

PLANNING GUIDE FOR LOCAL GOVERNMENTS

Setting up Assessment and Recovery Locations for COVID-19

Purpose

Assessment and recovery locations are designated places where people with COVID-19 can recover from the illness if they don't need to be hospitalized or have already left the hospital. The locations are also for individuals who may be exposed (e.g., people under investigation), but don't have symptoms, and need a place to stay away from others.

This document outlines considerations for developing an assessment and recovery location, including isolation and quarantine rooms, and other operational needs. Governmental agencies can identify existing building structures like motels, apartments, and other available building spaces to convert for use. This document does not apply to healthcare settings for creating isolation and quarantine spaces.

This document should be used in tandem with Department of Health (DOH) guidance for home isolation and quarantine (those who have [confirmed or suspected coronavirus disease](#), are [potentially exposed](#), or have [symptoms of coronavirus disease](#)) and [CDC interim guidance](#) for implementing home care for people not requiring hospitalization for COVID-19.

Isolation vs. Quarantine

Isolation and quarantine are public health practices used to stop or limit the spread of disease.

Isolation is used to separate persons who are **ill** who have a communicable disease from those who are healthy. Isolation restricts the movement of persons who are ill to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis.

Quarantine is used to separate and restrict the movement of persons who are **well** who may have been exposed to a communicable disease. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

Considerations for Creating Isolation Rooms

- Identify locations where air intake and air outflow occur for the building and for each room.
- Ensure rooms have appropriate airflow for isolation:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

- Select rooms with an individual (i.e., separate) ventilation system or a room with non-recirculating air.
- If recirculation of air from isolation rooms to other rooms is unavoidable, HEPA filters should be installed in the exhaust duct leading from the isolation rooms to the general ventilation system. This could also be augmented by standard UV filters which could be set up by an electrician and may not be prohibitively expensive.
- If a facility has centralized HVAC, ensuring the ventilation is set to full exhaust and intake will minimize cross contamination. Likewise, adjoining the HVAC system with a HEPA kit or standalone filter ensures minimal particulate exposure.
- Individual bedrooms and bathrooms for isolated persons (or family unit) is ideal.
- Shared facilities for multiple people require additional consideration:
 - Multiple individuals (not from same family unit) may be placed in isolation in the same facility, but in order to do this safely, it must be clear that all individuals have COVID-19 and do not have other contagious diseases or conditions that may put others at risk (e.g., active tuberculosis, infections caused by multidrug-resistant organisms, or respiratory infections other than COVID-19). The decision to place multiple individuals in the same isolation facility is a complex decision with significant potential risk. This decision should be made only after careful consideration by jurisdictional and public health leadership. Areas of consideration may include, but not be limited to, age, gender, disability status, and other demographics. In addition, consideration should be given to circumstances such as whether individuals are experiencing homelessness or have been victims of violence or other forms of trauma.
 - Likewise, consider the age of the family members and pay special attention to current rates of severe morbidity and mortality from COVID-19 for older adults. These rates may lead you to prioritize singular sheltering of these individuals.
 - People in isolation should expect to receive privacy and confidentiality; all reasonable actions should be undertaken to ensure that this confidentiality is protected. Isolation in groups limits individual privacy and confidentiality.
 - Depending on the layout of the site, familial relationships of the persons under isolation, religious or cultural beliefs and/or norms, and other factors, it may be neither feasible nor desirable to house men and women in the same facility.

Considerations for Creating Quarantine Rooms

- Designate separate bedrooms and bathrooms for each person (or family unit) quarantined.

- Housing multiple persons in the same quarantine room is discouraged and has risks that must be considered before it is decided that this is the safest and most appropriate course of action. For example, if one person in the cohort becomes symptomatic, the observation or quarantine period must re-start for the remaining members of the cohort based on their potential exposure to the newly symptomatic person.
- Rooms with an individual (i.e., separate) ventilation system are preferred or rooms with non-recirculating air.

Space Considerations for Staff Operating Facility and Support Services

- Personal protective equipment (PPE) bay or area.
 - Designate a clean space or area for staff to put on protective equipment and an unclean area or space to take off protective equipment.
 - Both spaces should include a handwashing station and a waste receptacle. The clean space should have a supply of clean PPE. Additionally, both spaces should include instructions for donning and doffing PPE and reminders for hand washing including signage with instructions.
- Areas or rooms for housing staff staying overnight with bathroom facilities.
- Workspace for staff with power, phone/internet, and break areas for meals.
- Space for handwashing and hand sanitizing stations.

Recommended features for a non-healthcare facility for isolation and quarantine areas

Basic Utilities	<ul style="list-style-type: none"> • Electricity • Heat • Potable Water • Bathroom with toilet, sink, and shower • Waste and sewage service • Ability to disinfect environment using a disinfectant for coronavirus. Most standard disinfecting wipes have this claim - check label. List of Environmental Protection Agency (EPA) approved disinfectants for use against SARS-CoV-2 is located here. • Internet/Phone service
Ventilation Capacity	<ul style="list-style-type: none"> • Rooms with individual ventilation system (preferred) or non-recirculating.
Space	<ul style="list-style-type: none"> • Sufficient outside space for drop off and pick up of travelers, supplies, food, etc. • Individual bedroom for each person or capacity for families to room together. • Individual bathroom (including shower) for each person or family. If not available, bathrooms have to be decontaminated between each use. • Limited to no possibility for comingling of travelers. • Separate and secured bedroom and bathroom for responder personnel. (No comingling with travelers.) • Ability to resolve maintenance issues • Communication (intercom/call bell/etc.) from resident travelers to medical staff <p><u>Additional Considerations:</u></p> <ul style="list-style-type: none"> • Ability to handle unexpected media presence
Access Considerations	<ul style="list-style-type: none"> • Proximity to services, including medical services • Parking • Ease of access for delivery • Disability access • Site security (secured individual rooms, 24/7 site security personnel) • Proximity to medical services • Parking (DOH personnel and loading/unloading zone) • Ease of access for delivery (of individuals, food, supplies, etc.) • Handicap accessibility • Ability to resolve access impacts due to weather (e.g., snowy/icy roads and walkways)
Client Support	<ul style="list-style-type: none"> • Food and water • Laundry • Entertainment • Phone and Internet access • Available transportation to medical facility • Mechanism for communication with on-site medical personnel, personal contacts, etc.

Site Safety and Security

The safety of the staff on site and the people under isolation or quarantine is a top priority. Initial safety inspection of the site and ongoing safety assessments are critical. Potential hazards should be identified and mitigated as soon as possible. If needed, qualified safety specialists should be summoned to inspect the premises.

The person under isolation or quarantine will be allowed to be outdoors, assuming they would not be able to transmit the disease, so there must be a safety perimeter made around the building with signs to indicate that the area is a quarantine site and entry is prohibited. This and other security measures should be used to prevent unauthorized access to the quarantine area.

Support of Spiritual, Religious, and Cultural Needs

In accordance with [WAC 246-100-045\(8\)](#), cultural and religious beliefs should be considered in addressing the needs of individuals and establishing and maintaining isolation or quarantine premises.

Identify any religious, spiritual, or cultural needs of the person in isolation or quarantine, and support these to the greatest extent practicable. When needed, consult with subject matter experts, other consultants, or representatives from cultural or religious communities to assist with meeting these needs. For all-hours access to chaplains and other religious figures, consider contacting the Washington State Patrol (WSP) or the local county sheriff's department.

Furthermore, pursuant to [WAC 246-100-045\(9\)](#), isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat a communicable or possibly communicable disease in accordance with religious tenets and practices. In addition, isolation or quarantine cannot prohibit a person who is infected with a contagious or communicable disease from isolating or quarantining in a private place of their own choice, provided it is approved by the local health officer, and all laws, rules, and regulations governing control, sanitation, isolation and quarantine are complied with.

Support of Mental Health Needs

The mental and behavioral health needs of the person under isolation or quarantine must not be overlooked. Mental and behavioral health care is equal to other types of medical care ([WAC 246-100-045\(6\)](#)) and must be similarly addressed in a systematic and competent fashion. Consultations with mental health professionals should be conducted remotely via telephone, videoconference, or other technology as appropriate so long as the confidentiality of the individual can be assured.

People with Access and Functional Needs

Isolation and quarantine sites must be accessible to persons who have mobility impairments and/or use assistive devices including but not limited to wheelchairs, crutches, or canes. If needed, the site should undergo inspection by a qualified professional for compliance and accessibility prior to admitting a person under isolation or quarantine with access needs.

People who rely on assistive technologies in ordinary circumstances will be given access to the same or similar technologies during their time in isolation or quarantine. Service animals should be allowed to remain with their handler in quarantine, if desired, with the understanding that additional considerations for care of the animal is needed. (See Companion Animals and Pets, below.)

Limited English Proficiency

If a person who primarily speaks a language other than English is admitted into isolation or quarantine, access to interpreter services is a priority. In such a circumstance, provisions will be made so that the person has access to an interpreter at all times. This can be accomplished through use of telephonic or video remote interpretation services

Companion Animals & Pets

At this time, there is no evidence that companion animals, including pets, can spread COVID-19. If an individual in isolation or quarantine must care for pet(s), including service animals, they should ensure they wash their hands before and after caring for pets and wear a facemask while interacting with pets, until they are medically cleared to return to normal activities. Or find alternative care for their animals while under isolation or quarantine.

Resource Links:

What to do if you have confirmed 2019-nCoV infection, or are being evaluated for 2019-nCoV infection, and are being cared for at home

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDexposed.pdf>

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDconcerned.pdf>

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-home-care.pdf>

Home Isolation Guidance for Families and Individuals Living in Permanent Supportive Housing

<https://www.commerce.wa.gov/wp-content/uploads/2020/03/Home-Isolation-Guidelines-PSH.pdf>

Airborne Infectious Disease Management: Methods for Temporary Negative Pressure Isolation

<https://www.health.state.mn.us/communities/ep/surge/infectious/airbornenegative.pdf>

Guidelines for Environmental Infection Control in Health-Care Facilities

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html>

Interim Guidance for Public Health Professionals Managing People with COVID-19 in Home Care and Isolation Who Have Pets or Other Animals

<https://www.cdc.gov/coronavirus/2019-ncov/php/interim-guidance-managing-people-in-home-care-and-isolation-who-have-pets.html>