

Shelter Isolation Best Practices

A GUIDE FROM HOUSING FOR HEALTH

General

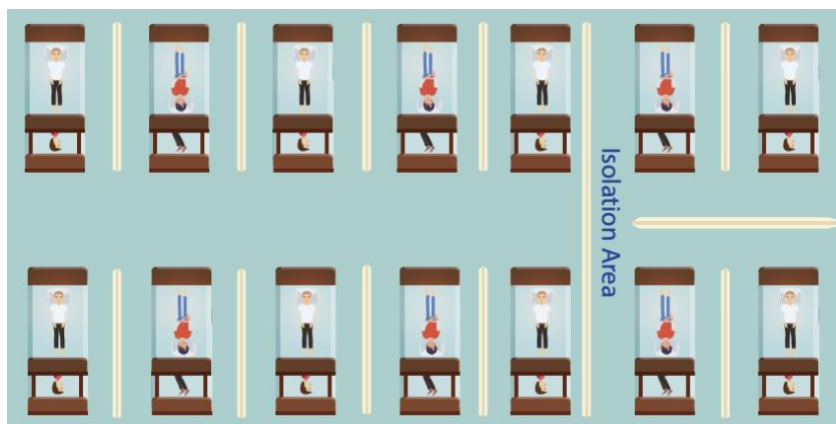
- During the 2021-2022 Winter COVID-19 surge in Los Angeles County, **healthcare staff and off-site quarantine/isolation (QI) are limited resources.**
- As a result, shelters will need to isolate COVID positive clients and symptomatic clients on site. The recommendations here are like those offered to [family caring for their COVID positive](#) individuals.
- On 12/31/21, Los Angeles County issued updated Health Officer's Orders for [Isolation and Quarantine](#), with new shorter durations of isolation and quarantine of 5 days if specific criteria were met.
- The primary goals are the protection of staff and clients, and the [prevention of transmission](#) when isolating COVID positive or symptomatic clients at shelters.
- SARS-CoV-2 is primarily transmitted by **respiratory droplets** and small aerosols, so indoor masking, hand hygiene and other [infection control basics](#) are the foundation of successful shelter isolation.
- **Improve indoor air ventilation** as much as possible. Set up HEPA air purifiers as soon as possible. Allow restroom and kitchen exhaust fans to operate non-stop.

Screen clients

- Provide [signage](#) and [assess all new clients](#) at the time of admission for symptoms of COVID-19 and close contact with a COVID-19 positive individual. Remind clients to report any new COVID-19 symptoms to staff.
- During an outbreak, any client with symptoms of respiratory illness can be presumed to have COVID-19 and SARS-CoV2 testing is recommended.
- Screen for COVID-19 symptoms at least twice daily of all staff and clients. Encourage guests to participate in COVID-19 testing as often as resources allow.
- Upon identification of a COVID positive or symptomatic, **immediately move the guest into a space separated away from others and ensure that they wear a SURGICAL mask.**

Cohort clients

- Designate an area(s) in the shelter for those who are COVID positive (or symptomatic) that is **separate from other areas at the shelter**; try to set aside a separate dining area and bathrooms that can be exclusively used by those who are ill. If bathrooms are shared, stagger showering times.
- Within isolation areas, beds can be spaced 3 feet apart, as all clients in those bed are already COVID-infected. If possible, keep beds in the general areas (without COVID-positive clients) 6 feet apart.
- Try to assign a dedicated group of staff to support clients who are ill to limit possible exposures and ensure that staff with appropriate training are adhering to precautions. Minimize the number of staff members who have face-to-face interactions with clients having symptoms.

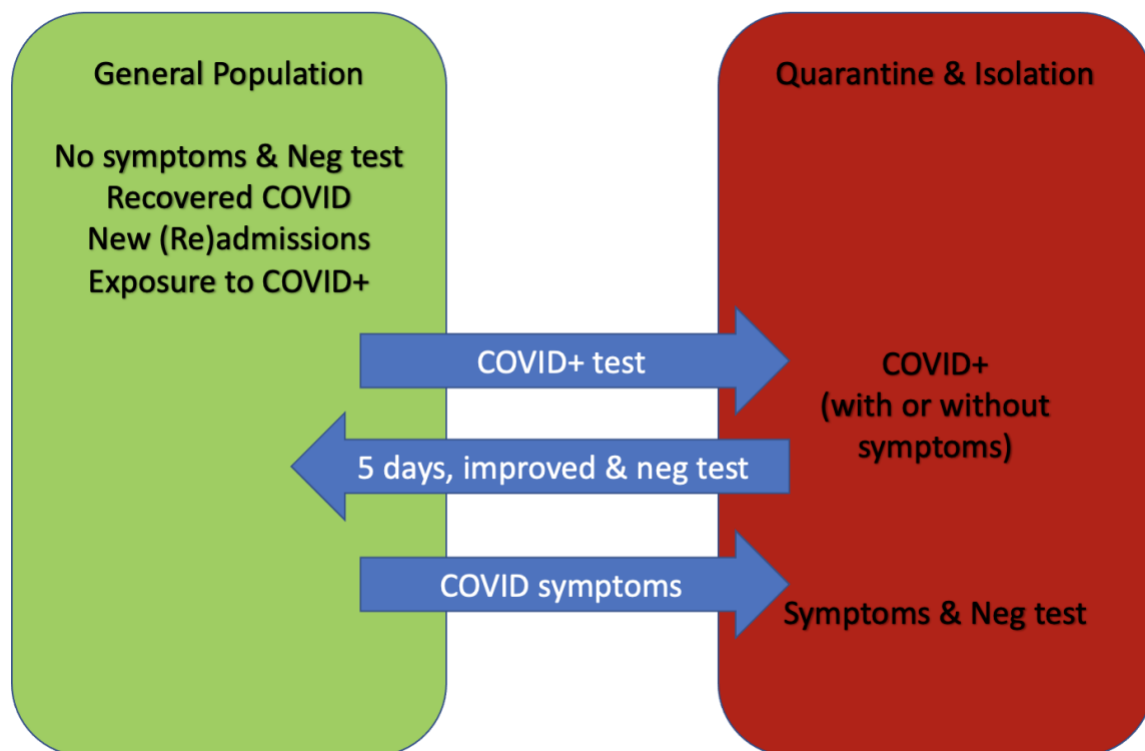


Isolation area(s)

- Have **clear signs** indicating when people are entering and leaving isolation areas.
- Restrict visitors from entering the isolation room/area.
- While it would be ideal to have a separate building or permanent wall as a barrier for an isolation area, this is often not possible. There are many [creative options](#) for “partitions (e.g., nailing string from wall-to-wall and hanging sheets or blanket, using dressers or cardboard boxes as a barrier, etc.)”
- If the positive case needs to leave the building for any reason, **designate a path** through the building. Ensure the path limits contact with others.

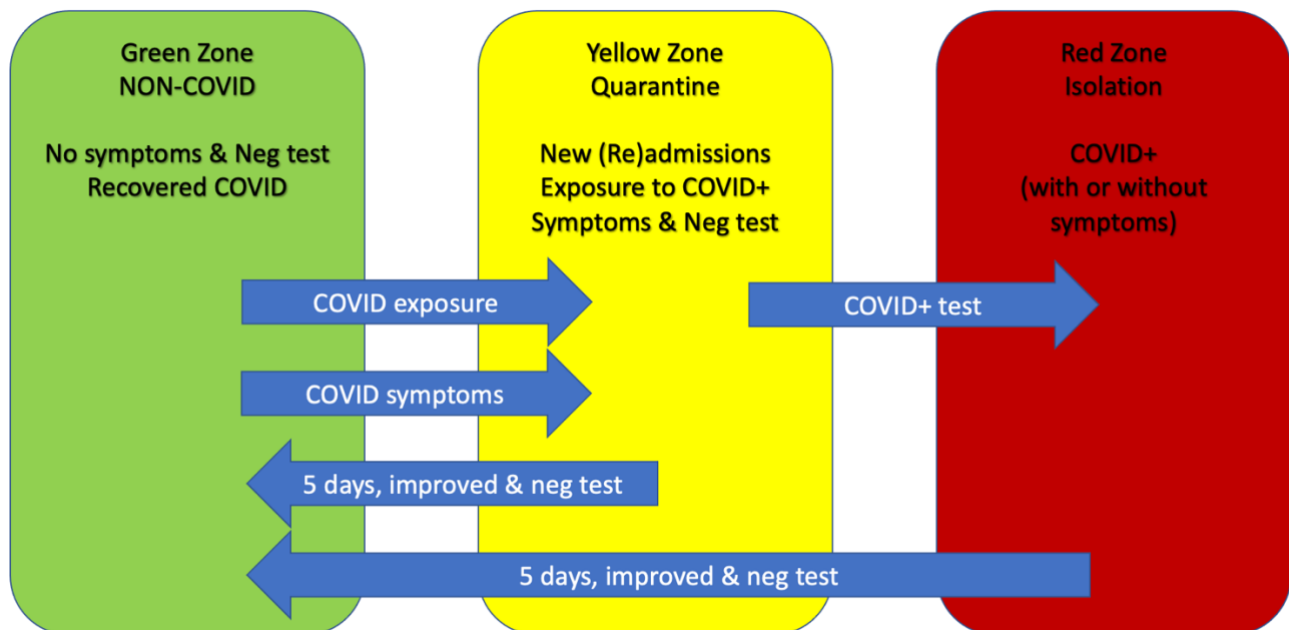
Two zones

- At minimum, create **two zones of movement** with a single quarantine/isolation (QI) area. This may be the only option if you operate a small shelter where room is limited.
- The general population zone is for clients who...
 - Have no symptoms and a negative COVID test
 - Have recovered from previous COVID infection
 - Are asymptomatic new or readmissions awaiting their COVID test results
 - Are asymptomatic, but exposed to someone who was COVID positive
- The quarantine/isolation (QI) zone is for clients who...
 - Are confirmed COVID positive with a test regardless of symptoms
 - Have symptoms concerning for COVID but their COVID test is negative
- Clients in the general population who test positive for COVID or develop COVID-like symptoms must transfer to the QI zone.
- Clients who are improving after 5 days from their symptoms onset or COVID positive test can return to join the general population **AFTER** a negative COVID test on day 5 or later. Clients must continue to wear their surgical mask.



Three zones

- For larger shelters able to create **three movement zones**, clients can be further separated into non-COVID, quarantine area, and isolation area. Such zones have been successfully implemented in the past and are in use at [community care facilities](#).
- The Green or non-COVID zone is for clients who...
 - Have no symptoms and a negative COVID test
 - Have recovered from previous COVID infection
- The Yellow or quarantine zone is for clients who...
 - Are asymptomatic new or readmissions awaiting their COVID test results
 - Are asymptomatic, but exposed to someone who was COVID positive
 - Have symptoms concerning for COVID but their COVID test is negative
- The Red or isolation zone is for clients who...
 - Are confirmed COVID positive regardless of symptoms
- Clients in the Green or Yellow zone who test positive for COVID must transfer to the Red zone for isolation.
- Clients in the Green zone who develop COVID-like symptoms or were exposed must transfer to the Yellow zone for quarantine.
- Clients in the Yellow zone who are asymptomatic or improving after 5 days of symptoms can be transferred to the Green zone after a negative COVID test on day 5 or later. Clients must continue to wear their surgical mask.
- Clients in the Red zone who are asymptomatic or improving after 10 5 days from their COVID positive test can be transferred to the Green zone after a negative COVID test on day 5 or later. Clients must continue to wear their surgical mask.



Personal Protective Equipment (PPE)

- During surge, cloth masks are **not** as desirable as surgical masks due to wide variability of designs, layers, and fit, that may result in lowered protection compared to surgical masks.
- **Surgical masks** and standard hand hygiene are appropriate for areas of the shelter outside of the isolation area.
- If adaptations are made, staff may select PPE that offer a similar or higher level of protection than what is recommended here.
- All clients should be encouraged to wear a surgical mask indoors regardless of isolation.

Isolation area PPE

- Staff entering the isolation area require **N95 respirators** and would benefit from eye protection (e.g. face shield), gloves and a disposable gown.
- PPE should be appropriately [donned and doffed](#) when entering or exiting the isolation area.
- Symptomatic or COVID positive clients must wear surgical masks to limit their viral shedding into the shelter air.
- Please contact your Rapid Response Team point of contact to assist in obtaining appropriate PPE.

Meals

- Symptomatic clients should eat meals separately from clients without symptoms.
- Meals should be brought into the isolation area as opposed to people going to the kitchen to get food.
- If dining space must be shared, stagger meals so symptomatic clients are not eating with non-symptomatic clients and clean after use by each group to reduce transmission risks.
- Mobile screens (or other ways to form partitions – linens, etc.) should be used to encourage compliance with separation in shared spaces.

COVID-19 Symptoms and Stability

Mild COVID Symptoms	Moderate COVID Symptoms	COVID Emergencies
Sore throat, runny nose, headache	Fevers (Temperature 100.4 or higher) or chills	High fevers (Temperature > 104 C)
Mild cough	Moderate cough or chest tightness	Difficulty breathing and unable to speak a complete sentence
Upset stomach	Shortness of breath or oxygen saturation between 90 – 95%	Oxygen saturation less than 90% (without prior lung disease)
Fatigue, muscle aches	Profound fatigue and muscle aches	Confusion or inability to stay awake
Loss of taste or smell	Vomiting or diarrhea	Lip or skin discoloration

Like a cold,
not a big deal



Likely has
difficulty breathing



Probably needs
to be hospitalized



Isolation area symptom checks

- Staff should keep a daily log of all clients in isolation to monitor symptoms and determine when criteria are met for ending the client's isolation.
- Check in on them at least **three times a day**. Ask them to tell you if they develop worrisome symptoms. Assess the clients' **COVID-19 symptoms and stability**. Check the clients' temperature and oxygen saturation (if you have a pulse oximeter). Offer supportive treatments for symptomatic clients.

- If symptoms worsen, the client may require transfer to offsite QI for **medical monitoring** or treatment such as oxygen.
- If symptoms **rapidly worsen**, seek immediate medical attention by EMS for any these emergency COVID-19 warning signs:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
 - Other serious symptoms

Transferring out to higher level of care

- The majority of symptomatic or COVID positive individuals have mild symptoms. Individuals who are asymptomatic or having mild symptoms can remain at the shelter.
- Clients with moderate symptoms or at risk for severe COVID-19 require medical monitoring or treatment such as oxygen. Such clients are appropriate for transfer to offsite QI. Contact the **DPH Hotline (833-596-1009)** and arrange for transfer.
- COVID positive individuals with **severe symptoms** requiring hospitalization should not be referred to offsite QI. Such individuals should be transferred by EMS directly to the emergency department by calling 911.
- **Have information ready before calling for a transfer!**
 - How old are they? Do they look like they are in distress (breathing fast or hard)?
 - Are they confused or too tired to engage?
 - What is their temp?
 - What is their oxygen level?
 - How many days have they been sick?
 - When was the day of their positive COVID test?
 - Do they have other medical problems? Like lung disease or poorly controlled diabetes or heart failure? Do they take medications for those problems?
- Discuss referrals of medically vulnerable, COVID-19 positive clients to offsite QI with your DPH outbreak management team.

Transferring in from higher level of care

- Clients who are asymptomatic or having mild symptoms may be discharged from hospitals and offsite QI to **complete their isolation in the shelter setting**.
- Remember that someone who has completed their isolation or quarantine period at an offsite QI site or at the hospital can be admitted **EVEN IF your shelter is on quarantine**. When in doubt, check with your DPH outbreak management team.

References:

[LAC DPH Stop Spread At Home](#)
[LAC DPH Shelter COVID Guidance](#)
[LAC DPH Shelter Infection Control Basics](#)
[LAC DPH COVID Facility Signage](#)
[LAC DPH Shelter Intake Assessment](#)
[LAC DPH Bed Positions & Barriers](#)
[LAC DPH CCF Guidance](#)
[LAC DPH PPE Poster](#)
[LAC DPH HOO Public Health Emergency Isolation Order](#)