



Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine

Appendix D3

Guidelines for Evaluating Homes and Facilities for Isolation and Quarantine

I. Isolation Facilities

A. Home isolation

Ideally, persons who meet the criteria for a confirmed or probable case of SARS-CoV disease or a SARS RUI (see MMWR 52(49): 1202-1206 [www.cdc.gov/mmwr/preview/mmwrhtml/mm5249a2.htm]) and who do not require hospitalization for medical reasons should be isolated in their homes. The home environment is less disruptive to the patient's routine than isolation in a hospital or other community setting.

Any home being considered as an isolation setting should be evaluated by the patient's physician, health department official, or other appropriate person to verify its suitability. The assessment should center on the following minimum standards for home isolation of a SARS patient:

Infrastructure

- Functioning telephone
- Electricity
- Heat source
- Potable water
- Bathroom with commode and sink
- Waste and sewage disposal (septic tank, community sewage line)

Accommodations

- Ability to provide a separate bedroom for the SARS patient
- Accessible bathroom in the residence; if multiple bathrooms are available, one bathroom designated for use by the SARS patient

Resources for patient care and support

- Primary caregiver who will remain in the residence and who is not at high risk for complications from SARS-CoV disease
- Meal preparation
- Laundry
- Banking
- Essential shopping
- Social diversion (e.g., television, radio, internet access, reading materials)
- Masks, tissues, hand hygiene products

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B. Isolation in a community-based facility

When persons requiring isolation cannot be accommodated either at home or in a healthcare facility, a community-based facility for isolation will be required. The availability of a community-based facility will be particularly important during a large outbreak.

Much of the work in identifying and evaluating potential sites for isolation should be conducted in advance of an outbreak as part of preparedness planning. Each jurisdiction should assemble a team to identify appropriate locations and resources for community SARS isolation facilities, establish procedures for activating them, and coordinate activities related to patient management. The team should consider the use of both existing and temporary structures. Options for existing structures include community health centers, nursing homes, apartments, schools, dormitories, and hotels. Options for temporary structures include trailers, barracks, tents, and "bubble systems." Considerations include the following:

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

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.

Access considerations

- Proximity to hospital
- Parking space
- Ease of access for delivery of food and medical and other supplies
- Handicap accessibility

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)

Social support resources

- Television and radio
- Reading materials

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To determine priorities among available facilities, consider these features:

- 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 AIIR standards (see Supplement I)
- 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

Additional considerations include:

- 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

II. Quarantine Facilities

A. Home quarantine

A person's residence is generally the preferred setting for quarantine. As with isolation, home quarantine is often least disruptive to a person's routine. Because persons who have been exposed to SARS-CoV may need to stay in quarantine for as long as 10 days, it is important to ensure that the home environment meets the ongoing physical, mental, and medical needs of the individual. An evaluation of the home for its suitability for quarantine should be performed, ideally before the person is placed in quarantine. This evaluation may be performed on site by a health official or designee. However, from a practical standpoint, it may be more convenient to evaluate the residence through the administration of a questionnaire to the individual and/or the caregiver. Points to be considered in the evaluation include:

- Availability of/access to educational materials about SARS and quarantine
- Basic utilities (water, electricity, garbage collection, and heating or air-conditioning as appropriate)

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- 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

B. Quarantine in a community-based facility

Although the home is generally the preferred setting for quarantine, alternative sites for quarantine may be necessary in certain situations. For example, persons who do not have a home situation suitable for this purpose or those who require quarantine away from home (e.g., during travel) will need to be housed in an alternative location. Because persons who have been exposed to SARS-CoV may require quarantine for as long as 10 days, it is important to ensure that the environment is conducive to meeting the ongoing physical, mental, and medical needs of the individual. Ideally, one or more community-based facilities that could be used for quarantine should be identified and evaluated as part of SARS preparedness planning. The evaluation should be performed on site by a public health official or designee. Additional considerations, beyond those listed above for home quarantine, include:

- Separate rooms and bathrooms for each contact
- 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)

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)