

Guidance for Emergency Shelters

This document consists of guidance to help reduce the risk of spreading COVID-19 in emergency shelters. Emergency shelters may be for short-term evacuations or long-term congregate care. This document should be used in conjunction with existing emergency shelter operation and management plans, procedures, guidance, resources, and systems. Additional guidance and legal requirements can be found at [Reopening RI](#).

All emergency shelters must be in compliance with all [Executive Orders](#), the Rhode Island Department of Health's (RIDOH) emergency regulations entitled [Safe Activities by Covered Entities During the Covid-19 Emergency \(216-RICR-50-15-7\)](#), and all other State laws and regulations.

Facility Access and Screening Procedures

Shelter managers are required to implement and ensure compliance with COVID-19-related screening regulations for all individuals entering the shelter at any time for any reason. Shelters are encouraged to use the screening tool located at [Reopening RI](#) to screen employees, clients, and/or visitors for symptoms of COVID-19. The tool is available in [English](#) and in [Spanish](#) and can be used to triage individuals into four groups:

- [Group 1](#): Positive (individuals who report that they are COVID-19 positive)
- [Group 2](#): Symptomatic (individuals who report or display [COVID-19 symptoms](#))
- [Group 3](#): Exposed (individuals who have COVID-19 or have had close contact in the last 14 days with individuals who are COVID-19 positive or who had COVID-19 symptoms)
- [Group 4](#): Negative (individuals who are not positive, symptomatic, or exposed)

RIDOH strongly recommends that all individuals be permitted to enter the shelter(s) regardless of triage status, as shelters are a critical community resource during a disaster.

RIDOH strongly recommends that triage groups be separated in the shelter to avoid disease transmission. If possible, it is recommended that triage groups be provided with separate bathrooms. If not possible, it is recommended that common bathrooms be disinfected (commonly touched surfaces wiped or sprayed with disinfectant) after every use by a person in triage Group 1, 2, or 3 to reduce the risk of disease transmission.

A coordinated set of emergency shelters may be organized to accommodate a specific triage group or groups at a specific shelter or facility, as long as individuals in all four triage groups have equal access to sheltering accommodations.

Isolation Area

RIDOH recommends that shelters provide a designated isolation area for those who are symptomatic or who have tested positive for COVID-19. The following are the considerations CDC recommends for isolation areas within emergency shelters.

- When possible, place sick individuals in individual rooms for isolation.
- If individual rooms are not possible, designate a separate isolation area for sick individuals.
- Let the sick individual know:
 - They should notify shelter staff immediately if their symptoms worsen.

REOPENING RI

- They should not leave their room/isolation area except to use a (if possible) designated restroom for those in Groups 1, 2, and 3.
- They should stay at least six feet away from other individuals in the isolation area.
- They must wear a cloth face covering at all times, except when eating or showering, unless they have trouble breathing.
- Isolation areas or buildings should be separate from the rest of the shelter.
- Isolation areas should be well-ventilated.
- Cots should be placed at least six feet apart with temporary, non-porous barriers between them. Physical barriers should be taller than the individuals in the isolation area.
- Bathroom facilities should be near the isolation area and be separate from bathrooms used by well individuals, whenever possible.
- Shelter staff providing medical care to individuals with suspected or confirmed COVID-19 where close contact (within six feet) cannot be avoided, should at a minimum, wear eye protection (goggles or face shield), an N-95 or higher-level respirator (or a facemask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves. Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated. Review [CDC's COVID-19 infection control guidelines for healthcare providers](#).
- Shelter staff who enter the isolation area for reasons other than providing medical care (e.g. delivering meals or other items) should wear N-95 masks (or a facemask if respirators are not available or staff are not fit tested).
- Comfort items such as tissues and blankets should be provided for sick individuals, if possible.

Physical Distancing

Physical distancing means the practice of keeping space between oneself and others when outside of the home in order to restrict the spread of infectious disease. Shelter managers should ensure that individuals stay at least six feet from people who are not part of the same household unless separated by a physical, non-porous barrier that prevents individuals from having direct contact with each other or with any droplets from another individual's coughing, sneezing, or talking. When physical distancing is not feasible, individuals should minimize the time of exposure to the extent possible. Physical distancing should also be maintained in common areas of the shelter, including entrances, restrooms, and/or where food is disseminated. One-way lanes of traffic should be considered for the facility, with demarcations on the floor that allow for physical distancing throughout.

In order to operationalize these requirements, shelter managers may wish to consider separation of furniture and creating spaces for individual family units (families who live together do not need to maintain physical distancing in an emergency shelter). In larger shelter facilities, it may be possible to provide adequate space for physical distancing among individuals. Smaller shelters should consider limiting the number of individuals in accordance with executive orders and emergency regulations that limit the size of gatherings. This could lower capacity, so agencies and organizations may wish to consider setting up a larger number of small emergency shelters.

Enhanced cleaning and/or disinfecting procedures

Train staff members who perform cleaning functions to follow [CDC recommendations for cleaning and disinfection](#). Clean by removing any visible dirt and grime before using disinfectants. Disinfectants remove most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. The Environmental Protection Agency (EPA) has published a [list of disinfectants for](#)

REOPENING RI

[use against COVID-19](#). When using cleaning and disinfecting products, always read and follow the manufacturer's directions (e.g., application method, contact time). Instructional materials for custodial and other staff should be provided in languages other than English, as appropriate.

Disinfection should be done using an [EPA-registered disinfectant](#).

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Solid waste (trash) such as tissues, food items, and drink containers should be considered as potentially infectious waste.
- Waste receptacles with non-removable, no-touch lids, should be placed a reasonable distance away from any populated areas.
- Place a handwashing station or hand sanitizer containing at least 60% alcohol next to any waste receptacles. Disinfect the lids and handles of receptacles on a regular basis.
- Outdoor waste receptacles should be covered with lids.
- Areas and items that are visibly soiled should be cleaned immediately.
- All common areas should be cleaned and disinfected every four hours with a focus on frequently touched surfaces like tables, doorknobs, light switches, handles, desks, toilets, faucets, and sinks.
- Linens (such as bed sheets and towels), eating utensils, and dishes belonging to individuals who are sick do not need to be cleaned separately, but they should not be shared without having been thoroughly washed. Avoid “hugging” laundry before washing it to avoid self-contamination. Do not shake dirty laundry before washing to avoid spreading virus or other dirt and bacteria through the air. Wash linens using laundry soap and tumble dry on the warmest setting possible.
- Staff should wash their hands with soap and water or use hand sanitizer containing at least 60% alcohol immediately after handling dirty laundry or used eating utensils and dishes.

Agencies and organizations should consider following [CDC cleaning and disinfection guidelines for community facilities](#) and cleaning the facilities if someone is sick. Individuals with no symptoms can still transmit the virus, and the virus can survive for several days on non-porous surfaces, so it is important to continue routine cleaning and disinfection (at least once per day) with a focus on high touch surfaces, including those in common areas and bathrooms.

Food Service at Shelters

The following are considerations when planning for providing meals to individuals at the shelter.

- Serve pre-packaged meals or individual meals dispensed by food service workers, when possible.
- Food service workers should wear gloves and cloth face coverings during meal preparation and service.
- Cafeteria-style service is preferred over self-service, buffet, or family-style while maintaining a minimum of six feet between individuals.
- Maintain a minimum of six feet between people of different households at meal times by increasing the space between tables and staggering meal times. Clean and disinfect the tables and chairs between meal service times.
- Encourage staff and individuals at the shelter to not share dishes, drinking glasses, cups, eating utensils, or towels/bedding with other people.
- Serve using disposable silverware, cups, and plates, if available. If these items are not disposable, the food contact surface should be protected from contamination and must be cleaned and disinfected between uses.
- Provide handwashing stations and soap with disposable towels or alcohol-based hand sanitizer (minimum 60% alcohol) for use prior to entering food lines.



REOPENING RI

- Position shelter staff at handwashing stations to promote proper handwashing and to monitor for signs of illness.
- Implement illness screening, including fever monitoring, of individuals entering the food distribution area.
 - Any temperature of 100.4° F or higher is considered a fever.
 - Anyone who becomes symptomatic while at the shelter should leave the facility as soon as possible. If returning home to isolate is not possible, the individual should be directed to the isolation area of the shelter.
 - Increase monitoring for COVID-19 symptoms among close contacts of people who become symptomatic.

Air Filtration/Ventilation

Open windows or doors when possible to improve ventilation in indoor spaces. Increased use of HVAC systems is not recommended if outdoor airflow cannot be introduced.

While the ventilation provided by being outside is ideal for dispersing COVID-19 particles and reducing transmission risk, not all activities can be held outside at all times. Furthermore, uncontrolled/unfiltered outdoor air can contain pollutants, allergens, and other irritants and can make controlling the temperature of a building difficult and costly.

If a shelter-related activity must take place indoors, proper ventilation can reduce the risk of COVID-19 transmission. Air sealing and filtration are also key aspects of ensuring healthy indoor air quality. Consult an HVAC or building performance expert to ensure the building's HVAC system incorporates outdoor airflow and is optimized and working effectively and efficiently. CDC recommends doing the following, if possible:

- Locate shelters in buildings with high ventilation capacity, similar to healthcare facilities.
- Shelters should be equipped with air exchange systems.
- Shelters should be located in buildings with tall ceilings.
- Utilize the highest efficiency filters that are compatible with the building's existing HVAC system.
- Adopt "clean-to-dirty" directional airflows.
- Select upward airflow rotation if using ceiling fans.

Review RIDOH's [Guidance on Using Heating, Ventilation, and Air Conditioning \(HVAC\) Systems During the COVID-19 Pandemic](#).

Service providers

Limit service providers on site. Where feasible, deliveries should be conducted via drop-off or facilitated outside of the facility. All entrants must be screened prior to entering the building.

Information and Communication

All shelters shall ensure the placement of posters or signs at all entrances for awareness about entry screening, required physical distancing, use of cloth face coverings, and other subjects as provided in regulations issued by RIDOH. Copies of acceptable [posters are available on RIDOH's website](#).

Shelters should consider:

- Posting signs at entrances and in strategic places providing instruction on [hand hygiene](#), respiratory hygiene, [cough etiquette](#), and [cloth face coverings](#);
- Providing educational [materials about COVID-19 for non-English speakers](#), as needed; and
- Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the shelter) to prevent spreading the infection to others.

REOPENING RI

Shelters should identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and anyone visiting shelters.

Supply Planning

Shelters should consider planning for an increased need for supplies at the shelters during COVID-19. The following is a list of supplies CDC recommends having for anticipated increase in demand:

- Masks, gowns, and gloves
- Cloth face coverings
- Water and other fluids for hydration
- Ice
- Disposable cups, plates, and other utensils
- Facial tissues
- Soap
- Handwashing stations
- Hand sanitizer containing at least 60% alcohol
- Paper towels
- Disinfection and cleaning supplies
- Bed linens/blankets
- Materials to be used for barriers between cots in separation area(s)
- Over-the-counter medications

Considerations for children

The CDC recommends the following for housing children at emergency shelters:

- Educate parents and caregivers about how to reduce the spread of illness.
- Help parents understand that children may feel stressed or afraid while in the shelter. [Information on coping with stress](#) can help parents manage their own stress and that of their children.
- Encourage parents and caregivers to monitor children for [symptoms of illness](#) and to report any suspected illness immediately to shelter staff.
 - The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally shown mild symptoms.
- Instruct parents/guardians to assist children to stay at least six feet away from other individuals.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally six feet apart. Consider placing children head to toe in order to further reduce the potential for disease spread.
- Assign the same mat/crib to one child or disinfect mat/crib between use by different children.
- Thoroughly clean common play areas every four to six hours with a focus on items that are more likely to have frequent contact with the hands, mouths, or bodily fluids of children.
- Clean and disinfect toys.
 - Toys that cannot be cleaned and disinfected should not be used.
 - Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned, by hand, by a person wearing gloves. Clean with water and detergent, rinse, disinfect with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.

REOPENING RI

- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
 - Do not share toys with other groups of infants or toddlers, unless they are washed and disinfected before being moved from one group to the other.
 - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pans and water out of reach of children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
 - Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
- Require hand hygiene for children, parents, and staff before entering and leaving the children’s play area.
 - Hand sanitizer should be kept out of reach of children.

Find additional information on [caring for children](#) during the COVID-19 pandemic.

Considerations for individuals with access and functional needs

Individuals may have physical, sensory, mental health, or cognitive and/or intellectual disabilities which may affect their ability to function independently. For a complete guide to shelter planning which adheres to the Americans with Disabilities Act (ADA) requirements, click [here](#). Some of the considerations include:

- Ensure that the shelter is accessible to all, including all entrances and exits, indoor spaces, restrooms, and common areas.
- Provide an effective way for individuals to utilize durable medical equipment safely.
- Provide refrigeration for any medication, when applicable.
- Individuals requiring electricity for durable medical equipment or other life-sustaining device(s) should be given priority.
- In accordance with the ADA, service animals must be allowed to stay with their handlers. It is important to keep in mind that:
 - Service animals are approved under the ADA regardless of whether they are licensed or certified.
 - Individuals with service animals cannot be isolated from other people or treated less favorably.
 - Individuals with service animals cannot be asked to remove their service animal from the shelter unless the animal is out of control or poses a direct threat.