

# Homeless System Response: Alternative Approaches to Isolation and Quarantine Spaces

During high levels of transmission of COVID-19, communities may need to use a variety of isolation and quarantine strategies to meet the needs of people experiencing homelessness. The framework below provides a graduated approach to isolation and quarantine, ranging from isolating or quarantining residents within the shelter facility to exploring non-congregate sheltering options. Coordinated approaches with public health partners are necessary to navigate evolving threats to this vulnerable population.

As communities determine the most feasible approaches/combination of approaches to use across the shelter network, efforts should be made by communities to prevent disparate access to quarantine options for minoritized and disproportionately disadvantaged populations such as Black, Indigenous, and people of color (BIPOC); LGBTQI; and ethnicities such as Latinx/a/o. Communities should also ensure that all messaging about and implementation of these approaches is led with racial trauma-informed practices.

More information on shelter-in-place isolation practices can be found in [this resource](#). For funding considerations, see [COVID-19 Homeless System Response: Eligible ESG Program Costs for Infectious Disease Preparedness](#).

<b>FACILITY</b>		
<b>Good Approach: Temporary Shelter or Shelter-in-Place</b>	<b>Better Approach: Congregate or Semi-Congregate Shelter Spaces</b>	<b>Best Approach: Private Individual Rooms</b>
<ul style="list-style-type: none"> <li>• A separate section within the shelter where residents who need to be isolated or quarantined can remain more than six feet from other residents.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Medical respite care sites</a>.</li> <li>• <a href="#">Single-room occupancy</a> (with shared bathrooms and eating areas).</li> <li>• Repurposed residential facilities not traditionally used for sheltering households experiencing homelessness such as surplus schools or deactivated nursing homes.</li> <li>• <a href="#">Safe havens</a> with private or semi-private spaces.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Non-congregate shelters</a> (NCS) such as hotels, motels, and dorm rooms with individual bathrooms.</li> <li>• Implementation of NCS should account for staffing and wrap-around services that sustain life (food, security, etc.).</li> <li>• <a href="#">Harm reduction approaches</a> and other low-barrier models that prioritize lifesaving interventions.</li> </ul>
<b>ATTRIBUTES OF THE SPACE</b>		

Good Approach	Better Approach	Best Approach
<ul style="list-style-type: none"> <li>● Have a clear sign designating the isolation area.</li> <li>● Separate spaces with barriers (e.g., walls, dressers, curtains) within a larger shelter.</li> <li>● Use mobile screens or other kinds of partitions to encourage adherence to <a href="#">physical distancing</a> requirements.</li> <li>● Institute a <a href="#">cleaning regimen</a> to reduce the spread of disease.</li> <li>● Install portable heating and cooling units to prevent health complications from extreme temperatures.</li> <li>● Improve <a href="#">ventilation</a> as much as possible (e.g., allow exhaust fans in kitchens and bathrooms and portable HEPA air purifiers to run non-stop and open windows when possible).</li> <li>● Separate dining areas for residents based on COVID-19 status, symptoms, or other <a href="#">cohorting criteria</a>. Alternatively, bring food into the quarantine or isolation area, or, if necessary, stagger meal times.</li> <li>● Separate bathrooms for use by COVID-19-positive residents or stagger bathroom use with an appropriate cleaning regimen after each bathroom use.</li> <li>● Designate a path from the isolation space out of the building in case a resident needs to leave the building for an emergency, appointment, employment, break, etc.</li> </ul>	<ul style="list-style-type: none"> <li>● Have a clear sign designating the isolation area.</li> <li>● Separate rooms with full-height walls within the shelter for congregate isolation.</li> <li>● Maintain CDC <a href="#">physical distancing</a> requirements throughout the shelter.</li> <li>● Hire professional staff to maintain a <a href="#">cleaning regimen</a> to reduce the spread of disease.</li> <li>● Provide separate bathrooms and dining areas for residents based on COVID-19 status, symptoms, or other <a href="#">cohorting criteria</a>.</li> <li>● Heat or cool spaces as appropriate.</li> <li>● Permanently improve <a href="#">ventilation</a> using HEPA filtration in HVAC systems combined with other infectious disease controls like ultraviolet lighting.</li> <li>● Provide access to sanitary, individual, and operational toilets and handwashing.</li> </ul>	<ul style="list-style-type: none"> <li>● Have a clear sign designating the isolation areas within the facility.</li> <li>● Separate residents in individual bedrooms (full height walls on all sides, door).</li> <li>● Maintain CDC <a href="#">physical distancing</a> requirements by offering private spaces for each household.</li> <li>● Hire professional staff to maintain a <a href="#">cleaning regimen</a> to reduce the spread of disease.</li> <li>● Prepare meals/provide meal services in private rooms if kitchenettes are utilized, or deliver meals regularly to the room.</li> <li>● Provide individual bathrooms.</li> <li>● Deliver and control <a href="#">HVAC</a> at the individual-unit level.</li> </ul>

## STAFF CONSIDERATIONS

Good Approach	Better Approach	Best Approach
<ul style="list-style-type: none"> <li>• Maintain public health partnerships and activate them when necessary.</li> <li>• Require staff who are in contact with COVID-19-positive residents to wear <a href="#">fit-tested N95 or surgical masks</a>, eye protection, a gown, and gloves.</li> <li>• Require staff working with COVID-19-positive residents to be <a href="#">up to date with current vaccination recommendations</a> from CDC/local public health.</li> <li>• Minimize the number of staff in contact with COVID-19-positive or symptomatic residents.</li> <li>• Only allow staff providing essential services to enter the quarantine and isolation areas.</li> <li>• Offer and encourage frequent and regular testing for exposed staff.</li> <li>• Provide hazard pay for staff performing these functions.</li> </ul>	<ul style="list-style-type: none"> <li>• Have public health and shelter staff jointly provide services during emergency activations and have a coordinating healthcare partner for telehealth or direct referral for testing, vaccination, and primary care.</li> <li>• Require staff who are in contact with COVID-19-positive residents to wear <a href="#">fit-tested N95 or surgical masks</a>, eye protection, a gown, and gloves.</li> <li>• Ensure all staff are <a href="#">up to date with current vaccination recommendations</a> from CDC/local public health.</li> <li>• Minimize the number of staff in contact with COVID-19-positive or symptomatic residents.</li> <li>• Only allow staff providing essential services to enter the isolation and quarantine areas.</li> <li>• Require staff to participate in regular and frequent testing approaches to limit disease spread among vulnerable program participants.</li> <li>• Provide hazard pay for staff performing these functions.</li> </ul>	<ul style="list-style-type: none"> <li>• Co-locate healthcare partners, public health partners, and shelter staff to deliver prevention/primary care as well as life-sustaining shelter services.</li> <li>• Require staff who are in contact with COVID-19-positive residents to wear <a href="#">fit-tested N95 masks</a>, eye protection, a gown, and gloves.</li> <li>• Ensure all staff are <a href="#">up to date with current vaccination recommendations</a> from CDC/local public health.</li> <li>• Minimize the number of staff in contact with COVID-19-positive or symptomatic residents.</li> <li>• Only allow staff providing essential services to enter the isolation area.</li> <li>• Require staff to participate in regular and frequent testing approaches to limit disease spread among vulnerable program participants.</li> <li>• Provide hazard pay for staff performing these functions.</li> </ul>

## GENERAL COVID-19 CONSIDERATIONS

Good Approach	Better Approach	Best Approach
<ul style="list-style-type: none"> <li>● Ensure <a href="#">face masks</a> are worn by everyone over the age of two.</li> <li>● Incorporate <a href="#">social distancing</a> requirements into program design.</li> <li>● Restrict visitors from isolation and quarantine spaces.</li> <li>● Ensure transportation is available to access testing, vaccination, and other healthcare needs.</li> <li>● Ensure staff works collaboratively with public health and healthcare provider partners to determine when to call emergency medical services if a resident has symptoms of COVID-19.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure <a href="#">face masks</a> are worn by everyone over the age of two.</li> <li>● Incorporate <a href="#">social distancing</a> requirements into program design.</li> <li>● Restrict visitors from the isolation and quarantine site.</li> <li>● Ensure transportation is available to access testing (for quarantined individuals), vaccination, and other healthcare needs.</li> <li>● Ensure staff works collaboratively with public health and healthcare provider partners to determine when to call emergency medical services if a resident has symptoms of COVID-19.</li> <li>● Provide <a href="#">on-site cohorting</a> for residents who are symptomatic and awaiting test results.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure <a href="#">face masks</a> are worn by everyone over the age of two.</li> <li>● Incorporate <a href="#">social distancing</a> requirements into program design.</li> <li>● Restrict visitors from the isolation or quarantine site.</li> <li>● Provide on-site access to testing (for quarantined individuals) and other healthcare needs.</li> <li>● Provide alternate care sites (ACS) for residents who are symptomatic and awaiting test results.</li> </ul>