

Guidance for General Population Disaster Shelters During the COVID-19 Pandemic

This document is intended to provide guiding principles for disaster shelter managers to prevent, prepare for, and respond to community transmission of SARS-CoV-2 (the virus that causes COVID-19) in general population disaster shelters. Because conditions vary from community to community, disaster shelter managers should look to their state and local health officials for information specific to their location. This guidance does not replace applicable federal, state, tribal, local, or territorial health and safety laws, rules, and regulations.

Summary of recent changes

- This guidance incorporates [CDC COVID-19 Community Levels](#) and facility-level factors into a risk assessment framework for deciding how to apply COVID-19 prevention strategies at public disaster shelters.

Key points

- After a disaster, damage in the community and limited access to resources can make it difficult to apply this guidance. Best efforts should be made to implement this guidance to the extent possible.
- Access to safe shelter when people need to evacuate from natural disasters (like hurricanes or wildfires) or other emergencies, is critical even during community spread of COVID-19; therefore, shelters should accept all people seeking safety regardless of vaccination status or COVID-19 status. Shelters should take precautions to separate people who may be sick from the rest of the population.
- People housed in general population disaster shelters may be exposed to crowded conditions that can make it easier for COVID-19 and other respiratory diseases to spread. . Disaster shelters also bring together people of ages and with different medical conditions and abilities, including people at higher risk for getting very sick from COVID-19. For this reason, disaster shelter managers may need to consider adding extra mitigation measures beyond what is recommended for the general community for the COVID-19 Community Level.
- Disaster shelter sites should assess [COVID-19 Community Levels](#), the characteristics of the facility, and the characteristics of the shelter population to determine the risk for SARS-CoV-2 transmission and identify which prevention strategies should be implemented.
- Shelter managers should maintain contact with state and local public health agencies and emergency management for updates on local COVID-19 information.
- Shelter residents and staff may be exposed to COVID-19 while in the shelter. Follow recommendations on [what to do if you were exposed to COVID-19](#) after leaving the shelter in accordance with state and local recommendations.

- These recommendations should be followed in conjunction with existing guidance to ensure that shelters are accessible for [people with disabilities](#) and functional support needs.

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Assessing COVID-19 risk in general population disaster shelters

People housed in general population disaster shelters may be exposed to crowded conditions that can make it easier to spread COVID-19. Determining the level of this risk can help facilities decide what prevention strategies should be in place at any given time. The factors listed below are indicators that can help in this determination. All factors should be considered together and discussed with local health departments.

Once the risk of COVID-19 has been determined, facilities can apply strategies for everyday operations or enhanced prevention strategies as described below. Modifications to procedures should be conducted in a phased and flexible way.

COVID-19 Community Levels

[COVID-19 Community Levels](#) are a tool to help communities decide what prevention steps to take based on recent data. Levels can be low, medium, or high. Low levels are inclusive of no COVID-19 activity.

Note that community levels can change rapidly. To ensure a facility can respond to changes in levels, an agency or individual should be designated to regularly monitor COVID-19 community levels.

Facility-level considerations

Certain facility-level characteristics might increase the risk for transmission or severe health outcomes during outbreaks in disaster shelters. Consider factors such as the size of the shelter, number of expected residents, the ability to space people out, accommodations to isolate sick residents, and opportunities for ventilation when choosing a facility to use as a shelter.

- **Facility structural and operational characteristics:** Assess whether facility characteristics or operations contribute to COVID-19 spread within the facility. For example, facilities with crowded sleeping areas or suboptimal ventilation systems can pose a higher risk for transmission of the virus.
- **Facility services available:** Consider whether your facility has the capacity for trained and qualified staff to monitor, report, educate, and take steps to prevent disease transmission.
- **Risk of severe health outcomes:** Determine what proportion of residents and staff are [more likely to get very sick from COVID-19](#). The outcomes of a COVID-19 outbreak may be more severe in facilities where a high proportion of people are more likely to get very sick from COVID-19.

- COVID-19 transmission in the facility:** Identify if cases of COVID-19 are occurring within the facility. Transmission can be assessed through [diagnostic testing](#) of symptomatic persons and their close contacts or through [routine screening testing](#).

COVID-19 risk categories

Once the [COVID-19 Community Levels](#) and facility-level factors have been assessed, local health departments and disaster shelter sites can determine the facility’s risk category. These risk categories can be used to decide which prevention strategies should be implemented at the facility.

COVID-19 Community Levels	Low facility-level risk	High facility-level risk
Low	Use strategies for everyday operations	Use enhanced strategies unless there is no COVID-19 activity
Medium	Use enhanced strategies	Use enhanced strategies
High	Use enhanced strategies	Use enhanced strategies

Low COVID-19 Community Level and low facility-level risk

Facilities in a county with a low COVID-19 community level and low facility-level risk should implement the strategies for everyday operations listed below.

Low COVID-19 Community Level and increased facility-level risk

If the facility is in a county with a low (but not zero) COVID-19 Community Level, but the facility risk assessment indicates there is increased risk for SARS-CoV-2 transmission or severe illness, facilities should discuss with local public health departments to determine if enhanced prevention strategies should be implemented in addition to the strategies for everyday operations.

Medium or high COVID-19 Community Level

If a county has “medium” or “high” COVID-19 Community Levels, the facility should implement both strategies for everyday operations and enhanced prevention strategies, regardless of facility-level factors.

Strategies for Everyday Operations

The following strategies should be in place at all times, even if there is no COVID-19 activity.

Screening and intake

Access to safe shelter from disasters is critical even during community spread of COVID-19. Disaster shelters should not exclude residents as people who are having symptoms or test positive for COVID-19.

In the intake area, provide handwashing stations or alcohol-based hand sanitizer that contains at least 60% alcohol, tissues, and wastebaskets.

Use trained medical or healthcare staff to conduct medical screening. Screen all people entering the shelter (residents, staff, volunteers, and visitors) for signs of COVID-19. If disaster conditions allow, staff, volunteers, and visitors who screen positive for COVID-19 symptoms should be sent home immediately and advised to follow CDC recommended steps for persons who are ill with COVID- 19

symptoms. If staff or volunteers are also residents of the shelter, they should be directed to an isolation area.

Following medical screening, residents should be grouped as “not sick,” “sick,” and “requires immediate medical attention.”

If a resident is classified as sick

- Provide a high quality mask if available, and if the person can tolerate it. NOTE: Masks should not be placed on babies or children younger than 2 years of age or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the covering without assistance.
- Advise the resident on cough etiquette and provide tissues if a mask is not tolerated.
- Direct the resident to an isolation area in the shelter or at another location, according to a predesignated plan.

If a person requires immediate medical attention

- Call emergency services for transport and tell the operator this is a probable case of COVID-19.

Information in all common areas of the shelter: Post signage throughout the facility on:

- Common symptoms of COVID-19
- Importance of wearing a high quality mask, and when it is required
- The need to follow frequent handwashing and proper respiratory etiquette
- Reporting symptoms to shelter staff if they feel ill
- Reminding staff to wash their hands with soap and water after touching someone who is sick or handling a sick person’s belonging, used tissues, or laundry
- Coping with stress

Ensure signage is understandable for non-English speaking persons and those with low English literacy. Make necessary accommodations for those with developmental or intellectual disabilities and those who have hearing or vision limitations. Please refer to the CDC COVID-19 website for [easy-to-read health messaging](#), as well as materials for [limited English proficient populations](#).

Ventilation: Ensure that ventilation systems operate properly and are set to bring in as much outdoor air as possible. If possible, check ventilation systems ahead of time in building that are commonly used as shelters. For more information about ventilation considerations for buildings, see [COVID-19 Ventilation in Buildings](#).

- **Supplies:** Maintain a baseline supply of
 - Soap
 - Hand sanitizers that contain at least 60% alcohol
 - Disposable towels
 - High quality masks or respirators

- Cleaning and disinfecting supplies
- **Handwashing:** Ensure sinks are available for handwashing and consistently stocked with soap and drying materials. Provide hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
- **Regular cleaning:** Clean high touch surfaces and shared objects with products containing soap or detergent at least once per day but more frequently depending on use.
- **Sleeping arrangements:** In general sleeping areas, align mats/beds so residents sleep head-to-toe and are spread as far apart as space allow.
- **COVID-19 vaccination:** Staff, volunteers, and residents who are not [up to date on COVID-19 vaccinations](#) should [get vaccinated or boosted](#) as soon as possible. However, vaccination should not be a pre-requisite for residents to access public disaster shelter services unless directed by local health departments.
- **Food service:**
 - Serve pre-packaged meals or individual meals dispensed by food service workers when possible.
 - Food service workers should wear gloves and high quality masks during meal preparation and service.
 - Cafeteria-style service is preferred over self-service, buffet, or family-style while maintaining a space between individuals.
 - Maintain distance between people of different households at mealtimes using increased table spacing and staggered mealtimes. Clean and disinfect the area between meal service times.
 - Encourage staff and shelter residents to not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people.
 - Serve using disposable utensils, cups, and plates, if available. If these items are not disposable, the food contact surface should be protected from contamination and cleaned and disinfected after each use.
 - Provide handwashing stations and soap with disposable towels or alcohol-based hand sanitizer (minimum 60% alcohol) for use prior to entering food lines.
 - Position shelter staff at handwashing stations to promote proper handwashing and to monitor for signs of illness.
 - Implement illness screening, including fever monitoring, of residents entering the food distribution line.
- **Areas for people with symptoms:** Designate an area for residents with mild respiratory [symptoms](#) consistent with COVID-19. Facilities should:

- Prioritize residents with symptoms for private or individual rooms/spaces.
- If individual rooms are not available, consider using a large room with good air flow.
- Keep mats/beds as far apart as the space allows.
- Align mats/beds so residents sleep head-to-toe.
- If possible, designate a separate bathroom, community or recreation room, and dining space for these residents. If not possible, have assigned times where only these residents will use these spaces and increase frequency of cleaning and disinfection of shared spaces.
- If areas where these residents can stay are not available in the facility, support transfer to an offsite facility.

Special considerations for infants and children

- Educate parents and caregivers about how to reduce the spread of illness.
- Help parents understand that children may feel stress and fear 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 immediately report any suspected illness to shelter staff.
- Instruct parents/guardians to assist children in following shelter rules on distancing and masks.
- If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible. 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 or temporary respite care areas every 4-6 hours with a focus on items that are more likely to have frequent contact with the hands, mouths, or bodily fluids of children (e.g., toys).
- Do not use toys that cannot be cleaned and disinfected regularly. Require hand hygiene for children, parents, and staff before entering and leaving the children's temporary respite care area.
- Keep hand sanitizer out of the reach of children.
- Follow additional [recommendations for supporting infant and young child feeding](#).

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

Animals in emergency shelters

For more information, review CDC's [Recommendations for Disaster Sheltering of Household Pets, Service Animals, and Support Animals during the COVID-19 Pandemic](#).

- Identify a well-ventilated area to shelter companion animals away from the human living space. Provide a separate area of the shelter for companion animals that had contact with a person with known or suspected COVID-19 and companion animals who show signs of illness.

- Collect information about COVID-19 exposure status of pets at entry, as well as any clinical signs in pets consistent with COVID-19, to aid in triaging and proper isolation.
- Limit access to animals to one healthy family member for the duration of the stay.
- Provide handwashing stations at entry and exit to the animal areas.

If an animal gets sick while in the shelter:

- Call a veterinarian and let them know the animal may have been exposed to a person with COVID-19.
- Contact local animal health and public health authorities to determine if the animal should be tested and if other precautions should be taken.

Service animals

In accordance with the Americans with Disabilities Act (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.
- People with service animals cannot be isolated from other people or treated less favorably solely because of the animal.

People with service animals cannot be asked to remove their service animal from the shelter unless:

- Animal is out of control
- Animal poses a direct threat

If the handler shows signs of illness, if possible, provide a separate isolation room where the handler and animal can isolate together.

Diagnostic testing: If available, ensure people experiencing symptoms of COVID-19 or who are exposed to people with known or suspected COVID-19 have access to diagnostic testing in a way that safeguards their privacy and safety. If testing is not available at the shelter, provide information on how residents can access diagnostic testing in accordance with state and local health department guidance.

COVID-19 outbreak planning: Plan for COVID-19 cases and related disruptions.

- Maintain partnerships with community coalitions and partners so that enhanced prevention strategies can be implemented quickly.
- Create a communication plan for distributing public health messages to staff, residents, and volunteers that are accessible for individuals with varying disabilities, are culturally appropriate, and [available in languages reflective of the community](#).
- Arrange onsite or telehealth health care services or designate a health care facility to refer residents who might have COVID-19 and need medical attention.
- Plan for alternative sites where residents can go if a facility needs to quickly reduce the number of people staying in the shelter.

- Encourage spending time outside when it is safe to do so.
- Maintain flexible isolation locations that are scalable.
- Develop contingency plans for staffing disruptions caused by absences due to employee illness, illness in employees' family members, or possible post-vaccination side effects. These plans might include flexible leave policies, extending hours, cross-training current employees, or hiring temporary employees.

Enhanced COVID-19 prevention strategies

These prevention strategies should be in place when facilities are in a higher risk category, [as described above](#). During times of enhanced COVID-19 prevention strategies, facilities should plan to maintain regular service provision to the extent possible.

- **Ventilation:**
 - Use natural ventilation (such as opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air. Do not open windows and doors if doing so poses a safety or health risk (such as severe weather, risk of falling, or triggering asthma symptoms). If temperatures or extreme weather outside make it difficult to leave multiple windows open, consider safely securing window fans or box fans (sealing the perimeter around the box fan) to blow air out of selected windows.
 - Ensure thermostats and/or building control systems are set to ensure that ventilation airflow is provided at all times during occupancy. For many systems, this may be as simple as placing the thermostat's fan controlling in the "ON" position instead of "Auto".
 - Ensure exhaust fans in kitchens and restroom facilities are functional and operating at full capacity when the building is occupied. Consider running exhaust fans for several hours before and after occupied times.
 - You can also use [electric or battery-powered fans](#) to improve indoor air mixing, which can help dilute viral particle concentrations. Take care to minimize the potential to create air patterns that flow directly across one person onto another. Avoid running fans on high. Consider running ceiling fans in reverse-flow position so that air is pulled up toward the ceiling, if possible.
 - Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help [enhance air cleaning](#) (especially in areas where there is higher risk for transmission, such as nurse offices or screening rooms).
 - [Generate clean-to-less-clean air movements](#) by evaluating and repositioning exhaust fans. Increase total airflow supply to occupied spaces, if possible.
 - Use [ultraviolet germicidal irradiation \(UVGI\)](#) as a supplemental treatment to inactivate SARS-CoV-2 when options for increasing room ventilation and filtration are limited. [Upper-room UVGI systems](#) can be used to provide air cleaning within occupied

spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems.

- Consider running the heating, ventilation, and air-conditioning (HVAC) system at maximum outside airflow for 2 hours between periods of occupancy.
- Use enhancements to code-minimum ventilation requirements to improve overall ventilation in the facility. For more options to improve ventilation in buildings, see [COVID-19 Ventilation in Buildings](#).
- **Ventilating when the power is out:** Disaster shelters may be in a situation with no power, making some ventilation options more difficult. Options may include:
 - Opening windows and doors when the weather permits.
 - Weather permitting, shelter residents can eat and spend time outdoors.
 - Using battery-powered fans or portable HEPA air cleaners or running electric fans and air cleaners from portable generators. [Use safety precautions when using generators](#).
 - When ventilation options are not possible, other types of mitigation efforts become more important, including wearing high-quality masks, distancing, and making sure that people who are sick are isolated.
- **Physical distance:** Create physical distance in congregate areas.
 - Ensure residents faces are sufficiently separated to decrease crowding while sleeping, eating and gathering.
 - Create maximum occupancy limits for common rooms and bathrooms.
 - Consider placing an additional table between staff or volunteers and residents at places such as front desks and food service lines to increase physical distancing.
 - At mealtimes, promote eating outdoors if safe to do so. If not, ensure physical distance between diners. Consider staggering meal services or allow food to be eaten in other areas. Members of the same family can sit closer together when dining in shared spaces.
- **Masks and respirators:** All residents, staff, and volunteers should wear [high quality masks or respirators](#) over their nose and mouth any time they are in public spaces, regardless of vaccination status. Residents may remove masks or respirators for sleeping, eating, showering, or when they are outside. Masks or respirators should not be placed on children under 2 years old, anyone who is in respiratory distress, is unconscious, incapacitated, or otherwise unable to remove the mask or respirator without assistance.
- **Staff policies:** If staff and volunteers are not [up to date](#) on COVID-19 vaccinations, minimize the amount of time they spend in face-to-face interactions with residents. Regardless of vaccination status, staff and volunteers [who are more likely to get very sick from COVID-19](#) should not be designated as caregivers for residents diagnosed with COVID-19. Identify flexible job duties for these staff and volunteers so they can continue working while minimizing direct contact with residents. Ensure that staff are aware of support [resources and coping strategies](#) during times of stress.

- **Personal Protective Equipment (PPE):** For situations where close contact between staff or volunteers and residents with suspected or confirmed COVID-19 cannot be avoided, staff and volunteers should at a minimum, wear eye protection (goggles or face shield), a NIOSH-approved N95 or other equivalent or higher-level respirator, disposable gown, and disposable gloves. Cloth masks are not PPE and should not be used when a respirator or face mask is indicated. If staff or volunteers have direct, physical contact with the resident, they should also wear gloves. Infection control guidelines for health care providers are outlined [here](#).
- **Screening testing:** Work with state, local, or tribal health departments to implement COVID-19 screening testing among residents and staff. Read additional information on [screening testing](#).
- **Isolation:** All residents who receive a positive COVID-19 test result, regardless of their vaccination status or symptoms, should [isolate](#) as much as possible away from congregate settings for at least 5 days from the date symptoms began or the date of the positive test if they do not have symptoms, unless directed otherwise by local health departments.
 - Provide residents who have symptoms of COVID-19 or received a positive COVID-19 test result priority for individual rooms.
 - If multiple residents have tested positive, they can stay in the same area.
 - Designate a separate bathroom for residents who have tested positive. If possible, designate separate community or recreation rooms and dining spaces for residents with COVID-19. If not possible, have assigned times where only these residents will use these spaces and increase the time between groups as well as the frequency of cleaning and disinfection of shared spaces.
 - Isolation and quarantine locations should be open when enhanced strategies are necessary. If areas where these residents can stay are not available in the facility, assist with transfer to an isolation site.
 - During isolation, ensure the continuation of behavioral health support for people with substance use or mental health disorders.
 - Ensure residents have a safe location to recuperate (such as medical respite) after isolation requirements are completed, and follow-up to ensure medium- and long-term medical needs are met.
 - All shelter staff or volunteers who have symptoms of COVID-19 or test positive for COVID-19, should [isolate](#) away from the congregate setting for 5 days from the date symptoms began or the date of the positive test if they do not have symptoms, regardless of if they are up to date on COVID-19 vaccination.
 - In some circumstances, such as severely constrained availability of isolation spaces, it might be necessary to decrease the duration of isolation for staff or residents. Decisions to shorten isolation should be made in coordination with the local health department.
 - Residents, staff, and volunteers may follow [general population guidance](#) to end isolation or quarantine in other community settings. For example, residents, staff, and volunteers

can follow general population guidance for activities like grocery shopping or other jobs in non-congregate settings.

- **Cleaning and disinfection:** If someone with COVID-19 has been in your facility within the last 24 hours, clean and disinfect the spaces they occupied. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, see [Cleaning and Disinfecting Your Facility](#).
- **Exposure:** If [exposed to someone with COVID-19](#), staff, volunteers, and residents at shelters should wear a high quality mask or respirator (eg N95) for 10 days after the exposure when around others and watch for symptoms. If symptoms develop, they should isolate immediately and get tested if possible.

Staffing shortages

During times of critical staffing shortages, shelter managers should consult their state, tribal, local, or territorial health department to consider options for shortening the duration of isolation for staff.

Testing resource limitations

When testing resources are limited, facilities or communities can consider focusing on diagnostic testing (only testing individuals who have symptoms consistent with COVID-19).

If testing resources are not available for diagnostic testing, facilities should consider conducting symptom screening and isolating individuals who have symptoms consistent with COVID-19.