COVID-19: Guidance for Quarantine and Isolation Facilities

This guidance applies only to those exposed or ill Soldiers who typically reside in a barracks, dormitory, or other congregate living setting. Such Soldiers are unable to remain in group housing during a recommended quarantine or isolation period. This guidance assumes compliance with Department of Defense direction on the use of cloth face coverings.

Soldiers who may have been exposed to COVID-19 but are NOT ill

Soldiers:
- with pertinent travel histories
- who were identified as contacts of presumed or confirmed COVID-19 patients

Soldiers will have their movement restricted for 14 days since their last known exposure in a non-medical facility apart from the remainder of the barracks-dwelling population with whom they typically reside

Quarantine Facilities[1]

SEE PAGE 2

Soldiers who are actively ill with presumed or confirmed COVID-19 infection and those with confirmed infection, but no symptoms of illness

Soldiers who:
- are medically stable and do NOT require hospitalization
- can be cared for in a non-medical residential-type facility

Soldiers must be isolated from the remainder of the barracks-dwelling population with which they typically reside

Isolation Facilities[2,3]

SEE PAGE 4

- Guidance for cleaning and disinfecting common areas is available on **page 6**
- Information on proper handwashing is available on **page 7**
- Tips for at-home quarantine are available on **page 8** (Visit https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=1792 for a version of this document that allows you to fill in the emergency phone number for your location)

COVID 19 CORONAVIRUS DISEASE

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Quarantine Facilities

Quarantine Facilities[1]

Quarantine facilities are intended for persons who may have been *exposed* to COVID-19, but are *not ill*. This includes Soldiers with pertinent travel histories and/or Soldiers who are identified as contacts of presumed or confirmed COVID-19 patients. Such potentially exposed Soldiers will have their movement restricted for 14 days since their last known exposure in a non-medical facility apart from the remainder of the barracks-dwelling population with whom they typically reside. To maximize the effectiveness of quarantine, it is imperative to separate individuals to the extent possible during their period of quarantine.

Facility

Sleeping Quarters

- Ideally, each quarantined individual should be in separate sleeping quarters.
- At a minimum, sleeping quarters should be available which provide enough space for persons to practice social distancing (i.e., maintain a distance of approximately 6 feet from others at all times).

Bathroom Facilities

- Adequate facilities and products must be available for hand hygiene (e.g., hand-washing facilities, hand sanitizer).
  - Both quarantined persons and attending personnel should perform hand hygiene frequently. Hands should be washed often with soap and water for at least 20 seconds or an alcohol-based hand sanitizer that contains 60-95% alcohol should be used. Hand sanitizer should cover all surfaces of hands and hands should be rubbed together until dry. Soap and water should be used preferentially if hands are visibly dirty.
  - Additional information can be found in the Army Public Health Center (APHC) Wash Your Hands to Stop the Spread of Germs flyer at https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=759.

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Laundry/Food

- The unit must provide laundry services for the quarantined persons.
  - Utilize routine laundering practices.
- The unit must provide food services for the quarantined persons.

Other

- Shared spaces should have good air flow, such as air conditioning or opened windows, weather permitting.
- Consider dedicated, separate storage for clean supplies (e.g., linen, PPE) and for “dirty” items (e.g., soiled laundry, trash, other waste).
- Avoid porous surfaces (e.g., upholstered furniture, carpet) to the extent possible.
- All frequently-touched surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables should be cleaned every day.
  - Use a household cleaning spray or wipe, according to the label instructions. An Environmental Protection Agency-registered household disinfectant is recommended (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
  - Find additional APHC guidance at COVID-19 Cleaning and Disinfection (https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=1788).
  - While assigned personnel may perform terminal cleaning of rooms, quarantined persons are to perform daily cleaning tasks.
  - Remove trash from rooms on a daily basis.
- Additional APHC guidance is available at COVID-19 Ten Tips for At-Home Quarantine (https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=1779).

Personnel

For every ten (10) quarantined persons residing in the facility, consider assigning one (1) non-medical, administrative “caregiver” to attend to facility residents and routine operations.

Health Observation

Quarantined persons may either be asked to take their own temperatures twice a day or to remain alert for subjective fever, depending upon their individual risk for exposure. Quarantined persons should also remain alert for the development of other symptoms consistent with COVID-19 infection, to include cough or difficulty breathing.

If a quarantined person feels feverish or develops a measured fever, cough, or difficulty breathing during the quarantine period, they should further limit contact with others and notify attending personnel. The attending personnel must understand local procedures for contacting the nearest Military Treatment Facility for instructions and assistance.

Quarantine Facilities

Personal Protective Equipment (PPE)

Quarantined Persons

- In the event a quarantined person develops symptoms during the quarantine period, the quarantined person should don a surgical mask (not a N-95 respirator) to minimize the dispersion of droplets from coughs and sneezes while awaiting medical assessment and before an administrative caregiver enters the room.
- Consider allocating one (1) surgical mask per quarantined person per quarantine period for this purpose.

Administrative Caregivers

- In addition to their cloth face covering, personnel assigned to handle soiled laundry should wear disposable gloves when performing these duties.
- Consider allocating one (1) pair of disposable gloves to each administrative caregiver per laundry load assigned.
- Personnel may be assigned to deliver meals to and retrieve meals from quarantined persons. In addition to their cloth face covering, personnel should wear disposable gloves when retrieving meals from a quarantined person's room.
- Consider allocating one (1) pair of gloves to each administrative caregiver for use during each round of meal retrievals.
- In the event a quarantined person requires assistance with taking his/her temperature, caregivers are to don surgical masks (not N-95 respirators) and gloves when participating in such direct contact activities.
- Consider allocating two (2) surgical masks and two (2) pairs of gloves to each caregiver per quarantined person per quarantine period for this purpose.
- Cloth face coverings are to be regularly washed with normal laundry and dried in the dryer. Disposable surgical masks and gloves are to be thrown away after use. When removing personal protective equipment, first remove and dispose of gloves. Then, immediately wash hands with soap and water or use an alcohol-based hand sanitizer. Next, remove and dispose of the surgical mask without touching the front of the mask. Immediately again wash hands with soap and water or use an alcohol-based hand sanitizer.

Waste

- Used disposable surgical masks and gloves should be placed in a lined container before disposing of them with other facility waste. These items are NOT medical waste and require no special handling.
- Hands should be washed with soap and water or cleaned with an alcohol-based hand sanitizer immediately after handling these items.

Criteria for Discontinuing Quarantine

Persons may be released from quarantine at the conclusion of the recommended quarantine period. Currently, there are no criteria to inform a safe, "earlier" release from quarantine. Specifically, there are no current laboratory tests which can be used to "clear" an individual for early release from the quarantine period.

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Isolation Facilities

Isolation Facilities[2, 3]

Isolation facilities are intended for the isolation of actively *ill* persons and those with confirmed infection, but without symptoms of illness. This includes Soldiers with presumed or confirmed COVID-19 infection who are medically stable, do not require hospitalization, and can be cared for in a non-medical residential-type facility, but must be isolated from the remainder of the barracks-dwelling population with which they typically reside.

Facility

Sleeping Quarters

- Separate sleeping quarters should be available for the isolated person such that he/she can recover without sharing immediate space with others.
- If separate sleeping quarters are not available, sleeping quarters should be provided which afford enough space for persons to practice social distancing (i.e., maintain a distance of approximately 6 feet from others at all times).

Bathroom Facilities

- Separate bathroom facilities must be available for isolated persons and attending personnel.
- Adequate facilities and products must be available for hand hygiene (e.g., handwashing facilities, hand sanitizer).
  - Both isolated persons and attending personnel should perform hand hygiene frequently. Hands should be washed often with soap and water for at least 20 seconds or an alcohol-based hand sanitizer that contains 60-95% alcohol should be used. Hand sanitizer should cover all surfaces of hands and hands should be rubbed together until dry. Soap and water should be used preferentially if hands are visibly dirty.
  - Find additional information in the APHC Wash Your Hands flyer at https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=759.

Laundry/Food

- The unit must provide laundry services for the isolated persons.
  - Soiled clothes or bedding must be removed and laundered immediately.
  - In general, items may be laundered using a normal laundry detergent according to washing machine instructions and dried thoroughly using the warmest temperatures recommended on the clothing labels.
- The unit must ensure food services for the isolated persons.
  - Consider the use of disposable plates and utensils.

Other

- Shared spaces should have good air flow, such as air conditioning or opened windows, weather permitting.
  - Ideal conditions would permit HVAC units to be mounted on external walls and able to accommodate some outdoor air dilution, as opposed to internal, 100% recirculation units.
- Consider dedicated, separate storage for clean supplies (e.g., linen, PPE) and for "dirty" items (e.g., soiled laundry, trash, other waste).
- Avoid porous surfaces (e.g., upholstered furniture, carpet) to the extent possible.
- All frequently-touched surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables should be cleaned every day.
  - Use a household cleaning spray or wipe, according to the label instructions. An Environmental Protection Agency-registered household disinfectant is recommended (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).
  - Find additional APHC guidance at COVID-19 Cleaning and Disinfection (https://ephc.amedd.army.mil/HIPECatalog/viewItem.aspx?id=1788).
  - While assigned personnel may perform terminal cleaning of rooms, isolated persons are to perform daily cleaning tasks.
  - Remove trash from rooms on a daily basis.

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Personnel

For every ten (10) isolated persons residing in the facility, consider assigning one (1) administrative (non-medical) "caregiver" and one (1) medical "caregiver" (e.g., unit medic or equivalent) to attend to facility residents and routine operations.

Health Monitoring

Medical caregivers may assist isolated persons with taking their temperatures twice a day. Isolated persons and caregivers should remain alert for worsening of symptoms, to include coughing or difficulty breathing.

If the isolated person's symptoms worsen, the attending personnel must understand local procedures for contacting the nearest Military Treatment Facility for instructions and assistance.

Isolation Facilities

Personal Protective Equipment (PPE)

Isolated Persons

- Isolated persons are to wear surgical masks (not N-95 respirators) when in contact with other residents and personnel to minimize the dispersion of droplets from coughs and sneezes.
- Consider allocating four (4) surgical masks per isolated person per day for this purpose.

Medical Caregivers

- The medical caregiver may assist isolated persons with taking temperatures or other basic care needs. Medical caregivers are to don surgical masks (not N-95 respirators) and gloves when participating in such direct contact activities or if otherwise in contact with the isolated person's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, or urine.
- Consider allocating two (2) surgical masks and two (2) pairs of gloves to each medical caregiver per isolated person per day for this purpose.
- Disposable surgical masks and gloves are to be thrown away after use. When removing personal protective equipment, first remove and dispose of gloves. Then, immediately wash hands with soap and water or use an alcohol-based hand sanitizer. Next, remove and dispose of the surgical mask without touching the front of the mask. Immediately again wash hands with soap and water or use an alcohol-based hand sanitizer.

Administrative Caregivers

- In addition to their cloth face covering, those personnel assigned to handle soiled laundry should wear disposable gloves when performing these duties.
- Consider allocating one (1) pair of disposable gloves to each administrative caregiver per laundry load assigned.
- Personnel may be assigned to deliver and retrieve meals to isolated persons. Personnel should wear a surgical mask if delivering meals to an isolated person's room and wear a surgical mask and disposable gloves when retrieving meals from an isolated person's room.
- Consider allocating one (1) surgical mask to each administrative caregiver for use during one (1) round of meal deliveries. Consider allocating one (1) surgical mask and one (1) pair of gloves to each administrative caregiver for use during each round of meal retrievals.
- Disposable surgical masks and gloves are to be thrown away after use. When removing personal protective equipment, first remove and dispose of gloves. Then, immediately wash hands with soap and water or use an alcohol-based hand sanitizer. Next, remove and dispose of the surgical mask without touching the front of the mask. Immediately again wash hands with soap and water or use an alcohol-based hand sanitizer.

Waste

- Used disposable surgical masks and gloves should be placed in a lined container before disposing of them with other facility waste. These items are NOT medical waste and require no special handling.
- Hands should be washed with soap and water or cleaned with an alcohol-based hand sanitizer immediately after handling these items.

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Criteria for Discontinuing Isolation[4]

Persons with symptoms may discontinue isolation if:

- At least 10 days have passed since symptom onset AND
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications (e.g., acetaminophen, ibuprofen) AND
- Other symptoms have improved

Persons infected but who never develop symptoms may discontinue isolation if:

- 10 days have passed since the date of their first positive RT-PCR test for SARS-CoV-2 RNA

(Note: The test-based strategy is no longer recommended)

REFERENCES

[1]Centers for Disease Control and Prevention, Evaluating Persons Under Investigation and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings, https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html, last accessed on 26 March 2020.

[2]Centers for Disease Control and Prevention, Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19), https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html, last accessed on 26 March 2020.

[3]Centers for Disease Control and Prevention, Alternate Care Sites and Isolation Sites, https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/alternative-care-sites.html, last accessed on 31 March 2020.

[4]Centers for Disease Control and Prevention, Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings, https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html, and Duration of Isolation and Precautions for Adults with COVID-19, https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html, last accessed on 22 July 2020.

Coronavirus Disease 2019 (COVID-19)

Cleaning and Disinfection

As part of your everyday prevention actions, regularly clean and disinfect frequently touched surfaces and objects. Cleaning of visibly dirty surfaces followed by disinfection is a best practice for the prevention of COVID-19 and other viral respiratory illnesses in community settings.

Always wear appropriate personal protective equipment and use products as specified on the label.

Cleaning

Clean surfaces using soap and water daily. Practice routine cleaning of frequently touched surfaces, especially in common areas.

Frequently touched surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfection

Use diluted household bleach solutions if appropriate for the surface.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

OR

- 4 teaspoons bleach per quart of water

Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent, if it is dirty. Then, use an Environmental Protection Agency (EPA)-registered household disinfectant*.

Soft Surfaces

For soft surfaces such as **carpeted floors, rugs, and drapes,** remove visible soil with appropriate cleaners, then launder if possible. If not possible to launder, disinfect with an EPA-registered disinfectant*.

Laundry

Wash clothing and bed linens weekly using detergent and warm water. Dry completely. Do not shake dirty laundry. Clean and disinfect hampers after emptying.

More information:
TB MED 531 Facility Sanitation Controls and Inspections
*EPA Registered Disinfectants www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

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version 1.1

Wash your hands

to keep from getting sick and to prevent the spread of germs

1 Wet hands. Use warm water if available.

2 Apply soap.

3 Lather for 20 seconds and scrub thoroughly.

4 Rinse well under running water.

5 Dry hands with a paper towel or warm air blower.

6 Turn off the faucet with a paper towel, if available.

Always wash your hands:

- Before and after you prepare or eat food.
- After you use the bathroom or change diapers.
- After you sneeze, cough or blow your nose.
- Before and after tending to someone who is sick.
- Before and after you treat a cut or wound.
- After handling an animal or animal waste.
- After you handle garbage.

If soap and water are not available, use an alcohol-based hand cleaner. Check the label to be sure the product contains at least 60% alcohol.

- Apply product to the palm of one hand.
- Rub the product over all surfaces of hands and fingers until hands are dry. Do not use paper towels or warm air blower.

NOTE: Warm air blowers and alcohol gels are not approved in food operations.

APHC

http://phc.amedd.army.mil

CP-077-1117

Coronavirus Disease 2019 (COVID-19):

10 Tips for At-Home Quarantine or Self-Monitoring

If you have been directed to quarantine or self-monitor at home because of possible COVID-19 contact:

1. **Stay home** from work, school, and away from public places. If you must go out, avoid using public transportation, ridesharing, or taxis.

2. **Monitor for symptoms** and take your temperature twice daily. If you develop symptoms or a fever, then call your healthcare provider immediately.

3. **Get rest, stay hydrated, and exercise** if possible. If you are able to exercise, do so in your home or yard. Avoid the gym or other locations where you may come into contact with others.

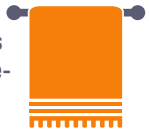
4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have been exposed to COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have been exposed to COVID-19.

6. **Take everyday actions** to prevent the spread of germs.
   - Clean your hands often with soap and water for at least 20 seconds or an alcohol-based hand sanitizer that contains at least 60% alcohol.
   - Cover your cough/sneeze.
   - Avoid touching your eyes, nose, and mouth.
   - Wear a cloth face covering when you cannot maintain 6 feet of social distance in public areas or work centers.

7. As much as possible, **stay** in a specific room and **away from other people** and pets in your home. Use a separate bathroom, if available.

8. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



9. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

10. **Make the best of your time at home** by teleworking if you're able or catching up on reading, exercising, or other hobbies.

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