



**Interim Recommendations regarding Shelter Characteristics for the 2019 Novel  
Coronavirus Outbreak United States Government Repatriation Operation  
1 February 2020**

**Background:**

In the setting of the expanding outbreak associated with a novel coronavirus from Wuhan, the United States Government has arranged for evacuation of US personnel in affected areas. Because these individuals will be evacuating from an outbreak zone, health screening and exposure risk assessments will be required to determine presence of illness or history of high-risk exposures upon entry to the US. Upon entry into the United States, these individuals will be placed under a quarantine order for 14 days after their last potential exposure to allow for illness detection and health monitoring. Individuals within the group will have different antecedent exposure risks. They should not be housed together in congregate settings, where an individual who becomes symptomatic could expose the rest of the evacuees.

**Shelter requirements:**

- 1) Separate quarters with separate bathroom facilities for each individual or family group are preferred.
  - a. Cleaning supplies, e.g. household cleaning wipes, must be provided in any shared bathroom.
  - b. If an individual sharing a bathroom becomes symptomatic, all others sharing the bathroom should be considered PUI contacts until the symptomatic person is appropriately evaluated and cleared.
- 2) No close congregation for social or dining activities. Food should be delivered to the individual quarters.
- 3) Overhead announcements and group SMS should be used instead of physical gatherings to share information.
- 4) Quarters should have a supply of face masks for individuals to put on if they become symptomatic.
- 5) Other support services (e.g. laundry, prescription medication refills, telephone/wifi/communication capability) will need to be provided.
- 6) Garbage should be bagged and left outside by the door of each of the quarters for routine pick up. Special handling is not required.
- 7) Appropriate infection control capabilities to manage initial clinical assessment of individuals who become ill should include a designated room(s) with a door that can be closed. The room(s) should be separate from residential facilities. Symptomatic individuals should be promptly evaluated and, if appropriate, await transfer to a medical facility in the room keeping the door closed. The room should be supplied with disposable facemasks for the ill individual to wear throughout the evaluation and

transport process. Cleaning supplies e.g., hospital disinfectant spray or wipes, should be stocked in each evaluation room to clean and disinfect the room's surfaces after it's vacated by the ill individual. Current CDC healthcare guidance is here:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

- 8) Each residential space, all common areas for staff members, and each clinical evaluation room must have supplies of alcohol-based hand rubs, as well as sinks with soap and water, and paper towels.
- 9) PPE supplies (disposable face shields, N95 disposable respirators, disposable gowns and gloves) should be maintained in each clinical assessment area to allow for response and assessment of individuals who become ill.
- 10) A system for temperature and symptom monitoring should provide assessment in-place for the individuals/family groups in their separate quarters.
- 11) Nearby medical facilities should have the capability to manage the assessment and treatment of ill persons (to include normal airborne infection isolation rooms)
- 12) The location should be secure against unauthorized access and be appropriate for enforcing quarantine, if enacted.

A handwritten signature in black ink, appearing to read 'Michael Bell', with a long, sweeping flourish extending to the right.

Michael Bell, MD  
Deputy Director, Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention