

# Oregon COVID-19 Response: Congregate and Non-Congregate Facilities

## *Definitions of placement types*

DRAFT 4/23/20

In response to the COVID-19 pandemic and an effort to protect the health and safety of all Oregonians, several types of facilities have been established by state/local government and hospitals to temporarily house, treat, and aid the recovery of Oregonians. This document outlines definitions for the various types of facilities. To the extent possible, it is recommended that local jurisdictions use this set of definitions to facilitate common language and understanding.

### ALTERNATE CARE SITES

“**Alternate Care Site (ACS)**” refers to temporary **healthcare** sites where hospitals and/or public agencies provide varying levels and types of **medical** care in spaces that are not already licensed to provide medical care. These sites could include conversion of unused or differently used spaces within already-licensed sites (e.g. closed wards, ambulatory surgery centers, physical therapy departments), or off-site facilities such as gyms, convention centers or hotels. They can be set up and operated by hospitals or public agencies acting alone or in partnership.

These sites can vary greatly according to multiple variables, including:

- **Purpose:**
  - **Isolation Alternate Care Sites** are for **treating** COVID positive patients **who need care**. They are often used to relieve demand for hospital beds but can also be used to help manage and contain outbreaks within a community, such as an outbreak at a long-term care facility, by providing a place to house **and provide care to** infected residents. They are typically set up for people who need low medical care and will send people to a hospital if they have acute medical care needs.
  - **Step-Down Alternate Care Sites** are used for sheltering and isolating COVID positive patients who are discharged from a more acute site, like a hospital, and need continued monitoring and low levels of medical care. **These facilities may be particularly relevant for individuals who normally reside in a congregate setting, such as a homeless shelter, and need medical treatment to fully recover prior to returning.**
  - **Medical Surge Alternate Care Sites** are used for moving non-COVID patients out of acute care settings, like hospitals, when they require a lower level of medical care. This creates greater capacity for hospitals to receive and treat COVID-positive patients. Medical Surge sites do not accept patients with COVID symptoms in order to prevent the spread of disease.
- The **type of organization** that stands up and operates the ACS.

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- **Hospitals** can request temporary licenses for establishing ACS facilities either on existing hospital property, or at an off-site facility such as a hotel or gym.
- **Government agencies** such as a local public health agency can also set up and operate an ACS. Depending on the level of medical care provided, a government-run ACS may or may not need to obtain a license. In some cases, local public health authorities in Oregon can establish an “emergency health care center” under ORS 401.657.<sup>1</sup>
- **Facility lay-out**
  - **Open floor plan** facilities include gyms, convention centers, warehouses and other spaces that place multiple patients and beds in a large area, with appropriate spacing between beds. Such facilities can be used for isolating and providing care for COVID positive patients but should not be used as quarantine sites.
  - **Individual patient room** facilities such as hotels, dorm rooms, or apartments provide private bedrooms and bathrooms for patients and families. If possible, one facility should not house both COVID positive and COVID negative/unknown patients. If a facility does have a mixed patient population, they will need to adhere to infection prevention guidelines.
- **The level of medical care** provided
  - **General (non-acute) Care:** General, low-level care for mildly to moderately symptomatic COVID-19 patients. This includes patients that may need oxygen (less than or equal to 2L/min), who do not require extensive nursing care, and who can generally move about on their own. This type of ACS might care for nursing home residents who have COVID-19 and need to be moved out of their facility or patients with COVID-19 who are currently hospitalized but can be discharged to a lower level of care.
  - **Acute Care:** Higher acuity care for COVID-19 patients. This level includes critical care, emergency care, and advanced cardiovascular life support (ACLS). In most cases, this level of care will be provided at a hospital, and not in an ACS.

In addition to this general set of variables, ACS’s can also be set up for specific sub-populations, such as older adults, based on need.

If an organization is considering opening and operating an ACS, they should start by contacting their [OHA Regional Emergency Coordinators](#) (also known as regional Public Health Liaisons and

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<sup>1</sup> Local public health agencies interested in pursuing this designation for a site should work with their [OHA Regional Emergency Coordinators](#) (also known as regional Public Health Liaisons and Healthcare Liaisons)

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Healthcare Liaisons) to get the latest information on the capacity of existing licensed facilities to determine actual need, along with more detailed guidance from Oregon Health Authority (OHA).

In general, it is probably the most efficient use of existing resources and capacity for ACS's to be operated as a satellite of a licensed hospital or nursing facility. Satellites fall under the hospital's license. Many hospitals have already requested and received a temporary license from OHA to expand their capacity and are standing by to activate their extra beds. Operating under an existing health care facility license means that the process for reimbursement for medical care is already well established, in addition to access to case management and discharge planning. For more information about designating an ACS as a hospital satellite, visit [OHA's Health Facility Licensing & Certification Program](#).

## SHELTER FACILITIES FOR PERSONS EXPERIENCING HOMELESSNESS

Shelters are facilities set up to provide temporary housing to persons experiencing homelessness. They are generally operated by homeless service providers— often private non-profit entities but sometimes governmental or quasi-governmental entities. During a public health crisis such as an infectious disease pandemic, homeless shelters play a critical role in preventing the spread of disease.

Most shelters operate in **congregate** settings, where members of different families/households reside within a common facility and share spaces such as dining areas, restrooms living/entertainment space, and sometimes sleeping areas. In an infectious disease outbreak, **non-congregate shelter** becomes even more essential, as housing individuals in separate facilities can help prevent the spread of infection.

### Types of shelters:

- **Existing Emergency Shelters** are sheltering facilities that existed prior to the COVID-19 crisis and will likely continue to operate beyond its conclusion. They may serve a variety of populations such as single adults, youth, families with minor children, victims of domestic violence, and others. Some types of emergency shelters, such as warming shelters, are temporary, weather-activated and only operate during certain times of year. The most common type of existing shelter is **congregate shelter**, though non-congregate facilities may exist. It is generally recommended that any resident experiencing COVID symptoms or who tests positive for COVID is removed from congregate shelter and moved to an isolation setting. These shelters do not provide any

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level of medical care, but generally provide meals, other basic resources such as hygiene supplies, and case management services.

- **COVID-Specific Social Distancing Shelters** are emergency shelters that are set up in response to the COVID-19 pandemic in order to create additional shelter capacity that will allow for proper social distancing. These shelters are necessary when Existing Emergency Shelters do not have the physical space to allow for social distancing that's necessary mitigate the spread of infection, such as bed spacing and adequate meal settings. Entities establishing Social Distancing Shelters are often local government (cities and counties) in partnership with nonprofit homeless service providers. Social distancing shelters are generally congregate settings and are not intended to house those who are symptomatic or COVID-positive. These shelters do not provide any level of medical care, but generally provide meals, other basic resources such as hygiene supplies, and case management services.
  
- **COVID-Specific Non-Congregate Shelters** are facilities set up in response to the COVID-19 pandemic, in order to allow for isolation and/or quarantine of individuals experiencing homelessness. These facilities generally do not provide any level of medical care, but do provide meal delivery, basic resources, and often case management/other supportive services (often telephonically). Non-congregate sheltering often takes place in a hotel or motel facility, given that these buildings allow for separate living and restroom spaces. This may include hotels/motels where the entire facility has been converted to a shelter, or where only a portion of the rooms are dedicated for this purpose. The individuals placed in non-congregate settings vary, but generally include:
  - Individuals who have underlying health conditions, are medically fragile, over 65, or are otherwise considered to be at risk of contracting the virus. These individuals may be sheltered preventatively to reduce their risk of exposure to the virus in congregate or outdoor/camping settings.
  - Individuals who have been exposed to the virus but have not tested positive or begun to exhibit symptoms. These individuals may need to be **quarantined** from the general population for a period of time until it is determined that they have not contracted the virus.
  - Individuals who display COVID symptoms but have not yet received a positive test result, and do not require onsite medical care or monitoring.
  - Individuals who have tested positive for COVID, but do not require onsite medical care or monitoring. These individuals are generally recommended to be **isolated** from the general population until it is determined that they have recovered and/or are no longer contagious. This includes individuals who have been discharged from a higher level of care, such as a hospital, but need

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additional time to recover prior to returning to a congregate or outdoor/camping setting.

Any organization looking to set up a new shelter setting in response to the COVID-19 pandemic should work closely with their local Emergency Manager, Regional Emergency Coordinator, Local Public Health Authority, HUD Continuum of Care, Community Action Agency, and city/county government as appropriate. Each local jurisdiction should work in a coordinated fashion to establish a continuum of services and supports to ensure the homeless population is properly cared for and protected throughout the pandemic. Often, sheltering services provided in response to an emergency can be a FEMA-reimbursable activity, but organizations should consult with their local Emergency Operations Center and the State Public Assistance Program prior to initiating FEMA requests.

### ISOLATION AND QUARANTINE FACILITIES FOR PERSONS WHO ARE PERMANENTLY HOUSED

At times, individuals who have permanent housing, whether in a private residence or a setting such as a long-term care facility, may need an alternate place to stay on a temporary basis after being exposed to or contracting COVID-19. These facilities are distinguished from Alternate Care Sites in that they do not provide medical care. Generally, these facilities would serve the purpose of either:

- **Isolation:** used for housing COVID-positive patients who cannot stay at home, as they may risk exposing others to the virus. These are often used to help manage and contain outbreaks within a community, such as an outbreak at a long-term care facility, by providing a place to house infected residents.
- OR
- **Quarantine:** used for housing people who have been exposed to the virus but have not tested positive or begun to exhibit symptoms. The purpose of the quarantine site is to keep exposed people separate from the general population. In general, quarantine sites can help limit the establishment of a disease in a general population but are of limited use once a disease is established in a population.

Need more on this section