

### **Creating Isolation Spaces in Facilities Serving People Experiencing Homelessness (4/27/2022)**

This guidance is intended to assist homeless service providers with isolating clients with diagnosed COVID-19 and clients with symptoms consistent with COVID-19 who have not yet been tested or are awaiting test results away from the general population. For additional infection control guidance for homeless service providers, please see:

- CDC's [Interim Guidance for Homeless Service Providers](#)
- CDC's [Interim Guidance on People Experiencing Unsheltered Homelessness](#)

Facilities should have the following supplies on hand for staff, volunteers, clients, and visitors:

- Soap
- Hand sanitizer (at least 60% alcohol)
- Tissues
- Trash baskets
- Masks and/or respirators (KN-95 or N95)
- Cleaning and disinfecting supplies
- Personal protective equipment (PPE), as needed for staff use
- Rapid COVID-19 antigen tests

If your facility needs masks, PPE, or rapid antigen tests, you may [request these items online](#) from MCDPH.

If you have general questions for Public Health, please call 602-506-6767.

## **Clients with Symptoms Consistent with COVID-19**

Symptoms consistent with COVID-19 include:

- Fever
- New or worsening cough
- Shortness of breath or difficulty breathing
- Fatigue (new or worse than normal)
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Clients with any symptom consistent with COVID-19 (regardless of vaccination status) should be isolated in an area designated for people with symptoms but who have not yet been tested or are awaiting their test results (see below). These clients should be given a mask or respirator and tested for COVID-19, ideally with a rapid antigen test at the facility, as soon as possible. If your facility needs masks or rapid antigen tests, you may [request them online from MCDPH](#).

After a client with symptoms consistent with COVID-19 has been tested, they can be transferred to a different area based on their test results:

- Clients who test positive for COVID-19 should be transferred to the isolation area for people with diagnosed COVID-19. They should continue to wear a mask until they are in the isolation area and others without COVID-19 (i.e., staff) have left the isolation area.
- Clients who test negative for COVID-19 may rejoin the general population area. They should wear a well-fitting mask or respirator at all times when around others (except when eating/drinking and sleeping) for 10 days from the start of their symptoms.

## **Clients with COVID-19**

Clients with COVID-19 are people who have tested positive for COVID-19 with a viral test (e.g., PCR or antigen test) and have not completed the [recommended isolation period](#).

Clients with COVID-19 (regardless of vaccination status) should be given a mask and isolated in an area designated for people diagnosed with COVID-19 (see below). On arrival to the facility or during transfer from one area to the isolation area, clients with COVID-19 should wear a mask or respirator until they are in the isolation area and others without COVID-19 (i.e., staff) have left the isolation area.

Please remember to report all clients with COVID-19 (regardless of where they were tested) to MCDPH using the [Online Shelter Reporting Form](#).

## **Isolation Areas**

Designated isolation areas are areas of a facility that allow for the physical separation of people who have a diagnosed or suspected illness from the general population.

A facility should be prepared to have two different isolation areas for:

1. Clients with symptoms consistent with COVID-19 who have not yet been tested or are awaiting test results; and
2. People with diagnosed COVID-19 (i.e., those who have tested positive).

It is important to have two different isolation areas for these groups, because people with symptoms but have not yet been tested or are awaiting test results may not have COVID-19. Isolating these people with those who have tested positive for COVID-19 may put them at greater risk for becoming infected.

## **Creating/Designating an Isolation Area**

### *Physical Space*

An isolation area should be as physically separate from areas where the general population is located as possible. The ideal isolation area is an enclosed space with a door, such as a separate room, dorm, office, lounge, large storage area, or other similar area.

If a separate enclosed area is not available, it would be acceptable to create a separate area using existing walls and/or temporary partitions that is at least 6 feet away from areas where the general population is located and as far away from the general population areas as the facility layout allows. COVID-19 is transmitted primarily through respiratory droplets, but can also occasionally be airborne, therefore creating an isolation area with as many existing walls as possible is ideal.

### *Confirmed COVID-19 Isolation Area*

Clients who have tested positive for COVID-19 can share an isolation area and they do not need to physically distance by at least 6 feet from one another, because all have COVID-19. Clients should be given at least a similar amount of space as they would have in the general population areas. Clients should wear a mask or respirator (except while eating/drinking and sleeping) in the isolation area when others without COVID-19 (e.g., staff) are present. When only clients with COVID-19 are in the isolation area, they do not have to wear masks.

Clients who have tested positive for COVID-19 should be isolated for the recommended [isolation period](#), which is based on the date their symptoms started and/or date of their positive COVID-19 test result and is typically 10 days.

Let the client know:

- If their symptoms worsen, they should notify a staff member immediately.
- They should not leave the isolation area except to use the restroom and they should stay at least 6 feet away from others.

- If they leave the isolation area, they must wear a mask.
- They should wash their hands often or use a hand sanitizer.

### *Isolation Area for Clients with Symptoms of COVID-19*

Clients who have symptoms consistent with COVID-19 and have not yet been tested or are awaiting test results should be placed in a separate designated isolation area. These clients should be separated by at least 6 feet from one another. They should wear masks at all times when around others (i.e., if they are not the only one in the isolation area) except when eating/drinking and sleeping.

Let the client know:

- If their symptoms worsen, they should notify a staff member immediately.
- They should not leave the isolation area except to use the restroom and they should stay at least 6 feet away from others.
- If they leave the isolation area, they must wear a mask.
- They should wash their hands often or use a hand sanitizer.

Use standard facility procedures to determine whether a client needs immediate medical attention. Emergency signs include, but are not limited to:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to wake up
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

### *Bathroom*

Ideally, clients in the confirmed COVID-19 isolation area should have access to a separate bathroom from the general population, if feasible based on the facility layout. It does not need to be attached to or located directly by the isolation space. Clients should wear a mask or respirator when going to/from and while using the bathroom.

Clients with symptoms consistent with COVID-19 may use the general population bathroom or the bathroom designated for clients with COVID-19 while waiting to be tested or for their test results. Clients should wear a mask or respirator when going to/from and while using the bathroom.

### *Increasing Ventilation*

Increasing ventilation in isolation areas can decrease risk of transmission of COVID-19 to others. Increasing ventilation means to increase the amount of fresh air into an area and increase the filtration of old air, if possible. Isolation areas should have increased ventilation, if possible.

Ways to increase ventilation into a space include:

- Increasing the indoor delivery of outdoor air as much as possible by opening doors and/or windows to the outdoors.
  - Do not open windows and doors if doing so poses a safety or health risk (such as risk of falling, triggering asthma symptoms, extreme heat/cold) to clients, staff, volunteers, or visitors using the facility.
  - If temperatures 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.
- Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning.
  - You can build a DIY box fan air filter (“Corsi-Rosenthal box”) using furnace filters and a box fan.
    - [Corsi-Rosenthal box overview](#)
    - [Corsi-Rosenthal box diagram](#)
    - [Mini Corsi-Rosenthal box](#) for a smaller area

### *Cleaning and Disinfection*

Cleaning high touch surfaces and shared objects regularly (for example, once a day) is usually enough to remove virus that may be on surfaces in general population areas.

In isolation areas, high touch surfaces and shared objects should be cleaned once daily. When a person in isolation leaves the facility, the area they occupied should be cleaned *and disinfected*.

For information on how to cleaning and disinfection, please see CDC’s [Cleaning and Disinfecting Your Facility](#) guidance.

### *Staff Tending to Those in Isolation*

Regardless of vaccination status, staff and volunteers who are at [increased risk](#) for severe illness from COVID-19 should not be designated as caregivers for sick clients who are staying in the shelter.

For situations where staff are providing care to clients in an isolation area and at least 6 feet of physical distance cannot be maintained, staff should wear eye protection (goggles or face shield), a respirator (N95 is preferred, however a KN95 or surgical mask can be used), disposable gown, and disposable gloves. If 6 feet of physical distance can be maintained, staff should wear at least a respirator (N95 is preferred, however a KN95 or surgical mask can be used). **Cloth masks should not be used in these settings.**

## Isolation Space Planning Checklist

### Supplies on Hand

- Soap
- Hand sanitizer (at least 60% alcohol)
- Tissues
- Trash baskets
- Masks and/or respirators (KN-95 or N95)
- Cleaning and disinfecting supplies
- Personal protective equipment (PPE), as needed for staff use
- Rapid COVID-19 antigen tests

### Isolation Areas – Generally

- Physically separate (with wall or barrier) from areas where the general population is located if possible; if no physical separation, ensure at least 6 feet of distance between general population and isolation area
- Increase ventilation as much as possible, taking heat temperature into account
- Provide appropriate PPE to staff tending to clients in isolation
  - eye protection (goggles or face shield)
  - a respirator (N95 is preferred, however a KN95 or surgical mask can be used)
  - disposable gown
  - disposable gloves

### Isolation Area for Clients with Symptoms of COVID-19

(For clients with symptoms of COVID-19 who are untested or awaiting testing results)

- Separate clients by 6 feet or more, if possible
- Wear masks at all times when around others (i.e., if they are not the only one in the isolation area) except when eating/drinking and sleeping.
- Use the general population bathroom or the bathroom designated for clients with COVID-19 while waiting to be tested or for their test results.
- Wear a mask or respirator when going to/from and while using the bathroom.
- Clean high touch surfaces and shared objects regularly

### Confirmed COVID-19 Isolation Area

(For clients who have tested positive for COVID-19 and needing isolation)

- Do not need to space clients by 6 feet or more (should have same amount of space as clients in general population)
- Wear masks when others without COVID-19 are present (e.g staff) except when eating/drinking and sleeping.
- Ideally, dedicated isolation bathroom as facility allows
- Wear a mask or respirator when going to/from and while using the bathroom.
- Clean high touch surfaces and shared objects once daily
- When a person in isolation leaves the facility, the area they occupied should be cleaned and disinfected