

Guidelines for establishing hotel/motels as isolation, quarantine, respite or emergency shelters

This guidance is intended to help communities establish non-congregate options using hotel/motel settings during the COVID-19 crisis.

For the purpose of this document, we describe the following types of non-congregate arrangements in hotel/motel settings:

- **Isolation/Quarantine** units have similar operational requirements and could be operated in a single site with individual rooms.
 - **Isolation** units are for people who are symptomatic and either confirmed as COVID+ or are under investigation to determine COVID status, but do not require hospitalization.
 - **Quarantine** units are for people who are asymptomatic but believe to have been exposed.
- **Specialized** units are for people who have high risk of poor outcomes if they become COVID+ or require assistance with ADL's or have high behavioral health needs that cannot be accommodated in a congregate shelter.
- **Basic hotel shelter** units are for people who are asymptomatic and are not believed to have been exposed.

There are a set of common guidelines that apply to all hotel/motel settings. These are described in the initial section followed by a specific set of recommendations for each type that should be in place in addition to the common guidelines.

See also:

[CDC Infection Prevention and Control Considerations for Isolation Sites and Alternate Care Sites](#) (CDC)
[NON-CONGREGATE APPROACHES TO SHELTERING FOR COVID-19 HOMELESS RESPONSE](#) (HUD)

Common Guidelines for all hotel/motel models:

Staffing

- All settings will likely need some type of on-site staff presence 24/7, including mix of the standard staffing provided by the hotel operator (e.g. front desk, maintenance, security) and additional services staff provided by the community organization responsible for services at the hotel/motel.
- All staff (hotel/motel and service organization staff) and volunteers are trained in all COVID-19 protocols.

- Clearly designate the onsite services provider so there are clear lines of authority and accountability between the hotel operator and the service provider.

Equipment and supplies

Both hotel operators and service providers

- Ensure access to Personal Protective Equipment (PPE), such as mask, eye protection, gown, gloves and hand washing supplies for staff to use.
- Clear processes for notifying coordinating entity of new room vacancies and for accepting referrals and orienting new clients to facility, protocols, and services.
- Post signs and informational posters for staff, volunteers, and clients' awareness about COVID-19, cough etiquette, and appropriate handwashing. See [COVID-19 Informational Resources](#)

Hotel operator

- Weekly cleaning and disinfecting of rooms plus at turnover. Laundry services for client's personal laundry as well as bedding provided by hotel/motel operator. Use CDC guidelines for [Cleaning and Disinfecting Your Facility](#) or [Cleaning and Disinfection for Community Facilities](#).
- Provide personal cleaning supplies for each room unless the room is occupied by a child/ren or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners and EPA-registered disinfectants.
- Provide access to drinking water, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands.

Facility operations

Both hotel operators and service providers

- Enforce no visitors onsite. Hotel operator and service provider will need to establish agreement on how to handle violations of this requirement.
- Support and enforce social distancing.
- Determine how to provide individual meals with disposable utensils (knock/drop off). If refrigerators are provided in rooms, can provide food that people can store within their rooms.

Hotel operator

- Provide strong WIFI to accommodate entertainment and communication needs.
- Preserve ADA units to accommodate those who have those needs.
- Determine if pets are permitted. Assistance animals must be accommodated.
- Provide designated smoking areas and enforce social distancing.

Support Services

- Medical personnel should advise on all protocols and be accessible for consultation.

- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve. Learn more about [reaching people of diverse languages and cultures](#).
- Active monitoring of all clients at least daily and proactively support clients to practice social distancing.
- Access to telehealth (medical and behavioral health) for all clients and protocols in place for people who may be experiencing mental health crises or complications related to substance use disorders, including symptoms and complications of withdrawal. Access to basic supplies to avoid withdrawal.
- Arrange for and assist with refilling prescriptions, including how to support individuals who need access to daily medications such as methadone. Consider what assistance clients and guardians may need to obtain and take prescription or over-the-counter medications. Ensure clients can refrigerate medications, if needed.
- Provide dedicated case management (onsite or offsite) to ensure human services and healthcare needs are met as well as plan for exit from the hotel/motel setting to stable housing or return to congregate shelter.
- Provide for safe needle disposal. Hotels are not responsible for providing needle disposal or making these provisions.
- Establish a procedure to identify and transport if client requires greater medical attention or treatment.
- Track services in HMIS.

Quarantine and Isolation Units

Population to be served:

COVID +: Individual that has tested positive for COVID-19. This will include people who are confirmed COVID + but do not require hospitalization (at this point) AND people who have completed hospital stays and no longer require hospitalization but who are still potentially infectious.

Person Under Investigation (PUI): Medical term for an individual with positive symptom screen or, if possible, a positive secondary screen (meaning a Registered Nurse (RN) or other medical professional, as referred to by outreach or shelter staff, has screened the individual and considers the individual at high risk of infection).

Additional care requirements beyond the Common Guidelines:

- Clients are encouraged and supported to follow isolations or quarantine requirements, and must remain onsite at all times except for medical appointments.
- All staff must wear PPE when in contact with clients.
- Generally, round-the-clock onsite staffing to monitor facility to ensure compliance with isolation/quarantine orders, communicate and coordinate with multiple agencies and health care providers, provide comfort and support to those in isolation/quarantine,

perform administrative tasks related to record keeping, and respond to emergency situations.

- On-site health care staff should monitor symptoms and support additional health care needs of guests. Note: Isolation sites for people who are asymptomatic but at high risk for severe symptoms may not need on-site health care staff.
- Individuals with active substance use, mental health symptoms or who may be aggressive or non-cooperative will need a higher level of care.

Specialized Units

Population to be served:

High Risk of Medical Complication Individual: Individual with high risk of POOR OUTCOMES if they were to become COVID +. Specific populations include individuals who are 50/60 years of age or older and people of any age with preexisting lung disease, heart disease, cancer, diabetes, HIV, or other major medical conditions.

Higher Need: Individual that requires assistance with ADLs or is medically frail or has high behavioral health needs that cannot be accommodated in a congregate shelter.

Additional care requirements beyond the Common Guidelines:

- Clients are encouraged and supported to engage in social isolation practices but may leave the site in compliance with any local emergency restrictions on activities, such as “lock down” or “stay-at-home” measures. A program curfew should be imposed.
- Daily screening for possible COVID-19 infection with protocols in place to refer for appropriate medical assessment to determine if clients are becoming symptomatic or otherwise need further assessment. See [Screening clients for respiratory infection symptoms at entry to homeless shelters](#) (CDC)
- At least daily staffing with 24/7 remote support to monitor facility, communicate and coordinate with multiple agencies and health care providers, provide comfort and support to those in respite, perform administrative tasks related to record keeping, and respond to emergency situations. See exception below.
- Respite programs that serve individuals with active substance use, mental health symptoms or who may be aggressive or non-cooperative will need a higher level of care and require 24/7 onsite staff.

Basic Shelter Units

NOTE: Priority uses are both to serve those who would be otherwise unsheltered and to add capacity in order to deconcentrate congregate emergency shelters.

Population to be served:

Presumed COVID-19 negative (not COVID + or PUI): These individuals are currently not showing symptoms but may still be or could become COVID + and individual can do activities of daily

living (ADLs), and can manage (e.g. no significant behavioral health needs) in a hotel, motel, or trailer setting.

Low(er) Risk of Medical Complication individual: Individual who would be at lower risk for severe consequences were they to become COVID +.

Additional care requirements beyond the Common Guidelines:

- Clients are encouraged and supported to engage in social isolation practices but may leave the site in compliance with any local emergency restrictions on activities, such as “lock down” or “stay-at-home” measures. A program curfew should be imposed.
- Daily screening for possible COVID-19 infection with protocols in place to refer for appropriate medical assessment to determine if clients are becoming symptomatic or otherwise need further assessment. See [Screening clients for respiratory infection symptoms at entry to homeless shelters](#) (CDC)
- At least daily staffing with 24/7 remote support to monitor facility, communicate and coordinate with multiple agencies and health care providers, provide comfort and support to those in hotel, perform administrative tasks related to record keeping, and respond to emergency situations.
- Depending on the population and if two beds are available, room sharing of compatible individuals or couples might be feasible.