

Social Distancing and Isolation Protocols

San Francisco Department of Public Health

This contains information for shelter directors and shelter staff regarding **social distancing and isolation** as ways *to minimize the spread of certain infectious diseases to others*.

What is social distancing?

When there is evidence of a flu or another infectious illness in a congregate living facility (such as a shelter), social distancing is used to limit the number of people who are at the same place at the same time. This allows more physical space between people.

Depending on how many people are sick, social distancing can range from decreasing the number of people who can be together at one time, to stopping all activities that aren't necessary. It is important to explain to residents and staff why these changes are happening. This may help the clients who are ill from being stigmatized.

Recommendations for social distancing include:

- Ask a client with symptoms to stay in their bed until they have been fever-free for at least 24 hours (without the use of fever-reducing medication) to avoid contact with other people.
- For dorm-style shelters, beds should be arranged to ensure that the heads of the beds are at least 3 feet apart OR, if this isn't possible
 - Create temporary physical barriers between beds, using sheets or curtains. *This helps reduce droplet spread.*
- Other Social Distancing Recommendations:
 - Have meals brought in to the ill person's room or bed. OR
 - Have the ill resident eat at a different time or in an area separated from others.
 - Ask a client with symptoms who must leave their rooms/bed/area to wear facemasks.
 - Cancel the ill person's nonessential appointments at other agencies, group sessions, transfers between shelters, etc.
 - Create staggered schedules for residents with shared bathrooms.
 - If the client has medically necessary appointments, such as dialysis or chemotherapy, the sending facility should fill out a Medical Facility Communication Sheet; call the receiving facility ahead of time to notify them of the patient's infectious status and the patient should wear a facemask during transfer and his/her entire visit.
 - Limit the number of staff/visitors who enter the ill resident's room. Staff/visitors should be instructed on how to wear a facemask and how to perform hand hygiene
 - Improve ventilation in the room/floor to the extent possible
- If a large number of clients become ill (see isolation procedures):
 - Separate bathroom facilities may be designated
 - Beds/rooms may need to be rearranged
 - It may be necessary to close down common spaces altogether
- Residents with special needs may require additional support.
- See chart (next page) for more examples of social distancing:

Examples of Social Distancing in Congregate Settings

<p>Sleeping Arrangements</p>	<ul style="list-style-type: none"> • House fewer residents within a dorm/unit during flu season. • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use temporary barriers (foot lockers, curtains) to create distance between beds. • Move residents with ATD into separate rooms with closed doors, and provide a separate bathroom if possible. • If only shared rooms are available, consider housing the ill person in a room with the fewest number of other residents. • Do not house people with underlying conditions in the same room as people with ATD
<p>Mealtimes</p>	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities. • Stagger the schedule for use of common/shared kitchens.
<p>Bathrooms & Bathing</p>	<ul style="list-style-type: none"> • Stagger bathroom schedule to reduce the number of people using the facilities at the same time. • Have one designated bathroom for ill persons (if possible something close to their rooms/beds)
<p>Recreation/Common Areas</p>	<ul style="list-style-type: none"> • Create a schedule for using common spaces. • Hold fewer large group activities such as “house meetings” in favor of smaller groups.
<p>Transport</p>	<ul style="list-style-type: none"> • Transport fewer people per trip so passengers don’t sit too close together. • Send clients in cab to medical care • Mask clients transport
<p>Staff Activities</p>	<ul style="list-style-type: none"> • Don’t hold large meetings when information can be communicated in other ways. • Consider conference calls instead of in-person meetings.

Table adapted from NYC’s Guidance for Preventing Transmission of Influenza in Congregate Care Facilities http://www.nyc.gov/html/doh/downloads/pdf/cd/h1n1_flu_congregate_faq.pdf

Isolation Procedures

For single cases

- Place the ill client at as much distance as possible from the rest of the shelter population
- Refer to recommendations for social distancing.
- Place ill client closest to the bathroom.

For a group of cases that is <20% of shelter population

- Isolate ill clients in a designated room (TV room, smoking room, community area)
- Designate one rest room for ill clients to use.
- Increase ventilation in the facility to the extent possible.
- Designate dedicated staff member(s) to be caregiver to persons in isolation. This staff member should wear a mask when providing direct care to the sick clients.
- Have client wear a surgical mask, and have staff wear a surgical mask when providing direct care within 3 feet.
- Have hand sanitizer, facial tissue and waste can or bag at each bedside of the sick.

For a group of cases that is >20% of shelter population

- Isolate clients on a floor or in a separate area of the building.
- OR Isolate ill clients at one shelter site.
- Increase ventilation in the facility to the extent possible.
- Designate dedicated staff member(s) to be caregiver to persons in isolation. This staff member should wear a mask when providing direct care to the sick clients.
- Have client wear a surgical mask, and have staff wear a surgical mask when providing direct care within 3 feet.
- Have hand sanitizer, facial tissue and waste can or bag at each bedside of the sick.
- Residents with special needs may require additional support.

	Less than 20% of the floor sick	More than 20% of the floor sick	Most of the floor sick
Most ideal ↑ ↓	Isolate separately in separate room (s)	Isolate in a common area or section	Designate one end of the floor as an isolation area
	Isolate together in a large room	Designate one end of the floor as an isolation area	Designate the floor as an isolation area
Least ideal	Isolate in a common area		

Adapted from Seattle & King County's An Influenza Pandemic Planning Guide for Homeless and Housing Service

Providers http://www.nhchc.org/panflu_guidelines_homeless.pdf