **not** isolate in the same space as people with symptoms who have not tested positive for COVID-19.

- If a person cannot stay away from others in their current isolation space, the facility should work with their local public health departments and county governments to find a safe space away from others.
- Use a private or separate bathroom.
  - If a private bathroom is not available, designate a separate bathroom. Clients/residents who have tested positive for COVID-19 should use a different bathroom than other clients/residents living in the facility.
- Stay in their rooms as much as possible.
  - Staff should bring food, hydration, medicine, and other essential needs to sick clients/residents to limit any movement outside of their isolation space.
- Wear a mask when outside of their rooms.
  - Nonmedical, cloth facemasks are required when someone living in the facility is not in their assigned room. For more information, including exemptions, refer to [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).
- Wash or sanitize their hands immediately before or after leaving their room.
- Stay at least 6 feet away from others.

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## Considerations for creating long-term COVID-19 strategies

As community transmission levels decline, some homeless service providers might begin to consider when to modify the facility-level COVID-19 prevention measures described above, such as decompression (reducing crowding) or changes to facility layout and procedures.

**Because of the increased risk of transmission in homeless service and shelter settings, it is important for protections to remain in place as long as possible.**

If changes need to be made due to resource or capacity concerns, work with your local public health partners or MDH when modifying practices and policies.

Any modifications to practices and procedures should be conducted incrementally with careful monitoring for COVID-19 cases in the community and in the facility.

Below is a list of factors to consider if homeless service providers are weighing the modification of *facility-level* prevention measures. Each of the factors listed below should be considered together; no single factor should be used alone to decide on modification of facility prevention measures.

### Factor 1: Community transmission levels

**What is the incidence of COVID-19 cases in the surrounding community?**

The incidence of COVID-19 cases in the community will influence the likelihood of introduction of COVID-19 to a shelter. [CDC COVID Data Tracker: COVID-19 Integrated County View \(https://covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view) displays the current level of community transmission at the county level. Making changes when community transmission is high is not recommended.

Increasing COVID-19 vaccination coverage in the surrounding community is important to help reduce community transmission, but community vaccination levels should not be used alone to decide to modify facility-level prevention measures.

- [CDC COVID Data Tracker: COVID-19 Vaccinations in the United States \(https://covid.cdc.gov/covid-data-tracker/#vaccinations\)](https://covid.cdc.gov/covid-data-tracker/#vaccinations)
- Review Minnesota [COVID-19 Vaccine Data \(https://mn.gov/covid19/vaccine/data/index.jsp\)](https://mn.gov/covid19/vaccine/data/index.jsp) for county vaccination rates.

## Factor 2: Facility characteristics

### What is the total number of people onsite at your facility?

Larger settings may have a more challenging time implementing and maintaining mitigation strategies.

### What proportion of the people staying in your shelter are new each week?

The amount of turnover in a shelter will impact the ability to estimate vaccination coverage and may increase the likelihood of introducing people infected with the virus that causes COVID-19 into the facility.

### What is the overall layout and ventilation of your facility?

The amount of time that clients are likely to be in close contact with other clients and staff (such as sleeping or eating in one large room versus separate rooms) can influence the likelihood of transmission. The quality of ventilation in your facility can also influence transmission.

### What are the sleeping spaces like in your facility?

The amount of time that clients are in close contact with other clients can influence the likelihood of transmission.

## Factor 3: Client characteristics

### What proportion of your unvaccinated clients are at increased risk for severe COVID-19 illness?

Facilities with high proportions of unvaccinated clients who are more likely to get severely ill from COVID-19 should maintain facility-level prevention measures for longer durations. Note: This will likely be most settings.

### A note about facility vaccination levels

Currently, not enough information is available to determine the level of vaccination coverage needed in a facility to modify facility-level prevention measures. However, vaccination significantly decreases the likelihood of infection with the virus that causes COVID-19. Guidance for people who are fully vaccinated can be found at [CDC: Interim Public Health Recommendations for Fully Vaccinated People \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html).

Note: Vaccination status should not be a barrier to accessing homeless services. Being vaccinated should not be a pre-requisite for entrance to homeless service sites unless directed by state or local health authorities.

### Long-term infection prevention and response strategies

The following are key components of a sustainable approach to infectious disease prevention and response:

- Monitor COVID-19 activity in your area. For the latest updates on local transmission of the virus that causes COVID-19, the [CDC COVID Data Tracker: COVID-19 Integrated County View \(https://covid.cdc.gov/covid-data-tracker/#county-view\)](https://covid.cdc.gov/covid-data-tracker/#county-view) displays the current level of community transmission at the county level.
- Maintain flexible isolation locations that are scalable in case the number of COVID-19 cases in the facility or community increases.
- Have a plan in place to respond to an identified case in the facility or a rise of transmission in the community.
- To decrease the risk of other respiratory and skin conditions, reduce crowded living conditions and continue connecting people experiencing homelessness to permanent housing.
  - [CDC: TB in People Experiencing Homelessness \(www.cdc.gov/tb/topic/populations/homelessness/default.htm\)](https://www.cdc.gov/tb/topic/populations/homelessness/default.htm)
  - [CDC: Body Lice \(www.cdc.gov/parasites/lice/body/index.html\)](https://www.cdc.gov/parasites/lice/body/index.html)

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## Encampments and unsheltered homelessness

MDH has developed comprehensive guidance for providers and local governments to support people experiencing unsheltered homelessness and those living in encampments: [Interim Guidance about People Experiencing Unsheltered Homelessness and Encampment Settings \(www.health.state.mn.us/diseases/coronavirus/unsheltered.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/unsheltered.pdf). There is also a one-page flyer for outreach teams to distribute to those who are sleeping outside: [COVID-19: Families and People Living in Encampments \(www.health.state.mn.us/diseases/coronavirus/encampment.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/encampment.pdf).

If you need assistance, please contact [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us).



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## Reporting new cases or asking questions

COVID-19 infection can be reported to the Minnesota Department of Health by emailing a member of the Congregate Settings Branch or emailing the team at [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us). Please direct any questions to the same contact.

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## Other resources

- [CDC: COVID-19 \(www.cdc.gov/coronavirus/2019-nCoV/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/index.html)
- [CDC: Interim Guidance on People Experiencing Unsheltered Homelessness \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html)  
CDC guidance on unsheltered homeless response efforts.
- [CDC: Homeless Populations; 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)
- [HUD Exchange: Disease Risks and Homelessness \(www.hudexchange.info/homelessness-assistance/diseases/\)](https://www.hudexchange.info/homelessness-assistance/diseases/)  
COVID-19 resources from the U.S. Department of Housing and Urban Development (HUD).
- [ASPR TRACIE: Homeless Shelter Resources for COVID-19 \(asprtracie.hhs.gov/technical-resources/resource/8040/homeless-shelter-resources-for-covid-19\)](https://asprtracie.hhs.gov/technical-resources/resource/8040/homeless-shelter-resources-for-covid-19)  
Resources from the U.S. Department of Health & Human Services.
- [CDC: Healthcare Workers: Information on COVID-19 \(www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html)  
For facilities that provide health care.
- [CDC: Cleaning and Disinfecting Your Facility \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)  
Cleaning instructions for facilities.
- [CDC: Community Organizations and Gatherings \(www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html)  
For community and faith-based organizations.
- [Guidance for Facilities Providing Transportation Services during COVID-19 \(www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf)  
Information about transporting a client/resident.



Minnesota Department of Health | [health.mn.gov](https://health.mn.gov) | 651-201-5000  
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.