

Coronavirus Disease 2019 (COVID-19)

COVID-19 and Cooling Centers

Interim guidance to reduce the risk of introducing and transmitting SARS COV-2 (the agent responsible for causing COVID-19 disease) in cooling centers.

Who this guidance is for: Federal, state, local, and tribal jurisdictions in the United States considering opening or operating cooling centers during the COVID-19 pandemic.

Purpose: This document provides interim guidance to reduce the risk of introducing and transmitting SARS COV-2 (the agent responsible for causing COVID-19 disease) in cooling centers. It should be used in conjunction with existing cooling center operation and management plans, procedures, guidance, resources, and systems.

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

Overview

Extreme heat is a major public health concern in the United States. Exposure to extreme heat can cause a variety of health problems, including heat stroke and death. Cooling centers (a cool site or air-conditioned facility designed to provide relief and protection during extreme heat) are used by many communities to protect health during heat events. However, the use of cooling centers can result in congregating of groups of at-risk people, such as older adults or those with respiratory diseases, and potentially provide a route for the transmission of the SARS COV-2 virus and subsequent development of COVID-19 disease among both visitors and staff.

Considerations and Potential Intervention Strategies

Utility Assistance

Consider implementing or expanding programs that provide utility assistance, such as the low-income home energy assistance program (LIHEAP) or similar methods that provide financial assistance for home air conditioner use. A temporary ban on utility shut-offs during heat waves would allow people to continue using home air conditioning. This strategy could lower the number of people utilizing cooling centers.

Staff and Volunteers

Plan for staff and volunteer absences. [Develop flexible attendance and sick-leave policies](#). Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children during school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training cooling center staff.

Screening and Alternative Sites for Symptomatic and Asymptomatic Individuals

If resources are available, consider [implementing verbal screening or temperature checks](#) before admitting visitors to the cooling center. If possible, provide alternative cooling sites for those showing [symptoms of COVID-19](#) (i.e., fever, cough, shortness of breath). This may be separate rooms within cooling centers or a space that can be used to accommodate visitors with symptoms and separate them from others. Designate an alternate site, or a separate room and bathroom (if available) for visitors with mild illness who remain at the cooling center. Be prepared to contact emergency officials (call 911) in the case of severe illness requiring medical assistance.

Physical Distancing

Maintain social (physical) distancing within cooling centers, ideally at least six feet between individuals. Consider separation of furniture and creating spaces for individual family units (families who live together do not need to maintain physical

distancing in a cooling center). In larger cooling center facilities, it may be possible to provide adequate space for social distancing among visitors. Smaller cooling centers can limit the number of visitors, in accordance with local guidelines that limit the size of gatherings. This could lower capacity, so consider setting up a greater number of smaller cooling centers. If a lack of potential cooling center sites arises, emergency alternatives such as using parked air-conditioned buses can be utilized. Communities may also partner with closed businesses, such as movie theaters, as alternative cooling sites.

Air Filtration

It may not be possible to locate cooling centers in buildings with high ventilation capacity similar to healthcare facilities. If possible cooling centers should be equipped with [air exchange systems](#), and be located in buildings with tall ceilings. Utilize the highest efficiency filters that are compatible with the cooling center's existing HVAC system, and adopt "clean-to-dirty" directional airflows. If resources allow, ceiling fans with upward airflow rotation combined with upper-air ultraviolet germicidal irradiation (UVGI) disinfection systems can be utilized. When conditions allow (low humidity), shaded outdoor spaces with cross-draft airflow augmented by evaporative coolers may provide a safer alternative.

Cleaning

Follow the Centers for Disease Control and Prevention (CDC) [cleaning and disinfection guidelines for community facilities](#), and [cleaning facilities if someone is sick](#). Because even individuals with no symptoms can still transmit the virus, and the virus can survive for several days on non-porous surfaces, it is important to continue routine cleaning and disinfection (every day if possible) with a focus on high touch surfaces, including those in common areas and bathrooms.

Communication

Enhance communication about COVID-19 onsite. Use health messages and materials developed by credible public health sources, such as your local and state public health departments or CDC. Read more about [everyday preventive actions](#). Share or post [COVID-19 posters and CDC Fact Sheets](#) and keep your visitors informed about public health recommendations to prevent disease spread. Messaging may include:

- Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, cough etiquette, and cloth face coverings.
- Providing educational materials about COVID-19 for non-English speakers, as needed.
- Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.

Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those visiting cooling centers. Learn more about [reaching people of diverse languages and cultures](#).

Prevention Supplies

If available, provide COVID-19 prevention supplies onsite at cooling centers. Have supplies on hand for staff, volunteers, and visitors, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, and trash baskets. Visitors and staff should wear a [cloth face covering](#), or if supplies are available, be given a clean disposable [facemask](#) , even if they are not showing any symptoms. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Place [posters](#) that encourage hand hygiene to help stop the spread at the entrance to the facility, at sinks in restrooms, and in other areas where they are likely to be seen. If water bottles are distributed at the cooling center, ensure visitors to not share bottles or glasses.

Additional

- [The Use of Cooling Centers to Prevent Heat-Related Illness: Summary of Evidence and Strategies for Implementation](#) 
- [Heat Response Plans: Summary of Evidence and Strategies for Collaboration and Implementation](#) 