



Alameda County
**Health Care for
the Homeless**

Guidance and Recommendations for Providing Shelter Based Isolation and Quarantine for Individuals Experiencing Homelessness in Alameda County

July 2022

This is a working document which attempts to bring together direction and guidance to support shelter providers who are working with Alameda County Health Care for the Homeless and Alameda County Public Health Department Disease Control Investigators in times when a COVID-19 surge exceeds the capacity of our Isolation & Quarantine resources to provide isolation/quarantine for every actual, suspected or contact to cases of COVID-19 in our shelter and homeless care systems.

[Alameda County Health Care for the Homeless program](#)

[1404 Franklin Street #200](#)

[Oakland CA 94612](#)

[510-891-8950](#)

www.achch.org

achch@acgov.org

Basics of Isolation in Place procedures in Alameda County Homeless Shelters and Service Locations

How does a site request support when there is a COVID-19 case on site?

Please continue to refer ALL COVID-19 cases and COVID-19 exposed individuals to the Isolation and Quarantine program. I&Q staff will help determine which individuals can be safely held on site, and who require transfer to the I&Q program. Referring cases also ensures that the Alameda County Health Care for the Homeless team and Alameda County Public Health Department can provide site support in a timely manner. [Here is an outline of the steps for shelter staff to take](#) in responding to COVID-19 cases.

Who might not be able to safely complete isolation and quarantine on site?

Isolation and Quarantine staff will help determine which clients have risk factors requiring off-site isolation and quarantine. Some of those risk factors include:

- Substance Abuse Disorders that make isolation/quarantine difficult or unsafe, including enrollment in a methadone program, and alcohol use disorder.
- Complex medical conditions, including the need for dialysis, home health care, or the need for medical devices.
- Behavioral Health conditions that make successful isolation/quarantine on site unlikely or dangerous.
- Individuals who define themselves as immunocompromised.

What should happen when a client refuses to comply with isolation/quarantine rules?

Individuals who cannot or will not comply with I&Q protocol on site should be re-referred for transfer to the Isolation and Quarantine program. If they are unwilling to accept transfer or the Isolation and Quarantine program cannot accept the referral, residents should be temporarily exited from the site until the day that they would be released from isolation.

Providing Shelter-Based Isolation in Place in Alameda County

Who should be Quarantined?

- Individuals who have had a *high-risk exposure* to someone with a positive COVID-19 test or symptoms of COVID-19 should be quarantined for defined period to reduce the risk of spread of the virus to the rest of the population.
- Clients requiring quarantine at a shelter site must be provided their own space in which to undergo quarantine, have meals and essentials delivered, and post pone all non-essential appointments.

How is the initiation of quarantine determined?	Can people quarantine together?	What do clients in quarantine need?	What are the requirements for quarantine release?	What are the rules for quarantine?
Quarantine lasts for 10 days after the date of last exposure. The day of exposure is “day 0”, and the first day with no exposure is day 1.	Families with children requiring care can quarantine together. Otherwise, individuals requiring quarantine should be separated. Consider allowing roommates/dormmates to quarantine together in certain situations. ACPHD or HCH can help determine who can safely quarantine together.	Residents undergoing quarantine should have a daily symptoms screening (can be conducted on the phone). Food and meals should be delivered. Residents should have access to their medications, and a way to communicate with service providers if needed. Clients should be allowed scheduled outside breaks away from the rest of their cohort whenever possible	Quarantine can end after day 10 if symptoms are not present and the client has a negative test.	Clients should stay apart from the general cohort unless there is an emergency. If an individual leaves quarantine for any reason they must strictly adhere to COVID-19 infection control measures including masking, social distancing, and handwashing.

What happens if someone in quarantine has a positive test or develops symptoms of COVID-19?

If an individual has a positive test while in quarantine or develops symptoms of COVID-19 they now require **isolation**. Refer to isolation guidelines.

Who should be Isolated?

- Individuals who have a positive COVID-19 test or show *symptoms suspicious for COVID-19* should be isolated for a defined period of time to reduce the risk of spread of the virus to the rest of the population.
- Clients requiring isolation at a shelter site must be provided their own space in which to undergo isolation, have meals and essentials delivered, and post pone all non-essential appointments

How is the initiation of isolation determined?	Can people isolate together?	What do people in isolation need?	What are the requirements for release from isolation?	What are the rules for isolation?
Isolation begins the day that symptoms begin or the day of a positive test (if the client does not have symptoms). This is day "0". If symptoms begin after testing positive, the isolation period is recalculated, and the first day of isolation is the day of symptom onset.	Individuals who have a positive test can isolate in the same space. Individuals with symptoms but no positive test should be isolated alone, if possible. Consider allowing roommates or dormmates to isolate together in certain situations. ACPHD or HCH can help determine who can isolate together.	Residents undergoing isolation should have a daily symptoms screening (can be conducted on the phone). Food and meals should be delivered. Residents should have access to their medications, and a way to communicate with service providers if needed. Clients should be allowed scheduled outside breaks away from the rest of their cohort whenever possible	Isolation can end after day 10 if key symptoms are not present. Key symptoms include cough, shortness of breath and fever.	Clients should stay apart from the general cohort unless there is an emergency. If an individual leaves quarantine for any reason they must strictly adhere to COVID-19 infection control measures including masking, social distancing, and handwashing.

What are the basic requirements for providing isolation/quarantine on site?

Non-congregate settings, in which individuals live in individual sleeping quarters with access to a private bathroom do not need to cohort residents for isolation/quarantine. Residents can undergo isolation and quarantine in their respective individual spaces with support from shelter staff.

Settings that include shared spaces including sleeping quarters, kitchens and bathrooms should provide separate spaces for at least two different cohorts of residents. Shelter sites can follow a two-cohort or three-cohort model, dependent on staffing and space restrictions.

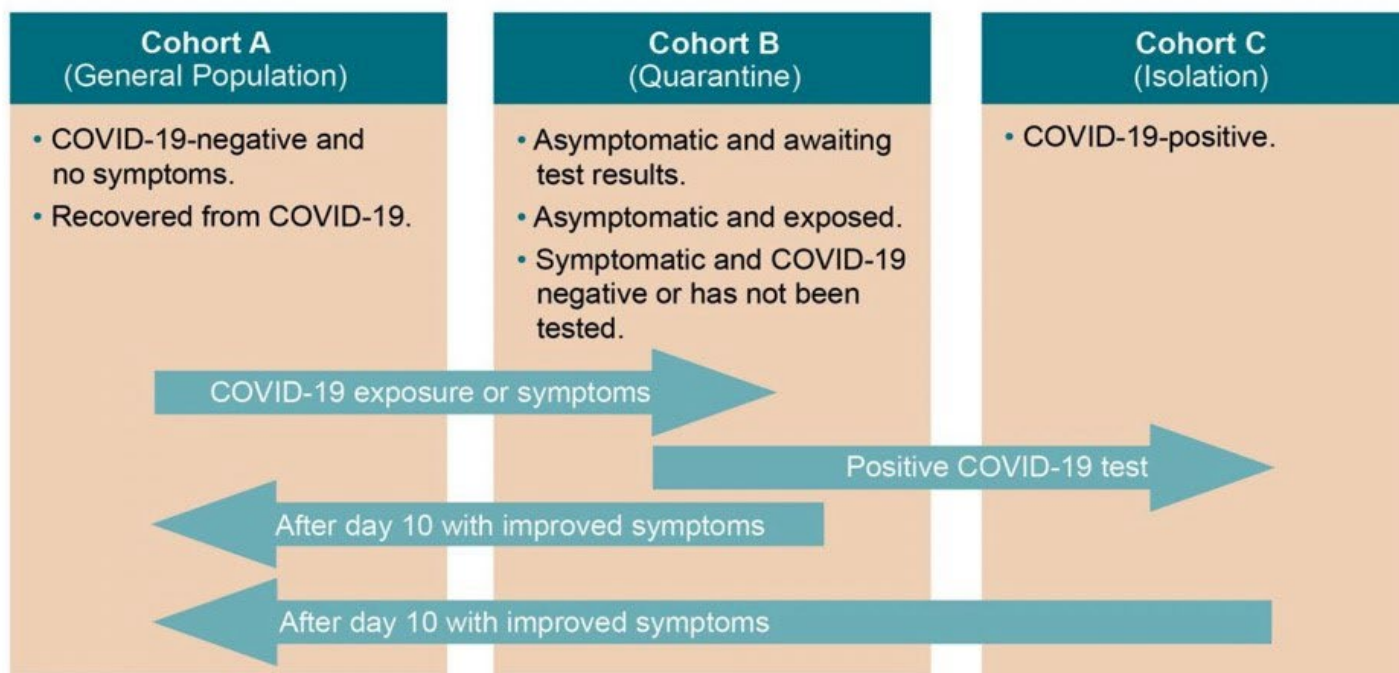
Please review the ACHCH

Space, staffing, and logistics permitting, the three-cohort model of Isolation in Place is preferred. The three-cohort model of Isolation in Place allows for a designate area for those who have had high risk exposure to an individual(s) with COVID-19 to quarantine.

Three cohort isolation in place model: *this is the preferred option for providing isolation in place*, which provides an option for quarantine for those exposed to COVID-19.

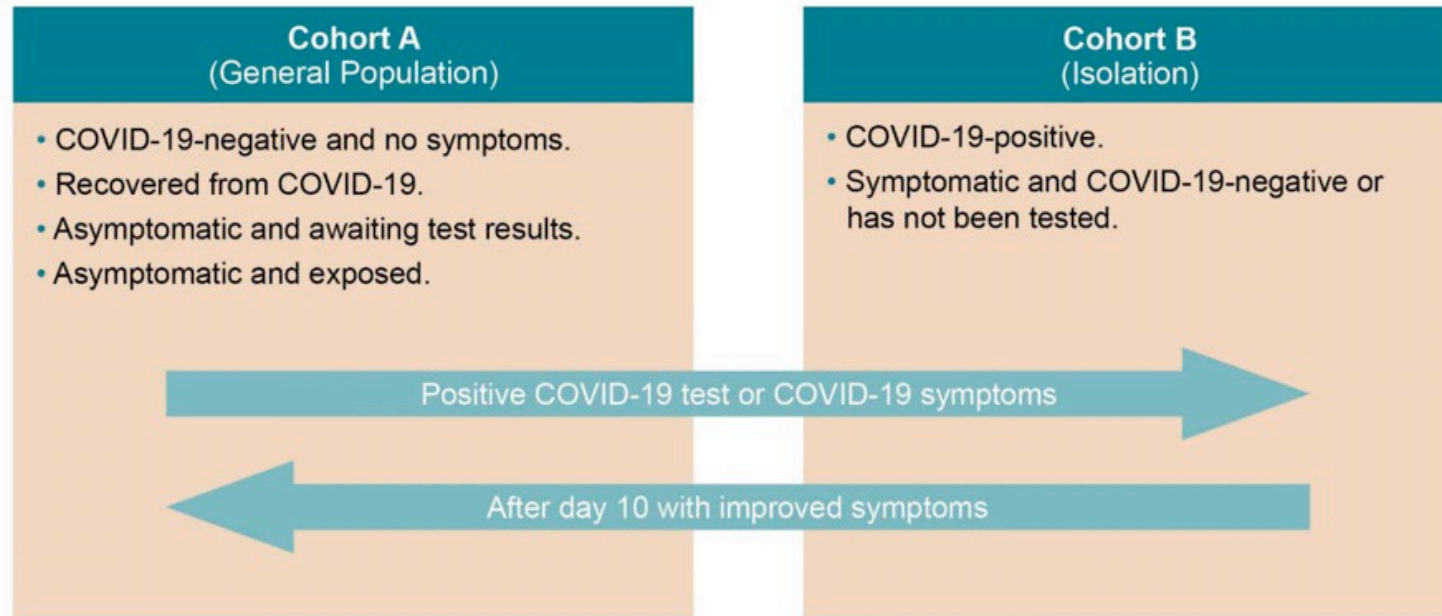
Three Cohort Isolation in Place Model		
Cohort A: “general” population	Cohort B: quarantine	Cohort C: Isolation
Residents who: <ul style="list-style-type: none"> • Have no symptoms and a negative COVID-19 test. • Have recovered from a recent COVID-19 infection (i.e., it has been 10 days since a positive test result or an assumed positive, and symptoms have subsided). 	Residents who: <ul style="list-style-type: none"> • Are asymptomatic new or returning program participants awaiting their COVID-19 test results. • Are asymptomatic but were exposed to someone who was COVID-19-positive. • Are symptomatic and do not have a confirmed positive COVID-19 test (i.e., either waiting for a test or has received a negative or inconclusive test result). 	Are COVID-19 positive (symptomatic and asymptomatic)

- Any resident who tests positive should be transferred to Cohort C (Isolation).
- Residents in Cohort A (General Population) who develop symptoms or were exposed must move to Cohort B (Quarantine).
- Residents in Cohort B (Quarantine) who are asymptomatic or improving after 10 days can be moved to Cohort A (General Population) after being tested between days 5–7 and receiving a negative COVID-19 test result. If residents in Cohort B (Quarantine) test positive between days 5–7, they should be moved to Cohort C (Isolation) and complete a full 10-day isolation.
- Residents in Cohort C (Isolation) who are asymptomatic or improving after 10 days from their COVID-19-positive test result can be transferred to Cohort A.



Two cohort isolation in place model: separates those with confirmed or suspected COVID from the remainder of the population. This model does not provide a space for quarantine on site.

Two Cohort Isolation in Place model	
Cohort A: “general” population	Cohort B: Isolation
<ul style="list-style-type: none"> • Have no symptoms and a negative COVID-19 test. • Have recovered from a recent COVID-19 infection (i.e., it has been 10 days since a positive test result or an assumed positive, and symptoms have subsided). • Are asymptomatic new or returning program participants awaiting their COVID-19 test results. • Are asymptomatic but were exposed to someone who was COVID-19-positive. 	<ul style="list-style-type: none"> • Are COVID-19-positive. • Are symptomatic and do not have a confirmed positive COVID-19 test (i.e., they are either waiting for a test or they have received a negative/inconclusive test result)
<ul style="list-style-type: none"> • _Residents in Cohort A (General Population) who test positive for COVID-19 or develop symptoms must transfer to Cohort B (Isolation). • _Residents who are improving after 10 days from symptom onset or positive COVID-19 test can rejoin Cohort A after day 10. If resources permit, testing can be done on Day 10 prior to transfer from Cohort B to Cohort A. Discuss the practice of testing to end isolation with local public health authorities before implementing this policy 	



Steps for Creating a Site-Specific Isolation in Place Protocol:

All sites, regardless of configuration, should develop an Isolation in Place policy and procedure available for rapid rollout. While every site serving individuals experiencing homelessness in Alameda County will have different considerations when planning for isolation in place the checklist below provides guidance for major logistical concerns that will be common across sites.

Each agency should have an established point person who is the point person for Isolation in Place protocol, education, and execution. Staff should be familiarized with policy and procedure prior to realization of the policy.

Staffing considerations for Isolation in Place

<p>Planning</p>	<ul style="list-style-type: none"> • Create a plan to adequately staff isolation and quarantine cohorts at the site. Determine the number of additional staff, if necessary, needed to provide isolation in place. Create a plan for staffing shortage. • Determine the COVID-19 vaccination status of employees and volunteers. Keep vaccination records current. • Develop hazard pay policy for staff working with Isolation in Place cohorts. • Update HR policy to be in accordance with most recent Alameda County Public Health Department recommendations for isolation and quarantine of staff working in homeless service settings
<p>Execution</p>	<ul style="list-style-type: none"> • Designate staff who are up to date on vaccinations to support the isolation area. • Allow only isolation-assigned staff to enter the isolation area. • Limit the movement of those designated staff within other parts of the building(s). • Do not pressure staff to come to work if they are ill or exposed. • During a critical staff shortage, local public health authorities may advise that asymptomatic shelter staff may return to work after a shorter duration, provided they wear a mask at ALL times. They should not remove their mask during breaks or in common eating areas. These decisions should be discussed with local public health partners.

Note: Individual agencies may have to develop human resource policies to address requirements for staff to provide services to clients who are isolation or quarantining in place, including the development of opt-out or exception policies. It is strongly recommended that these policies be developed, adopted, and communicated effectively to staff prior to the execution of Isolation-in-Place.

Logistic considerations for Isolation in Place

<p>Planning</p>	<ul style="list-style-type: none"> • Identify spaces for cohorts in the event of a COVID-19 case or outbreak. Identify any changes or equipment that will be essential to the space to enable quickly converting it to cohorted living quarters, if necessary. • Identify limitations of space (residents per room). • Plan for the provision of meals for isolation/quarantine cohorts. Meals must be separate for individuals in I/Q. Meals can be staggered or delivered. • Create tracking systems for residents in isolation in quarantine, recording dates of symptoms and tests, in order to accurately and safely determine isolation/quarantine release dates. • Develop policy for outdoor break time for I/Q cohorts. Consider separate smoking areas based on cohorts. • Identify what supplies are necessary to allow individuals to successfully isolate/quarantine on site. Consider hygiene products, cigarettes, clothing.
<p>Execution</p>	<ul style="list-style-type: none"> • Restrict visitors and other residents from entering the isolation area. • Allow only staff providing essential care to enter the isolation area. • Designate a path through the building for residents in isolation that limits contact with other residents. • Clearly communicate planned I/Q release timelines with individuals in I/Q cohorts. • Designate the execution of I/Q cohort meals, breaks, and supplies to identified individuals every day. Prioritize the timely and consistent provision of these services. • Screen for COVID-19 symptoms of all staff and residents at least twice daily and at least three times daily for residents who are positive or exposed. • During an outbreak, any resident with symptoms of respiratory illness can be presumed to have COVID-19. •

Infection Control considerations for Isolation in Place

ACHCH DRAFT Shelter-Based Isolation and Quarantine Guidelines 11/2022

Planning	<ul style="list-style-type: none">• Develop site-specific guidelines for cleaning in accordance with CDC guidelines for cleaning and sanitation in spaces with COVID-19 positive individuals.• Establish list of required PPE for staff in the event of cohorted I&Q sites, and procurement plan for supplies.
Execution	<ul style="list-style-type: none">• Require universal masking for all individuals within the indoor shelter setting.• Encourage all residents to wear a surgical mask indoors regardless of isolation status.• Ensure surgical masks (preferable to cloth) are available for staff, volunteers, and residents.• Outfit staff and volunteers assigned to the isolation area with gowns, gloves, and N95 respirators.• Encourage proper hand hygiene throughout the shelter.• Minimize the number of face-to-face interactions with residents among staff who are not up to date on their vaccinations• Maintain physical distance between all staff, residents, and volunteers• Clean facilities and dining ware after use by each group to reduce transmission risks.• If separate bathrooms are unavailable, clean after each use by a COVID-19-positive resident