

# COVID-19 Toolkit for Shelters and Drop-in Centers

This toolkit was created in partnership with Minnesota shelter, drop-in center, and outreach providers to serve as a resource for responding to COVID-19 over time. This toolkit is intended to help your settings:

- Prevent the spread of COVID-19.
- Plan for COVID-19 cases on-site.
- Respond during an outbreak at your facility.
- Adapt services during demobilization periods (e.g., when there is less community spread).

Recommendations are based on the Centers for Disease Control and Prevention's (CDC) guidelines, Seattle & King County's homelessness resources, and feedback from Minnesota shelters.

Included are resources to put measures into action to prevent and control disease spread in your facility and to collect data that will help you track respiratory illness and COVID-19 in clients and staff.

We also recommend providers review:

- [MDH: Homeless Service Settings: Interim Guidance for Providers; Plan, Prepare and Respond to Coronavirus Disease 2019 \(COVID-19\)](https://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf>)
- [CDC: Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html) (<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>)
- [Minnesota Heading Home Alliance: COVID-19 Response and Resources for Homeless Service Providers](https://headinghomealliance.com/COVID-19-response/) (<https://headinghomealliance.com/COVID-19-response/>)

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# Glossary

[Close contact](#)

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)

[Isolation](#)

[Personal protective equipment \(PPE\)](#)

[Quarantine](#)

[Symptom alert system for shelters \(SASS\)](#)

## Close contact

A close contact for COVID-19 is anyone who spends at least 15 minutes within 6 feet of someone who has COVID-19, starting from two days before the person with known COVID-19 had symptoms, or two days prior to the specimen collection date and through the end of the isolation period for those who were asymptomatic.

## Health Insurance Portability and Accountability Act (HIPAA)

Defines and limits when a covered entity may use or share a person's protected health information (PHI). Providers for those who are homeless **are** considered covered entities. Providers who support domestic and sexual violence survivors **are not** covered entities and follow different confidentiality rules. If you are a provider for survivors of domestic or sexual violence, see [Appendix M: Confidentiality in the time of COVID-19](#).

Review [HHS: HIPAA and COVID-19 \(https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid-19/index.html\)](https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid-19/index.html).

## Isolation

When someone with signs of the disease stays in one place away from others, they are in **isolation**. Isolation is important because COVID-19 spreads from person to person. Being away from others means the disease cannot be transmitted. It is important to remember that people can give the disease to each other before they show signs of being sick, which is why we start identifying those who may have been close contacts two days prior to symptom onset or test date for asymptomatic individuals who are COVID-19 positive.

Individuals with symptoms or test-confirmed COVID-19 should stay in isolation away from others until **all three of these are true**:

1. Symptoms have improved.
2. At least 10 days have passed since illness onset.
3. At least 24 hours have passed with no fever (without fever-reducing medicine, i.e., Tylenol).

See [Appendix C: Template tracking tool for clients who are in isolation due to symptoms of COVID-19](#).

## Personal protective equipment (PPE)

Special clothing and equipment designed to create a barrier against health and safety hazards are called personal protective equipment (PPE). Examples include goggles, face shields, gloves, and respirators. Cloth face coverings are not PPE.

## Quarantine

When someone who is not sick stays in one place away from others, this is **quarantine**. The person stays away because they spent time close to someone with the disease. They stay away from others because people can give the disease to each other before they show signs of being sick. For guidance on when to start and end quarantine, see [CDC: When to Quarantine \(https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html\)](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html).

A [close contact](#) of an individual with COVID-19 should quarantine away from others for **14 days** past the last date of exposure. Quarantine is not required for a close contact of a known case when they meet both of the following criteria:

- Have tested positive for COVID-19 within 90 days of test date.
- Completed their full isolation period.

## Symptom Alert System for Shelters (SASS)

The Minnesota Department of Health is collecting voluntary information from shelters to track summary level information on possible cases of COVID-19, using a new web-based monitoring system called the Symptom Alert System for Shelters (SASS). Review [Appendix G: Using the Symptom Alert System for Shelters](#) for assistance.

This tool is meant to be inclusive of service providers who assist people who are homeless and who are survivors of domestic/sexual violence. It includes congregate emergency shelters and other congregate homeless programs, such as site-based supportive housing, as well as non-congregate homeless programs, such as outreach or scattered-site supportive housing. Organizations doing outreach work are also welcome and encouraged to use it for work in encampments.

What you report in SASS are not positive COVID-19 test cases, they are instead cases of someone in your shelter (client, staff, regularly scheduled volunteer) displaying symptoms that you believe could indicate a possible COVID-19 infection. No identifying information is required.

Complete the [Symptom Alert System for Shelters \(SASS\) survey \(https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL\)](https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL).

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## Creating an emergency preparedness plan

As we learned in the spring of 2020, being ready for and responding to a COVID-19 case at your site takes leadership, organization, plans, supplies, and policy.

**Emergency preparedness:** Leadership should review and update the setting’s emergency plans using experience gained during the first COVID-19 surge in June 2020. If you do not have an emergency preparedness team, consider developing formal teams, or point people, to guide efforts such as staff support, communication, and infection control. Team meeting frequency should be responsive to the needs of your setting and the current situation (e.g., in COVID-19 we saw very frequent meetings the first several months of the pandemic, and then meeting frequency reduced over time).

Emergency preparedness should account for the following areas (more information is provided for each of these areas in other sections of this guide):

- Communications – how can leadership be reached, including off-hours? What is the communication plan/process to communicate with staff, clients, and families?
- Coordination – with whom is the facility working in the community and region to take advantage of assets, training, and other resources? This should include MDH as well as your local emergency manager, local public health department, and other coalitions (Heading Home Alliance, Violence Free Minnesota, etc.). See [Appendix A: Contacts for partner agencies](#).
- Space – how will the facility most effectively use its space to provide isolation and care for one or multiple clients with COVID-19? How can space be used to assure staff have space to put on and take off PPE? How will you keep break rooms and other areas clear of potential contamination?
- Staff – facilities must have staffing redundancies so that contingencies are in place if staff become ill on shift or receive a positive test result, particularly when multiple staff are tested and could be pulled off shift on short notice. Staff training and appropriate PPE guidance should be included in the staff planning. What support can be provided for staff that need childcare? What is the plan for getting staff connected with testing if required? How will you communicate when sick or exposed staff can return to work? Will hazard pay be an option for staff?
- Supplies – what supplies are needed, including PPE, training supplies, additional client linens, towels, or care supplies? Will you need different food items for adjusted meal delivery? Consider the possibility of needing duplicates of these and other resources in the event you need to set up separate isolation areas. Disposable trays and utensils are other examples of supplies that may be needed for the care of clients who are showing symptoms of COVID-19. See [Appendix I: Sample field kit](#).

Be prepared to receive feedback on the emergency plans and policies and adapt as circumstances change. A key aspect of the response is to manage staff expectations and maintain open communications to reduce fear, receive feedback, and adjust plans and policy as the situation warrants. Flexibility and scalability is critical across the long-term event.

Refer to [CDC: Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\), May 2020 \(https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) for more information on planning for and responding to COVID-19.

## Preparedness checklist

The following checklist is provided to assist your setting in thinking through the various aspects of emergency preparedness. It is specific to COVID-19, but may also apply to other infectious diseases and emergency responses.

### Prioritize mental well-being

It is normal to experience increased stress and anxiety right now. It is important to be gentle with yourself and others, and to take steps to support your own, your client's, and your co-worker's mental well-being. Consider these tips to support your mental well-being during the COVID-19 response.

- Check that staff take breaks and time off from work.
- Create opportunities for staff to build relationships with each other and to build trust. Consider creating a buddy system for staff to ensure they have a partner to connect with as situations and stress build.
- Encourage staff to use the [First Responder Toolkit \(https://firstrespondertoolkit.com/\)](https://firstrespondertoolkit.com/) to assess their status and get support if needed. This website includes the Compassion Fatigue and Trauma Risk Factor Assessment, along with recommendations for stress management.
- Download [Substance Abuse and Mental Health Services Administration \(SAMHSA\): Compassion Fatigue Wallet Cards \(DOC\) \(https://www.samhsa.gov/sites/default/files/compassion-fatigue-wallet-card.docx\)](https://www.samhsa.gov/sites/default/files/compassion-fatigue-wallet-card.docx) and give to staff to help them keep track of their own behavioral health needs.
- Share the tool, [MDH: COVID-19 Responder Self-Triage \(https://www.health.state.mn.us/communities/ep/behavioral/triage.pdf\)](https://www.health.state.mn.us/communities/ep/behavioral/triage.pdf), so staff can assess their stress levels throughout the week. This may not apply to all providers for people who are homeless service but may be particularly relevant for outreach teams.
- Visit [MDH: Disaster Mental/Behavioral Health and Emergency Preparedness \(https://www.health.state.mn.us/communities/ep/behavioral/index.html\)](https://www.health.state.mn.us/communities/ep/behavioral/index.html) for resources.
- Watch Psychological First Aid: A Minnesota Community Supported Model. The five video series is a collaboration of MDH and the University of Minnesota, School of Public Health. CEU credit is available.

#### Psychological first aid video series

[Psychological First Aid Part 1: Introduction to Psychological First Aid \(YouTube: 6 min\) \(https://www.youtube.com/watch?v=uS\\_SvkbqxMo\)](https://www.youtube.com/watch?v=uS_SvkbqxMo)

[Psychological First Aid Part 2: The Impact of Trauma \(YouTube: 6 min\) \(https://www.youtube.com/watch?v=16wuLVWd54Y\)](https://www.youtube.com/watch?v=16wuLVWd54Y)

[Psychological First Aid Part 3: Principles of Psychological First Aid \(YouTube: 4 min\)](https://www.youtube.com/watch?v=4p9zBC6eChw)

[\(https://www.youtube.com/watch?v=4p9zBC6eChw\)](https://www.youtube.com/watch?v=4p9zBC6eChw)

[Psychological First Aid Parts 4 & 5: Techniques and the "Dos" and "Dont's" of PFA \(YouTube: 10 min\)](https://www.youtube.com/watch?v=vOJ2KMHoj7A)

[\(https://www.youtube.com/watch?v=vOJ2KMHoj7A\)](https://www.youtube.com/watch?v=vOJ2KMHoj7A)

[Psychological First Aid Part 6: Responder Self Care \(YouTube: 3 min\)](https://www.youtube.com/watch?v=9TyZYFjylrc)

[\(https://www.youtube.com/watch?v=9TyZYFjylrc\)](https://www.youtube.com/watch?v=9TyZYFjylrc)

### Video series materials

[Psychological First Aid \(PowerPoint\)](https://www.health.state.mn.us/communities/ep/behavioral/psa.pptx)

[\(https://www.health.state.mn.us/communities/ep/behavioral/psa.pptx\)](https://www.health.state.mn.us/communities/ep/behavioral/psa.pptx)

[Psychological First Aid Pre-Test and Post-Test](https://www.health.state.mn.us/communities/ep/behavioral/pfatest.pdf)

[\(https://www.health.state.mn.us/communities/ep/behavioral/pfatest.pdf\)](https://www.health.state.mn.us/communities/ep/behavioral/pfatest.pdf)

[Psychological First Aid Pre-Test and Post-Test Answers](https://www.health.state.mn.us/communities/ep/behavioral/pfatestans.pdf)

[\(https://www.health.state.mn.us/communities/ep/behavioral/pfatestans.pdf\)](https://www.health.state.mn.us/communities/ep/behavioral/pfatestans.pdf)

[Psychological First Aid Certificate](https://www.health.state.mn.us/communities/ep/behavioral/pfacert.pdf)

[\(https://www.health.state.mn.us/communities/ep/behavioral/pfacert.pdf\)](https://www.health.state.mn.us/communities/ep/behavioral/pfacert.pdf)

- Refer to [MDH: Supporting Mental Well-being During COVID-19](https://www.health.state.mn.us/communities/mentalhealth/support.html) (<https://www.health.state.mn.us/communities/mentalhealth/support.html>) for more information.

## Wash your hands

- Encourage staff and clients to wash their hands or to use hand sanitizer multiple times throughout the day, especially:
- **Before** preparing, touching, or eating food.
  - **Before and after** treating a cut or wound.
  - **Before and after** caring for someone at home who is sick with vomiting or diarrhea.
  - **After** spending time in a public area, such as a grocery store or shared living room.
  - **After** blowing your nose, coughing, or sneezing.
  - **After** using the toilet, changing diapers, or cleaning up a child who has used the toilet.
  - **After** touching an animal, animal waste, and animal feed, such as pet food and treats.
  - **After** removing personal protective equipment, such as face masks and gloves.
  - **After** touching garbage.
- Identify who will help young clients or others for whom it is physically difficult to do proper hand hygiene, such as washing hands or using hand sanitizer. Make sure the person helping also washes their hands or uses hand sanitizer afterward.

- Make alcohol-based hand sanitizer, Kleenex/tissues, and plastic lined wastebaskets available at all entry points and key areas in the facility. If that is impossible, put up signs that point to the nearest sink to wash hands with soap and water. Consider other areas where hand sanitizer may be appropriate, such as areas where clients wait in line for meals, phone stations, etc.
- Providers that serve homeless shelters can request hand sanitizer from organizations that are currently mobilized to provide this resource, for example, [All Hands Minnesota \(https://www.allhandsmn.org/\)](https://www.allhandsmn.org/).
- Post signs throughout the facility to remind staff and clients of proper hand hygiene: washing hands and using hand sanitizer.
- Post materials in the languages used by the populations you serve. Printable materials in several languages are available at [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).

## Practice physical distancing

- Educate staff and clients about physical distancing.
- [CDC: Social Distancing \(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) says, “Social distancing, also called ‘physical distancing,’ means keeping a safe space between yourself and other people who are not from your household.” To practice social or physical distancing:
  - Stay at least 6 feet (about 2-arms’ length) from other people.
  - Do not gather in groups.
  - Stay out of crowded places and avoid mass gatherings.
- Post materials reminding staff and clients to physically distance themselves.
  - An example is available at [Stay 6 feet from others \(https://www.health.state.mn.us/diseases/coronavirus/materials/lawnsign6ft.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/materials/lawnsign6ft.pdf).
- Remind staff and clients that keeping space between you and others is one of the best tools to avoid being exposed to COVID-19 and to slow its spread.
- Use tape or chalk to mark 6-foot spaces (boxes or stripes on the floor) to encourage physical distancing in smoking areas, kitchens, lobbies, and other shared spaces.
- When practical, introduce other engineering controls that serve to create space between people. For example, add extra tables between clients and check-in counters to ensure a 6-foot distance.

- Restrict the number of people, including family units, allowed at one time in communal and small spaces, such as TV rooms and elevators. Post a sign outside the entrance stating the room capacity. Capacity must allow for physical distancing. Consider using timed sign-up sheets where possible.

## Wear a face covering

Face coverings can trigger problems for people who have experienced trauma or traumatic-brain injuries, or who live with mental illness. If wearing a face covering will cause significant distress for staff or clients at your site, work with your local public health department or MDH to adapt your face covering requirements and guidance to accommodate individual needs. See [Appendix A: Contacts for partner agencies](#).

- Encourage staff and clients older than age 2 to wear a face covering or mask, as tolerated.
  - Exceptions should be made for individuals with past traumas that impact their ability to wear a face covering and those with medical conditions for whom wearing a face covering is contraindicated.
- Face coverings should be worn in public areas where spaces are shared, such as hallways, shared kitchens, and lobbies.
- Review [MDH: Best Practices for Masks: Considerations for People with Disabilities and Special Health Needs \(https://www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf\)](#) for alternative mask ideas.
- Ensure that any cloth face coverings worn by staff and clients are washed regularly. Best practice is to wash after each use. They can be washed with other clothes.
- Review [CDC: How to Wash Masks \(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html\)](#).
- When additional cloth face coverings are available, distribute at least two to each client to allow for regular cleaning.
- When clients are unable or unwilling to clean their own cloth face coverings, collect, clean, and dry them at least twice a week, and more often if possible. Cloth face coverings from multiple people can be laundered together.
- Visit [MDH: Face Covering Requirements and Recommendations under Executive Order 20-81 \(https://www.health.state.mn.us/diseases/coronavirus/facecover.html\)](#) for more information about Minnesota’s statewide face covering requirement.

## Clean commonly used spaces

- Review [CDC: Cleaning and Disinfection for Community Facilities \(https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html\)](#) for guidance.

- Clean all frequently touched surfaces throughout the day, such as doorknobs; handrails; bathroom fixtures (sink handles, toilets); countertops; work stations; phone stations; tables; chairs; and elevator buttons.
- See [Appendix E: Sample cleaning schedule](#).
- Use the cleaning products that you normally use in these areas and follow the directions on the label.
  - Check if your product fights against the virus causing COVID-19: [EPA: List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) \(https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2\)](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
  - When following the directions on the label, pay attention to whether to spray the product onto a surface and wipe it off immediately, or spray and leave it on the surface for a period of time before wiping it off.
  - If you have unexpired bleach, a diluted bleach solution is effective for up to 24 hours.
    - Mix together 5 tablespoons (1/3 cup) of bleach per **gallon** of water, or 4 teaspoons of bleach per **quart** of water.
- Provide disposable wipes so staff can frequently wipe down commonly used surfaces, such as doorknobs, keyboards, remote controls, and desks.
- Remind staff and volunteers to wash their hands after any cleaning activities. Soap and water is best, or alternatively, use alcohol-based hand sanitizer.

## Make sleeping spaces safer

- If your facility houses families, keep different family units separated from each other. Different families should not share a room. This is especially important if families have young children.
- If programs are aware of clients who are at a higher risk for COVID-19 complications and mortality due to underlying health conditions or other risk factors, providers are encouraged to work with their local public health departments to determine if protective spaces or alternatives to congregate settings are an option for clients in that jurisdiction.
- Review what bed positioning should look like. Images are available at [County of Los Angeles Public Health: Social Distancing and Bed Position for Residential and Congregate Settings \(http://publichealth.lacounty.gov/media/Coronavirus/docs/settings/GuidanceBedPositions.pdf\)](http://publichealth.lacounty.gov/media/Coronavirus/docs/settings/GuidanceBedPositions.pdf).
- Separate beds/mats. Place at least 6 feet apart. Encourage clients to sleep head to toe. Label bunks “head” and “toe” to help clients and staff. If beds are bunked, make sure the head-to-toe sleeping pattern is consistent across bunks.
  - If this is not possible, separate beds as much as possible, preferably at least 3 feet apart, and use a barrier, such as a screen or curtain between beds/mats. Always encourage clients to sleep head to toe.

- If you have bunks and increasing space between bunks is not possible, alternate bunk levels, encouraging clients to alternate between the lower and upper bunk. This method significantly reduces capacity.
- If beds/mats cannot be safely rearranged and spaces become overcrowded, work with your local public health agency to move at-risk clients to protective sites, such as hotels. See [Appendix A: Contacts for partner agencies](#).
  - Tracking what beds clients use can be helpful during contact tracing.
- Clean sleeping areas and mats between each client.
  - [CDC: Cleaning and Disinfection for Community Facilities \(https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#How%20to%20Clean%20and%20Disinfect\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#How%20to%20Clean%20and%20Disinfect)
- Assign regular clients to a specific bed or mat.
- Provide new clients with clean sheets and bedding upon entry to the shelter.
- Wash client sheets and bedding at least once a week.

## Keep bathrooms clean

- Clean and stock bathrooms at least once a day. Consider leaving some cleaning supplies in the bathroom for clients to use, if desired.
  - Review [CDC: Cleaning and Disinfection for Community Facilities \(https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#How%20to%20Clean%20and%20Disinfect\)](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#How%20to%20Clean%20and%20Disinfect) for guidance.
- Check each morning that soap, disposable paper towels, and running water are available in all bathrooms and that toilets are in good working order.
- Clean showers and baths between uses.
- Provide clients with appropriate sanitizer to clean showers before and after use.
- Designate separate bathrooms and showers for clients with suspected and confirmed COVID-19.
  - If private bathrooms are unavailable, clients with test-confirmed COVID-19 should use a bathroom and shower that is separate from clients with suspected COVID-19. Any client with symptoms of or test-confirmed COVID-19 should be separated from clients who are not symptomatic.
  - If only one bathroom shower is available:
    - Clients who are not sick should shower first, followed by clients with symptoms or test-confirmed COVID-19.

- After clients who are not sick have showered, clients with symptoms or test-confirmed COVID-19 should continue to use the bathroom with the shower for toileting, while clients who are not sick should use other bathrooms without a shower.
  - All bathrooms should be cleaned and disinfected at the end of the day.
  - If a bathroom has multiple showers:
    - Designate one shower and toilet stall for clients with symptoms and one shower and toilet stall for clients with test-confirmed COVID-19. These stalls should not be used by other clients.
- Give new clients a clean bath towel upon entry to the shelter or drop-in center to limit sharing of potentially contaminated towels.
- Wash client bath towels at least once a week.

## Limit crowding in laundry rooms

- Limit the number of people in a laundry room at one time. If possible, have clients sign up for laundry times to prevent multiple clients from doing laundry at the same time.
- Consider strategies to encourage physical distancing, such using every other washer, taping X's 6 feet apart on the floor, etc.
- Wash items according to manufacturer instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Dirty laundry that has been in contact with an ill person can be washed with items that belong to other people.
  - In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- If staff are doing laundry, instruct them to wear disposable gloves when handling dirty laundry from an ill person. Make gloves available for clients who are doing laundry for multiple people.
- Wash your hands with soap and water or hand sanitizer after doing laundry.
- Clean and disinfect hampers or other carts used for transporting laundry.

## Keep physical distance in dining halls

- No clients with signs or symptoms of a respiratory infection, or with confirmed diagnosis of COVID-19, regardless of symptoms, should eat in dining rooms.
- Deliver meals to the rooms of clients with symptoms of or confirmed COVID-19.

- Apply physical distancing methods for dining areas to ensure clients sit at least 6 feet apart. Remove chairs to limit the number of people at a table.
  - If physical distancing is not possible, consider staggering mealtimes to prevent overcrowding. Consider having clients sign up for mealtimes.
  - If there is a safe outdoor space, encourage some clients to eat outside, while continuing to physical distance.
- Provide disposable disinfectant wipes, cleaners, or sprays that are effective against COVID-19, so clients and staff can wipe down dining tables.
- If possible, switch to a contactless meal service to protect clients, staff, and volunteers. For example, provide bagged meals.
- If contactless meal service is not possible, practice physical distancing while waiting in the food line. Use tape to mark 6-foot spaces (boxes or stripes on the floor).
- Take measures to physically separate and increase distance between staff and clients, such as Plexiglas sneeze guards.
- Staff should wear a face covering while serving food.
- Encourage clients to wear a face covering, as tolerated, anytime they are in the dining area and not eating food, especially when waiting in line for food.
- Familiarize yourself with [FDA: Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-COVID-19) (<https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-COVID-19>).

## Safely use outdoor spaces

- Remind clients to physically distance while smoking and socializing.
- Help clients physically distance by using chalk or tape to mark 6-foot spaces on the ground, for instance in smoking areas.
- If there is a playground outside or near your facility, review MDH [Playground Guidance for Schools and Child Care Programs](https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf>).

## Make group meetings safe

- No clients with signs or symptoms of a respiratory infection, or with confirmed diagnosis of COVID-19, regardless of symptoms, may participate in group meetings until their isolation or quarantine periods are complete.

- Do not host in-person group meetings when physical distancing of at least 6 feet is impossible, regardless of the COVID-19 transmission status of an individual facility or its surrounding community.
- When hosting group meetings, limit the size and ask all staff and clients to wear a face covering, as tolerated.
- Use creative methods to provide socialization and continue group therapy/counseling and individualized activities.
  - If you serve survivors of domestic and sexual violence, refer to the [National Network to End Domestic Violence’s Technology Safety: Response to the COVID-19 Pandemic](https://www.techsafety.org/COVID-1919) (<https://www.techsafety.org/COVID-1919>).

## Limit visitors and volunteers

- Visitors include immediate family, friends, and nonessential volunteers. Settings need to determine their visitor protocols, based on community transmission in their region/area and the unique characteristics of their client population.
- If community spread is low, for example your local schools have in-person learning for all students, consider allowing a limited number of visitors. Schedule specific times they can visit, and designate areas they can use.
- If visitors are allowed outside, strongly encourage both the client and visitor to wear face coverings, as tolerated, and remain at least 6 feet apart.
- Develop processes to help clients remain connected to family, friends, and others, including facilitating client access to virtual visits by phone and other electronic devices.
- Essential volunteers should follow all safety measures set forth for staff. If you have concerns about volunteers entering the facility, consult your local public health department or MDH.

## Screen staff and clients

- Develop a procedure for screening clients and staff for symptoms.
  - This example of a screening tool from the Minnesota Heading Home Alliance may be used as a template: [Screening adult clients for COVID-19 \(https://headinghomealliance.com/wp-content/uploads/2020/04/Screening-Guidelines-FINAL.pdf\)](https://headinghomealliance.com/wp-content/uploads/2020/04/Screening-Guidelines-FINAL.pdf).
  - Adding, “How are you feeling today?” to your symptom screening tool may be helpful. Adapt your screening tool so it works best with your clients.
- Verify that staff, outreach workers, and volunteers screen themselves for symptoms at the beginning of every shift. Screen for fever (take their temperature) and other COVID-19 symptoms.
- Immediately send home all staff and volunteers with a fever greater than 100.4 degrees Fahrenheit or with other COVID-19-compatible symptoms. Tell them to seek care from a health care provider, as needed.

- Screen clients upon entry into and while staying at your facility, and during outreach; twice daily is best practice.
- Learn about staff checking client temperatures: [CDC: Screening Clients for COVID-19 at Homeless Shelters or Encampments \(https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html).
  - While screening, stand behind a physical barrier, such as a glass or plastic window or partition, to protect yourself from respiratory droplets that may be produced if the client sneezes, coughs, or talks. If this is not possible, wear the following when within 6 feet of a client: a surgical mask or N95 respirator; eye protection, such as goggles or a face shield that fully covers the front and sides of the face; and a single pair of disposable gloves.
  - If you are screening children, review the Screen Children Upon Arrival section of [CDC: Guidance for Child Care Programs that Remain Open \(https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html).
- Know what symptoms to look for. Not everyone with COVID-19 has all of the following symptoms, and some people may not have any symptoms. Symptoms may include:
  - Fever greater than 100.4 degrees Fahrenheit, 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.
- Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include:
  - Trouble breathing.
  - Unable to talk or complete a sentence.
  - Persistent pain or pressure in the chest.
  - New confusion or inability to arouse.
  - Bluish lips or face.
- Give anyone who presents with symptoms a face covering.

- Anyone who presents with symptoms should be tested for COVID-19.
  - Follow [MDH: COVID-19 Interim Testing Recommendations: Congregate Settings for People Experiencing Homelessness and Individuals and Families Residing in Emergency Shelters](https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf>).
- Complete the [Symptom Alert System for Shelters \(SASS\) survey](https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL) (<https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL>) to report the number of people in your shelter each day with new symptoms.
  - Learn more about the [Heading Home Alliance: Symptom Alert System for Shelters](https://headinghomealliance.com/symptom-alert-system-for-shelters-sass/) ([headinghomealliance.com/symptom-alert-system-for-shelters-sass/](https://headinghomealliance.com/symptom-alert-system-for-shelters-sass/)).
  - See [Appendix G: Using the Symptom Alert System for Shelters](#) for step-by-step directions for submitting the symptom alert system surveys.
- Notify MDH immediately (within 24 hours) about any of the following:
  - Severe respiratory infection associated with hospitalization or sudden death of a client.
  - Clusters of two or more clients and/or staff with respiratory symptoms or with known or suspected COVID-19 within a three-day period.
  - Individual clients or staff are identified with confirmed or suspected COVID-19.
  - Increase in the number of clients transferred or referred for testing or medical care for symptoms related to COVID-19. An increase of transfers can indicate an outbreak in a facility.

Service providers for survivors of domestic and sexual violence are not required to report any identifiable information, but general information should be reported. See [Appendix M: Confidentiality in the time of COVID-19](#) for more information.

## Client movement in family and domestic violence shelters

- When community transmission is substantial, consider asking clients to leave the facility only for medically necessary purposes, such as doctor appointments; work; and getting necessities, such as food if not provided on-site.
- Provide education for clients about necessary restrictions and keep them informed about the status of the facility. Plan to update clients regularly as recommendations and restrictions change.
- Encourage clients to wear a face covering when they are in shared spaces.
- When possible, screen all clients within one hour of returning to the facility. Screen for fever higher than 100.4 degrees Fahrenheit and for new respiratory symptoms, such as cough, shortness of breath.
- When feasible, consider quarantining clients who are newly entering or returning to the facility after staying with others, if you cannot rule out their exposure to people with COVID-19. Quarantine them in a private room with a private, not shared bathroom.

- CDC defines quarantine as the separation of people who may have been exposed to a contagious disease. The quarantine period with coronavirus is 14 days. For more information, see [Quarantine](#).
- Do not require clients that leave for approved reasons to self-quarantine upon return.

## Identify at-risk staff and volunteers

- Reduce the use of nonessential volunteers in your setting when COVID-19 is spreading within your community.
- Assign staff who are at higher risk for severe illness to other duties that do not require direct contact with clients.
- Identify staff and clients who are at higher risk: [CDC: People at Increased Risk \(https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html).

## Train staff and volunteers in infection control practices

- Plan how to communicate evolving directions to staff and volunteers. Ongoing training will be necessary as infection control recommendations change over time.
- If you are the manager/director, make sure all staff and volunteers, including custodians and food handlers, are familiar with COVID-19 symptoms, transmission, and prevention.
- For general information, refer to the MDH website, [About COVID-19 \(https://www.health.state.mn.us/diseases/coronavirus/basics.html\)](https://www.health.state.mn.us/diseases/coronavirus/basics.html).
- Identify staff at your agency to actively keep up to date on guidance and current direction for community spread prevention.
- Provide all staff and volunteers with clear instruction in handwashing, PPE, physical distancing, etc., as outlined in this toolkit.
  - Review [CDC: Sequence for Putting On Personal Protective Equipment \(PPE\) \(https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf\)](https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf) for guidance on putting on and taking of PPE
  - If training for PPE would be helpful, connect with your local public health department to inquire about staff PPE training. See [Appendix A: Contacts for partner agencies](#).
- Train staff who work directly with clients who are ill on such topics as:
  - How to handle food delivery and removal.
  - Removing and cleaning linens.
  - How to respond to client needs safely.
  - How to assess if the client needs emergency care.

- Practice! Consider role-playing different scenarios as the situation changes, staff return to work, and new staff are added. Examples include:
  - Rehearsing how to screen clients for symptoms.
  - Conducting intakes while practicing physical distancing.
  - Practicing meal delivery when someone is symptomatic or tests positive for COVID-19.

## Prepare for shortages

- Identify back-up staff for key positions.
- Proactively cross-train staff into these key positions.
- Limit the amount of crossover between cross-trained staff. For example, if you have four people who are trained in food preparation, avoid having all four work together. This may help curb the need to quarantine all four staff in the event one becomes ill.
- Think through what “core programs” need to remain open and what programs may be suspended or temporarily closed.
- Make contingency staffing plans in partnership with MDH, if assistance with the plan is needed.
- Consider calling staff into work who are in quarantine, provided they: have PPE; have not tested positive; and do not have symptoms.
  - Before calling quarantined staff back to work, determine if they should first be tested. Review [MDH: COVID-19 Interim Testing Recommendations: Congregate Settings for People Experiencing Homelessness and Individuals and Families Residing in Emergency Shelters](https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf>).
- Reach out to related facilities or partners for staffing support.
- If your setting is interested in working with a staffing agency, plan ahead who to connect with and have some knowledge about the cost.
- Contact your local public health for assistance. See [Appendix A: Contacts for partner agencies](#).

## Conduct staff risk assessments

- Review [MDH: Guidance for Work Exclusion of Homeless Service Providers Exposed to a Suspected or Confirmed COVID-19 Case](https://www.health.state.mn.us/diseases/coronavirus/homelessassess.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/homelessassess.pdf>) and use [Appendix D: Sample risk assessment for shelter and drop-in center workers potentially exposed to COVID-19](#) to determine if a staff member needs to stay home from work after exposure to a person with COVID-19.
  - For more general guidance, review [MDH: COVID-19: When to Return to Work](https://www.health.state.mn.us/diseases/coronavirus/returntowork.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/returntowork.pdf>).

- To minimize staff and client exposure to COVID-19 at your facility, encourage all staff and clients to wear a face covering, as tolerated, and to follow physical distancing guidelines.
  - If physical distancing is not possible, staff should minimize close contact and wear a surgical mask or N95 respirator.
  - If physical distancing is not possible and surgical masks or N95 respirators are not available, staff should wear a cloth face covering with a face shield.

## Contact tracing

Providers play an important role in contact tracing when they are notified of a staff case. When the staff member cooperates with the contact tracing effort, the provider can assess staff exposure and identify close contacts who need to be excluded from work.

- Review [MDH: Tracing COVID-19](https://www.health.state.mn.us/diseases/coronavirus/tracing.html) (<https://www.health.state.mn.us/diseases/coronavirus/tracing.html>).
- See [Appendix J: Guide to staff COVID-19 quarantine and return to work \(6/22/2020\)](#). Catholic Charities created this guide to determine when staff need to isolate or quarantine.
- If you are a service provider for people who have experienced domestic or sexual violence, please refer to [Appendix M: Confidentiality in the time of COVID-19](#) to ensure all necessary releases of information are completed by a survivor before information is shared.

## Determine on-site and off-site isolation and quarantine spaces

- Designate rooms, bathrooms, entrances, elevators, and other spaces for a COVID-19 isolation area. Those who are in isolation should in no way mix with any other shelter populations.
- If a client in a drop-in setting discloses having COVID-19, isolate the person in a separate space and coordinate with your local public health department to identify where the individual will isolate.
- Consider chemical dependency and other things, such as pets, that may be needed while in isolation or quarantine. Organize the space to minimize contact with other shelter populations, while encouraging adherence to isolation.
- Any space used by those in isolation should be thoroughly cleaned and disinfected before use by any other group.
- Group COVID-19 cases together when the number of cases exceeds available individual isolation space.
  - Because of the considerable potential for asymptomatic infection, testing should be used to guide grouping people together. Refer to [MDH: COVID-19 Interim Testing Recommendations: Congregate Settings for People Experiencing Homelessness and Individuals and Families Residing in Emergency Shelters](https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf>).

- Group those with laboratory confirmed cases of COVID-19 only with others with laboratory confirmed cases.
- Other settings, such as outdoor safe camping isolation sites may be preferable. Identifying isolation space options that meet the needs of the community contribute to isolation adherence and help to reduce further spread of COVID-19.
- If isolating on-site is not possible, local municipalities will need to consider transportation to and from the isolation site in their planning.

MDH recommends working with local outreach and service providers for those who are experiencing homelessness to receive direct input to learn what spaces for isolation are preferable and most likely to be acceptable to individuals for whom isolation is indicated.

- To minimize transmission risk, there should be dedicated staff working on a COVID-19 unit who are not assigned to work in other areas. These staff should be trained and have access to appropriate PPE.
  - Avoid having staff who are at higher risk for severe illness working directly with clients who are sick.
- Proactively identify and train backup staff to fill this role in the event they are needed.

## Identify clients who need immediate care

- Train staff to identify the warning signs that immediate health care is needed:
  - Trouble breathing.
  - Ongoing pain or pressure in the chest.
  - New confusion or not being able to wake up.
  - Bluish lips or face.
- Prepare staff to handle conversations with clients who may need care, but may be disinclined to engage with the medical system.
- Refresh staff knowledge of HIPAA compliance and provide training around disclosure in emergency situations.
  - Review [HHS: HIPAA and COVID-19 \(https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html\)](https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html).
- If emergency care is needed, tell paramedics or EMTs that the client has COVID-19-compatible symptoms.
- If non-emergency care is needed, call the health care provider or clinic to tell them about the symptoms. They will give instructions to help protect you, the client, and other patients.

- If you are a service provider for survivors of domestic or sexual violence, refer to [Appendix M: Confidentiality in the time of COVID-19](#) to ensure a release of information is obtained, or have the client access care on their own.

## Transportation for symptomatic clients

- Connect with your local public health department to ask about groups that may assist with transporting clients with symptoms or test-confirmed COVID-19. See [Appendix A: Contacts for partner agencies](#).
- MDH recommends that shelters and outreach providers work with their local public health departments and local health care systems to arrange for mobile specimen collection (swabbing) if possible, to reduce the risk of transmission by transporting these people. MDH is available to assist in coordinating mobile specimen collection: contact [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us).
- If you transport clients, see recommendations about using personal vehicles, multi-passenger commercial vehicles, or public transportation, [MDH: Interim Guidance for Facilities Providing Non-Emergency Transportation Services During COVID-19](#) (<https://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf>).

## Conduct testing and point prevalence surveys

- Review [MDH: COVID-19 Interim Testing Recommendations: Congregate Settings for People Experiencing Homelessness and Individuals and Families Residing in Emergency Shelters](#) (<https://www.health.state.mn.us/diseases/coronavirus/guidetestshelter.pdf>).
- See [Appendix K: COVID-19 after-test instructions](#) for information about what to do once you or a client is tested for COVID-19. This tool was created by Catholic Charities Minneapolis and St. Paul.
- Consult with MDH if you have additional questions on testing or point prevalence surveys.

## Communications

- If you have not had a client or staff member with symptoms or test-confirmed COVID-19, work with your team to create a communications plan.
- Decide who you will notify and how.
  - Your shelter or drop-in center is responsible for notifying staff and clients.
  - If you plan to send a letter or email, see [Appendix H: Letter for first case notification](#) for a template.
  - Remember, due to confidentiality and HIPAA compliance, you should use caution when sharing a person's name or other identifying information. If you are a service provider for survivors of domestic or sexual violence, see [Appendix M: Confidentiality in the time of COVID-19](#).
    - If notifying all staff and clients, it is recommended that you do not share a name or other identifying information.

- If notifying close contacts of a suspected or test-confirmed COVID-19 individual, share a name or other identifying information only if it is necessary and you have permission from that person, and a signed release of information form.
  - If you do not have permission and the individual refuses to notify close contacts, contact MDH.
  - Decide if someone may have been a close contact: [MDH: Guidance for Work Exclusion of Homeless Service Providers Exposed to a Suspected or Confirmed COVID-19 Case \(https://www.health.state.mn.us/diseases/coronavirus/homelessassess.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/homelessassess.pdf).
- Complete the [Symptom Alert System for Shelters \(SASS\) survey \(https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL\)](https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL) to report the number of people in your shelter or drop-in center with new symptoms or test results. See [Appendix G: Using the Symptom Alert System for Shelters](#) for directions.

Service providers for survivors of domestic and sexual violence are not required to report any identifiable information, but general information should be reported.

- Determine how often you will notify staff and clients.
- It is not necessary to notify all staff and clients, but it is strongly encouraged that you notify staff and clients who may have been close contacts.
- Always report a client or staff member with symptoms or test-confirmed COVID-19 infection to MDH via the [Symptom Alert System for Shelters \(SASS\) survey \(https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL\)](https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL) or through a direct contact.

## Apply for funding

[Minnesota Heading Home Alliance: Funding Resources for COVID-19 Response \(https://headinghomealliance.com/funding-resources-for-covid-response/\)](https://headinghomealliance.com/funding-resources-for-covid-response/)

[Minnesota Heading Home Alliance: Summary Information Regarding Key State and Federal Programs for COVID-19 \(https://headinghomealliance.com/wp-content/uploads/2020/07/SUM\\_FundingSources\\_FINAL\\_07.02.20.pdf\)](https://headinghomealliance.com/wp-content/uploads/2020/07/SUM_FundingSources_FINAL_07.02.20.pdf)

[Minnesota Department of Human Services: Housing and Homelessness \(https://mn.gov/dhs/partners-and-providers/policies-procedures/housing-and-homelessness/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/housing-and-homelessness/)

## Appendix A: Contacts for partner agencies

- Know how to contact MDH. Congregate settings email is [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us).
  - Report confirmed COVID-19 cases among people experiencing homelessness, shelter/outreach staff, and survivors of violence.
    - Service providers for survivors of domestic and sexual violence should not report names or other identifiable information to MDH, unless a release of information is signed.
  - Request technical assistance and consultation, either for planning or response purposes.
  
- Save the MDH provider hotline number, 651-201-5414.
  - Available 24 hours a day, seven days a week.
  - Call to report a confirmed COVID-19 case or for any urgent matters.
    - Service providers for survivors of domestic and sexual violence should not report names or other identifiable information to MDH, unless a release of information is signed.
  
- Know your county and/or city's local public health officials by visiting MDH, [Find a local health department or community health board](#) (<https://www.health.state.mn.us/communities/practice/connect/findlph.html>).
  - Coordinate with local public health to identify isolation and quarantine spaces.
  
- Identify your county's emergency managers by visiting [Minnesota Department of Public Safety: County Emergency Managers](#) (<https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx>).
  - Contact emergency managers if personal protective equipment is needed.
  
- If you are a service provider for people who are homeless, visit [Minnesota Heading Home Alliance](#) (<https://headinghomealliance.com/>) for updated resources. Resources include information about:
  - [Funding Resources for COVID Response](https://headinghomealliance.com/funding-resources-for-covid-response/) (<https://headinghomealliance.com/funding-resources-for-covid-response/>)
  - [Updated Weekly Provider Webinar: Statewide Updates on COVID-19 and Homelessness](https://attendee.gotowebinar.com/register/8855399986056644877) (<https://attendee.gotowebinar.com/register/8855399986056644877>)
  - [COVID-19 Questions and Answers](https://headinghomealliance.com/COVID-19-questions-and-answers/) (<https://headinghomealliance.com/COVID-19-questions-and-answers/>)
  
- For updated resources and upcoming events related to victims/survivors, visit:
  - [Violence Free Minnesota](https://www.vfmn.org/) (<https://www.vfmn.org/>)
  - [Minnesota Coalition Against Sexual Assault \(MNCASA\)](https://www.mncasa.org/) (<https://www.mncasa.org/>)
  - [Minnesota Indian Women's Sexual Assault Coalition](https://www.miwsac.org/) (<https://www.miwsac.org/>)
  - [Sacred Hoop Coalition](https://mshoop.org/sacred-hoop-coalition/) (<https://mshoop.org/sacred-hoop-coalition/>)

## Appendix B: Active client monitoring for COVID-19 symptoms

Client IDs must be non-identifiable on this empty chart. Keep this form in a secure place that is inaccessible to clients and staff who do not need access.

**Symptom Key:** **F** = fever/chills (fever greater than 100.4 degrees Fahrenheit); **C** = cough; **S** = shortness of breath; **E** = exhaustion/fatigue; **B** = body or muscle aches; **H** = headache; **L** = loss of taste or smell; **T** = sore throat; **R** = congestion/runny nose; **N** = nausea/vomiting; **D** = diarrhea

### Monitoring for Client COVID-19 Symptoms

| Unit                            |      | Date: __/__/20 Time: |                  |         | Date: __/__/20 Time: |                  |         | Date: __/__/20 Time: |                  |         | Date: __/__/20 Time: |                  |         |
|---------------------------------|------|----------------------|------------------|---------|----------------------|------------------|---------|----------------------|------------------|---------|----------------------|------------------|---------|
| Name                            | Room | T                    | SpO <sub>2</sub> | Symptom |
|                                 |      |                      |                  |         |                      |                  |         |                      |                  |         |                      |                  |         |
|                                 |      |                      |                  |         |                      |                  |         |                      |                  |         |                      |                  |         |
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|                                 |      |                      |                  |         |                      |                  |         |                      |                  |         |                      |                  |         |
| <b># symptomatic residents:</b> |      |                      |                  |         |                      |                  |         |                      |                  |         |                      |                  |         |
| <b>Notes</b>                    |      |                      |                  |         |                      |                  |         |                      |                  |         |                      |                  |         |

Use this empty chart to track weekly monitoring totals.

**Weekly Monitoring for Client COVID-19 Symptoms**

| Week of:                    | __/__/20 – __/__/20 |   |   |    |   |    |    | __/__/20 – __/__/20 |   |   |    |   |    |    | __/__/20 – __/__/20 |   |   |    |   |    |    |  |
|-----------------------------|---------------------|---|---|----|---|----|----|---------------------|---|---|----|---|----|----|---------------------|---|---|----|---|----|----|--|
| Unit/Ward/Floor             | M                   | T | W | Th | F | Sa | Su | M                   | T | W | Th | F | Sa | Su | M                   | T | W | Th | F | Sa | Su |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
|                             |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |
| <b>Facility-wide total:</b> |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |                     |   |   |    |   |    |    |  |

**REPORTING ILLNESS TO MDH**

Find information on the MDH COVID-19 website about reporting illness, [Reporting COVID-19/SARS-CoV-2 Infections \(https://www.health.state.mn.us/diseases/coronavirus/hcp/report.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/report.html).

**Notify MDH immediately (within 24 hours) about any of the following:**

- Severe respiratory infection associated with hospitalization or sudden death of a client.
- Clusters of more than two clients and/or staff with respiratory symptoms or with known or suspected COVID-19 infection.
- Individual clients or staff are identified with confirmed or suspected COVID-19 infection.
- Increase in the number of clients transferred to acute care hospitals for any cause over baseline. An increase of EMS transfers has sometimes been the first indication of a COVID-19 outbreak in a facility.

**Report a client or staff member with known or suspected COVID-19 using at least one of these methods:**

- Send email to [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us).
- Call the MDH Provider Hotline number at 651-201-5414.
- If there are two or more individuals to report, complete the [Symptom Alert System for Shelters \(SASS\) survey](https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL) (<https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL>).

## Appendix C: Template tracking tool for clients who are in isolation due to symptoms of COVID-19

Below is an empty chart to print and use. Client IDs must be non-identifiable. Keep this form in a secure place that is inaccessible to clients and staff who do not need access.

**Symptom Key:** **F** = fever/chills (fever greater than 100.4 degrees Fahrenheit); **C** = cough; **S** = shortness of breath; **E** = exhaustion/fatigue; **B** = body or muscle aches; **H** = headache; **L** = loss of taste or smell; **T** = sore throat; **R** = congestion/runny nose; **N** = nausea/vomiting; **D** = diarrhea

### Symptom Monitoring Chart

| Date | Time | Client Temperature | Symptoms |
|------|------|--------------------|----------|
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |
|      |      |                    |          |

Client ID: \_\_\_\_\_

Room number: \_\_\_\_\_

Date of first symptoms: \_\_\_\_\_

Date of potential exposure: \_\_\_\_\_

Date of COVID-19 test: \_\_\_\_\_

Date of last fever: \_\_\_\_\_

Date released from isolation: \_\_\_\_\_

## Appendix D: Sample risk assessment for shelter and drop-in center workers potentially exposed to COVID-19

**Instructions:** This risk assessment tool is meant to determine the level of potential risk of staff exposure, as a way to assess the need to participate in an isolation period. Keep this information confidential and do not share it. If you are a domestic violence shelter, do not document the name of the shelter worker if there are confidentiality concerns.

**Shelter worker name:** \_\_\_\_\_

**Interview conducted by:** \_\_\_\_\_

**Date of interview:** \_\_\_\_\_

1. Have you had any contact or were you present in the room with a person diagnosed with confirmed COVID-19 infection?  Yes  No

Describe contact: \_\_\_\_\_

2. Date of most recent exposure: \_\_\_\_\_

3. Did you wear the following personal protective equipment (PPE)?

**Eye protection**  Yes  No

Goggles/glasses  Yes  No

Face shield  Yes  No

**Respiratory protection**  Yes  No

N95 respirator  Yes  No

Surgical face mask  Yes  No

Cloth face covering  Yes  No

4. At any point, did you remove your PPE?  Yes  No

Describe: \_\_\_\_\_

5. Were you within 6 feet from the person for 15 minutes or longer?  Yes  No

6. Did you have direct contact with the person's secretions? Extensive body contact or strenuous physical interaction with a COVID-19 positive person may generate higher concentration of respiratory secretions or aerosols; no time minimum established.  Yes  No

7. Was the person diagnosed with COVID-19 wearing a face mask?  Yes  No

8. At any point, was the person's face mask removed?  Yes  No

Describe: \_\_\_\_\_

FOR INTERVIEWER: Review questions above and determine risk status based on the answers. Apply risk status using [MDH: Guidance for Work Exclusion of Homeless Service Providers Exposed to a Suspected or Confirmed COVID-19 Case](https://www.health.state.mn.us/diseases/coronavirus/homelessassess.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/homelessassess.pdf>).

Work exclusion determination:

- No work exclusion     Exclude from work for 14 days after last exposure

## Appendix E: Sample cleaning schedule

Consider using this template as a guide to establish routines around how often to clean and disinfect commonly used items and areas within your facility. You may print the templates, which have spaces where you may add items specific to your setting.

**The 3-step method is: 1. Wash. 2. Rinse. 3. Sanitize or Disinfect.**

1. Wash: use soap and water to remove dirt and debris.
2. Rinse: use clean water to rinse the item until free of soap or debris.
3. Sanitize or disinfect
  - Sanitizing solution reduces germs from surfaces, but does not get rid of them completely. Sanitizers reduce the amount of germs on surfaces to levels that are considered safe. The sanitizing three-step method is used most often for food surfaces, kitchens, and classrooms.
  - Disinfecting solution destroys or inactivates germs and prevents them from growing. The U.S. Environmental Protection Agency (EPA) regulates disinfectants. The disinfecting three-step method is used most often for body fluids and bathrooms/diapering areas.

Use the empty charts below to help you your cleaning. Use empty spaces to add your own tasks.

### Commonly Touched Areas

| Task                    | Before & after use | Every 2 hours | Every 4 hours | Daily | Weekly | Comments |
|-------------------------|--------------------|---------------|---------------|-------|--------|----------|
| Door knobs              |                    |               |               |       |        |          |
| Phones                  |                    |               |               |       |        |          |
| Touch pads              |                    |               |               |       |        |          |
| Computer keyboards/mice |                    |               |               |       |        |          |
| Elevator buttons        |                    |               |               |       |        |          |
|                         |                    |               |               |       |        |          |
|                         |                    |               |               |       |        |          |
|                         |                    |               |               |       |        |          |
|                         |                    |               |               |       |        |          |

### Lunchrooms and Kitchens

| Task                                    | Before & after use | Every 2 hours | Every 4 hours | Daily | Weekly | Comments                                   |
|---|--------------------|---------------|---------------|-------|--------|--|
| Serving counter surfaces                |                    |               |               |       |        | Sneeze guard                               |
| Table tops and chairs                   |                    |               |               |       |        |  |
| Client use microwaves                   |                    |               |               |       |        | Handle and buttons need frequent cleaning. |
| Water fountain or dispenser             |                    |               |               |       |        |  |
| Refrigerator, freezer, and oven handles |                    |               |               |       |        |  |
|   |                    |               |               |       |        |  |
|   |                    |               |               |       |        |  |
|   |                    |               |               |       |        |  |
|   |                    |               |               |       |        |  |

### Lobbies

| Task               | Before & after use | Every 2 hours | Every 4 hours | Daily | Weekly | Comments |
|--------------------|--------------------|---------------|---------------|-------|--------|----------|
| Chair arms/seating |                    |               |               |       |        |          |
| Check in desk      |                    |               |               |       |        |          |
| TV buttons/remote  |                    |               |               |       |        |          |
| Phones             |                    |               |               |       |        |          |
| Client computers   |                    |               |               |       |        |          |
| Toys for children  |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |

### Bathrooms

| Task  | Before & after use | Every 2 hours | Every 4 hours | Daily | Weekly | Comments |
|---|--------------------|---------------|---------------|-------|--------|----------|
| Door handles of bathroom, stalls, cabinets with supplies. |                    |               |               |       |        |          |
| Sink counter tops   |                    |               |               |       |        |          |
| Sink handles  |                    |               |               |       |        |          |
| Toilet  |                    |               |               |       |        |          |
| Handrails   |                    |               |               |       |        |          |
|   |                    |               |               |       |        |          |
|   |                    |               |               |       |        |          |
|   |                    |               |               |       |        |          |
|   |                    |               |               |       |        |          |
|   |                    |               |               |       |        |          |
|   |                    |               |               |       |        |          |

### Showers

| Task               | Before & after use | Every 2 hours | Every 4 hours | Daily | Weekly | Comments |
|--------------------|--------------------|---------------|---------------|-------|--------|----------|
| Shower handle      |                    |               |               |       |        |          |
| Shower floor/walls |                    |               |               |       |        |          |
| Handrails          |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |
|                    |                    |               |               |       |        |          |

### Sleeping Spaces

| Task                   | Before & after use | Every 2 hours | Every 4 hours | Daily | Weekly | Comments |
|------------------------|--------------------|---------------|---------------|-------|--------|----------|
| Bedding                |                    |               |               |       |        |          |
| Bed frame and mattress |                    |               |               |       |        |          |
| Pillows                |                    |               |               |       |        |          |
|                        |                    |               |               |       |        |          |
|                        |                    |               |               |       |        |          |
|                        |                    |               |               |       |        |          |
|                        |                    |               |               |       |        |          |
|                        |                    |               |               |       |        |          |
|                        |                    |               |               |       |        |          |

## Appendix F: Staff health screening log

This log should be completed every day, through an active process. Identify an educated staff member to engage directly daily, when staff arrive to complete this health screening form.

### Screening Log

| Date | Staff Initials | Respiratory symptoms, including fever, cough with shortness of breath, <b>OR</b> two of these symptoms:<br><br>Fever (temperature greater than 100°F or feeling feverish); sore throat; muscle pain; headache; chills; or new loss of taste or smell.<br><br><b>Confirmation that staff has NO:</b> | Initials of Screener |
|------|----------------|---|----------------------|
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |
|      |                | <input type="checkbox"/> No fever, respiratory or other COVID symptoms  |                      |

# Appendix G: Using the Symptom Alert System for Shelters

## Step 1: Access the Symptom Alert System for Shelters (SASS) survey

[Symptom Alert System for Shelters \(SASS\)](#)

(<https://redcap.health.state.mn.us/redcap/surveys/?s=XDAF7DXCPL>)

If the link above does not work, try copying the URL (https part of the link) into your web browser.

## Step 2: Select or add your facility

If you have used SASS before, use the drop-down button to select your facility. It is not in alphabetical order. Scroll down to find your facility. Click “Submit” to start reporting. Now, skip to **Step 4**.

If you need to update your facility’s contact information or you are new to SASS, select “Other (not in this list)” to start a new submission. For those updating contact information, your submission will be linked to previous submissions in our system.

**mn DEPARTMENT OF HEALTH**

**Symptom Alert System for Shelters (SASS)**

Learning about the number of people in your facility who have symptoms will help mobilize the public health response and support that your facility may need.

MDH will contact your shelter within 24 hours of seeing a trend that requires follow-up. If you are concerned that there is an outbreak in your shelter, please contact MDH immediately at 651-201-5414.

**INSTRUCTIONS:** Please enter one day of information per survey (this will allow us to see changes over time).

**COVID-19 symptoms include:**

- New or worsening cough
- Fever (temperature over 100.4 F)
- Trouble breathing/shortness of breath
- Body aches
- Tiredness/fatigue

**Name of Facility & Date of Reporting**

Please select your facility:  
\* must provide value

Other (not in this list) **Click to add your facility**

Servants of Shelter Emergency Shelter

Dakota Woodlands

People Serving People

The Phoenix Transitional Housing Complex

CHUM Emergency Shelter

LSS Another Door

Ours to Serve House of Hospitality

Life House Sol House/The Loft

Place of Hope Ministries

CADA

St. Anne's Place

**Submit**

Powered by REDCap

**Step 3: Add facility information**

Please provide your facility’s name, while specifying your location if there are multiple sites (e.g., Higher Grounds Minneapolis instead of Higher Grounds). A separate survey should be submitted for each location. Contact information will be used if we have any questions or need to follow-up.

**Name of Facility & Date of Reporting**

Please select your facility:

*\* must provide value* Type to search within the drop-down list.

If your facility is not on the list above, please enter it here:

*\* must provide value* Once you enter your facility name here, it will be added to the drop-down list above for any future survey submissions for your convenience.

Who should we should contact at the facility if we have questions or need to follow-up?

*\* must provide value*

ENTER A NAME

Please provide an phone number your contact person can be reached at:

*\* must provide value*

Please provide an email address your contact person can be reached at:

*\* must provide value*

Click “Submit” to start reporting”.

**Step 4: Report new symptomatic clients and staff**

When screening staff and clients for symptoms, make sure your list of symptoms includes the following:

- Fever (higher than 100.4°F) 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

Do not submit the form to SASS until COVID-19 screening for staff and clients is complete. Enter today's date and how many people were flagged as having symptoms of COVID-19. This count should include new clients, existing clients, and staff with symptoms.

These are examples of who **should** be included in this count:

- New client enters the facility and reports having muscle pain and body aches.
- Existing client has a new fever and sore throat.
- Staff reports new loss of taste.

These are examples of who **should not** be included in this count:

- Client who reported having a fever and sore throat four days ago.
- Staff that has been out sick for the past week.

**Other (not in this list)'s reporting:**

Enter the date you are reporting for:   Today M-D-Y  
\* must provide value Report on one day

---

How many **new** people were flagged as having symptoms that could potentially be COVID-19 (including new guests at intake and existing guests) on your reporting date?  
\* must provide value  
  
\*Only count new new cases that have **not** already been reported by your shelter/facility

---

How many staff members are out due to illness **today**?

---

How many volunteers, scheduled to be working **today**, were unable to come into work due to illness?

---

How many staff do you have working at your facility for your reporting date: \_\_\_\_\_?

---

As of today, what is the total number of people at your shelter that have been tested for COVID-19? (Include staff, volunteers, and guests **tested on any date**)

---

Additional comments on symptomatic and/or tested cases:  
Expand

**Step 5: Report on your personal protective equipment supply**

**Optional Questions**

Please answer the following questions for the date of \_\_\_\_\_

Does your facility have enough personal protective equipment (**PPE**) for staff/volunteers for the next week?  Yes  No

reset

Is there other important information you'd like us to know?  
(e.g. need for supplies, closures due to staff and volunteer illness, etc.)

Expand

Submit

## Appendix H: Letter for first case notification

You may create your own fillable template in Word, using the text below. The facility must fill in the areas marked in yellow.

Dear Clients/Residents,

I am writing to let you know that a member of the {facility name} community has tested positive for COVID-19 (coronavirus). The Minnesota Department of Health has determined that the risk to others at our facility is low.

This person is in my thoughts, and I sincerely wish for a speedy recovery.

I understand that this news may worry people in our community. Please know that the safety, security, and health of our clients and staff is our top priority. We have {explain actions taken related to cleaning, etc. as desired} We are also working closely with the Minnesota Department of Health for more guidance, {and to help identify and notify any close contacts.}

The most important actions each of us can take to protect ourselves are to:

- Wash your hands often with soap and water; cover your cough and sneeze; do not touch your eyes, nose, and mouth with unwashed hands.
- Stay at least 6 feet away from other people.
- Do not go to large gatherings.

This is our first reported case of COVID-19. We expect that as more people are able to get tested, we will see more cases, both in the wider community and in our facility. We may not necessarily send out a shelter-wide letter about any future cases.

If you feel sick, take action to protect your friends and family and get medical help if you need it. We encourage you to report any COVID-19 health updates to {add contact here if desired}.

This is a challenging time. Many of you may feel stress or anxiety. You can get support services by contacting XXXX. {add any other local resources for stress, if applicable}

We will get through this together as a community, and will be stronger when we this is over.

Take care,

{name}

## Appendix I: Sample field kit

**To prepare for current and future COVID-19 cases in your shelter or drop-in center, keep at least a two-week supply of the following items:**

- Hand soap
- Alcohol-based hand sanitizer that contains at least 60% alcohol
- Paper towels
- Toilet paper
- Tissues
- Cloth face coverings
- Surgical masks
- Bleach or your preferred cleaning product
- Disposable gloves
- Disposable gowns (or reusable)
- Supplies to clean thermometers (e.g., alcohol swabs)
- Disposable plates, bowls, kitchen utensils

**Keep enough of the following that is appropriate for your shelter or drop-in center:**

- Trash baskets
- Thermometers
- Face shields
- Eye protection

## **Appendix J: Synthesized guidance on staff quarantine, isolation, and return to work for COVID-19**

Created by Catholic Charities of St. Paul and Minneapolis

Visit [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/>) to download [Catholic Charities: Synthesized Guidance on Staff Quarantine, Isolation, and Return to Work for COVID-19 Infections](https://headinghomealliance.com/wp-content/uploads/2020/08/Catholic-Charities-Staff-Quarantine-Isolation-Guidance-8_18_20.pdf) ([https://headinghomealliance.com/wp-content/uploads/2020/08/Catholic-Charities-Staff-Quarantine-Isolation-Guidance-8\\_18\\_20.pdf](https://headinghomealliance.com/wp-content/uploads/2020/08/Catholic-Charities-Staff-Quarantine-Isolation-Guidance-8_18_20.pdf)).

## Appendix K: COVID-19 after-test instructions

Example of an after-test instructions sheet, created by Catholic Charities of St. Paul and Minneapolis

Visit [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/>) to download [Catholic Charities: COVID-19 After-Test Instructions](https://headinghomealliance.com/wp-content/uploads/2020/08/Catholic-Charities-After-Test-Clients8-4-20.pdf) (<https://headinghomealliance.com/wp-content/uploads/2020/08/Catholic-Charities-After-Test-Clients8-4-20.pdf>).

## Appendix L: COVID-19 advice for the public: mythbusters

You may consider posting helpful information about COVID-19 in or around your facility to address common myths about the virus. Below are some resources that might be beneficial to share.

**Materials created by MDH.** For posters and videos in multiple languages, visit [MDH: Materials and Resources for COVID-19 Response](https://www.health.state.mn.us/diseases/coronavirus/materials/index.html) (<https://www.health.state.mn.us/diseases/coronavirus/materials/index.html>).

**Infographics created by the World Health Organization.** For more infographics, visit [Coronavirus disease \(COVID-19\) advice for the public: Mythbusters](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>).

**The prolonged use of medical masks can be uncomfortable. However, it does not lead to CO2 intoxication nor oxygen deficiency.**

While wearing a medical mask, make sure it fits properly and that it is tight enough to allow you to breathe normally. Do not re-use a disposable mask and always change it as soon as it gets damp.

\* Medical masks (also known as surgical masks) are flat or pleated; they are affixed to the head with straps or have ear loops.

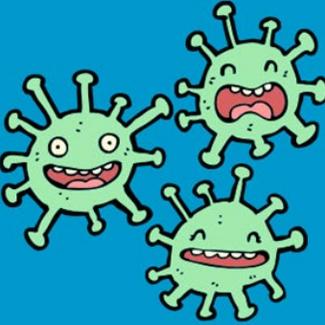
**FACT:  
The prolonged use of medical masks\* when properly worn, DOES NOT cause CO2 intoxication nor oxygen deficiency**



World Health Organization #Coronavirus #COVID19 5 June 2020

**The virus that causes COVID-19 is in a family of viruses called Coronaviridae. Antibiotics do not work against viruses. Some people who become ill with COVID-19 can also develop a bacterial infection as a complication. In this case, antibiotics may be recommended by a healthcare provider. There is currently no licensed medication to cure COVID-19. If you have symptoms, call your health care provider or COVID-19 hotline for assistance.**

**FACT:  
COVID-19 is caused by a virus, NOT by bacteria**



World Health Organization #Coronavirus #COVID19 9 June 2020

# Appendix M: Confidentiality in the time of COVID-19

Created by Violence Free Minnesota, Minnesota Coalition Against Sexual Assault, and Standpoint

## Confidentiality in the time of COVID-19

Violence Free Minnesota, Minnesota Coalition Against Sexual Assault, and Standpoint are working together to remind all programs that nothing has changed as it relates to our statutory and grant confidentiality requirement. While medical professionals or others may be required to notify specific departments or personnel if one of their patients tests positive for COVID-19, domestic and sexual violence programs and staff do not fall into any of those categories. Our statutes that govern our confidentiality requirements are different and we are still required to protect personally identifying information about location information about the folks we work with.

### Statutes that require confidentiality

#### Federal Law

- Family Violence Prevention and Services Act (FVPSA)
  - 42 USC Sec. 11375(c)(5)
  - 42 USC Sec. 10406(c)(5)
- Victim Compensation and Assistance Program (VOCA)
  - 28 CFR 94.115
- Violence Against Women Act (VAWA)
  - 34 USC § 12291(b)(2)
- Housing and Urban Development (HUD)
  - 42 USC 11375(c)(5)

#### State Law

- Sexual Assault Counselors
  - Minn. Stat. § 595.02, subd. 1(k)
  - Minn. Stat. § 13.822
- Domestic Abuse Advocate
  - Minn. Stat. § 595.02, subd. 1(l)
  - Minn. Stat. § 611A.32
- Crime Victims
  - Minn. Stat. § 611A.46

### When can I share?

When there is a release of information signed by the victim/survivor. Best practice is for the release to be written; however, given the current circumstance there may be incidences where getting a written release is not possible. Consider turning your current release of information into a fillable PDF that can be sent to the victim/survivor if they have internet access. Consider other options, such as conference calls with the victim/survivor, in disclosing the information or if that is not an option, the program could do a “verbal” release. The program should read the program’s written release to the victim/survivor and verify their understanding. Then document the date and time that the victim/survivor gave verbal permission for the program to share the information.

**When can I share without a release of information?**

1. Follow your agency's policies for mandated reporting.
1. Medical or other emergency.
  - a. Still seek consent whenever possible.
  - b. If consent is not possible, reveal as little of the victim/survivor's personally identifying information as possible.

**Can I share if a doctor or someone else requests information about a victim/survivor who is having symptoms (or tested positive for COVID-19) or others they have been exposed to?**

Without a valid release of information, a program can neither confirm nor deny if your program is working with that person. The program should then call the victim/survivor and let them know you have received this call and seek guidance from the victim/survivor on whether they would be willing to sign a release of information.

**What if the agency receives a subpoena or court order to disclose information?**

Call Standpoint right away and they will provide further direction.



Minnesota Department of Health | [health.mn.gov](http://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.

08/21/2020