**Emergency Shelter Sanitation Guidelines**

The following guidelines are offered to assist emergency shelters in creating standards that meet ESG standards required for all ESG funded shelters ***and*** provide strategies for pandemic planning and mitigating the spread of infectious diseases.

While the CoC is working on a more comprehensive and collaborative set of sanitation guidelines in general, this document, in its preliminary form, is in response to the COVID-19 health concern and designed to be an easy-to-read document and checklist in an effort to control the spread of infectious diseases in Maine emergency shelters. These are guidelines, minimum ESG program standards can be found [here](https://files.hudexchange.info/resources/documents/ESG-Emergency-Shelter-and-Permanent-Housing-Standards.pdf). Additionally, we strongly recommend reading HUD’s *Health Preparedness for Homeless Assistance Providers,* [here](https://www.hudexchange.info/news/health-preparedness-for-homeless-assistance-providers/).

**Goals:**The goals of this document are to: 1) reduce morbidity and mortality; 2) minimize the spread of infectious diseases; 3) protect shelter personnel; and 4) preserve the functioning of the homeless response system.

**Guidelines:**The CoC strongly recommends shelters implement the full list of recommendations below; however, if a shelter is only able to implement some, or is looking for a phased prioritization, the following “Short List” should be addressed first:

 **Short List** (immediate implementation)

1. **Preventative Sanitation:**
	1. **Hand washing** (policy and operational standards).
	Staff should wash hands upon arrival, before and after each meal, after using the bathroom, after touching guests’ belongings, and after any work requiring gloves when the gloves have been taken off.

Guest should be encourage to wash/sanitize hands at check in, before and after eating, after using the bathroom, after coughing or sneezing, and after contact with other guests.

* 1. **Covering mouth and nose when sneezing and coughing** (posters & education);
	Nose and mouth should be covered with a tissue when sneezing or coughing -- into the upper sleeve absent a tissue. Dispose of tissues in a touchless receptacle.
	2. **Frequently touched surface disinfecting** (policy and practice).Hard surfaces, such as door knobs, handrails, counters, and desks should be disinfected 3-4 times daily.
1. **Space**.
	1. **Beds**. 3’ to 6’ between all beds/floor mats/cots. If unable to separate beds/mats/cots by 3’ or more, head-to-toe configuration is necessary.
	2. **Contact.** Staff should maintain a distance of 3’ or more when interacting with guests. 35 inches is insufficient.

	Staff with regular contact at distances less the 3’, for more than one minute, who cannot make changes to workspace or approach (check-in stations, intake interviews, etc.) need to wear protective shield/goggles and mask. Additionally, depending on the intervention, staff may want to **disinfect** work areas between interviews, but minimally twice daily.
2. **Protective Gear.** Staff who are in regular contact with guests for greater than one minute at a distance of less than 3’ should consider protective gear. Masks, gloves, and shields are important equipment to have available for other functions (cleaning vomit, blood, and feces, laundry, handling guest belongings, etc.)
3. **Screening.** Either proactively screened on the phone, at check-in, or when observed, anyone with a fever, cough, or sore throat needs to be referred according to your community’s response protocols. **Minimally**, if entering shelter, a mask needs to be donned always and extra education about the importance of hygiene, handwashing, and cough/sneezing needs to occur. If possible, consider a room dedicated to people with a cough, fever, or sore throat.

**Any guest with a cough, fever, or sore throat needs to don a mask.**

**Full List**

 1-4 above

1. **Coordinate your efforts.** Reach out to local healthcare providers, hospitals, public health agencies, and other related organizations and make sure issues unique to people experiencing homelessness and shelters are being addressed. Coordinate efforts and be a voice at the table.
2. **Food safety protocol.**
	1. **Serving:**
		1. Provide handwashing and/or alcohol hand gel at the beginning of food service lines.
		2. Serve food to guests instead of a buffet style or self-serve
		3. Do not reuse plates for second servings
		4. Have staff handle trays and utensils, don’t allow self-service of trays utensils, plates and cups.
	2. **Handling and Preparation**
		1. Provide handwashing facilities for food handlers
		2. Food handles should wash their hands and arms with soap and water for at least 20 seconds -- rinse and clean with running water – completely dry hands and arms.
		3. Food handles should wash hands before beginning work – before returning from using the bathroom or other break – and after engaging in any other activity that might contaminate hands.
		4. Post hand washing signs for food handlers
		5. Require staff to wear disposable gloves when serving. Require gloves to be changed if they touch the floor, nose, mouth, dirty dishes, after using the bathroom, or anything else that can contaminate the glove.
		6. Carefully monitor worker health. Provide a sign-in log for workers, staff, and volunteers attesting to their health status and fitness to work in a food handling capacity.

1. **Education. Posters** in dorms, milieu, entry ways, offices, etc. and **handouts** at intake and other intervention opportunities as follows:

	1. **New greeting etiquette -- No handshaking/touching.** Seek hands-free and other touchless options. Advertise the reason on posters and encourage staff to talk about it and model it. The Indian yoga pose, “Namaste,” and other similar bows are gaining popularity in shelters and healthcare settings.
	2. **Cough hygiene.** Post messaging in common areas, dorms, bathrooms, etc. Cover mouth and nose with a clean tissue when sneezing and coughing. Free posters can be found [here](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html).
	3. **How to wash hands.** Wash hands with **non-antimicrobial** soap and warm water, an alcohol based hand rub, or antiseptic hand wash. Free handwashing posters and handouts can be found [here](https://www.cdc.gov/handwashing/posters.html).
	4. **Space.** Create signage and messaging around keeping safe distances (greater than 3’).
2. **Operational Policy for cleaning vomit, feces, and blood.** Wear disposable plastic or rubber gloves, a mask and apron. Use a paper towel. Wash hands with soap and warm water after cleaning. Remove it right away. Clean nearby surfaces with soapy water. Disinfect nearby affected and nearby surfaces. A free poster from King County can be found [here](https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/~/media/depts/health/homeless-health/healthcare-for-the-homeless/documents/how-to-clean-up-vomit-diarrhea-blood.ashx).
3. **Operational policy for cleaning work areas:**
	1. **Work areas**, such as intake desks and case management locations, where paperwork is completed should be disinfected between guests.
	2. **Common area tables and counters** for eating and food preparation should be disinfected before and after each meal. Frequently used surfaces should be disinfected at least 3-4 times daily.
	3. **Work areas and keyboard/mice** should be disinfected twice daily.
	4. **Hard surfaces,** such as door knobs, handrails, file cabinet handles, and such should be disinfected 3-4 times daily.
4. **Plan and policy for proper handling and waste disposal.** Page 50-51 of the *Infection Prevention and Control for Shelters During Disasters* has a comprehensive, but simple, approach to identifying proper handling and disposal [here](https://apic.org/Resource_/TinyMceFileManager/Practice_Guidance/Emergency_Preparedness/Shelters_Disasters.pdf):
5. **An adequate supply of condoms, dental dams, lubricant, and STI educational material.** Make accessible and easily available male & female condoms, dental dams, lubricant and STI literature (order from Maine CDC free [here](https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/order-form-wn-hiv-std.shtml)).
6. **Facial tissue.** Have it available in common areas, dorms, offices, etc.
7. **Cell phones.** Guests and staff should disinfect cell phones daily. Note: **Check manufactures recommendations**! Some disinfectants and cleaning solutions can ruin device screens. Consider supplying guests with inexpensive cut-to-fit screen protector films to allow for disinfectant use. [Apple](https://support.apple.com/en-us/HT207123) suggests using a soft, lint-free, slightly-damp cloth on older phones and warm soapy water on newer ones and to n**ever** use compressed air, paper towels, or cleaning products. [Google](https://support.google.com/pixelphone/answer/7533987?hl=en) suggests a soft cloth with household soap or cleaning wipes. Samsung does not have any recommendations at this time.
8. **Adequate supply of effective disinfectants and protective equipment.** Make certain to have a proactive supply and adequately managed inventory.
9. **Create a plan for reduced workforce due to illness.** Estimates range from 15% to 45% of the workforce unable to work during certain periods of a pandemic. Some organization require staff with a cough, fever, or sore throat to stay home for up to 14 days to ensure they do not infect healthy staff. Contingency planning, cross training, and illness management are all preparatory measures an organization can engage in to mitigate workforce reductions. Comprehensive planning to keep programs open in the event of a workforce reduction is a critical component for any shelter and the homeless response system.

Resources:

**ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing**<https://www.hudexchange.info/resource/3766/esg-minimum-habitability-standards-for-emergency-shelters-and-permanent-housing/>

**Infection Prevention and Control for Shelters During Disasters:**
<https://apic.org/Resource_/TinyMceFileManager/Practice_Guidance/Emergency_Preparedness/Shelters_Disasters.pdf>

**Infectious Disease Toolkit for CoCs:**<https://www.hudexchange.info/resource/5985/infectious-disease-toolkit-for-cocs/>