

Respiratory Viruses Considerations for Non-Healthcare Congregate Settings & Shelters

This guidance provides considerations to non-healthcare portions of congregate settings and shelters for people experiencing homelessness. These settings continue to have high risk for transmission of respiratory viruses due to congregate living conditions. People living in these settings often have underlying health conditions that increase their risk of severe outcomes from respiratory illnesses.

It is important that shelter and other essential services are available for people experiencing homelessness and that people are not turned away when they have symptoms of respiratory illness. It is also important for homeless service sites to provide access to supplies for everyday hygiene, clean frequently touched surfaces, and take steps for cleaner air in their facilities.

It is important for facilities to make sure that the populations in their care can protect themselves from respiratory viruses through the core prevention strategies listed in this recommendation.

DC Health consultation requests from non-healthcare settings can be made by submitting a Non-Healthcare Facility Consult Request Form to DC Health using the link below:

<https://dccovid.my.site.com/NonHealthcareConsultRequestForm/s/>

LAYERED PREVENTION STRATEGIES TO PREVENT RESPIRATORY ILLNESS

1) Vaccination

- Vaccination is highly effective at preventing severe illness, hospitalization, and death.
- Strongly encourage residents and staff to get vaccinated and stay up to date on their COVID-19, flu, and RSV (when applicable) vaccines.
- Consider establishing supportive policies and practices that make getting vaccinated easy and convenient, for example, developing a workplace vaccination program, providing paid time off for individuals to get vaccinated, or assisting family members receiving vaccinations.
- Consider hosting vaccination clinics, or connecting eligible staff and residents to off-site vaccination locations.

2) Handwashing

- Teaching and reinforcing proper handwashing techniques
- Ensuring adequate handwashing supplies (e.g., soap, water, and paper towels) within easy reach of the user
- Encourage frequent hand hygiene with soap and water. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
 - Store hand sanitizers up, away, and out of sight of younger children and allow their use only with adult supervision for children under 6 years of age.

3) Respiratory Etiquette

- Reinforce covering of mouth and nose with a tissue when coughing or sneezing and throwing the used tissue in the trash after use.
- If a tissue is not available, residents and staff should be reminded to sneeze into the elbow, not the hands.
- Handwashing should be performed immediately after blowing the nose, coughing, or sneezing.

- Some individuals may elect to wear masks at additional times, even when disease burden is not high, due to personal health circumstances or preference. Facilities should support anyone who chooses to wear a mask or respirator regardless of illness-spread levels.

4) Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces daily, such as desks, countertops, doorknobs, computer keyboards, faucet handles, phones, and toys.
- Immediately clean and disinfect surfaces and objects that are visibly soiled with blood or other body fluids.
 - Wipe or soak up the blood or bodily fluid, clean, and then disinfect the surface.
 - Use gloves and other personal protective equipment (PPE) as warranted to avoid contact with the fluid.

5) Take Steps for Cleaner Air

- Ensuring existing HVAC systems are providing the minimum outdoor air ventilation requirement in accordance with ventilation design codes.
- Considering ventilation design and/or enhancements when remodeling or constructing new buildings to optimize clean air.
- Considering the use of portable air cleaners, fans, and open windows in spaces with low ventilation.

WHAT TO DO WHEN RESIDENTS OR STAFF ARE SICK

1) Isolation when Sick

- If someone has the following symptoms of respiratory illness, they should isolate from others:
 - Fever
 - Respiratory virus symptoms that are worsening or not improving and not better explained by another cause, such as seasonal allergies.
- Consider policies and practices that support having staff stay home when sick and ensure that employees are aware of and understand these policies. In accordance with applicable laws and regulations, policies could:
 - Allow flexible, non-punitive paid sick leave policies and practices for staff.
 - Set policies to accommodate individuals who are sick and avoid incentivizing coming to work while sick.

2) When to Return

- The CDC recommends people experiencing symptoms of respiratory illness isolate from others until they have been without fever for 24 hours without fever-reducing medication and other symptoms are improving.
 - When possible, utilize separate rooms or physical distancing for individuals exhibiting symptoms of respiratory illness.
 - Individuals should wear a mask and engage in other prevention strategies for 5 days following isolation.

- Testing can help determine if you are currently infected with a certain respiratory virus. While testing doesn't change how likely you are to catch or spread respiratory viruses, or how severe your illness might be, it can provide useful information to help you make prevention or treatment choices.

3) Treatment

- Providing access to healthcare (including treatment for respiratory illness and monitoring for people at higher risk for severe outcomes)
 - There is effective treatment available for individuals who are eligible. It is recommended that facilities without on-site healthcare capacity establish plans to ensure prompt access to off-site care. This will support the goal of providing timely treatment to those in need.