

Evaluation Guidelines for Home/Facility Isolation and Quarantine Michigan Department of Community Health

Home Isolation

Persons who are symptomatic and do not require hospitalization may be isolated in their home. Homes that will be used to isolate cases should be evaluated for their suitability by the local health department, case's physician, or other designated case manager. The CDC recommends the following items for evaluation:

1. Infrastructure
 - functioning telephone
 - electricity
 - heat source
 - potable water
 - bathroom with commode and sink
 - waste and sewage disposal (septic tank, community sewage line)
2. Accommodations
 - ability to provide a separate bedroom for the patient
 - accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the patient
3. Resources for patient care and support
 - primary caregiver who will remain in the residence and who is not at high risk for complications from disease
 - meal preparation
 - laundry
 - banking
 - essential shopping
 - social diversion (e.g., television, radio, internet access, reading materials)
 - masks, tissues, hand hygiene products

Community-Based Facility Isolation

Persons who are symptomatic and do not require hospitalization but cannot be accommodated in their homes should be isolated in a community-based facility. Use of existing and temporary facilities should be considered. Options may include nursing homes, apartments, schools, dormitories, hotels, trailers, barracks, tents, and "bubble systems". The CDC recommends the following items for evaluation:

1. Basic infrastructure requirements
 - meets all local code requirements for a public facility
 - functioning telephone system
 - electricity

- heating, ventilating, and air conditioning (HVAC)
 - potable water
 - bathroom with commode and sink
 - waste and sewage disposal (septic tank, community sewage line)
 - multiple rooms for housing ill patients
2. Ventilation capacity
 - preferably, rooms with individual ventilation systems (e.g., room or window fan coil units that do not recirculate to other parts of the building)
 - alternatively, facility with a non-recirculating ventilation system that permits redirection of the air flow from corridors and staff areas into patient rooms.
 3. Access considerations
 - proximity to hospital
 - parking space
 - ease of access for delivery of food and medical and other supplies
 - handicap accessibility
 4. Space requirements
 - administrative offices
 - offices/areas for clinical staff
 - holding area for contaminated waste and laundry
 - laundry facilities (on- or off-site)
 - meal preparation (on- or off-site)
 5. Social support resources
 - television and radio
 - reading materials
 6. Priorities to consider when choosing a facility:
 - separate rooms for patients or areas amenable to isolation of patients with minimal construction
 - single pass (non-recirculating) ventilation for each room or isolation area
 - feasibility of modifying existing infrastructure as needed to meet air quality standards
 - feasibility of controlling access to the facility and to each room
 - availability of potable water, bathroom, and shower facilities
 - facilities for patient evaluation, treatment, and monitoring
 - capacity for providing basic needs to patients
 - rooms and corridors that are amenable to disinfection
 - facilities for accommodating staff
 - facilities for collecting, disinfecting, and disposing of infectious waste
 - facilities for collecting and laundering infectious linens and clothing
 - ease of access for delivery of patients and supplies
 - legal/property considerations

7. Additional considerations

- staffing and administrative support
- training
- ventilation and other engineering controls
- ability to support appropriate infection control measures
- availability of food services and supplies
- ability to provide an environment that supports the social and psychological well-being of patients
- security and access control
- ability to support appropriate medical care, including emergency procedures
- access to communication systems that allow for dependable communication within and outside the facility
- ability to adequately monitor the health status of facility staff

Home Quarantine

Persons who are asymptomatic but may have had contact with infected cases should be placed into quarantine during the maximum incubation period of the disease. As with home isolation, the local health department, physician, or contact manager should perform proper inspection of the environment. The CDC recommends the following items for evaluation:

- availability of/access to educational materials about quarantine
- basic utilities (water, electricity, garbage collection, and heating or air-conditioning as appropriate)
- basic supplies (clothing, food, hand-hygiene supplies, laundry services)
- mechanism for addressing special needs (e.g., filling prescriptions)
- mechanism for communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with family)
- accessibility to healthcare workers or ambulance personnel
- access to food and food preparation
- access to supplies such as thermometers, fever logs, phone numbers for reporting symptoms or accessing services, and emergency numbers (these can be supplied by health authorities if necessary)
- access to mental health and other psychological support services

Community-Based Facility Quarantine

Persons who should be placed into quarantine but are unable or unwilling to be detained at home should be direct to a community-based facility. A public health official or designee should perform evaluations of community-based facilities. The CDC recommends the following items for evaluation:

- separate rooms and bathrooms for each contact, if possible
- delivery systems for food and other needs
- staff to monitor contacts at least daily for fever and respiratory symptoms
- transportation for medical evaluation for person who develop symptoms
- mechanisms for communication, including telephone (for monitoring by health staff, reporting of symptoms, gaining access to support services, and communicating with family)
- services for removal of waste (Note: No special precautions for removal of waste are required as long as persons remain asymptomatic)