

Infection Control and Winter Planning

Infection Control Measures: Isolation and Operational Considerations for Congregate Facilities











Escalation to Emergency Care

Staff should call emergency medical services if a resident displays any of these severe warning signs:

- Difficulty breathing or shortness of breath
- Difficulty speaking in full sentences
- Persistent pain or pressure in the chest
- New confusion or an inability to rouse
- Lightheadedness
- Blue discoloration of lips, face, or nail beds
- Dehydration (dry mouth and skin, dizziness, headache, fever and chills, rapid breathing, rapid heart rate, or muscle cramps)



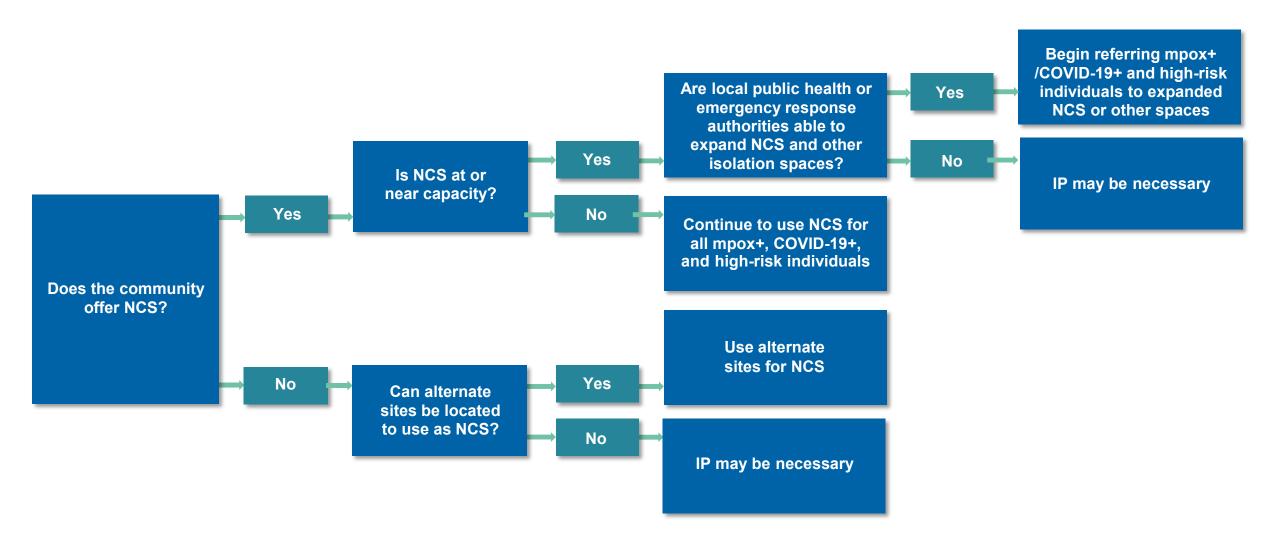


What is Isolation in Place (IP)?

- It is the practice of sheltering symptomatic individuals using private rooms (such as offices) or sectioning off areas within existing congregate settings for people to isolate.
- IP is used when:
 - There is a need to isolate individuals who have infectious diseases such as COVID-19 or mpox from non-infected individuals to limit the spread of disease.
 - There are limited non-congregate shelter (NCS) options in the community.



How Will I Know if the Shelter Needs to Implement an IP Strategy?





Ideal Physical Attributes of IP

IP is a separate section of the congregate facility (separated by walls or separate buildings). Additionally, it will have:



Pathways that minimize movement between isolation and non-isolation areas



Cleaning and disinfecting schedules for bathrooms



Hand sanitizer, tissues, and trash receptacles placed throughout the area



A separate dining area, or the ability to package and deliver meals for people staying in the isolation area



Head-to-toe sleeping arrangements



Adequate ventilation

COVID-19:

DAY 0

Individual tests positive for COVID-19 and should be isolated.

DAY 1

First full day in isolation.

DAY 5

Individual can go to work or move around outside of isolation with a well-fitting mask.

DAY 7

Individual with a negative viral test can return to the congregate setting.

DAY 0

Individual exhibits symptoms and gets tested. First day in isolation.

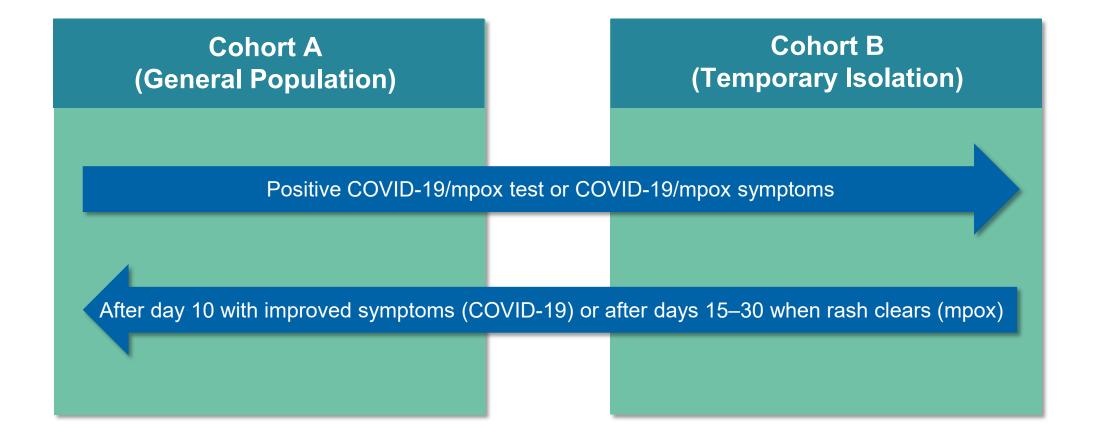
DAY 5

Test results are positive.

DAYS 15-30

Isolations ends when rash is fully healed and there is new skin growth underneath.

mpox:





Staffing Considerations

- Provide hazard pay to staff performing this critical work.
- Designate staff who are up to date on their vaccination series to support residents in isolation and allow only assigned staff to enter the IP area.
- Prioritize staff who are N95 fit tested for respirators or who will consistently wear a mask to work in isolation areas.
- Maximize physical distancing while supporting residents (with non-contact service delivery, for example).
- Train staff on signs and symptoms of contagious illnesses.
- Limit the movement of those designated staff within other parts of the building(s).

To learn more about shelter-based IP, please review the following guidance:

- Shelter-Based Isolation in Place
- Alternative Approaches to Isolation and Quarantine Spaces

To learn more about COVID-19 and homelessness, visit the <u>Centers for Disease</u> <u>Control and Prevention (CDC) guidance page</u>.

To learn about mpox and homelessness, visit the <u>CDC homelessness toolkit</u>.

You can also go to the CDC's main page and type "flu" or "norovirus" into the search field and it will provide links to resources about those illnesses.