

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

This interim guidance is based on current information about the transmission and severity of coronavirus disease 2019 (COVID-19). The U.S. Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the [CDC COVID-19 website](#) periodically for updated guidance. 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.

Key points

- Alternatives to opening disaster shelters, such as sheltering in place, should be considered during the COVID-19 pandemic.
- Hotels/dormitories and small shelters (fewer than 50 residents) should be prioritized over larger shelters. Large congregate shelters should be a last resort.
- Officials should demobilize large congregate shelters as soon as possible after the emergency phase and relocate residents to hotels/dormitories or small shelters for better social distancing.
- Shelter managers should maintain contact with state and local public health agencies and emergency management for updates on local COVID-19 information.
- Shelter health staff should monitor residents daily for [symptoms of COVID-19](#) and other illness, including mental health concerns, and provide a daily status update to the local health department and other relevant agencies. View resources on [daily life and coping](#).
- Body temperature monitoring should be conducted for all persons entering the shelter and in food distribution areas.
- Shelters should provide separate areas, including restrooms, to isolate residents with symptoms of COVID-19.
- Shelter staff and residents should wear a [cloth face covering](#) at all times except when not practical, such as when eating or showering. NOTE: Cloth face coverings should not be placed on babies or children younger than 2 years of age or anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the covering without assistance.
- All shelter residents, even those without symptoms, may have been exposed to COVID-19 and should self-quarantine after leaving the shelter in accordance with state and local recommendations.
- If testing for COVID-19 is available, shelter staff, volunteers, and residents should be tested in accordance with state and local health department guidelines.

During disasters, resource availability may limit the ability to apply this guidance. Best efforts should be made to implement this guidance to the extent possible.

Target audience

This document is intended for use by federal, state, local, and tribal jurisdictions in the United States. It should be used in conjunction with existing shelter operation and management plans, procedures, guidance, resources, and systems, and is not a substitute for shelter planning and preparedness activities.

Purpose

This document provides interim guidance to reduce the risk of introducing and transmitting COVID-19 in general population disaster shelters before, during, or after a disaster.

- This document should not be applied to medical support shelters or functional needs shelters.

- Medical support shelters and functional needs shelters should follow the [Interim Guidance for Healthcare Facilities: Preparing for Community Transmission](#).

For the purposes of this document, “shelters” include small-, medium- and large-scale, organized, and temporary accommodations for persons displaced by disasters. Facilities may be residential (e.g., dormitories, campsites) or non-residential (e.g., sports stadiums, schools, churches), with varying degrees of sanitary infrastructure.

General population emergency shelters

Individuals housed in shelters share living spaces and sanitary facilities and may be exposed to crowded conditions. Emergency managers, shelter coordinators/managers, and public health professionals should understand the risk of introduction and subsequent transmission of COVID-19 and other infectious diseases in these settings. These recommendations were developed to assist shelter staff in taking appropriate actions for reducing the possibility of transmission among shelter staff, volunteers, residents, and visitors.

People who need to take extra precautions

View additional information for [groups who need to take extra precautions](#).

People at higher risk for severe illness from COVID-19 may include:

- People 65 years or older
- Persons of any age with serious underlying medical conditions including chronic lung disease, serious heart conditions, and diabetes. See CDC’s website for a complete list of [people at higher risk](#), and check regularly for updates as more data become available.
- Higher risk shelter residents should be prioritized for COVID-19 testing and personal protective equipment if resources are available but limited.
- Some staff and volunteers may be at higher risk for severe illness. Plan for alternative staffing resources to replace high risk staff and volunteers during the COVID-19 pandemic. Consider pre-deployment of additional healthcare workers and mental health personnel to shelters.

Other people who may need to take extra precautions include:

- People with disabilities
- Pregnant or breastfeeding mothers
- People experiencing homelessness
- Racial and ethnic minority groups

Screening, monitoring, and isolation

Shelters should monitor and record possible COVID-19 cases and perform periodic assessments of all shelter policies and procedures related to lowering transmission on COVID-19 (e.g. isolation area, social distancing, meal service, cleaning, disinfection). Case numbers should be shared with local public health officials daily to alert them to increasing numbers.

- Access to safe shelter from disasters is critical even during community spread of COVID-19. Disaster shelters should not exclude as residents people who are having symptoms or test positive for COVID-19.
- Screen all people entering the shelter (residents, staff, volunteers, and visitors) for [signs of COVID-19](#) using the CDC recommended tool for [screening for symptoms at entry to homeless shelters](#).

- Staff, volunteers, and visitors who screen positive for COVID-19 symptoms should be sent home immediately, if feasible, 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 cloth face covering if available, and if the person can tolerate it. NOTE: Cloth face coverings 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 face covering 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.

Intake area and waiting room

Provide handwashing stations or alcohol-based hand sanitizer that contains at least 60% alcohol, tissues, and wastebaskets. See additional information on [CDC’s handwashing recommendations](#).

- Utilize trained medical or healthcare staff to conduct medical screening.
- Provide additional personnel for medical screening to decrease intake time.
- Staff who are checking [client temperatures](#) should use a [system that creates a physical barrier](#) between the client and the screener.
 - Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member’s face from respiratory droplets that may be produced if the client sneezes, coughs, or talks.
 - If social distancing or barrier/partition controls cannot be put in place during screening, screeners should use PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], a single pair of disposable gloves) when within 6 feet of a client.
 - However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, staff should try to use a barrier whenever possible.
- Conduct thorough cleaning and disinfection of the area every 4-6 hours.
See additional information on [CDC’s entry screening recommendations](#).

Isolation area

- When possible, place sick residents in individual rooms for isolation.
- If individual rooms are not possible, designate a separate isolation area for sick residents.
- Let the resident know:
 - They should notify shelter staff immediately if their symptoms worsen.
 - They should not leave their room/isolation area except to use the restroom.
 - They should keep a distance of at least 6 feet away from other residents 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.
- At least 6 feet of distance should be maintained between residents in isolation areas.
- Cots should be placed at least 6 feet apart with temporary barriers between them.
- Bathroom facilities should be near the isolation area and separate from bathrooms used by well residents.
- Shelter staff providing medical care to clients with suspected or confirmed COVID-19 where close contact (within 6 feet) cannot be avoided, should at a minimum, wear eye protection (goggles or face shield), an N95 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.** View [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 N95 masks (or a facemask if respirators are not available or staff are not fit tested).
- Additional comfort items, like tissues and blankets, should be provided for sick residents.

Discontinuation of isolation

The decision to discontinue isolation should be made in the context of local circumstances. Options include:

- A symptom-based strategy (i.e., time since illness onset and time since recovery)
- A test-based strategy
- Time-based and test-based strategies for people who tested positive for COVID-19 but did not experience symptoms.

For additional information please refer to the [CDC interim guidance Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#), which includes, but is not limited to, at home, in a hotel or dormitory room, or in group isolation facility.

Information in all common areas of the shelter

- Post signage throughout the facility on:
 - Common symptoms of COVID-19
 - Importance of wearing a cloth face covering
 - 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 personal effects, used tissues, or laundry
 - Coping with stress

Ensure signage is understandable for non-English speaking persons and those with low literacy. Make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or with low vision.

[CDC print materials](#) developed to support COVID-19 recommendations are available and free for download.

Social distancing

- When possible, place groups or families in individual rooms or in separate areas of the facility.
- Shelter facility should be large enough to provide space for distancing among residents.
- Provide a distance of at least 6 feet between cots of people from different households and have residents sleep head-to-toe.

Food service

- 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 6 foot spacing between individuals.
- Maintain a minimum of 6 feet of 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 silverware, 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.
- Residents should wear cloth face coverings while in the food line.
- Position shelter staff at handwashing stations to promote proper handwashing and to monitor for signs of illness. Staff should wear cloth face coverings.
- Implement illness screening, including fever monitoring, of residents entering the food distribution area.
 - Any temperature of 100.4 F or greater is considered a fever.
 - Staff and volunteers who are symptomatic should leave the facility as soon as possible.
 - Residents who are symptomatic should be directed to the isolation area.
 - Increase monitoring for symptoms among close contacts of people who become symptomatic.

Increased use of supplies

Plan for a significant increase in use of supplies including:

- Masks, gowns, and gloves
- Cloth face coverings
- Water and other fluids for hydration
- Ice
- Cups and other utensils
- Facial tissues
- Soap
- Handwashing stations
- Hand sanitizers containing at least 60% alcohol
- Paper towels
- Disinfection and cleaning agents and supplies
- Bed linens/blankets
- Materials to be used for barriers between cots in separation area(s)
- Over-the-counter medications
 - Consult a healthcare provider when considering giving over-the-counter medications to children. Children younger than 4 years of age should NOT be given over-the-counter cold medications without first speaking with a healthcare provider. Do NOT give aspirin (acetylsalicylic acid) to children who appear sick; this can cause a rare but serious illness called Reye's syndrome.

Cleaning and disinfection

The risk of exposure to cleaning staff is inherently low. Train staff members who perform cleaning functions using CDC [recommendations for cleaning and disinfection](#). These recommendations will be updated as additional information becomes available. Instructional materials for custodial and other staff should be provided in languages other than English as locally 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 sanitizers 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 4 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 those who are sick do not need to be cleaned separately, but they should not be shared without having been thoroughly washed. 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.

Air Filtration

If possible:

- Locate disaster 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 shelter’s existing HVAC system.
- Adopt “clean-to-dirty” directional airflows.
- Select upward airflow rotation if using ceiling fans.

Special considerations for 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 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.
 - Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported.

- Instruct parents/guardians to assist children to stay at least 6 feet away from other residents.
- If possible, at nap time, ensure that children’s naptime mats (or cribs) are spaced out as much as possible, ideally 6 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 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).
- 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 mechanical dishwasher. Be mindful of items more likely to be placed in a child’s mouth, like play food, dishes, and utensils.
 - 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 temporary respite care area.
- Hand sanitizer should be kept out of reach of children.

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

Animals in emergency shelters

These recommendations outline special considerations for lowering COVID-19 transmission risk in human shelters that also house animals. While the risk of transmission from animals to humans is believed to be low, precautions should be taken to prevent possible transmission.

NOTE: Do not put cloth face coverings or other face coverings on animals, even if they appear sick.

Companion animals (pets)

The scope of these recommendations is limited to special considerations for pet-friendly disaster shelters during the COVID-19 pandemic. Information on general shelter operations can be found in the FEMA Best Practice “[Shelter Operations: Pet-Friendly Shelters](#)” document. Detailed recommendations on handling exposed animals is available in the “[Interim recommendations for intake of companion animals from households where humans with COVID-19 are present](#)” developed by the American Veterinary Medical Association (AVMA), with support from CDC One Health.

Animal areas

Note: Recommendations for operating the human shelter should be applied by any person in the animal areas. Use of cloth face coverings, frequent handwashing, social distancing, and frequent cleaning and disinfection should be maintained in the animal areas. Do not put any type of face covering on animals.

- Identify an 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](#).
- Upon registration, ask if the animal may have been exposed to a person with known or suspected COVID-19 within the previous 14 days. Contact can result from:
 - Being within approximately 6 feet of the person.
 - Giving kisses or licks, and/or sharing food or bedding with the person.
 - Being snuggled, pet, coughed, sneezed, or spit on by the person.

If yes, the animal should be sheltered in the animal isolation area.

- 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.
- Separate animals by a distance of at least 6 feet at all times, including during pet registration and exercise.
- 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.
- All people should wash their hands with soap and water for 20 seconds upon entry and exit to the area.
- Anyone handling animals who may have been exposed or show signs of illness should wear gloves and a cloth face covering. Gloves should be disposed of after each use.
- 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.
- Persons with service animals cannot be isolated from other people or treated less favorably.
- Persons 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 available, provide a separate room where the handler and service animal can isolate together.
 - If a separate room is not available, the handler and service animal should move to the group isolation area.
- Service animal should remain at least 6 feet apart from other people in the isolation area.
- To the extent possible, the handler should limit contact between themselves and their service animal (e.g., avoiding petting, snuggling, or other contact not related to the service animal's work or task).
- Handler should wash hands frequently and before and after touching the service animal.

- If possible, have someone who is not symptomatic walk, exercise, and feed the service animal.

If the service animal shows signs of illness:

- Follow the recommendations in the bullets above, except if a separate room is not available the handler and service animal should remain in the general population area.
- Do not put any type of face covering on the service animal.
- The handler or other caretaker should wear gloves and a cloth face covering when walking, exercising, or feeding the animals. Gloves should be disposed of after each use.
- 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 to determine if the animal should be tested and if other precautions should be taken.

View additional information on what to do [if an animal is sick](#) and [keeping animals protected against COVID-19](#).