



## COVID-19 Guidance for Homeless Shelters (01/08/2022)

### DEFINITIONS:

**Isolation** – indicated ONLY for individuals who have tested positive for COVID-19.

**Quarantine** – indicated ONLY for individuals who have not tested positive for COVID-19, but have experienced a recent, high-risk exposure as a “close contact”

*\*If you are in **Quarantine** and test positive for COVID-19, or begin to exhibit COVID-19-like symptoms, then you move to being in **Isolation***

*\*\*During both **Quarantine** and **Isolation**, one must separate from others. This includes the use of physical barriers. One should have a designated area within the home/facility in which to stay. If possible, meals should be taken separately from all others. Precautions should be taken not to share any dining utensils, toiletries, towels, bedlinens, or other personal items. Shared spaces should be disinfected regularly. If physical separation is not possible within the home/facility, social distancing and constant mask usage should be adhered to.*

### DORMITORY SETTINGS:

- ❖ Ideally, residents should be tested and screened (symptom questionnaire) upon entry and every 5 days afterward (if resources are available). If tests are limited, they should be reserved for use upon entry and rationed to test residents either every 10 or 15 days (with DHD approval).
  - Testing should give preference to those in isolation, followed by quarantine, followed by general surveillance
  - The DHD will work with shelters to track test availability
- ❖ Masks should be distributed upon entry to every resident above 2 years old. N95/KN95 masks are preferential, followed by surgery masks. Cloth masks should be discouraged. Fresh masks should be redistributed periodically, dependent on available resources.
- ❖ If residents are not willing to comply with guidance, they should NOT be refused entry to facility

### **Isolation (COVID-19 Positive):**

- ❖ Asymptomatic Patients: A 5-day period from date of positive COVID-19 test (ideally at separate isolation facility)
  - Retest immediately after day 5

For more information, please visit: <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

- If positive isolate for 2 more days or until receiving a negative test (preferred)
- Mask through day 10 (unless in active isolation)
- ❖ Symptomatic Patients: A MIMIMUM 7-day period from date of positive COVID-19 test. If fever is ongoing, or if there are any severe disease symptoms, isolation should be extended until 24 hours after being completely fever free (without the use of fever reducing medication), AND without any worsening symptoms.
  - Retest immediately after last day of isolation
    - If positive, isolate for an additional 3 days, or until receiving a negative test (preferred)
  - If isolation ends on days 7, 8, or 9, mask through day 10.
  - If **immunocompromised** then at least 10 days of isolation is necessary and should ideally be guided by a physician
- ❖ If unable to isolate (due to space shortages in isolation facility), wear an N95/KN95 mask and socially distance within the dormitory residence.
  - A bathroom specific for COVID-19 positive patients that are unable to isolate should be made available in the facility.
- ❖ Shared bathroom facilities should have limited traffic, i.e., a limit to 2 individuals for dormitory style bathrooms. Schedules should be created for showering/bathing, with preference given to the members of the same household sharing facilities at the same time.
  - Bathroom facilities should be cleaned frequently, (at least once daily).
- ❖ If within a single residence an individual tests positive, they should ideally be sent to the isolation shelter. If they are the caretaker of a child, or if they are a minor themselves, then instead of relocating the entire family to the isolation facility, the infected individual should wear an N95/KN95 mask.
  - Room-permitting, other members of the family (besides the potential caretaker and /or infected minor) that are not positive, can relocate to another “residence” in the dormitory-style facility, until family members are no longer infectious. Such temporary “residences” should be decided upon beforehand.

***Exposure:***

- ❖ ***Fully vaccinated (and boosted, if eligible):***
  - Quarantine is not necessary. If symptoms begin to show, move into “Isolation”
  - Test on day 3-5 (day 5 is ideal). If tested positive, move into “Isolation”
- ❖ ***Not fully vaccinated (or boosted, if eligible)***
  - A 5-day quarantine
    - If quarantine is not possible, wear a N95/KN95 mask
  - Test on day 3-5 (day 5 is ideal)
    - If tested positive, or COVID-19-like symptoms begin to show, move into “Isolation”
    - Quarantine is not necessary if you had confirmed COVID-19 within the last 90 days

**CONGREGATE SETTINGS:**

- ❖ Ideally, residents should be tested upon entry and every 5 days afterward (if resources are available). If tests are limited, they should be reserved for use upon entry and rationed to test residents either every 10 or 15 days (with DHD approval)
  - Testing should give preference to those in isolation, followed by quarantine, followed by general surveillance
  - The DHD will work with shelters to track test availability

- ❖ Masks should be distributed upon entry to every resident above 2 years old. N95/KN95 masks are preferential, followed by surgery masks. Cloth masks should be discouraged. Fresh masks should be redistributed periodically, dependent on available resources.
- ❖ If residents are not willing to comply with guidance, they should NOT be refused entry to facility
- ❖ The use of alternating beds is recommended, however adjacent/bunk bed use is permissible if there is a lack of bedspace

***Isolation (COVID-19 Positive):***

- ❖ Asymptomatic Patients: A 5-day period from date of positive COVID-19 test (ideally at separate isolation facility)
  - Retest immediately after day 5
    - If positive isolate for 2 more days or until receiving a negative test (preferred)
  - Mask through day 10 (unless in active isolation)
- ❖ Symptomatic Patients: A MINIMUM 7-day period from date of positive COVID-19 test. If fever is ongoing, or if there are any severe disease symptoms, isolation should be extended until 24 hours after being completely fever free (without the use of fever reducing medication), AND without any worsening symptoms. Ideally, isolation should occur at a separate isolation facility
  - Retest immediately after last day of isolation
    - If positive, isolate for an additional 3 days, or until receiving a negative test (preferred)
  - If isolation ends on days 7, 8, or 9, mask through day 10.
  - If **immunocompromised** then at least 10 days of isolation is necessary and should ideally be guided by a physician
- ❖ If unable to isolate (due to space shortages in isolation facility), wear an N95/KN95 mask and socially distance within the dormitory residence.
  - A bathroom specific for COVID-19 positive patients that are unable to isolate should be made available in the facility, if possible.
  - Curtains should be used to create temporary isolation sections, if possible. Isolating individuals should be cohorted together
- ❖ Shared bathroom facilities should have limited traffic. Schedules should be created for showering/bathing.
  - Bathroom facilities should be cleaned frequently, (at least once daily).

***Exposure:***

- ❖ ***Fully vaccinated (and boosted, if eligible):***
  - Quarantine is not necessary. If symptoms begin to show, move into “Isolation”
  - Test on day 3-5 (day 5 is ideal). If tested positive, move into “Isolation”
- ❖ ***Not fully vaccinated (or boosted, if eligible)***
  - A 5-day quarantine
    - If quarantine is not possible, wear a N95/KN95 mask
  - Test on day 3-5 (day 5 is ideal)
    - If tested positive, or COVID-19-like symptoms begin to show, move into “Isolation”
    - Quarantine is not necessary if you had confirmed COVID-19 within the last 90 days

## **ISOLATION FACILITY:**

- ❖ The use of alternating beds is recommended, however adjacent/bunk bed use is permissible if there is a lack of bedspace
- ❖ Preference for entry to isolation facility:
  - Preference should be given to individuals who refuse to mask, test, and/or screen
  - Preference should be given to immunocompromised individuals (HIV patients, diabetics, substance users, et al.)
  - Preference should be given to symptomatic individuals over asymptomatic individuals
  - Preference should be given to the elderly
  - Preference should be given to the unvaccinated

## **FURTHER GUIDANCE:**

- ❖ [COVID-19 Quarantine and Isolation | CDC](#)
  - ❖ [Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\) | CDC](#)
  - ❖ [Homeless Populations | COVID-19 | CDC](#)
  - ❖ [MCTEH - Coronavirus \(COVID-19\) Resources For Homeless Assistance Providers \(michigan.gov\)](#)
- ❖ If any discrepancies arise between the guidance herein and the CDC/Michigan.gov guidance listed above, DHD guidance should be adhered to

## **DETROIT HEALTH DEPARTMENT (DHD) RESOURCES:**

### **DHD Testing Team:**

Rachael Gibbs, Public Health Project Leader (Testing)

*Tel:* (313) 648-9251

*Email:* gibbsr@detroitmi.gov

### **DHD Vaccinations Team:**

Timiko Drew, Immunizations Manager

*Tel:* (313) 587-3087

*Email:* timiko.drew@detroitmi.gov

### **DHD Investigations Team:**

Matthew Wojnar, Director of COVID-19 Investigations

*Tel:* (313) 806-1101

*Email:* matthew.wojnar@detroitmi.gov

For more information, please visit: <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

Randy E. David, PhD

*Dr. Randy E. David*

Chief of Epidemiology

City of Detroit | Detroit Health Department

Tel: 313-876-4551

Email: randy.david@detroitmi.gov

Robert B Dunne, MD

*RD*

Acting Medical Director

City of Detroit | Detroit Health Department

Tel: 313-400-0788

Email: dunner@detroitmi.gov



For more information, please visit: <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>