

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

This interim guidance is adapted from the CDC Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic. It is based on current information about the transmission and severity of coronavirus disease 2019 (COVID-19). The Texas Department of State Health Services (DSHS) will update this guidance as needed and as additional information becomes available. Please check the DSHS COVID-19 website periodically for updated guidance.

### Key points

- Alternatives to opening disaster shelters, such as sheltering in place, should be considered during the COVID-19 pandemic when deemed safe to do so by local authorities.
- Hotels/motels, dormitories, campgrounds, and small shelters (<50 shelter clients) 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 shelter clients to hotels/motels or small shelters for better social distancing.
- Shelter managers should maintain contact with their local health department and local emergency management officials for updates on local COVID-19 information.
- Shelter staff should monitor shelter clients daily for symptoms of COVID-19 and other illness, injuries, and mental health concerns, and provide a daily status update of this monitoring to the local health department using the DSHS General Shelter Surveillance Summary Form. Additional resources on [daily life and coping](#) can be found on the CDC website.
- Body temperature monitoring should be conducted for all persons entering the shelter and in food distribution areas.
- Private rooms with their own restrooms for each individual in isolation are preferred. If private rooms are unavailable, shelters should provide separate areas, including restrooms, to isolate shelter clients with symptoms of COVID-19 or those with laboratory confirmed COVID-19. If possible, a separate quarantine area should be provided for individuals arriving at the shelter who were already in quarantine due to close contact with someone with COVID-19. If this is not possible, these individuals should always wear a

facemask in the facility, practice social distancing, and continue to monitor themselves for fever and symptoms twice daily.

- Shelter clients should wear a mask at all times except when not practical, such as when eating or showering. Masks 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 mask without assistance. Shelter clients should wear a new or newly washed mask each day. Washable masks should be washed regularly, and multiple washable masks should be provided to shelter clients if possible. Provide information to shelter clients regarding how to properly wear and clean washable masks, including washing by hand. Resources to provide to shelter clients can be found on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>). Shelter staff should wear appropriate PPE depending on what area of the shelter they are working in (e.g. screening, isolation area, etc.).
- Staff and volunteers with positive laboratory confirmed COVID-19 results should isolate at home, if feasible, and follow CDC recommended steps for [persons who are ill](#) with COVID-19 symptoms. If staff or volunteers are also clients of the shelter, they should be directed to an isolation area.
- All shelter clients, even those without symptoms, may have been exposed to COVID-19 and should self-[quarantine](#) after leaving the shelter in accordance with DSHS and local recommendations.
- In the event of an outbreak within a shelter, it may be necessary to test all shelter staff, clients, and volunteers. Coordination between mass care entities and local health departments would be needed to promptly test all individuals necessary.
- During disasters, resource availability may limit the ability to apply this guidance. Best efforts should be made to implement this guidance to the fullest extent possible.

### **Target audience**

This document is intended for use by mass care entities and emergency management officials in Texas.

### **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 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 or communication with the appropriate local or regional health department.

- This document should not be applied to medical support shelters in Texas. Medical support shelters should follow the Centers for Disease Control and Prevention (CDC) [Healthcare Facilities: Managing Operations During the COVID-19 Pandemic](#).

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. The recommendations in this document were developed to assist shelter staff in taking appropriate actions for reducing the possibility of transmission among shelter staff, volunteers, clients, and visitors.

Prevention methods such as good hygiene practices, cleaning, disinfection, and social distancing strategies should be utilized to prevent the introduction of COVID-19 into facilities and reduce transmission. Further information about COVID-19 prevention can be found on the DSHS COVID-19 website.

Certain disaster sheltering options are preferred to reduce the risk of COVID-19 transmission. These options are ranked by their ability to prevent COVID-19 transmission, beginning with the most preferred option:

1. Hotels/Motels/Dormitories
  - a. These non-congregate options are preferable because separate rooms are available, preventing close contact with others who may be sick. Hotels/motels are preferred over dormitories because they have private rooms, bathrooms, televisions, phones, and bedding.
2. Campgrounds

- a. In campgrounds, clients can stay in separate cabins or RVs. Campgrounds will need to be checked in advance for accessibility, and for availability of air-conditioned facilities.
3. Small shelters (fewer than 50 shelter clients)
  - a. If hotels/motels, dormitories, and campgrounds cannot be utilized, shelters should be limited to include fewer than 50 shelter clients in order to reduce the risk of transmission.
4. Large shelters (50 or more shelter clients)
  - a. Large shelters should only be used as a last resort. If used, large shelters should be demobilized when it is safe to do so, and individuals being housed in the shelter should be moved out of these facilities as soon as possible.

### **People who need to take extra precautions**

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

- Older adults, particularly people 65 years or older AND
- Persons of any age with serious underlying medical conditions including chronic lung disease, serious heart conditions, obesity, cancer, 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 clients, especially people 65 years or older, should be prioritized for non-congregate sheltering (hotel, motel or dormitory rooms), COVID-19 testing, and personal protective equipment (PPE), if resources are available but limited.

In the event of an outbreak, it may be necessary to test all shelter staff, clients, and volunteers. Coordination between mass care entities and local health departments would be needed to promptly test all individuals necessary.

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

- People with developmental and behavioral disorders
- People living in rural communities

Additional and updated information for [people at higher risk and groups who need to take extra precautions](#) can be found on the CDC website.

### **Screening, monitoring, isolation, and quarantine**

Shelters should monitor shelter clients for symptoms of COVID-19, maintain appropriate records, and perform periodic assessments of all shelter policies and procedures related to lowering transmission of COVID-19 (e.g. isolation and quarantine areas, social distancing, meal service, cleaning, disinfection). Symptom monitoring should be conducted daily in all sheltering options, including hotels, motels, dormitories, campgrounds, and congregate shelters. A monitoring log may be used for symptom monitoring of individuals housed in non-congregate sheltering (hotels, motels, dorm rooms, cabins). The DSHS General Shelter Surveillance Summary Form should be submitted daily to the local health department to report symptoms of shelter clients being monitored in small or large congregate shelters. Mass care entities should plan to have shelter staff coordinate with the local health department regarding quarantine and isolation and their discontinuation.

- Access to safe shelter from disasters is critical even during community spread of COVID-19. Disaster shelters should not exclude people who are having symptoms or test positive for COVID-19 as shelter clients. Individuals who are having symptoms or have tested positive for COVID-19 should be identified during screening prior to entering the shelter and immediately sent to an isolation area. If someone requires immediate medical attention, call emergency services for transport and tell the operator this is a possible case of COVID-19.
- Screen all people entering the shelter (i.e. shelter clients, staff, volunteers, and visitors) for [signs and symptoms of COVID-19](#) using the DSHS [Screening Individuals at General Population Shelters in Texas during the COVID-19 Pandemic](#) document (<https://dshs.texas.gov/coronavirus/other.aspx#disaster>).
- 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 clients of the shelter, they should be directed to an isolation area.
  - Visitors may be limited to reduce the transmission of COVID-19.



- Following medical screening, shelter clients should be grouped as “requires immediate medical attention”, “sick”, “has an exposure,” and “not sick”. Persons with confirmed COVID-19 who have not yet been released from isolation should be classified as “sick”, regardless of whether they have symptoms.
  - If a person “requires immediate medical attention”:
    - Call emergency services for transport to appropriate medical service. If there is suspicion for COVID-19, tell the operator that this is a suspected case of COVID-19.
  - If a shelter client is classified as “sick”:
    - Provide a 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 mask without assistance.
    - Advise the shelter client on cough etiquette and provide tissues if a mask is not tolerated.
    - Direct the shelter client to an isolation area in the shelter or at another location, according to a predesignated plan.
  - If a person was in quarantine (“has an exposure”) prior to arriving at the shelter:
    - Provide a mask to the individual.
    - Direct the shelter client to a quarantine area in the shelter or to non-congregate sheltering, if possible.
    - If there is no quarantine area or non-congregate sheltering available, advise the shelter client to wear a mask in the facility at all times, practice social distancing, and continue to monitor themselves for fever and symptoms twice daily.

### **Intake area and waiting room**

Provide handwashing stations or alcohol-based hand sanitizer that contains at least 60% alcohol, tissues, and no-touch 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 [the temperatures](#) of shelter clients should use a [system that creates a physical barrier](#) between the shelter 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 shelter 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 face shield that fully covers the front and sides of the face], a single pair of disposable gloves) when within 6 feet of a shelter client.
- However, given PPE shortages and 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.

Additional information on entry screening recommendations can be found in the DSHS [Screening Individuals at General Population Shelters in Texas during the COVID-19 Pandemic](#) document.

### **Isolation area**

- When possible, place sick shelter clients in individual rooms for isolation.
- If individual rooms are not possible, designate a separate isolation area for sick shelter clients, ensuring that those with laboratory confirmed COVID-19 or those with COVID-19 symptoms are separated from those who are not suspected of having COVID-19. Individuals who are sick but are not suspected of having COVID-19 should not be placed in the COVID-19 isolation area. Consider a separate isolation area for these shelter clients. If individual rooms (i.e., non-congregate sheltering) or separate isolation areas are not available, consider placing sick persons suspected or known to have COVID-19 at one end of the isolation area and persons who are sick with something other than COVID-19 at the opposite end of the isolation area.
- Let the shelter client 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 shelter clients in the isolation area.
  - They must wear a mask 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 shelter clients 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 shelter clients.
- Shelter staff providing medical care to shelter clients with suspected or confirmed COVID-19, where close contact (within 6 feet) cannot be avoided, should at a minimum, wear eye protection (e.g. 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 [CDC's infection control guidelines for healthcare providers](#).
- Consider using designated staff for the isolation area who work only in this area. If designated staff is not possible or feasible, shelter staff who enter the isolation area, including those who enter 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) and should adhere to strict hand hygiene measures.
- Additional comfort items, like tissues and blankets, should be provided for sick shelter clients.

### Quarantine area

- If possible, a separate quarantine area should be provided for individuals arriving at the shelter who were already in quarantine due to close contact with someone with COVID-19.
- Non-congregate sheltering (e.g., hotel, motel, dormitory room, etc.) can be used to quarantine people rather than having a separate quarantine area within a shelter.
- Non-congregate sheltering or a separate quarantine area are preferred. If neither option is possible, individuals should be instructed to:
  - Wear a facemask in the facility at all times, AND
  - Practice social distancing, AND
  - Continue to monitor themselves for fever and symptoms twice daily



## Discontinuation of isolation and quarantine

The decision to discontinue isolation and quarantine should be made in the context of local circumstances by the local health department. Local emergency management and mass care entities will need to coordinate with the appropriate health department to discontinue isolation or quarantine. To locate the appropriate health department, refer to the [COVID-19 Local Health Entity](#) for the county where the shelter is located. Contact information for COVID-19 Local Health Entities can be found on the DSHS website (<https://dshs.texas.gov/regions/2019-nCoV-Local-Health-Entities/>).

## Information in all common areas of the shelter

- Post signage throughout the facility on:
  - Common symptoms of COVID-19
  - The importance of wearing a mask
  - The need for 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
  - The importance of social distancing

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.

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

## Social distancing

- When possible, place families in individual rooms or in separate areas of the facility.
- Shelter facility should be large enough to provide space for distancing among shelter clients.
- Provide a distance of at least 6 feet between cots of people from different households and have shelter clients sleep head-to-toe. Temporary barriers should be placed between cots if possible.
- Consider implementing processes to make physical distancing easier, such as staggering meal services or having maximum occupancy limits for common

rooms and bathrooms. It will be especially important to incorporate these strategies if a large congregate shelter needs to be utilized.

### **Food service**

- Serve pre-packaged meals or individual meals dispensed by food service workers when possible.
- Food service workers should wear gloves and masks 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 clients 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.
- Shelter clients should wear masks 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 masks.
- Implement illness screening, including temperature monitoring, of shelter clients entering the food distribution area.
  - Any temperature of 100.0° F or greater is considered a fever.
  - Staff and volunteers who are symptomatic should leave the facility as soon as possible.
  - Shelter clients who are symptomatic should be directed to the isolation area.
  - Symptom and temperature monitoring should occur at least twice daily among close contacts of people who become symptomatic.

### **Increased use of supplies**

Plan for a significant increase in use of supplies including:

- PPE (e.g., facemasks, gowns, and gloves) as needed by staff
- Masks for general use by shelter clients and staff/volunteers

- 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**

Train staff members who perform cleaning functions using CDC [recommendations for cleaning and disinfection](#). Shelter cleaning staff should wear masks. 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 from EPA List N](#).
- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash, such as tissues, food items, and drink containers.
- 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 with soap/detergent and water prior to disinfection.



- 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.
- [Washable masks](#) used by clients and staff should be [laundered regularly](#). Disposable masks should not be laundered. Staff involved in laundering masks should do the following:
  - Masks should be collected in a sealable container (like a trash bag).
  - Staff should wear disposable gloves and a face mask. Use of a disposable gown is also recommended, if available.
  - Gloves should be [properly](#) removed and disposed of after laundering washable masks; clean hands immediately after removal of gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.

## **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 families and people with caregivers**

- Families and people with accompanying caregivers do not need to be separated if a person among the group needs to be isolated or quarantined. It would be preferable to direct these groups to non-congregate sheltering, such as hotel or motel rooms. Mass care and emergency management should



plan to coordinate with their local health department when sheltering family groups in non-congregate isolation or quarantine areas.

- Family groups and people with caregivers should avoid sharing personal items. They should not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with a person who is sick.
- Instruct the person(s) who is sick within the group to wear a mask when they are around other people, including people within their group. The mask helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and from reaching other people.
- Instruct caregivers to use gloves when they touch or have contact with the sick person's blood, stool, or bodily fluids such as saliva, mucus, vomit, and urine. Gloves should be thrown in a lined trash can and hands washed right away.
- Instruct groups in non-congregate sheltering to stay separated, if possible. The person who is sick should eat (or be fed) in their room, if feasible.
- If possible, have the person who is sick use a separate bedroom and bathroom while in non-congregate sheltering. This may be more practical and feasible if family groups are placed in adjoining rooms.
- Groups in non-congregate sheltering should avoid having any unnecessary visitors, especially visits by people who are at higher risk for severe illness.
- Groups in non-congregate sheltering should be provided cleaning supplies (tissues, paper towels, cleaners and EPA-registered disinfectants) and provided education on their use. Group members should clean and disinfect "high-touch" surfaces and items every day while staying in non-congregate sheltering. This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics.
- If groups are using a separate bedroom and bathroom, instruct them to only clean the area around the person who is sick when needed (e.g., when the area is soiled). This will help limit contact with the sick person. If the sick person feels up to it, the person who is sick can clean their own space.
- If groups in non-congregate sheltering need to share a bathroom, instruct group members to follow these cleaning practices:

- If the sick person feels up to it, the person who is sick should clean and then disinfect the bathroom after each use.
- If this is not possible, group members should wear a mask and wait as long as possible after the sick person has used the bathroom before going in to clean and use the bathroom.

### 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](#). Further information on coping with stress can be found on the CDC website.
- 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.
- Shelter staff should be aware of symptoms related to Multisystem Inflammatory Syndrome in Children ([MIS-C](#)).
  - MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs.
  - Signs and symptoms of MIS-C include fever and various symptoms such as abdominal pain, vomiting, diarrhea, neck pain, rash, and feeling tired.
  - Emergency warning signs include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, severe abdominal pain, or other concerning signs. If a child is experiencing any of these emergency warning signs, seek emergency care right away.
- Instruct parents/guardians to assist children to stay at least 6 feet away from other shelter clients.
- 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.

Additional information on [caring for children](#) during the COVID-19 pandemic can be found on the CDC website.

### **Service animals**

In accordance with the Americans with Disabilities Act (ADA), service animals must be allowed to stay with their handlers. 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 masks on animals, even if they appear sick.

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 mask 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](#) on the CDC website. Recommendations for [disaster sheltering of household pets](#) can also be found on the CDC website.