Mass Care and Shelter Guidance for Local Governments in a Communicable or Infectious Diseases Environment

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Introduction

On January 26, 2020, California realized its first case of the Coronavirus Disease (COVID-19). California Governor Gavin Newsom declared a State of Emergency on March 4, 2020 due to COVID-19. On March 13, 2020, President Donald Trump declared a National Emergency. The Governor also announced a statewide, stay-at-home order on March 19, 2020 intended to flatten the spike in the number of confirmed cases and deaths, thereby buying time to fight the disease.

These unprecedented measures have resulted in business closures, travel restrictions, supply shortages, and enhanced safety measures. Traditional mass care and sheltering operations now face potential limitations as a result of a communicable or infectious disease.

Advanced planning is a necessary part of ongoing efforts to prepare for the potential impacts to mass care and sheltering operations during this pandemic. Scarcity of resources, potential lack of traditional staffing capacity, the need to use both nontraditional and a larger number of facilities, as well as the need to support increased medical demands, and the need to provide services earlier in an event and at a larger scale, are all critical considerations that should be made in order to address care and sheltering operations during this pandemic. Steps need to be taken to ensure that both the ability to sustain an effective response and the safety of all personnel will continue to remain a priority.

This guidance provides a range of possible sheltering options, many of which will require conversations within your Operational Area (OA). It is recommended to begin these conversations now in order to gain consensus on an approach and implementation of a plan.

As your jurisdiction takes steps to prepare to support sheltering operations in a communicable or infectious diseases environment, the State of California is simultaneously working to develop potential support requirements to augment local sheltering capacity during large and complex evacuation scenarios.

Fire Season Care & Shelter Guidance

Mass Care for evacuees during the 2020 fire season will have added challenges due to the ongoing communicable or infectious diseases. Traditional approaches to congregate sheltering will need to be adjusted to account for the guidance and best practices put forth by the Centers for Disease Control

(CDC) and California Department of Public Health (CDPH). This guidance document outlines options and considerations for jurisdictions planning to accommodate the needs of their population if and when shelter operations are established.

Sheltering for an Incident (Fire, Earthquake, Flood, etc.) During a Communicable or Infectious Disease Outbreak

Opening and operating shelters in a communicable or infectious diseases environment requires an adjustment to standard procedures in order to support the safety of clients and workers.

- Shelters will continue to provide a safe space for clients impacted by disasters.
- Adjustments should always follow CDC, CDPH and Local Public Health Officer guidance and best practices to protect clients and workers from contracting and spreading communicable or infectious diseases.
- In all sheltering environments, whether providing sheltering in hotels or congregate facilities, it is important that public health and emergency management closely coordinate before, during and after shelter operations.

Planning Assumptions

- Communicable or infectious diseases may still be spreading in communities, and isolation/shelter-in-place orders may still be in effect during fire season. This could impact the ability of volunteer organizations like the Red Cross or other volunteer organizations to support shelter operations.
- Personal Protective Equipment (PPE) may be limited and there may be challenges procuring these supplies.
- New pools of volunteers may be available but will need to be on-boarded and trained before they can be of use.
- Shelter-in-place and social distancing will still be the best practice to curb the spread of a communicable or infectious disease.
- Evacuations will require individuals with confirmed cases of communicable or infectious disease to leave their quarantine/isolation facilities, either at home or in a county/state supported site.
- A congregate sheltering environment will increase the potential for infection of non-infected or recovered community members.
- Due to social distancing and isolation efforts, there will be a reluctance for evacuees to want to shelter in a congregate environment.

- Residents who are considered "higher risk" with Access and Functional Needs (AFN) and/or a communicable or infectious disease, will likely have greater reluctance to evacuate and will have greater priority for sheltering operations than those not "at risk" to the disease.
- Evacuations for individuals who are transportation-disadvantaged, including those who rely on public transit and paratransit will be more challenging because of evacuees' possible reluctance to ride busses and similar transportation.
- Accessible transportation options may be limited due to enhanced sanitation protocols for individuals with communicable or infectious diseases symptoms or who have tested positive.
- Residents with pets/animals may have greater reluctance to evacuate.

Individuals at greatest risk of infection, serious illness, or death:

- Individuals over 65 years of age;
- Individuals with compromised immune systems and certain underlying health conditions, including those significantly impacted by the conditions in the places where they live, learn, work, and play (i.e. social determinants of health); and,
- Individuals living and/or working in congregate settings.

Planning Partners

The following are suggested departments / agencies that should be involved in advanced planning conversations for sheltering:

- State:
    - California Health and Human Services Agency (CHHS)
    - California Department of Social Services (CDSS)
    - California Department of Public Health (CDPH)
    - Emergency Medical Services Authority (EMSA)
    - California Departments of Health Care Services
    - California Governor's Office of Emergency Services (CalOES)
    - California Department of Finance (DOF)
    - California Department of General Services (DGS)
    - California Department of Environmental Protection Agency
    - Elected officials (as deemed appropriate)
- Non-Governmental Organization (NGO):
    - The Red Cross (Red Cross)
    - Salvation Army
    - California Southern Baptist
    - World Central Kitchen

    - Other NGOs

- Local:
    - Department of Public Health
    - City/County Office of Emergency Management/Services
    - Department of General Services or Public Works
    - Department of Environmental Health and Protection
    - Elected officials (as deemed appropriate)
    - Community-based organizations (such as, Independent Living Centers, Regional centers, deaf/hard of hearing groups, etc.)
- Tribal & Territorial Governments
    - Elected officials (as deemed appropriate)

General Planning Questions

Temporary Evacuation Point (TEP):

- Who's in charge of the Temporary Evacuation Point (TEP)?
- Who should be part of TEP operations?
- What is the operational plan for actions within a TEP?

Shelter:

- What is the County's sheltering plan?
- Has local Red Cross Region been incorporated into planning efforts to date? Or has another local NGO been incorporated into planning efforts to date?
- How is the physical accessibility of sites and resources (e.g. ADA cots) being evaluated/determined?
- How will OAs handle independent shelters?
    - Will OAs support with staff and/or resources?
    - What guidelines will independent shelters follow?
- How would the OA(s) obtain access to Functional Assessment Service Team (FAST)?
- Based on this shelter guidance document, which types of shelters will the OA will utilize?
    - Who will be responsible for initiating a dialogue with the owners regarding the possible use of their facility?
    - Who will be in charge/manage the shelter?
    - How will you support the shelter?
    - How long until outside support is needed for sheltering?
    - Who is conducting volunteer and donations management?
- Which decision-makers need to be involved in gaining buy-in / approval on this revised sheltering approach?

Health and Medical:

- How does the CDPH/Medical Health OA Coordinator (MHOAC)/Public Health Officer want to approach sheltering? How does it differ from traditional sheltering? What gaps will exist due to this change?
- Does your OA have the capacity to conduct testing or would additional staff be required?
- How much personal protective equipment (PPE) is available in your OA? What is the supply chain for procuring more look like? What kind of delays will you encounter? What is the recommended PPE for different positions in shelters (i.e., shelters workers, isolation workers)? What is the PPE recommendation for shelter residents? Under what circumstances would alternate forms of PPE be permitted?
    - Typical PPE:
        - N95 Masks (users must be fit-tested)
        - Procedure masks or surgical masks
        - Face cloth covering
        - Gloves
        - Gowns
        - Eye protection (face shields or non-vented/indirectly vented goggles)

Environmental Health:

- What role does the Department of Environmental Health / Protection play in helping evaluate and set up shelter operations?

Procurement:

- Shelter facility contracts
- What accessible wrap-around services will be available (e.g. toilets, showers, feeding clients)?
- How will language access and dietary needs be addressed?

Evacuations and Temporary Evacuation Points (TEP)

Due to the preference of placing evacuees into non-congregate settings (hotels, motels, dorms, etc.) and the limited number of clients allowed in congregate sheltering sites, organizing how evacuees will get from their homes to their appropriate shelter location needs to be thought through in the planning process.

The goal is to implement an efficient process that funnels evacuees from a centralized temporary evacuation point to their shelter location in an effort to

give time for shelter sites to be set up according to CDC/CDPH/Local Public Health Officer protocols.

An approach to facilitating this goal would be to TEPs. TEPs are generally large parking lots that act as reception and staging areas for evacuees. If implemented, evacuation orders would include instructions directing people to a TEP. TEPs allow for the controlled flow of evacuees to identified shelter sites.

At a TEP, evacuees would undergo a health screening, participate in the shelter registration process, and have a safe place to stage while making a decision about where they will be sheltered. This allows for triage of evacuees, prioritizing placement of the most vulnerable in limited hotel space, isolating the sick and quarantined, permits an orderly process of placing evacuees in shelters and identifying the need to open new shelters. This can be done while maintaining the social distancing practices that protect both mass care personnel and evacuees.

If TEPs are not utilized, strong consideration should be given to how evacuees will flow to sheltering sites, how information on shelter sites will be communicated to the public, and what protocols will be established to ensure sites aren't overrun.

More guidance about Temporary Evacuation Points will be available in the coming weeks.

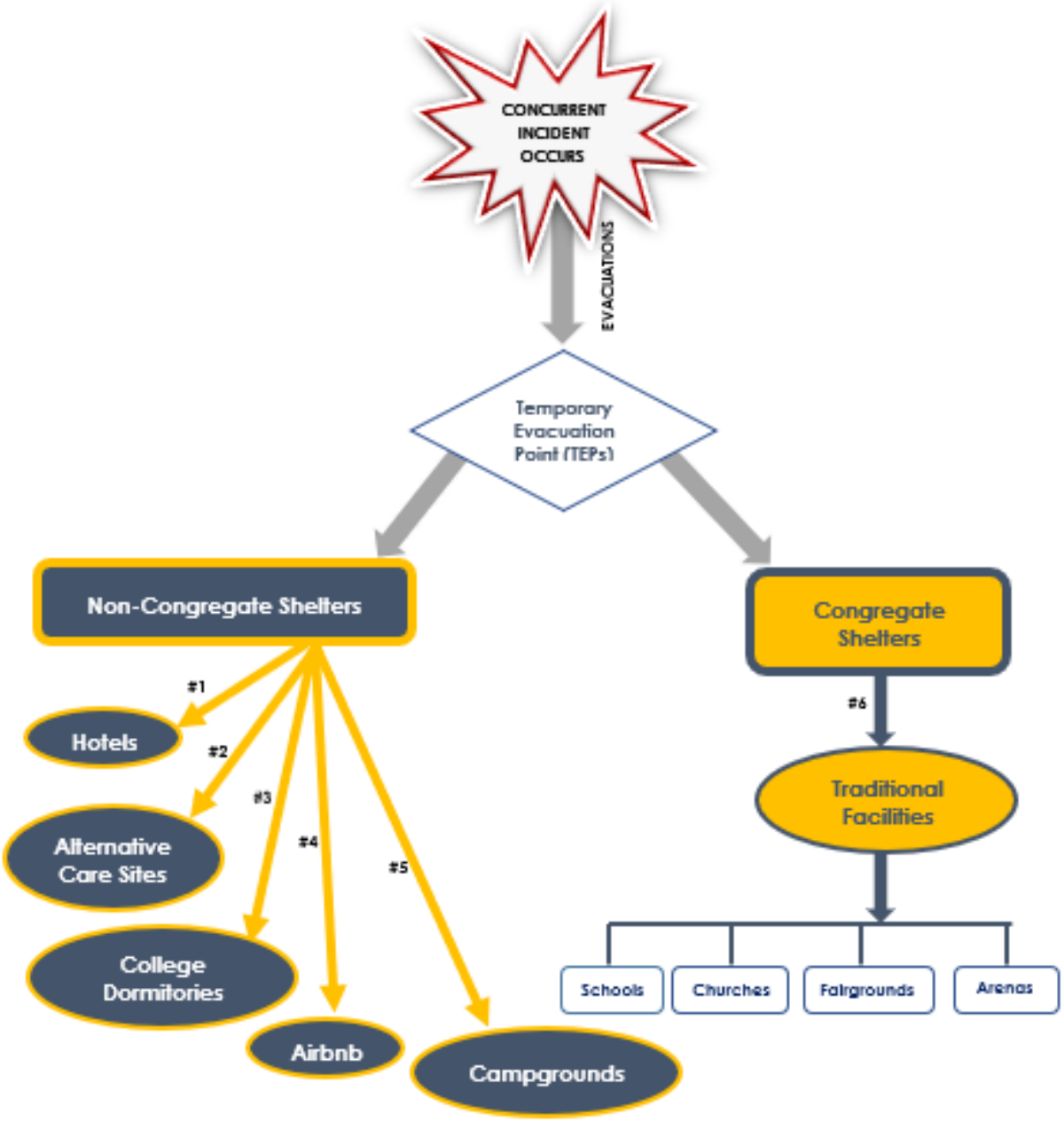
Shelter Options

Based on the guidance put forth by CDC and CDPH, hosting shelter clients in non-congregate settings is preferred. This is to ensure that social distancing is maintained, reduce the possible cross-contamination that could happen in congregate environments, and curb spread of the virus.

Individuals who are experiencing symptoms, have been under quarantine or have reason to believe they have been exposed, will need to be isolated from the rest of the evacuees.

The following Decision Tree outlines the process for identifying, in priority order, sheltering options during a pandemic/epidemic event, such as a communicable or infectious diseases. Each option will be expanded upon later in this document.

Decision Tree for Selecting Facilities During Communicable or Infectious Diseases



Description of Shelter Types

Below are the recommended options for sheltering such as hotels/motels and dormitories. The specific type of shelter pursued depends on the needs of each individual jurisdiction.

Special considerations regarding hotels should be taken into account. All ADA rooms need to be prioritized for individuals with disabilities. Further, all ground floor and easily accessible rooms need to be prioritized for individuals with access or mobility issues.

Shelter Type	Description
Option One: Hotel/Dormitory Mass Care Sheltering (Non-Congregate)	Advantageous because of private rooms and facilities for feeding, recreation, laundry, and meetings with individual clients. • Private rooms reduce risk of transmission. • Common spaces can be used for multiple functions. • All clients will be screened before entering. • The dormitory must allocate a minimum of 110 sq. ft per client. • Facility has separate isolation care area with physical separation from dormitory. Hotels are preferable to dormitories because they already have bedding and towels, televisions, WiFI and phone systems, and may have housekeeping workforce available. May require multiple hotel sites.
Option Two: Congregate Sheltering/ Modified Congregate Sheltering	• There may be times when shelter is necessary, and the only approach is a congregate setting. • All clients will be screened before entering. • Space must be allocated for screening area and isolation care area. • Cots spaced at least 6' apart. • Barriers to accessibility must be addressed/removed. • Recommend air purifier and partitions if available. • Screening and shelter entrance/exit must be controlled and staffed 24/7. • Based on weather and air quality, tents can be set up for additional sheltering options.

	○ Utilize school sporting fields: football fields, soccer fields, baseball field. All sites must meet, or be modified to meet, ADA accessibility requirements. ○ Creates isolated environments for individuals who do not want to be or cannot / should not be amongst the general population within the shelter.
Option Three: Campgrounds as Shelters (Outdoor Sheltering)	• Clients stay in separated RVs, camp cabins, tents, etc. (if available). • Many campsites are in remote areas. • Office space, supply storage, and necessary equipment lacking at many camps and must be brought to site. • Many campsite locations have rustic or limited toilet and shower access. • RVs and camp cabins may not be ADA compliant or physically accessible for clients with disabilities. • Many evacuees will have little with them and will require a tent/setup. • Recommend consulting with California Air Resources Board prior to use of campgrounds

Option Two Details: Congregate Sheltering

Shelter Size	Description
Less Than 50 People	• Safer to congregate fewer people – can add additional sites as needed. • Likely available closer to incident/home location than large site. • Intended for less than14 days following Tornado/Flood/Apartment Fire, etc. • Smaller facility needed (gymnasium + classrooms).
Large evacuation site (max population determined by Public Health)	• Requires significant planning and support from all agencies. • Intended for less than 7 days for Flooding, Earthquake, Wildfire evacuation • Must transfer shelter operations to a less than 50-person shelter(s) within 7 days or as directed by Public Health.

Planning Considerations for Hotels, Motels and Dormitories

- Begin outreach to hotels, motels, and colleges (dormitories).
- Ensure heating, ventilation, and air conditioning (HVAC) system is not centralized (reduces infection rate).
- Ensure facility has ADA compliant rooms. It is critical for hotels to prioritize and reserve the accessible rooms for people who justifiably need them. If there are limited non-congregate care options, priority will be given to clients at high risk for communicable or infectious diseases. Further, all ground floor and easily accessible rooms need to be prioritized for individuals with access or mobility issues.
- Coordinate with emergency disciplines such as public health, law enforcement, and Emergency Management Agency/Emergency Operations Center (EMA/EOC).
- Complete facility agreement if necessary and implement mass care process for hotel support. See this document for reference: Non-Congregate Sheltering: Using Hotels and Motels as shelter sites.
- Arrange with stakeholders to provide accessible transportation for clients as necessary.
- Work with hotel to ensure availability of:
    - Janitorial staff;
    - Laundry services;
    - Security;
    - Garbage collection;
    - Room cleaning frequency (minimum 2-3 times per week, ideally once per day);
    - Inter-room or inter-site communications;
    - Hallway or common area monitoring capability;
    - Access control and security staff – engage contract security staff if necessary;
    - Additional rooms or space for support services.
- Issue appropriate documentation and room allocation to clients after screening.
- Determine separate food delivery access point to shelter and in the feeding plan.

Other Possible Shelter Locations

- Schools and Universities/Colleges - Prior to the beginning of the next scholastic year (through July)

- Have multiple rooms / buildings to support a separation of client populations;
- Come equipped with hygiene facilities with ADA considerations in mind;
- Have cafeteria facilities on site;
- Have the ability to control access.

If Congregate Shelter is the Only Option Available:

- Select an available and suitable congregate shelter with separate areas for:
    - Isolation care area,
    - Dormitory/living space, and,
    - Screening.
- Select an available and suitable congregate shelter with ADA considerations in mind
- Notify public health, law enforcement, and EMA/EOC.
- Notify facility ownership;
- Complete facility agreement;
- Implement logistics and mass care process for shelter support, including PPE and cleaning supplies;
- Deploy shelter team;
- Arrange to transport clients with AFN when required.
- Fairgrounds and Expos;
- Churches, community halls, etc. - thorough site assessments will be needed as each facility must meet ADA requirements;
- Sports Complex.

Shelter staffing

Due to the nature of their roles and responsibilities, the safety of people working in shelters caring for both the well and the ill is critical. The following items should be implemented.

- Instruct staff and volunteers not to report to work if experiencing any symptoms or not feeling well.
- Screen staff and volunteers for infection symptoms upon arrival for work each day with health screening questionnaire and temperature check.
- Test and re-test all staff/clients (if testing is available) during the day.
- If feasible, confirm vaccinations are up-to-date for any workers placed in a sheltering environment.
- Ensure all staff are educated on what PPE is required to safely conduct their work, how often PPE needs to be changed, and the protocols to follow should they begin feeling ill.

Shelter Registration

All clients seeking mass care services at a sheltering location must go through a registration process, preferably at a temporary evacuation point first. This intake is done to track who is on-site and gathers a preliminary personal history to aid in case management if/when necessary. During this process it needs to be determined if the individual will be utilizing the facility for shelter or if they are on-site to make use of available resources. Effective communication (including sign language interpretation and foreign language translation) is a key step for registration, as well as other aspects of sheltering.

- Handouts should be in multiple languages, large print, interpreting support e.g., using pictograms, plain language, low literacy, clear signage.
- Ensure plans are in place to ensure the availability of American Sign Language (ASL) interpreters and foreign language translators.
- Access to the interior sheltering area should be limited only to people using that area. During site setup, create a space where services and programs can be housed apart from the main dormitory area.

A Health Screening should be conducted of each client and family member upon registration.

- Do you have a cough?
- Do you have a sore throat?
- Are you experiencing a new loss of taste or smell?
- Are you feeling feverish/chills?
- Are you experiencing muscle pain?
- Do you have difficulty breathing (worse than usual)?
- Take temperature—if higher than 100.4 degrees Fahrenheit, place client and any accompanying family members in isolation for further testing.

Ultimately, the final recommendation is up to the local county health officer for health criteria and procedures that are implemented.

Actions based on screening results

- If, it is determined that a client needs testing based on the health screen, the client should be escorted to a testing room near, but isolated from, shelter registration.
    - Testing should be conducted in a room/tent with cots separated by privacy screens, if testing is available. Personnel in the testing room should wear appropriate PPE based on CDPH droplet protocols, and in conjunction with guidance provided by local health jurisdictions. Clients with disabilities should not be separated from

their support networks (e.g. personal care attendant, service animal, etc.).

- Clients should be kept in the testing room until results are known, clients should be taken to a communicable or infectious diseases isolation tents for influenza-like illnesses.
    - Possible isolation sites: hotels, isolation tents on-site, field hospitals, regular healthcare settings.
    - If testing for a communicable or infectious disease isn't available, it is recommended to transfer any client presenting a communicable or infectious disease-like symptoms to the appropriate isolation facility.

If during the health screening there are no symptoms present that would require testing, the individual should be allowed into the shelter with a face covering in place.

Isolation

Communicable or Infectious Diseases Positive Clients
If the client or family member tests positive for a communicable or infectious disease, the individual or group should be escorted to an isolation area for communicable or infectious disease positive clients only. This isolation area should act as its own mini shelter complete with its own hygiene assets (toilets, showers, handwashing stations, waste and janitorial support, etc.). The staff and clients in this isolation area should not move between other areas of the shelter and should use appropriate PPE.

Daily health screenings should be conducted of each client in isolation to track/monitor their symptoms. While in isolation, it should be the goal of shelter management, in conjunction with CA-ESF 6 and Emergency Management at the OA and state levels, to identify an alternate care site for the individual to convalesce while waiting out the remainder of their 14-day quarantine.

Influenza-Like Illness (ILI) Positive Clients
For clients who test positive for flu or similar ailments, a separate isolation tent(s) should be setup and like the communicable or infectious diseases isolation, should have dedicated staff, hygiene assets, etc. to support their operations. The difference is that once the client has received treatment or they are symptom free based on guidance from the local health jurisdiction, they would be moved into the main congregate shelter.

Symptom-Free Clients

Clients who show no illness or symptoms should be allowed into the sheltering site. The symptom-free shelter would have its own set of hygiene assets, staff, and janitorial services. For more on shelter considerations and setup please refer to: COVID-19 Operational Decision-Making / Shelter Facility Opening Checklist.

Accessible Communication Resources

Local jurisdictions have primary responsibility for ensuring information is understandable/accessible for their respective constituencies.

Real-time assistive technology

- 24/7 Telephonic foreign language translation services
- 24/7 Video Remote Interpreting (VRI) services for American Sign Language

Communication Access Services

- Document translation services
- Accessible, 508 compliant, electronic documents

Counties should ensure the availability of accessible communication services.

Testing Site / Waiting Area Standards

If, during the health screening, it is determined that a client needs testing for communicable or infectious disease or an influenza-like illness (ILI), the client should be escorted to a testing room near, but isolated from, shelter registration.

- Cots spaced at least 6' apart.
- All clients should be required to wear cloth face coverings when inside the facility.
- Special considerations may be required for older adults, individuals with disabilities, or others with an access or functional need.
- Privacy screens between each of the cots.
- Ensure PPE and sanitation supplies for the isolation area is easily accessible by the site supervisor and staff:
    - Hand hygiene supplies (sanitizer, foams, etc.)
    - Gloves
    - Gowns
    - Masks and face shields
    - Shoe covers
    - Bleach
- Supply tables manned by security with the appropriate testing supplies (flu, Noro, COVID-19 swabs).
- A transportation link and local lab with testing capabilities will need to be identified to get the samples tested.

- A communications protocol needs to be established to quickly communicate results to the shelter sites.
- WIFI availability.

Healthy Shelter Facility Standards

- Health screening conducted 3 times a day (9am / 3pm / 9pm).
- Dedicated cleaning staff on-site.
- Pre-package meals handed out to all shelter clients.
- Medical/Behavioral/Mental Health professionals on site.
- Dedicated hygiene assets only to be used by "well" individuals.
- Special considerations may be required for older adults, individuals with disabilities, or others with an access or functional need.
- WIFI availability.

If a communicable or infectious disease testing supplies are unavailable, then it is recommended that any client presenting with communicable or infectious diseases like symptoms be transferred to the appropriate isolation facility.

Pets

Outreach to county animal response teams or other non-profits who normally support household pet sheltering in your OA should be done now to ensure close coordination of this important aspect of sheltering operations. For clients arriving at shelters with pets/household animals, they should be housed in a co-located or standalone facility as space permits.

Service Animals

Ensure individuals with disabilities or AFN needs are not separated from assistive devices, service animals, or personal care assistants during evacuation and transportation. Service animals are not pets. Separation from these resources will jeopardize the health, safety, and independence of survivors with an access or functional need.

Cleaning

The current guidance on how to disinfect and sanitize surfaces at shelter sites to mitigate the spread of influenza-like illnesses and other communicable or infectious disease is having cleaning teams on-site 24 hours/day. Cleaning companies can be contracted for disinfection and sanitization services at each activated shelter. This includes dedicated technicians stationed at each shelter where disinfection is required, or; these teams conducting an hourly cleaning service disinfecting all surfaces with a cleaner designed to mitigate the spread of communicable disease. Additionally, spot cleaning of known issues, spills, and

accidents also should be included covered in the statement of work. These teams should properly dispose of all trash associated with cleaning and disinfecting.

Security

Controlling access to the footprint of the shelter site will be of great importance. If fencing is not already in place, procuring fencing to control access will be needed around the perimeter.

Security in the testing site will be needed at all times, to ensure testing kits and any medical supplies are not tampered with.

Security for the isolation tents should be made available but should not be utilized unless there is a need.

Shelter clients are responsible for the security of their belongings.

Older Adults, Persons with Disabilities, and Individuals with Access and Functional Needs

When providing shelter to the general public, ensure that consideration is given to older adults, and individuals with disabilities, or access or functional needs. Shelter managers should include accessible parking, wheelchair access, and have interpreting services and alternate formats available, including braille/large print materials, readers, etc. Ask individuals what they may need to accommodate their stay at a shelter. Individuals may come with their own durable medical equipment but may require provisions to find replacements. Some individuals will be unable to bring their own equipment and will need resources provided for them at the shelter.

Some considerations for populations include:

- Self-Determination: People with disabilities are the most knowledgeable about their own needs.
- Equal Access: People with disabilities must be able to access and benefit from emergency programs, services, and activities equal to the general public.
- Effective Communication: People with disabilities must be given information that is comparable in content and detail to that given to the general public. It must also be accessible, understandable, and timely.
- Program Modifications: People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures. Ensuring equal access to

physical and programmatic services in accordance with the Americans with Disability Act (ADA).

Within All Shelter Settings:

- Availability of personal services assistants (PSA) specific to the activities of daily living (e.g., aiding in restrooms, assistance getting dressed, grooming, bathing, etc.).
- Allowance of caregivers or accompanying PSA and the provision of PPE for individuals who accompany clients/patients.
- Providing access to certified ASL interpretation, either through an ASL or Disaster Response Interpreting (DRI) interpreter or via Video Remote Interpreting (VRI) services to assist individuals who are deaf or hard of hearing.
- An established process and place for shelter clients to request Access and Functional Need-specific resources such as Durable Medical Equipment, privacy screens, quiet room, etc.
- Handouts should be in multiple languages, large print, interpreting support e.g., using pictograms, plain language, low literacy, plain language, clear signage.
- Ensuring a process of delivering/facilitating Individual Assistance (IA) programs and services for individuals with AFN needs.
- Utilization of the California Department of Social Services' Functional Assessment Service Teams (FAST) to evaluate unmet needs
- Feeding plans that account for dietary needs (e.g., allergies, restricted diets, soft foods, etc.,) and culturally appropriate foods.
- Provision of transportation/paratransit for clients to arrive and return home.

Additionally, pharmaceutical medications and consumable medical equipment may be necessary to maintain the health and safety of the client. Some members of the community maintain their independence through the use of an In-home caregiver, planning for the utilization of In-Home Support Service (IHSS) staff or a personal care attendant to assist with the activities of daily living may be necessary.

Partnering with whole community stakeholders' results in more inclusive and integrated emergency planning. Coordinate with your local Independent Living Centers, Regional Centers, Areas on Aging, Agencies serving the Deaf and Hard of Hearing, Family Resource Centers, Paratransit providers, and other community organizations that support individuals with access or functional needs.

Influenza-Like Illness (ILI) Facility Standards

- Isolation tent or building that is completely separated from main shelter to house ill occupants.
- Staff dedicated to the isolation area who do not "float" between isolation and "well" areas (consider separate entrance for staff).
- Dedicated hygiene assets only to be used by "well" individuals.
    - Dedicated cleaning staff cleaning to the biosafety level (BSL) standard.
- Allow one adult family member to accompany children into the isolation area. Appropriate PPE will need to be provided.
- Allow service animals and personal care attendants to accompany individuals with access or functional needs. Appropriate PPE will need to be provided.
- Clients in isolation cannot leave until the local health department determines the individual is not contagious.
- Ensure infection control resources required for the isolation area are easily accessible by the managers and staff.
    - Hand hygiene supplies
    - Gloves
    - Gowns
    - Masks and face shields
    - Shoe covers
    - Bleach
- Pre-packaged meals need to be handed out to all isolation clients, with considerations for clients with various cultural, dietary, and nutritional needs.
- Comfort kits provided to each client upon entering the isolation tent.
- WIFI availability.

Pandemic Facility Standards

Local Public Health Officer will address the approach on handling isolation of confirmed cases communicable or infectious diseases amongst evacuees.

Considerations may include, but are not limited to:

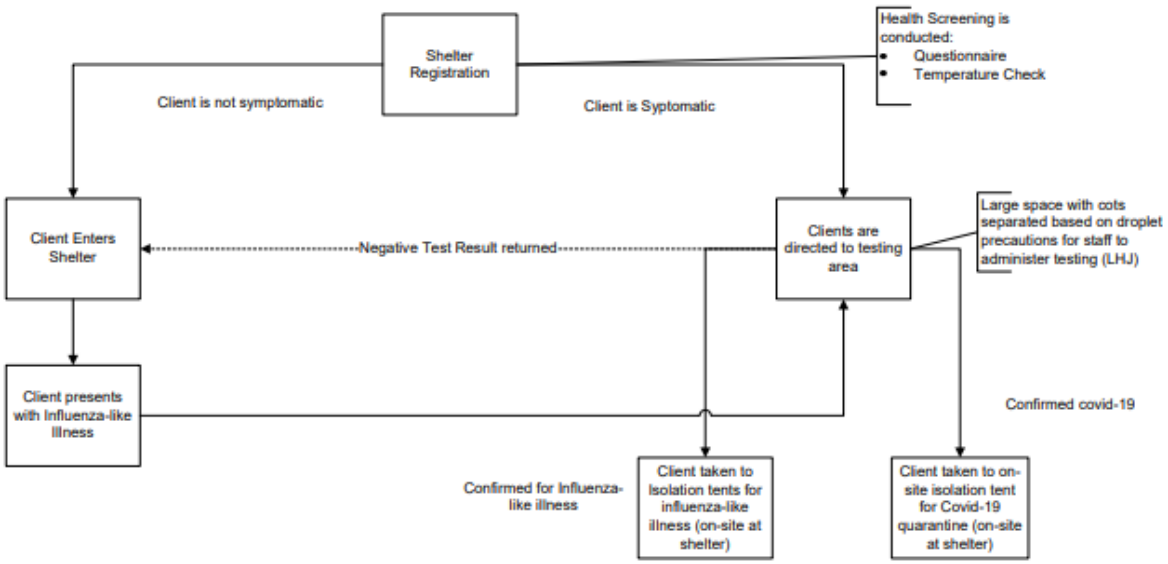
- On-site isolation tents to accommodate positive communicable or infectious diseases cases;
- Dedicated facilities pre-identified to handle individuals who test positive for communicable or infectious disease;
- Transportation link from shelter testing tents to off-site isolation facilities will need to be established.

- Appropriate PPE will need to be provided for all who are transported.
- Vehicles will need to be cleaned before and after every trip. Plastic-seats are recommended.

Congregate Sheltering Approaches

Due to a range of factors influencing how the execution of sheltering takes place in your OA: available workforce, facility availability, current course of action for communicable or infectious diseases positive citizens, etc., two congregate sheltering options are presented below. These are meant to be a starting point, where OAs customize the basic concept presented in each based on the unique needs of their communities and needs.

Communicable and Infectious Diseases Flowchart – Option 1*



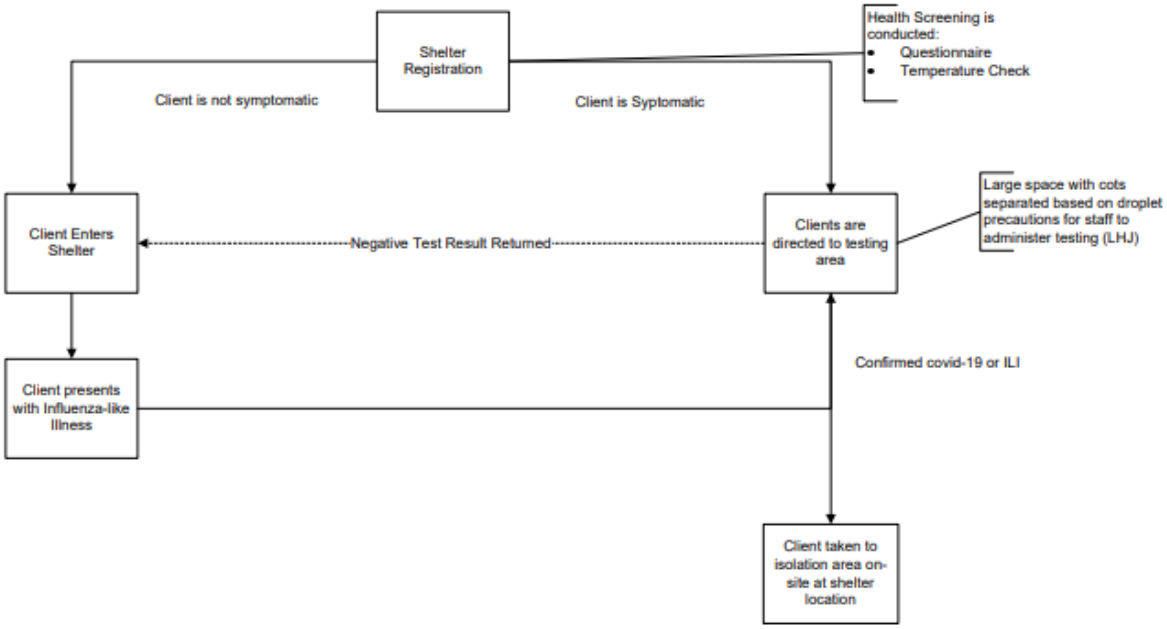
***This approach assumes that there are resources available to support separate isolation facilities in multiple sheltering locations.**

Option 1 focuses on keeping all shelter clients at the same site. This option will only work if there are multiple facilities or ample space to set up isolation tents to accommodate communicable or infectious diseases positive clients, those who

test positive for influenza-like illnesses, as well as accommodating those who are symptom free.

This option will also require more staffing and logistical support as it is essentially 3 shelters at one site. Given the current limitations on commodities and resources, this configuration may not be possible.

Communicable and Infectious Diseases Flowchart – Option 2



***This approach assumes that due to limited resource availability, the co-habitation of clients with ILIs as well as covid-19 will be required.**

Option 2 would isolate any client who tests positive for communicable or infectious diseases and place them in a non-congregate setting. These non-congregate settings could be: hotels/motels, a separate communicable or infectious diseases facility, a hospital (if needed), or other identified site. The key is that this would be a site or facility not co-located with the shelter.

Transportation and logistics would need to be planned for to move clients from one site to another, but this would provide the greatest protection of clients at the shelter and provide the greatest mitigation against the accidental spread of the virus.

For those clients that test positive for an influenza-like illness, they would convalesce on-site in a separate isolation tent.

Resources

- Sheltering in COVID-19 Affected Areas
- ARC Video – Mass Care Activities in Shelter in the COVID-19 environment
- Feeding in COVID-19 Congregate Shelters
- Mass Care and Feeding Activities in Sheltering in the COVID-19 Environment – Congregate Shelters
- Using Personal Protective Equipment (PPE)
- ARC "Everyone is Welcome" training
  California Statewide Multi-Agency Coordination System Guide
- CDC Interim Guidance for General Population Disaster Shelters During the COVID-19 Pandemic
- CDC Environmental Health Practitioner guides
- Coronavirus Disease 2019 (COVID-19)
- Emergency Occupancy Agreement