

Isolation and Operational Considerations for Non-congregate Shelters

Module 5 Script

Hello and welcome to the fifth of five modules to assist in your winter infection control measures.

Please share these modules with your staff and teams to increase awareness and elevate resources as you plan for winter.

The goal of this module is to focus on isolation and operational considerations for non-congregate settings like hotels and dormitories.

The PowerPoint presentations and videos of all the modules in this series are available on the HUD landing page. Should you need more in-depth technical assistance related to infection control and prevention in congregate facilities like emergency shelters and day centers, or in your non-congregate shelters, please visit the HUD Exchange at www.HUDExchange.info. In the “Program Support” dropdown at the top of the homepage, select “Request In-Depth Assistance” and follow the instructions on the next page.

Let’s review the isolation times for both COVID-19 and monkeypox.

The Centers for Disease Control and Prevention (CDC) recommends 10 days of isolation or quarantine in congregate settings. The 10-day period should start for individuals who are COVID-19-positive on the day of the positive test or the day on which symptoms first appeared—whichever is earlier. For example, consider a situation in which the individual takes a PCR test and results are not available until day 2. The date of exposure is still considered to be day 0. Symptoms should be monitored over the 10-day period.

There is no defined isolation period for people who have MPX other than to say it generally lasts from 2-4 weeks. Isolation can end when the monkeypox rash has healed and a new layer of skin has formed. How much time this takes will be different for each person.

Isolating individuals in a non-congregate setting is the best approach for reducing virus transmission among people needing emergency shelter. Amid an outbreak, shelter providers will likely work with new partners such as hotels or colleges to secure rooms or an entire building to use as a non-congregate shelter. A formal contract or memorandum of understanding with the owner of the building will ensure continuous space for people who need to isolate.

This partnership will likely be a new venture for both parties, so outlining roles and responsibilities will be critical for the shelter’s success.

- Who will be responsible for individuals staying in the shelter?
- When will shelter staff be on the property?
- If the building has dedicated security, what are its responsibilities and those of the shelter?

- Who will resolve day-to-day issues with or among residents?

Shelters should also work with public health partners, which can help with facility planning, problem solving, and expert guidance on isolation requirements.

In partnerships, communication is key! Make sure that all parties are informed of schedule changes and other issues, and schedule regular check-ins to iron out any disagreements or issues that arise. Active engagement and communication will help nurture and maintain all working relationships.

Placing households in a hotel room or dormitory is not enough - shelter providers need to consider a number of factors to ensure a successful isolation experience for the people they serve.

Let's start with the physical attributes of the space, beyond individual rooms with private bathrooms.

- Individual households should be placed in their own room. For large families, consider adjoining rooms in a hotel. In a dormitory facility, assign large families to a dorm with multiple bedrooms if available.
- Create clear signage for isolation areas, and designate entrance and exit pathways carefully. Is there a stairwell or an elevator for individuals to enter and exit with minimal contact with others, especially those not in isolation?
- Because COVID-19 and mpox are contagious viruses, a professional cleaning staff should be retained to institute a regular cleaning and disinfecting regimen in common areas and private rooms. Offer disinfecting wipes to each household so they can wipe down surfaces regularly.
- Offer a meal service to all households and provide snacks and other non-perishable items that can be eaten between meals.
- In-unit heating and air conditioning controllers, if available, can help each household stay comfortable.

To be successful, a non-congregate shelter must provide for the staffing needs of people in isolation to the highest degree possible. Ideally, staff and services are located onsite to ensure that residents in isolation do not have to travel for services and support.

Assigning a room at the non-congregate shelter for case management and other provider meetings can provide privacy and safety for residents and minimize the need for staff to enter private rooms. When weather permits, meeting in a private outdoor area is a good alternative to minimize virus transmission.

To staff a non-congregate shelter for people in isolation, providers may need to engage temp agencies and contractors, in addition to relying on the services of community partners.

Given the risks associated with caring for residents who are sick, only essential staff should be allowed in these locations. These staff should be fit-tested and prioritized

for N95 masks and full PPE including a gown, eye protection, and gloves. Staff at these locations should be up-to-date with their own vaccination series, including any boosters they can receive.

Providers should use hazard pay and other incentives to compensate them.

Isolation for seven days or longer is an opportune time to focus on connecting residents to services and preparing them for a transition to permanent housing as soon as it is available. Conduct assessments, help get paperwork in order, and conduct any remote apartment searching while in isolation.

Building upon the physical attributes of the facility and staffing considerations, providers should take into account residents' needs during isolation.

Isolation can be difficult and possibly triggering for many individuals, especially those with mental health challenges, those who have been incarcerated or held against their will, and substance users. Ensure individuals continue their medications and connect with mental health providers through telehealth or onsite services. For those with active substance use issues, a harm reduction approach is best, so work with local providers to ensure no one in isolation has to worry about withdrawal symptoms. As shelter is a life-saving service, its focus needs to be on stabilizing individuals and providing care for their immediate needs.

- Restock rooms and dormitories regularly with toiletries including feminine hygiene products, toilet paper, tissues, soap, and clean towels.
- Provide hand sanitizer to help reduce virus spread and offer disinfecting wipes so residents can wipe down surfaces regularly.
- As mentioned before, offer a meal service along with snacks that can be eaten between meals. Include water and other beverages such as drinks with electrolytes.
- Since prolonged isolation and confinement is difficult, design safe ways for residents to go outside or get fresh air if they are well enough to do so. A well-coordinated schedule and a designated pathway into and out the building will help minimize contact with other guests. All residents should wear appropriate masks to enter or exit the facility.
- Boredom can set in quickly when a person is alone in a room, so provide books and a TV to help pass the time. If possible, provide cell phones or other technology for individuals who need to contact school, work, or services.
- Staff should watch for distress signals from residents. Anxiety, stress reactions, or other behaviors may worsen in isolation, so ensure available mental health care for those who seek or need support.

Thank you for joining us. Before you go, please make sure you save the resources we have provided about isolation and quarantine considerations. As a reminder, there are four other modules in this series. Please review these and share with your teams as you consider your winter planning.