

Guidance and Protocols for COVID-19 Isolation & Recovery Sites (I&RS)

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Isolation & Recovery Sites (I&RS) Overview

a. Program Overview

The State of [Insert state here] is standing up regional **Isolation and Recovery Sites (I&RS)** located in hotels across the state for individuals who need a safe place to isolate. Transportation will be provided to the site.

CLINICAL ELIGIBILITY: Individual with a positive COVID-19 test result

Individuals must be able to safely isolate without intensive medical supervision. These sites are NOT available for individuals who:

- Require assistance with Activities of Daily Living from on-site staff; or
- Require medication administration (except for methadone); or
- Require the level of care provided at a Skilled Nursing Facility.

FINANCIAL ELIGIBILITY:

- Individuals that are experiencing homeless or housing instability *i.e., People who normally sleep at a shelter, on the street, for whom home is unsafe due to violence, or who do not have a permanent address* **OR**
- Individuals in households making less than 400% of the Federal Poverty Level in need of a safe place to isolate, including but not limited to overcrowded households, living with a high risk individual (older adult, immunocompromised), etc.

Guests will receive medical monitoring (e.g., vitals), basic needs support (e.g., food) on-site and other supports (e.g., behavioral health) to allow them to safely complete their isolation and recovery period – protecting themselves and their communities.

Referring entities and organizations such as hospitals, homeless shelter providers, emergency services agencies, community health centers, and self-referrals may contact the intake vendor to ensure eligibility, register their client/resident for the program, and get the guest placed and transported to the nearest Isolation & Recovery Site accepting placements.

<p>Intake</p>	<p>Initial Contact: Shelter, healthcare provider, Local Board of Health, or other (e.g., EMS or self-referral) contacts I&RS intake phone line about individual with positive COVID-19 case</p> <p>Placement: Intake line finds available placement and coordinates transportation to I&R Site</p> <p>Transportation: Transportation picks up individual to bring to I&R Site</p> <p>On-site intake: Clinical Monitoring Team reviews symptoms and takes vitals of newly arrived guests</p>
<p>On-site Services</p>	<p>Clinical Monitoring Team:</p> <ul style="list-style-type: none"> - Site manager to direct onsite Care Monitoring Team and operations - 24/7 licensed medical clinician (e.g. RN, MD, PA) support to round on guests (vitals, monitoring symptoms, managing chronic conditions) - Behavioral health specialists through specific site vendor/resource, including DMH PATH program - Medication continuation support & psychiatric medications - iPads available for telehealth appointments - 24/7 interpretation/translation available via phone, 200+ languages <p>Logistics and Site Operations:</p> <ul style="list-style-type: none"> - 3x daily meal service - 24/7 security on-site - Internet & phone lines - Cleaning, laundry services, and waste removal - Delivery of personal protective equipment for staff
<p>Exit</p>	<p>Discontinuation of Isolation: RN follows DPH criteria for Discontinuation of Isolation to identify individuals</p> <p>Discontinuation of Isolation Form: RN fills out standardized Discontinuation of Isolation form, retains copy for record & individual takes copy for re-entry into shelter</p> <p>Warm Handoff for homeless guests:</p> <ul style="list-style-type: none"> - Notify shelter, Local Board of Health - Transportation - Ensure supply of food & prescription medications <p>Logistics:</p> <ul style="list-style-type: none"> - Room cleaning & decontamination - Turnover of room for new guest

b. Clinical Monitoring & Social Support Services

On-site staffing model

Medical Monitoring

Clinical Monitoring Team (staffed by local CHC or staffing agency), includes:

- Licensed medical clinician (e.g. RN, MD, PA, NP)
- Certified Nursing Assistance, Home Health Aide
- Onsite clinician 2x per week

Behavioral Health

Behavioral Health support through Project for Assistance in Transition from Homelessness (PATH).

Pharmacy Assistance

- Pharmacy Assistance team from [Insert pharmacy assistance team institution here]

Services

Medical Monitoring

- Vitals 2x day (e.g. Temp, O2 sat)
- COVID-19 symptom monitoring
- Medical management support for chronic conditions
- EMS protocols in place when necessary
- Telehealth with providers via phone or video (iPads)
- 24/7 translation services available

Behavioral Health

- Continuation of substance use disorder medications – e.g., naloxone, buprenorphine, naltrexone, methadone, etc.
- Other meds & supportive care

Remote PATH services:

- Tele-psychiatry, including MAT
- Tele-counseling
- Recovery Coaching
- BH Community Partner linkages

Virtual Outpatient Services:

- Recovery Coaches
- 30 Minutes brief counseling (1-3 time per week pending needs)
- SUD Counseling
- Bridge sessions for transition to community provider
- Prescribing capacity if necessary
- Support for management of MAT
- Case Management and referrals

LICSW Services:

- Work with nursing staff to assess BH needs
- Weekly debriefing sessions for onsite staff
- De-escalation training for staff
- SUD Training for staff
- Coordination with Eliot for BH Services
- 30 brief sessions/ SUD

Pharmacy Assistance

- Chronic medication maintenance
- Pharmacy Assistance line to review prescription needs of guest & coordinate with pharmacies and provider offices
- Consultations with End Mass Overdose for SUD/psychiatric Rx
- Delivery of medications to I&R Site
- Comfort meds available (Tylenol, ibuprofen)

I. Site Preparation and Closing

a. New Site Preparation: High-level Requirements

Contractor/Partner Preparation

- Review Site Proposal with the state’s COVID-19 Command Center (or equivalent state body), discuss site-specific considerations
- Confirm site contract (e.g., hotel)
- Conduct a walk through with all contractors and staff prior to first guest. This will ensure staff preparedness.
- If possible, engage an infectious disease expert (RN, MD, etc.) to walk through the site, designate hot and cold zones, set up PPE donning/doffing areas, and review other guest/staff flows as needed.
- Contact all local agencies (i.e. EMS, local police, etc.) to notify them of the site and review all protocols that include them
- Call Client Intake vendor to alert them of the new I&R Site available for placements.

Site Preparation

- Supplies:
 - Obtain initial Isolation & Recovery Site supply kit (including personal protective equipment)
 - Confirm supplies and toiletries provided by site in each room (e.g., 3 sets of linens, towels for 5 days, toilet paper, soap, shampoo, conditioner, trash bags, coffee, related accessories)
 - Confirm wheelchairs are available for use
- Signage:
 - Outline “hot” and “cool” zones
 - Ensure proper signage in rooms and around the site for guests, including but not limited to maps of hot/cool zones, social distancing recommendations, reminders to wear a mask, laundry and waste removal instructions, etc.
 - Ensure proper signage and documentation is available on site for staff, including but not limited to maps of hot/cool zones, PPE donning/doffing instructions, escalation protocols, important phone numbers, etc.
- Determine a way to procure and distribute necessary guest incidentals and other canteen supplies (e.g., snack items, etc.)
- Ensure site amenities are functional (e.g., phones and internet in guest rooms, ice machines on each floor, and computers and printers for staff)

Workflow Preparation

- Protocols:
 - Review escalation protocols for physical abuse and behavioral health incidences
 - Review protocol and education materials for proper donning and doffing of PPE
 - Review protocol for monitoring PPE inventory, outlining when new orders need to be placed, and naming the contact to place the order.
- Create a map of the site, including hot and cool zones, as well as designated smoking areas
- Outline roles and responsibilities for all parties involved

- Confirm 24/7 security services for the site
- Confirm cleaning services – including common area/hallway cleaning, disinfecting touch points, laundry (linens, towels & personal items), waste removal
- Confirm decontamination services to clean rooms and turnover when necessary
- Confirm transportation services – including vehicles and drivers
- Confirm clinical staffing and any necessary supports (CNA, Behavioral Health)
- Confirm Site Manager and any other administrative staff
- Confirm remote supports – Pharmacy Assistance line, Translation services, etc.

Key contact information of on-site staff

Position	Contact
Security	
Site Front Desk	
Site Maintenance	
Cleaning Services	
Clinical Staff	
Support Staff	
Site Manager	
Local Law Enforcement	

b. Site Closure Protocol: High-level Requirements

- Collect census by site and anticipated days of isolation for each guest to determine final closure date
- Command Center (or equivalent state body) communicate the anticipated closure to appropriate audiences (vendors, ERs, municipalities, local shelters, local EMS, local law enforcement and fire, etc.)
 - Notification should inform intake vendor to not accept new admissions to that site, and to refer future intakes to the closest site
- Begin consolidation of medical and incidental supplies
- Upon guest exit, follow normal decontamination protocols of rooms and keep track of all decontaminated rooms
 - Ensure no laundry is left

When all guests have been discontinued or transferred

- Nursing services and wraparound discontinued
- Security staff run a final sweep of room checks to ensure no guests remain
- Return hotel to original condition
 - Remove plumbing (e.g. temporary sinks)
 - Remove equipment
 - Perform any necessary construction/maintenance
 - Contractor brought in to clean and do janitorial service of guest rooms and common areas
 - Final linen service should be scheduled
- Warehouse staff pack up remaining supplies, PPE, and equipment to return to warehouse
 - Security may be discharged after supplies have been transported to warehouse
- Notify the municipality that closure is complete
- Walk through of hotel with Hotel Manager and Site Manager to ensure that post-program condition is acceptable

II. Intake Process

a. Guest Process with Intake Vendor

1. **Before completing an intake form, ask the caller the following questions:**

- *Does the person you are calling about currently have COVID-19?*
 - If they have a positive COVID-19 test, move ahead. Referrals from hospitals must have a confirmed positive test to be accepted.
 - If the referral is from a shelter or community, and the individual is symptomatic for COVID-19, has a pending test, and have been evaluated in-person by a medical provider (NP/PA/MD) with a recommendation to self-isolate at home for their presumed positive status, move ahead.
 - If they have symptoms but no test results or medical provider’s recommendation for isolation, explain to the caller that all guests in the isolation site have COVID-19, and that individuals who do not have confirmed COVID-19 must be kept away from the site to protect them from the high risk of transmission upon arrival-- they cannot go to the site.
- *Is the caller a:*
 - Self-referral (move ahead)
 - Homeless shelter (move ahead)
 - Hospital or healthcare provider (move ahead)
 - City/town officials, including EMS (move ahead)
 - Community Health Center (move ahead)
 - Other (stop process)
- *Is the person you are calling about homeless or unstably housed (e.g. people who normally sleep at a shelter, on the street, for whom home is unsafe due to violence, or who do not have a permanent address) **OR** in a household making less than 400% Federal Poverty Level?*
 - If yes, move ahead.
 - If no, tell the caller that the person does not currently qualify for the isolation program.

2. **Perform intake**

- Remind caller at the end of intake that any guest should come with a 14-day supply of medication, at minimum, if at all possible.

3. **If transport was requested upon intake, contact the transport company and schedule pick-up.**

4. **Ask driver when their estimated pick-up and drop-off time is.**
5. **Alert caller of anticipated pick-up time.**
6. **Alert site nurse of anticipated drop-off time with full name(s) and date(s) of birth of guest(s).**

Intake for DV Survivors (Code Purple)

Survivors of Domestic Violence/Intimate Partner Violence should be referred to as **Code Purple** guests to denote that the guest is a DV shelter client without having to use that terminology, which could compromise confidentiality and safety.

Intake for this population may occur in two ways:

1. **Self-referral:** Shelter guest calls intake line and informs the intake worker that they are calling about a Code Purple. The survivor making the call themselves is empowering and necessary as shelters are prohibited from disclosing client information. The shelter advocate should offer to stay with the guest when they call in case issues arise in navigating the process.
2. **Provider referral:** A community-based sexual or domestic violence program can also access the I&RS on behalf of a program participant but should be prepared to state that the participant does not have safe housing available, as this is an I&RS requirement for admission.
 - If the shelter guest prefers not to call the intake line themselves, the shelter advocate can make the intake call using the guest's name. The guest would need to sign a Release of Information (ROI) form.

If the guest prefers, the intake process can be done using a pseudonym. The guest can use this name throughout the process, except if prescriptions are filled by the I&RS on-site nursing staff. The nurse will need the guest's real name. Note that guest information (including name) will not be shared with any callers via the intake line or onsite clinical staff, but a health care provider calling the hotel front desk may be connected to a guest's room by identifying them by name.

Safety

If the guest is concerned that their abuser may be at an I&RS location, they can ask the intake worker to ensure that "John Doe" is not at the location where they will be placed. The intake worker will not identify the location of any guests during this process.

- The shelter advocate can make this inquiry on the shelter guest's behalf, if the guest prefers, provided the abuser's name is included on an ROI signed by the guest.
- If this cannot be done, the shelter guest can inform the intake worker that they need to be placed at an I&RS location that does not have someone named "John Doe" as a guest.

Ask the Code Purple guest if they would like to add their offender's name to a "do not admit" list for that I&RS location, managed by the Client Intake vendor.

Placement for DV Survivors (Code Purple)

Important/ideal features of site for Code Purple guests:

- Required:
 - Interior door lock
 - Peephole
 - Room phone (landline)
 - Private bathroom
- Preferred:
 - No first-floor rooms
 - Cameras in common areas
 - Door opens to hallway, not parking lot, courtyard, or walkway
 - 24/7 on-site security
 - Kitchenette
 - Free, secure wi-fi to facilitate visual staff check-ins via video platform on guests' devices

b. Transportation Protocol

Transportation will be provided for guests from shelters, hospitals, and other locations to their assigned Isolation & Recovery Site, unless it is not needed for a specific individual. When a guest is placed through the client intake vendor, the vendor will contact the transportation provider to arrange transportation. Transport vehicles will be cleaned daily.

Transportation is available **9am to 9pm**.

Protocol for Transportation Providers

1. Receive call from Client Intake Vendor with guest name, location, point-of-contact (POC) phone number, and destination.
2. When on-route to next guest, contact POC with an estimated time of arrival.
3. Pick up site guest(s). If they are not immediately ready outside, call the POC and ask them to escort guest(s) into the vehicle.
4. When on-route to site drop-off location, contact site with an estimated time of arrival.

**Pick-up and drop-off routes may be adjusted at drivers' discretion based on proximity between sites. Make sure to update all POCs as appropriate when making route adjustments.*

Transportation for DV Survivors (Code Purple)

Transportation to and from the Isolation & Recovery Sites is provided by the County Sheriff's Office.

- The County Sheriff's Office should sign a confidentiality contract covering all Code Purple guests assuring they will not disclose that the guest is a survivor of domestic or sexual violence.
- Only the Client Intake Coordinator should know that the pick-up location is a confidential shelter. The driver will only know the street address and the name of the guest, which may be a pseudonym.
- If the survivor has asked an advocate to call the intake line on their behalf, a Release of Information (ROI) should be signed that includes disclosing information to the transportation provider.
- The Client Intake Coordinator will be clear with the shelter guest and/or advocate about what to expect from the pick-up and drop-off processes. This includes information about the type of vehicle to be used.
- If the shelter prefers to use its existing transportation agreements with cab companies or others, the Code Purple guest can be brought directly to the I&RS location.

c. Guest Check-In and Work/Court Release

Check-In Protocol

1. Ask the guest if they know why they're at the site.
2. Notify the guest that there are many factors around discontinuation of isolation, and there is no set amount of days for their stay. This could be for as little as 1 week and as long as 3-4 weeks.
3. Inform guest that their stay is voluntary, but highly recommended to address the current public health crisis as well as to ensure their personal health and safety.
4. Inform the guest that they'll be asked to wear a mask at all times outside of their room.
5. Inform the guest that they will get their vitals taken by the staff 2x / day and will have a twice daily assessment of their COVID symptoms.
6. Ask the guest if they expect to go through withdrawal from alcohol and/or other substances.
7. Review overdose prevention education (below).

8. If appropriate (for guests who may be exposed to or using opioids on the premises), review Naloxone Procedures and Protocol for Reversal of Opioid Overdose (section V.e).
9. Notify the guest of when and how best to ask for assistance.
10. Notify the guest that the site staff will do their best to meet their needs.
11. Inform guest that they will be provided 3 meals per day, but some days it will be their responsibility to store meals in their room's refrigerator and ration their meals.
12. Notify guests of smoking hours (6am-10pm).
13. Inform the guest that they will see a lot of security.
14. Show guest the layout of the space (hot/cool/smoking zones).
15. Notify the guest that there will be periodic room checks, during which staff will need to be granted entry.
16. Review guest conduct expectations:
 - *Follow clinical staff/security guard's directions.*
 - *No smoking in your room; smoking is allowed only in designated areas.*
 - *No visitors are allowed in your room.*
 - *No pets are allowed in your room.*
 - *No illegal activities.*
 - *Keep your hotel room key safe.*

Preferred features for placement of a Code Purple guest

- No first-floor rooms
- Door opens to hallway, not parking lot, courtyard, or walkway
- 24/7 on-site security
- Kitchenette
- Free, secure wi-fi to facilitate visual staff check-ins via video platform

English Guest Check-In Letter

Nurses should offer to read letter aloud to guest upon arrival during the initial intake process.

Dear Guest,

We are sorry if you aren't feeling well. We know this can be a scary and stressful time. We are glad that you are here so we can provide you a safe place to rest and recover.

Our nurses are here to help support you as you get better and will be checking on you. They will come by your room in the morning, and again in the early evening to check on you. If you are not feeling well, your nurse will come by more often.

We need your help to best help you.

Please let a nurse know if:

- You feel hot or have a fever or chills, and we will get you some medicine

Please let a nurse know RIGHT AWAY if:

- You have shortness of breath or trouble breathing
- You have chest pain or feel pressure in your chest
- You feel confused or can't think clearly
- Your lips, face, or fingertips are blue
- You feel severely dizzy or like you are going to pass out

You can reach a nurse by calling:

(XXX) XXX-XXXX and ASK for [ROOM # or other instructions]

Please remember:

1. Wash your hands often
2. Cough or sneeze into your elbow
3. Try to maintain a "social distance" of 6 feet from other guests

We don't know how long you will be here, because it will be different for everyone. We will do our best to let you know as much as we can. Our biggest concerns are you and your health, and keeping the community healthy.

Spanish Guest Check-In Letter

Estimado huésped:

Sabemos que éste puede ser un momento de temor y estrés para usted. Nos complace que esté aquí para que podamos ofrecerle un lugar seguro para descansar y recuperarse. Nuestros enfermeros están aquí para asistirlo mientras se recupera. Ellos pasarán por su habitación en la mañana y también temprano por la tarde para evaluarlo. Si no se siente bien, los enfermeros pasarán con más frecuencia.

Necesitamos su cooperación para ayudarlo de la mejor manera.

Informe a su enfermero si:

- Tiene calor, fiebre o escalofríos, y le conseguiremos medicamentos.

Informe a su enfermero DE INMEDIATO si:

- Le falta aire o tiene dificultad para respirar
- Siente dolor o presión en el pecho
- Se siente confundido o no puede pensar con claridad
- Los labios, el rostro o las puntas de sus dedos están azules
- Se siente muy mareado o como si fuera a desmayarse

Puede comunicarse con su enfermero llamando al

INSERT NURSE CONTACT INFORMATION

Por favor recuerde lo siguiente:

1. Lávese las manos con frecuencia
2. Tosa o estornude en la flexura de su codo
3. Intente mantenerse a 6 pies (2 metros) de distancia de otras personas

Todavía no sabemos cuánto tiempo estará aquí, porque la estadía es diferente para cada persona. Haremos todo lo posible por mantenerlo informado de la mejor manera. Nuestras prioridades son usted, su salud, y mantener saludable a la comunidad.

Portuguese Guest Check-In Letter

Caro Hóspede,

Sabemos que estar aqui pode ser alarmante e estressante. Estamos satisfeitos por você estar aqui para podermos dar-lhe um lugar seguro para descansar e se recuperar. Nossos enfermeiros estão aqui para apoiá-lo à medida que se recupera, e estarão checando como você está passando. Um enfermeiro passará pelo seu quarto pela manhã e novamente no começo da noite para ver como você está. Se você não estiver se sentindo bem, o enfermeiro irá ao seu quarto com maior frequência.

Precisamos de sua ajuda para podermos ajudá-lo melhor.

Informe ao enfermeiro se:

- Sentir calor, tiver febre ou calafrios, e daremos a você um medicamento

Informe ao enfermeiro IMEDIATAMENTE se:

- Tiver falta de ar ou dificuldade para respirar
- Sentir dores ou uma pressão no peito
- Sentir-se confuso ou não puder pensar claramente
- Seus lábios, rosto ou pontas dos dedos estiverem ficando roxos
- Se sentir tonteiras ou achar que vai desmaiar

Para falar com um enfermeiro, ligue para:

INSERT NURSE CONTACT INFORMATION

Lembre-se:

1. Lave as mãos com frequência
2. Cubra o nariz e a boca com o braço quando tossir ou espirrar
3. Tente sempre manter a “distância social” de 6 pés (2 metros)

Ainda não sabemos por quanto tempo você ficará aqui, porque isso será diferente para cada pessoa. Faremos o melhor que pudermos para mantê-lo informado o máximo possível. Nossas maiores preocupação são você e sua saúde, e também manter a comunidade saudável.

Haitian Creole Guest Check-In Letter

Chè Pasyan,

Nou konnen peryòd sa a kapab efreyan ak estresan. Nou kontan ou la pou nou kapab ba w yon kote ki san danje pou w repoze epi pou w refè. Nès nou yo disponib pou sipòte w pandan eta sante w ap amelyore, epi yo pral tcheke eta sante w detanzantan. Yo pral vin nan chanm ou lematen, epi yo pral tounen yon lòt fwa leswa bonè pou tcheke si tout bagay kòrèk. Si ou pa santi w byen, yo pral vini pi souvan toujou.

Nou bezwen ou ede nou pou nou kapab ede w pibyen.

Tanpri fè nès ou an konnen si:

- Ou santi kò w cho, si ou gen lafyèv oswa frison epi nou pral pote medikaman pou w

Tanpri di nès ou sa TOUSWIT si:

- Ou gen souf kout oubyen li difisil pou w respire.
- Ou gen doulè nan pwatrin oswa ou santi yon presyon nan pwatrin ou
- Ou santi w gen konfizyon oswa ou pa kapab reflechi klèman
- Chè bouch ou, figi w oswa pwent dwèt ou yo vin pal
- Ou santi tèt ou ap vire oswa tankou ou prèt pou pèdi konesans

Ou kapab kontakte nès ou an, lè ou rele nan:

INSERT NURSE CONTACT INFORMATION

Tanpri pa bliye:

1. Lave men ou souvan
2. Touse oswa estènye nan koud bra w
3. Eseye kenbe yon “distans sosyal” 6 pye (2 mè) pa rapò ak lòt moun

Nou poko konnen konbyen tan ou pral rete la a, paske dire an diferan pou chak moun. Nou pral fè tout sa n kapab pou fè w konnen, mezi nou kapab. Pi gwo preyokipasyon nou se oumenm ak sante w, epitou pou kenbe kominote a an sante.

Chinese Guest Check-In Letter

尊敬的顾客：

如果您感觉身体不适，我们感到很抱歉。我们知道目前我们可能正处于一个令人恐惧和压力重重的时期。我们很高兴您来到这里，以便我们为您提供一个安全的休息和康复场所。

我们的护士会来到这里为您提供支持，以便帮助您恢复，并会对您进行检查。他们会在早上和傍晚来到您的房间查看您的情况。如果您感觉身体不适，您的护士会更经常来看您。

我们需要您的帮助，以便以最好的方式帮助您。

如果您出现以下症状，请告诉护士：

- 您感到身体发热或发烧或有寒颤，我们会为您开药。

如果您出现以下症状，请立即告诉护士：

- 您出现呼吸急促或呼吸困难
- 您感到胸痛或胸部有压力
- 您感到意识模糊或无法清楚地思维
- 您的嘴唇、面部或指尖发紫
- 您感到头晕很严重或者好像快要昏过去

您可以拨打以下电话号码，与护士通话：

INSERT NURSE CONTACT INFORMATION

请记住：

1. 经常洗手
2. 对着肘弯咳嗽或打喷嚏
3. 尽量与其他顾客保持六英尺的“社交距离”

我们不知道您会在这里住多久，因为每个人的情况都不同。我们会尽量将我们了解的情况告诉您。我们最关心的是您和您的健康以及保证社区成员的健康。

Note for Temporary Release from Work Responsibilities

Date: _____

I _____ am currently under medical care and unable to report to work until I am medically cleared to do so. I expect my return to work to be on or about _____.

Guest's Signature: _____

Clinician's Name: _____

Clinician's Signature: _____

Medical Release from Court Appearance

Date: _____

I _____ and scheduled to appear in
_____ Court on _____. I am currently under medical
care and unable to report to work until I am medically cleared to do so. I expect
my return to work to be on or about _____.

Guest's Signature: _____

Clinician's Name: _____

Clinician's Signature: _____

d. Clinical Intake Protocol

Staff should complete the attached intake form for each new guest upon arrival and use the attached vitals tracker for daily monitoring.

This is not a step down or nursing facility level of care – only medical monitoring and behavioral health supports are available at the Isolation & Recovery Site. The Clinical Monitoring Team will make the official determination if an individual requires more care than is provided at the Isolation & Recovery Site and needs to be transferred to a higher level of care.

All guests must be able to manage their own medications and should be well enough to isolation “at home.” Locked safes are available in-room if required by the guest.

Overdose Prevention Education

Upon entry to the Isolation and Recovery Site, all guests should be educated to get help from staff if they see anyone in distress – unresponsive or struggling to breathe. Guests should be informed that Narcan is on site, and to find a nurse or find a bottle in common areas (e.g., lobby) if they think someone may need it.

At the discretion of nursing staff, guest who may be exposed to or using opioids on the premises should be offered a Narcan kit, and asked the following questions in an opt-out fashion:

- *I am including a Narcan kit in your toiletry bag, OK?*
- Check with the guest: *Do you know what the Narcan is and how to use it?*

If the guest does not know what it is or how to use it, explain:

- Nasal Narcan is the antidote to an opioid overdose.
- If you see someone overdosing:
 1. You should try to wake them up.
 2. If they do wake up, get help from the staff so we can make sure the person is OK.
 3. If they don't wake up, you should spray one dose of naloxone in their nose and get help from staff, so we can help make sure the person is OK.

Any guest who is using opioids should be encouraged to:

- Use in the courtyard, where they can be monitored for overdose
- If using in their room:
 - Block the door open with the security latch
 - Contact a buddy by phone who can monitor them while using and call for help if they are unresponsive

Isolation and Recovery Site Nursing Intake Form

Name:					
Age:	DOB:		Gender:		
Race/Ethnicity:			Phone:		
Primary language:			Notes:		
Referred by	<i>Site:</i>		<i>Point of Contact:</i>		
	<i>City/town:</i>		<i>Phone number:</i>		
Date of 1st Symptoms:			COVID Test Status: <i>Positive (Date of test = _____)</i> <i>Pending (Date of test = _____)</i>		
Intake Vitals	<i>HR:</i>	<i>BP(optional):</i>	<i>RR(observed):</i>	<i>O2 Sat:</i>	<i>Temp:</i>
Height/Weight	<i>Height (by guest report):</i>		<i>Weight (by guest report):</i>		
Current Symptoms					
Allergies	<i>Meds:</i>				
	<i>Food:</i>				
Relevant Medical History					

Relevant Behavioral Health History			
Substance Use	<i>ETOH:</i> Y N	<i>Cigarettes:</i> Y N	<i>Other:</i>
	<i>History of Alcohol withdrawal?</i> Y N		<i>Of Opioid overdose?</i> Y N
	<i>Expect to go through withdrawal? If yes, what substance?</i>		
Accessibility items	<i>Prosthesis:</i> Y N	<i>Hearing Aid:</i> Y N	<i>Other:</i> Y N
Current Medications	1		<i># Pills on hand</i>
	2		<i># Pills on hand</i>
	3		<i># Pills on hand</i>
	4		<i># Pills on hand</i>
	5		<i># Pills on hand</i>
	6		<i># Pills on hand</i>
Meds prescribed but not on hand			
PCP	<i>Phone number:</i>		
Clinic			
Emergency Contact	<i>Phone number:</i>		

RN: _____

Date: _____

Vitals/Symptoms Monitoring Form

Intake Assessment Status: Monitor Once a day:

Monitor Twice a day:

Reason for Monitoring Change: _____ Change Monitoring to: _____

If checking vitals once a day: assess only in the PM

AM Vitals for Temp and Pulse O2 unless Assessment indicates							PM Vitals for Temp and Pulse O2 unless Assessment indicates					
Date	Temp	BP/HR	RR	Pulse O2	Glucose	Symptoms overnight?*	Temp	BP/HR	RR	Pulse O2	Glucose	Symptoms today?*

*Symptoms may include any of fever/chills, cough, fatigue, shortness of breath, muscle aches, sore throat, headache, nasal congestion, nausea, vomiting, diarrhea, decrease in taste or smell

Standing Orders for Guests Residing at an Isolation and Recovery Site (I&RS)

Today's Date: _____

1. Vital signs twice daily.

If guests exhibit any of the following, RN should consider calling EMS:

- a. Significant worsening of clinical condition, including any of increase in respiratory distress, worsening chest pain, severe dizziness, or syncope; or
- b. If vital signs exceed any of the following parameters:
 - HR < 50 or > 110, sustained;
 - respiratory rate > 30, sustained;
 - oxygen saturation < 88%, sustained;
 - blood pressure <90/60 or >160/95; or
 - temperature >103, not responding to acetaminophen.

If EMS is called, notify the site manager.

2. Acetaminophen (500mg) 1 or 2 tabs Q 4-6 hours as needed for fever or pain; not to exceed 4grams in 24 hours or 3grams in 24 hours if hepatic impairment.

NAME

PROGAM

ADDRESS

PHONE NUMBER

III. Clinical & Social Supports

a. Clinical Monitoring Team Daily Huddle

At clinical staff shift change, all onsite clinical staff should huddle to review the following items:

1. Debrief on the last 12 hours
2. Identify potential departures in next 48 hours and which shelter providers need to be notified of upcoming departures
3. Call testing providers to follow up on any pending/outstanding COVID-19 tests
4. Check in on medication needs to coordinate with pharmacy assistance line
5. Identify any cases needing escalation to site manager or supporting physician, including any guest who had concerning symptoms or vital signs on previous rounds (e.g. whose O2 sat <92, or who has worsening respiratory distress), or whose clinical condition is overall declining.
6. Identify any supply needs

In addition, at any security shift change (7am, 3pm, 11pm), all staff should have a 5-minute huddle to discuss any pressing issues or concerns.

b. Pharmacy Assistance Team

Point of Contact for Pharmacy Assistance Team (available 7 days a week to receive guests who need medication assistance):

- Primary Contact Information: [Insert contact information here]
- Back-up Contact Information: [Insert contact information here]

c. Telephone Interpreting Services

Instruction Card: Telephone Interpreting Services

200+ Languages
Available 24/7/365
Direct Dial: 503-484-2425

NEED AN INTERPRETER?

1. Dial 1-800-CALL-CLI (1-800-225-5254)
2. When the operator answers, tell them:
 - If you need a third-party dial-out
 - Your customer code is **608223**
 - You are calling from **EOHHS - Hotels**
 - The language you need
 - Your **name** and the **location**
3. The operator will connect you promptly



Recommendations for Using a Telephone Interpreter

For Outbound Calls:

- If you need to reach a limited English proficient (LEP) individual at home or need a third-party dial-out, please first inform the CLI operator before the interpreter is connected.
- Once the interpreter is connected, you can tell the interpreter who to ask for (the LEP's name).
- At this time, you can also tell the interpreter how to proceed if the call goes to voicemail and what message to leave, if desired.

For Inbound Calls:

- Explain to the LEP individual that all information is confidential and encourage questions.
- Speak clearly.
- Smile and be kind; this helps the LEP individual feel more comfortable.
- If face-to-face and multiple people are in the room, speak one at a time.
- Speak freely; all CLI interpreters are sworn to confidentiality, neutrality, and the Interpreter Code of Professional Ethics.
- Encourage the interpreter to clarify terms with you if necessary.

d. Behavioral Health (BH) Supports & Resources

i. Project for Assistance in Transition from Homelessness

Isolation & Recovery Sites have partnered with the federal Project for Assistance in Transition from Homelessness (PATH). PATH provides services to individuals with serious mental health illnesses, as well as those with co-occurring substance use disorders, who are homeless or at risk of becoming homeless.

PATH's Outreach Clinicians and Shelter Specialists will provide support services directly to homeless guests residing in Isolation & Recovery Sites throughout Massachusetts.

Point of Contact

[Insert key PATH contact here]

Quarantine and Isolation (Q&I) Clinical Services Team

[Insert clinical services team information here]

Centralized Triage for Referral/Questions E-mail

For PATH, Tele-counseling, Tele-psychiatry, Remote Recovery Coaching, and Behavioral Health Community Partner: [Insert email address here]

- Referral form will be triaged among Q&I Team and a service provision plan based on identified needs and treatment preferences will be developed and implemented collaboratively with person served and/or other providers as applicable.
- Q&I Team will also make every attempt to link person served with current or past providers including state agencies as applicable.

Medication Assisted Treatment:

[Insert contact information here]

On-site services available to guests through PATH

- Linking guests with current providers
- Facilitating remote telehealth services
- Screening for Community Support Program for People Experiencing Chronic Homelessness (CSPECH) eligibility or partnering with current provider, if applicable
- Linking to Behavioral Health Community Partner
- Screening for DMH history and eligibility

- Providing Chromebooks / smartphones on a case-by-case basis for telehealth

Remote services available to guests through PATH

Recovery Coaching (remote): Recovery Coaches have lived experience with a substance use disorder and have 2 or more years of sobriety. They use their training and expertise to utilize their own recovery story with intent and purpose – and work with people regardless of their level of contemplation. Possible services could include harm/risk reduction dialogue, relapse prevention, linkage to AA/SMART Recovery Groups, education, reflection, and support service navigation post quarantine.

Tele-Psychiatry (Including MAT)/Tele-Counseling: Comprehensive clinical assessment, short/long term treatment plan to identify and address immediate and/or underlying causes of emotional distress. Care/stabilization elements of trauma focused modalities (coping/grounding strategies) of treatment can be utilized. On a case by case basis, a comprehensive evaluation and prescribing of psychiatric medications can be conducted. Treatment can continue after quarantine placement or referral/warm handoff to an alternate provider could be facilitated.

Trainings available to clinical staff through PATH include:

- Primer on harm reduction
- Motivational interviewing
- Trauma informed care/practices

ii. Training

National Health Care for the Homeless Council, Trauma-Informed Care Webinar Series

1. *Being Trauma Informed and Its Role in Ending Homelessness*
2. *Trauma Is the Public Health Issue of Our Time*
3. *The Abyss: Addiction, Homelessness, and Trauma*
4. *Hope, Transformation, and Post-Traumatic Growth*

iii. BH Processes

On-site

- BH clinician available 2 days a week, 4 hours daily
- BH clinicians provide training to staff (security, non-clinical support staff, nursing, site staff, medical teams)
- Training consists of – trauma informed care, sensitivity training, de-escalation, crisis assessment, overall BH diagnosis, addiction and Substance Abuse
- In addition, clinicians provide services to staff working at or managing the sites

Off-site

- PATH has access to daily census from intake form across sites
- Check every member in REV (coordinated statewide database) for health insurance
- **Identify guests who currently have a PATH worker and/or Behavioral Health Community Partner (BHCP) through an ACO:**
 - Coordinate the guest with PATH worker or BHCP
 - PATH worker or BHCP connects with guest and ensures any current services or transition or discontinuation services are coordinated through them
- **If the guest does not have PATH or BHCP worker:**
 - If they need a BHCP or PATH, staff can make referrals to these programs based on proximity
- **For outpatient services, PATH is managing:**
 - Prescribing, Virtual Counseling, Virtual Prescribing, MAT and coordinating with local providers and site managers
- Site managers have access to PATH tracker of service referrals and guests who have been connected to BH providers

e. Domestic Violence/ Intimate Partner Violence Supports & Resources

On-site Supports for DV Survivors (Code Purple)

- Guests should be encouraged to maintain contact with shelter staff via phone, text, or video calls for support and ongoing safety planning.
- DV service providers are responsible for case management and managing safety risks associated with using technology to engage with guests, and should assess, with their clients, which method for contact is safest. Providers should consult best practices and make an informed decision based on recommendations by NNEDV Safety Net project regarding confidentiality limitations. Helpful tools are linked [here](#).
- If the survivor chooses to disclose or to sign an ROI allowing an advocate to disclose that their abuser is considered high-risk, onsite security personnel should be notified of this.
- **All** Isolation & Recovery Site guests, regardless of their point of origin, will be made aware of the below resources:
 - SafeLink (877-785-2020)
 - National Domestic Violence Hotline (800-799-7233)
 - www.loveisrespect.org
 - www.RAINN.org

IV. Supplies

a. Isolation and Recovery Site Kits

Each I&RS will need personal protective equipment (PPE) for staff, security, and a supply for first responders responding to emergencies. Additionally, sites receive a bulk kit of essential items including medical, hygiene, snacks, and office supplies to manage the location. The State Emergency Operations Center (or equivalent state body) facilitates provision of the hotel, fulfillment of additional resource requests and resupply for Isolation and Recovery Sites.

The following supplies will be provided to the Isolation & Recovery Site (exact quantities dependent on size of I&RS):

	<i>Item</i>	<i>Quantity</i>	<i>Units</i>
Personal Protective Equipment	N95 - Small	10	10 masks
	N95 - Regular	10	60 masks
	Surgical Masks	50	800 masks
	Gowns	10	140 gowns
	Boots	50	150 booties
	Face shields	10	50 face shields
	Gloves - Small	100	30 boxes
	Gloves - Medium	100	30 boxes
	Gloves - Large	100	15 boxes
	Sanitizing Equipment	Large Bottles Hand Sanitizer	1
Disinfecting wipes (Cavi)		1	20 containers
Liquid Hand soap/ pump dispenser		1	10 bottles
Bleach Cleaner		1	2 bottles
Paper towel		1	50 rolls
Medical Equipment	Blood pressure cuff	1	5 cuffs
	Disposable stethoscope	1	20 stethoscopes
	Pulse O2 Monitor	1	5 monitors
	Alcohol Prep Pads 2"x2"	100	35 boxes
	AMBU Bag disposable resuscitator	1	5 bags

	AMBU Bag Viral Filter	1	4 filters
	AMBU Bag Oral Airways	1	4 airways
	Glucometers	1	5 glucometers
	Sharps container - large	1	2 containers
	Sharps container - small	1	50 containers
	Wheel Chairs	1	2 wheelchairs
Medication	Medicine cups	50	800 cups
	Tylenol 500mg/250 bottle	1	10 bottles
	Tylenol 650mg/250 bottle	1	10 bottles
	Ibuprofen 200mg/250 bottle	1	20 bottles
	Narcan (14 in a box)	1	8 boxes
	First Aid Kit with Polysporin	1	1 kit
Harm Reduction Kit	<i>[Insert contact at DPH here]</i>		

Monitoring and Resupply

Supply quantities will be monitored by nursing staff and the Site Manager.

Resource requests need to be submitted several days in advance of the need whenever possible. Due to challenges with sourcing certain products, there is no guarantee that items will be in stock and some may take several days to receive. In processing any requests, the MCG will prioritize critical and medical items.

To request resources or food supplies, please use the following link:

[Insert link here]

Please do not call or email the intake vendor with a resource or food request.

Onsite Supplies Tracker

	Item	Have onsite	Need
Personal Protective Equipment	N95 - Small		
	N95 - Regular		
	Surgical Masks		
	Gowns		
	Boots		
	Face shields		
	Gloves - Small		
	Gloves - Medium		
	Gloves - Large		
Sanitizing Equipment	Large Bottles Hand Sanitizer		
	Disinfecting wipes (Cavi)		
	Liquid Hand soap/ pump dispenser		
	Bleach Cleaner		
	Paper towel		
Medical Equipment	Blood pressure cuff		
	Disposable stethoscope		
	Pulse O2 Monitor		
	Alcohol Prep Pads 2"x2"		
	AMBU Bag disposable resuscitator		
	AMBU Bag Viral Filter		
	AMBU Bag Oral Airways		
	Glucometers		
	Sharps container - large		
	Sharps container - small		
	Wheel Chairs		
Medication	Medicine cups		
	Tylenol 500mg/250 bottle		
	Tylenol 650mg/250 bottle		
	Ibuprofen 200mg/250 bottle		
	Narcan (14 in a box)		
	First Aid Kit with Polysporin		

b. Other Items Onsite

Isolation & Recovery Sites will provide additional canteen items for guests. Canteen items may include:

	<i>Item</i>
Health Products	Cough drops
	Nix cream rinse lice treatment
Beverages	Soda (Pepsi and Coke products)
	Juice (orange, apple)
	Milk
	Coffee (K-Cup and ground)
	Water
Hygiene	Shaving cream
	Disposable razors
	Socks
	Underwear
	Sanitary pads/tampons
Food	Chips (Frito Lay variety pack)
	Granola bars
	Hard candy
	Chocolate
Comfort/Misc.	Stamps
	Sharpies
	Sugar packets
	Plastic clipboards
	Other

c. Guidance on PPE Usage

All staff should undergo training on PPE Donning/Doffing, including instruction on hot zones and cold zones within the site.

Nurse Protocol

Each day, nurses should be equipped with: N95 mask, face shield, gloves, gown, and booties.

- **N95 mask:** N95s can be reused for multiple days, and with multiple guests, and should only be discarded when visibly soiled during a guest interaction (e.g. a guest sneezes or coughs sputum directly on to the mask). At the end of each shift, N95s should be placed in a bag, labeled with staff name, and retained for future shifts. Nurses will be guaranteed a stock of N95s but are encouraged to conserve these for longer periods as possible, due to state-wide shortages.
- **Face shield:** Face shields can also be reused over multiple days and should only be discarded when they are no longer appropriately fitting or functioning. Face shields can be cleaned with disinfectant if soiled during a guest interaction and reused. At the end of each shift, face shields should be labeled with staff name, and retained for future shifts. Nurses will be guaranteed a stock of face shields but are encouraged to conserve these for longer periods as possible, due to state-wide shortages.
- **Gloves:** Nurses should use one clean pair of gloves for every guest interaction. Sufficient gloves will be provided to make sure this is possible.
- **Gown:** If requested, each nurse will be allocated two gowns per day. Nurses should use one gown for morning rounds and the second gown for evening rounds.
- **Booties:** If requested, nurses will be allocated one pair of booties per day.
- **Hair covers:** If requested, nurses will be provided one hair cover per day, to wear at their discretion.
- **Stethoscope cleaning:** Nurses will be provided sufficient alcohol swabs to disinfect their stethoscopes between every guest interaction.

Transportation Personnel Protocol

Each day, transportation team personnel should be equipped with: N95 mask, face shield, and gloves.

- **N95 mask:** N95s can be reused for multiple days. At the end of each shift, N95s should be placed in a bag, labeled with staff name, and retained for future shifts. The Transportation Team will be guaranteed a stock of N95s but is encouraged to conserve these for longer periods as possible, due to state-wide shortages.
- **Face shield:** Face shields can also be reused over multiple days and should only be discarded when they are no longer appropriately fitting or functioning. Face shields can be cleaned with disinfectant if soiled during a guest interaction and reused. At the end of each shift, face shields should be labeled with staff name, and retained for future shifts. The Transportation Team will

be guaranteed a stock of face shields but is encouraged to conserve these for longer periods as possible, due to state-wide shortages.

- **Gloves:** The Transportation Team should use one clean pair of gloves for every guest interaction. Sufficient gloves will be provided to make sure this is possible.

Security Personnel Protocol

Each day, security personnel should be equipped with appropriate personal protective equipment, per their post location:

- **Surgical mask:** Each security personnel will be supplied with one surgical mask per shift. These should be discarded at the end of their shift.
- **Gloves:** Each security personnel will be supplied with one pair of gloves per shift, given that they may be touching infected surfaces. Extra gloves will be made available should the security personnel have to remove them for some reason (e.g., bathroom breaks).
- **Gowns:** Each security personnel that will be posted on a floor that has admitted guests will be provided a single gown disposable/reusable for their shift. This gown is to be doffed upon coming out of the infectious zone determined by the medical personnel.

Security personnel are not expected to have a degree of contact that would require an N95 mask or face shield.

First Responder Protocol

Should first responders have to engage in direct contact with COVID-19 positive guests, they can be provided with the following PPE: **N95 mask, gloves, and gown**. These items will be provided to first responders upon arrival to the facility, if they do not already have them. **N95 masks can be safely reused for multiple days**, so first responders should try to conserve them to avoid depleting the limited supply.

First responders **do not require** face shields or booties. These are only available for personnel who will be in close proximity (1-2 feet) of COVID positive guests for more than 15 minutes.

Guest Protocol

Each day, facility guests should be equipped with: surgical mask.

- **Surgical mask:** Guests will be allocated one new surgical mask per day. Nurses should coach guests to wear their masks during vital sign checks or any time they leave their room. Guests should be reminded to reuse their mask throughout the day, though extra supplies will be provided for guests who misplace their masks.

Guests should wear a surgical mask any time they interact with others, including in the hallways or the courtyard of the hotel, especially if they are being transported out of the facility by first responders or the transport team.

V. Emergency Protocols

a. EMS Notification Protocols for COVID Positive Guests

This sheet should be provided to all nurses upon beginning work in any Isolation & Recovery Site. This protocol provides guidelines for nursing staff to notify local EMS (911) for further guest evaluation or transport.

Notify EMS for further guest evaluation if one or more of these conditions exists:

- Acute onset or increased intensity of shortness of breath which may include Respiratory Rate (RR) >30, O2 Saturation <88%, or a decrease from baseline O2 saturation noted on initial intake
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Fever >103 and not responding to Acetaminophen
- Bluish lips or face
- Syncopal episode

Nurse or other clinical staff should immediately:

1. Notify EMS by calling 911
2. Communicate guest's confirmed positive COVID status and high-risk medical conditions, if any.
3. Provide site address: [Site Name, Address, City, State, Zip Code]
4. *If guest able to ambulate:* provide guest with surgical mask, transfer by wheelchair to lobby to await EMS
5. *If guest is unable to ambulate:* provide guest with surgical mask, have security await EMS to notify EMS of need for stretcher
6. Prepare a set of PPE to be available for responding EMS
7. After guest has left facility, notify site manager via phone or email

[Nursing Supervisor Contact Information] – [Name] [Phone Number]

Transfer from Isolation and Recovery Site to the Hospital

For EMS to give to the hospital:

[Name of Guest]_____ is being transferred to the hospital from a COVID-19 isolation and recovery site. This guest is being sent to you because of worsening symptoms of COVID 19 and/or an emergent issue. We will hold their bed for 24 hours at the site-_____. If they will be returning from the ER, we ask that you notify the intake team between 7 am- 7pm @ [Insert phone number here]. If after hours, or if they are being admitted to the hospital, contact the site at phone number_____ and speak with a clinical staff.

PLEASE DO NOT RETURN A GUEST WITHOUT CONNECTING WITH SOMEONE FROM THE ISOLATION & RECOVERY SITE. THANK YOU.

b. Behavioral Health Emergency Protocol

If a guest demonstrates suicidal intent, delusional/psychotic behaviors, or verbal abuse/hostility:

1. Contact site manager
2. Nurse and/or Site manager should contact the local Emergency Services Program (ESP) (*below*)
3. Contact the program manager

Emergency Services Program (ESP) contact information

Location	Provider	Phone Number

c. Signs of an Opioid Overdose

Sedated/High (signs may include)

- Contacted pupils
- Relaxed and droopy muscles
- “Nodding out,” but still responsive to stimulus such as noise, shaking, or a sternal rub
- Slow, slurred speech
- Scratching
- Normal skin tone

Keep Monitoring

- Someone may be high but not yet overdosing
- At this point, you do not need to use naloxone
- Try to get their attention by calling their name, gently shaking them or rubbing on their sternum
- Keep watching them closely
- Prop them up upright to ensure their airway remains open
- Ask the person (if they can answer you) what they took, how much they took, and how long ago they took it. This can help to understand whether or not the person will get progressively worse.

Overdose (signs may include)

- Limp body
- No response to noise/touch
- Face is pale or clammy
- Blue lips, fingertips
- Skin color may appear blue/purple, or grayish
- Slowed breathing or no breathing
- Choking, snoring, or rasping sounds
- Loss of consciousness
- Pinpoint pupils
- Vomiting

Source: Boston Healthcare for the Homeless, 2018

d. Respiratory Distress and Overdose Response

Materials for Crash Bag

- Nasal Naloxone
- Ambu Bag (Bag-Valve Mask) with viral filter
- Oral Airway
- Pulse Oximeter
- Blood Pressure cuff
- Automatic Electronic Defibrillator
- Glucometer

Staff Response for Respiratory Distressed or Unresponsive Guest

1. When alerted to a guest who is in respiratory distress or unresponsive, don personal protective equipment (PPE) and grab the Crash Bag

- N95 respirator
- Face shield
- Gown
- Double glove

2. Assess respiratory rate and oxygen saturation

- For respiratory rate >8 and oxygen saturation <88%, if guest is unresponsive or minimally responsive then verbally and physically stimulate. If oxygen saturation remains <88% apply face mask and deliver respiratory support via ambu bag (1 breath every 6 seconds), titrate to oxygen saturation >92%. Simultaneously, direct staff to call 911 and transfer to EMS.
- For respiratory rate <8, verbally and physically stimulate, and:
 1. If unresponsive, administer dose #1 of nasal naloxone for possible opioid overdose and direct staff to call 911
 2. Check glucose, if glucose < 54mg/dL, administer glucagon 1mg IM
 3. For persistent respiratory rate <8 and oxygen saturation <92%, initiate rescue breathing with ambu bag: 1 breath every 6 seconds.
 4. If unresponsive and pulseless, apply automatic electronic defibrillator, and initiate chest compressions per AED instructions.
 5. If persistently unresponsive after 3 minutes, administer dose #2 of nasal naloxone
 6. Continue rescue breathing every 6 seconds and chest compressions per AED instructions and administering nasal naloxone every 3 minutes until the guest responds or EMS takes over.

See section e for further detail on naloxone procedures.

e. Naloxone Procedures and Protocol for Reversal of Opioid Overdose

Purpose and Scope

Narcan/Naloxone may be administered by a contracted healthcare provider when there is reasonable belief that a person is suffering from an opioid overdose.

Narcan/Naloxone nasal spray is supplied in a single 4mg dose of Naloxone hydrochloride in a 0.1mL intranasal spray.

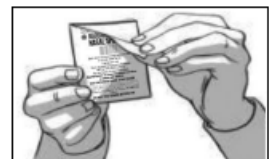
Procedure

A contracted healthcare provider on-site shall determine based on their training if the unresponsive individual is suffering from a suspected or known opioid overdose. In all cases of suspected overdose, the following steps should be taken:

- 1. Call 911** for any guest that presents with signs or symptoms of overdose, including but not limited to:
 - Respiratory depression, <10 breaths/min
 - Cyanosis – lips or fingertips
 - Extreme somnolence
 - Progression to stupor or coma, limp body
 - Cold or clammy skin
 - Pinpoint pupils
 - Bradycardia
 - Hypotension
 - Unable to speak/incoherent
 - Gurgling or snoring sounds
- 2. Provide CPR/chest compressions** if indicated, per site protocols. Ensure rescuers adhere to Standard Precautions and use a N95 respirator, or facemask if respirator is not available, gown, gloves, and eye protection. *(See American Heart Association. Interim Guidance for Healthcare Providers during COVID-19. March 19, 2020. <https://cpr.heart.org/en/resources/coronavirus-covid19-resources-for-cpr-training> (accessed April 7, 2020))*
- 3. Administer Naloxone/Narcan:** Narcan starts working in 2-3 minutes and lasts 30-90 minutes. Continue CPR/chest compressions until Narcan starts to work. Additional doses may be needed if guest is still unresponsive after 2-3 minutes.

Step 1: Don nitrile gloves, then lay the guest on his/her back to receive a dose of naloxone nasal spray

Step 2: Remove naloxone nasal spray from the box. Peel back the tab with the circle to open the naloxone nasal spray.



Step 3: Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Step 4: Tilt the guest's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.



Step 5: Press the plunger firmly to give the dose of naloxone nasal spray from the nostril after giving the dose.



Step 6: Remove the naloxone nasal spray from the nostril after giving the dose.

Step 7: Ensure emergency medical help is on the way. Initiate additional emergency response measures as appropriate; e.g. basic life support, chest compressions, etc.

Move the guest on their side (lateral recumbent position) after giving naloxone nasal spray as nausea and vomiting may occur as naloxone takes effect.



Monitor guest closely.

If guest does not respond by waking up, to voice or touch, or breathing normally, another dose may be given. Naloxone nasal spray may be given every 2 to 3 minutes in alternating nostrils.

Repeat steps 2 through 6 using a new naloxone nasal spray to give another dose in the other nostril.

Be prepared for agitation upon emergence from unresponsive state. Be prepared to protect guest and rescuer from harm if necessary.

Step 8: Place the used naloxone nasal spray(s) back into the box for disposal and replacement.

Step 9: Document dose(s) & time(s) of administration and guest response. Communicate pertinent information to EMS.

Cautions and Contraindications

Pregnancy – Administration is permitted in pregnant females if overdose is suspected by the responder. Since administration of naloxone to the mother may cause opioid withdrawal in the fetus, emergency medical personnel responding to the emergency must be notified of the pregnancy and administration of naloxone.

Breastfeeding – It is unknown whether naloxone is excreted into human milk or the effects on a breast fed infant.

Contraindications – Allergy (hypersensitivity) to naloxone or any other ingredients.

Storage: Naloxone can be stored at a controlled room temperature of 59°F to 77°F (15°C to 25°C). Excursions permitted between 39°F to 104°F (4°C to 40°C). Do not freeze. Protect from light.

Standing Order

Naloxone 4mg/0.1mL nasal spray

Dispense 2 doses

Directions for use: Administer a single spray of naloxone in one nostril. Repeat after 3 minutes if no or minimal response.

Prescriber's Signature

Date

Prescriber's Name

DEA License No.

f. Emergency Evacuation

In the event of a fire or other onsite emergency that requires all guests to evacuate the I&RS and prevents them from re-entering, please follow the below procedures.

If Emergency Evacuation occurs between 7am and 7pm

The Site Manager should call the Client Intake Vendor at **[Insert number here]** to arrange for all guests to be transferred to another I&RS location.

If Emergency Evacuation occurs after 7pm

The Site Manager should to arrange for all guests to be transferred to another I&RS location.

g. Emergency Entry into Guest Rooms

During periodic room checks, in the event that the door isn't opened by the guest:

1. Knock on door aggressively with feet or elbow, asking for the door to be opened.
2. If no answer, use the master key to access the room.
3. If the second security lock is activated, a visual observation should be made through the crack of the door.
4. Loud verbal prompts should be shouted by staff identifying themselves and identifying the guest's name, asking them to open the door.
5. Verbally prompt that the guest that the security lock will be opened, as this has been deemed an emergency.
6. Staff will use the security lock tool (provided by hotel management) to gain entrance into the room.

VI. Discontinuation of Isolation

a. Medical Criteria

Nurses onsite are responsible for vital monitoring and making determinations regarding official Discontinuation of Isolation.

Symptomatic persons with COVID-19 (lab-confirmed or clinically diagnosed) who are in isolation may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* (defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms – e.g., cough, shortness of breath) **AND**
- At least 10 days have passed since symptoms first appeared (illness onset) or since the date of their first positive COVID-19 test, whichever occurred most recently. Onset date (of symptoms) would be considered “day zero.”

Asymptomatic persons with lab-confirmed COVID-19 may discontinue isolation when:

- At least 10 days have passed since the date of their first positive COVID-19 test **AND** they have had no subsequent illness.

Please reference the 5/3/2020 [CDC guidance](#) concerning home isolation for any additional information.

Planning for Discontinuation

Every morning, after morning rounds, nursing and administrative staff should huddle to identify the list of all guests who could potentially be released in the following 48 hours. This will ensure adequate symptom monitoring, manage expectations for guests, and ensure timely discontinuation planning and coordination. All required information can be found on the intake form and vital signs monitoring sheet.

Per the above criteria, guests who could potentially be released in the following 48 hours include guests who are:

- Asymptomatic for 24 hours, **AND** at least 10 days since the date of first symptoms or positive test (whichever occurred most recently); **OR**
- Asymptomatic for 10 days since a positive test.

For guests whose pending COVID-19 tests return negative during their stay

If a guest receives results of a negative COVID-19 test during their stay at an Isolation & Recovery Site:

If they are asymptomatic on the day these results are reported:

1. Inform the guest of these results
2. The guest should be discontinued from isolation and transported to the quarantine location nearest to their affiliated shelter or location of origin
3. The quarantine site should be notified that this guest will be sent and instructed to monitor the guest's symptoms daily
4. If while in quarantine, the guest develops symptoms and tests positive, quarantine staff should contact the Isolation & Recovery intake line for placement

If they are symptomatic on the day these results are reported:

1. Inform the guest of these results and direct them to self-isolate from other guests to the extent possible, to continue limiting exposure until mobile testing can occur.
2. Request a mobile testing unit to be sent to the I&RS to re-test the guest

b. Discontinuation of Isolation Form

If a guest is ready for discontinuation of isolation, having met the necessary medical criteria, please complete the following steps:

1. Complete the following Discontinuation of Isolation Forms – one for the provider to keep, one for the guest to keep - to certify that a guest qualifies for discontinuation of isolation.
2. Notify client intake vendor of the guest's departure.
 - Intake vendor to contact the transportation vendor to coordinate for the guest to be brought to the destination of their choice in their originating city. [*see section c-Warm Handoff*].
3. For homeless guests: contact the guest's destination shelter to let them know that the guest will be returning with their form.
4. Command Center (or equivalent state body) will notify the Local Board of Health (of the individual's originating location) of the guest's departure.
5. Command Center (or equivalent state body) will notify the testing provider (if known) and/or primary care provider (if known) of the individual's discontinuation of isolation.

Discontinuation of Isolation Form For COVID-19 Positive Guests Under State-Provided Isolation & Recovery Sites

Guest Name: _____ DOB: _____

Date of Discontinuation of Isolation: _____

To discontinue isolation, guest must fulfill criteria in A or B; please check all that apply:

A. Symptomatic persons with COVID-19 (lab-confirmed or clinically diagnosed) who are in isolation may discontinue isolation under the following conditions:

At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms – e.g., cough, shortness of breath) **AND**

At least 10 days have passed since symptoms first appeared (illness onset) or positive test result (whichever occurred most recently). Onset date (of symptoms) would be considered “day zero.”

OR

B. Asymptomatic persons with lab-confirmed COVID-19 may discontinue isolation when:

At least 10 days have passed since the date of their first positive COVID-19 test and they have had no subsequent illness.

I certify that it is my medical opinion that [guest name] _____ meets DPH criteria for Discontinuation of Isolation from the state-provided Isolation and Recovery Site.

I am therefore releasing them from [site name] _____ on [date] _____.

I have called the intake vendor to notify them of this guest’s Discontinuation of Isolation.

RN, MD, NP, PA, or LPN must complete this form:

Clinician’s name: _____

Clinician’s signature: _____

Discontinuation of Isolation Form For COVID-19 Positive Guests Under State-Provided Isolation & Recovery Sites

Guest Name: _____

Date of Discontinuation of Isolation: _____

To discontinue isolation, guest must fulfill criteria in A or B; please check all that apply:

A. Symptomatic persons with COVID-19 (lab-confirmed or clinically diagnosed) who are in isolation may discontinue isolation under the following conditions:

At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms – e.g., cough, shortness of breath) **AND**

At least 10 days have passed since symptoms first appeared (illness onset) or positive test result (whichever occurred most recently). Onset date (of symptoms) would be considered “day zero.”

OR

B. Asymptomatic persons with lab-confirmed COVID-19 may discontinue isolation when:

At least 10 days have passed since the date of their first positive COVID-19 test and they have had no subsequent illness.

RN, MD, NP, PA, or LPN must complete this form:

Clinician’s name: _____

Clinician’s signature: _____

KEEP THIS DOCUMENT—This form must be presented to any shelter provider for you to re-enter as a guest after Discontinuation of Isolation from a state-provided Isolation and Recovery Site.

An individual cleared by the non-testing release protocol may test positive on a PCR test in the following days, due to the high sensitivity of this kind of test. Generally, such an individual does not need to return to the Isolation and Recovery Site. However, if the individual develops new and/or worsening symptoms, they may be re-evaluated by a medical professional, and if deemed appropriate by that clinician, could be referred once again to the Isolation and Recovery Site.

c. Warm Handoff Upon Discontinuation of Isolation for Homeless Guests

For homeless guests who are affiliated with a shelter and are choosing to return:

Two days before anticipated Discontinuation of Isolation

- Client intake vendor calls the point of contact at the shelter to let them know that the guest is expected to be approved for Discontinuation of Isolation.
- If possible, staff requests that shelter point of contact calls the guest the next day.

One day before Discontinuation of Isolation:

- If possible, shelter point of contact calls the guest to check in and coordinates to reserve a bed for the guest
- Staff calls guest intake vendor to arrange for transportation at a time that works for both the guest and the shelter (recognizing that some shelters do not allow daytime guests)
- Staff ensures that the guest has sufficient food in the event that they arrive at the shelter too late to secure a meal
- Staff ensures that the guest has sufficient supply of prescription medication.
- If appropriate, and if the guest is interested in care for substance use disorder, staff shares **State Substance Use helpline: [Insert number here]**

For homeless guests that are choosing not to return to the shelter and/or are not affiliated with a shelter:

- Staff determines where the guest would like to go and arranges for transportation to the destination of their choice in their originating city.
- Staff asks the guest if there is someone they would like to be connected to (e.g. local Community Health Center, treatment program, social worker, family member)
 - If yes, staff should assist in making this connection and informing the contact that the guest is being approved for Discontinuation from Isolation and is not returning to a shelter.
- Clinical staff should ensure that the individual has their medication with them and where possible, provide the individual with food and toiletries.
- If appropriate, and if the guest is interested care for substance use disorder, **staff shares State Substance Use helpline: [Insert number here]**

d. Non-Compliant Departure

All onsite staff (clinical and security) are obligated to know where guests are at all times. If clinical staff or security observe an individual exhibiting behavior that indicates that they may be trying to leave the premises, staff are required to intervene. The Isolation and Recovery Site program is voluntary, so interventions should be limited: please encourage the guest to stay on the premises; however, if the guest wishes to leave, staff **must** call the client intake vendor to arrange transportation for the guest to return to their city/town at the soonest possible time (standard transportation hours are 9am-9pm).

If the guest is a threat to themselves or others for a reason other than their COVID-19 status, immediately call 911 and notify the responder that this is regarding a COVID-19 positive individual.

Early Departure Protocol

- Upon notification from a guest that they want to leave, or observation that a guest may be attempting to leave, clinical and security staff should immediately convene and work as a team.
- Staff should employ de-escalation techniques to keep the guest calm.
- Make it clear to the guest that the Isolation & Recovery Site program is voluntary, and they are free to leave. Explain that we will arrange for immediate transportation back to their city/town (unless it is after 8pm, in which case transportation can be arranged for the following day).
 - Ask the guest if there is anything that can be provided that would make them more comfortable staying at the site.
 - Staff should inform the guest that in order to re-enter a shelter, they will need an official Discontinuation of Isolation form, which can only be provided once they are feeling better and are no longer contagious.
- Even if guest decides to stay, notify the site manager and Jonathan Bunker of the situation.

If a guest still wishes to leave after demonstrating understanding that they won't receive a Discontinuation of Isolation form, and therefore won't be able to re-enter a shelter, follow the steps below:

- Determine where the guest would like to go in their city of origin and call the intake vendor to arrange for transportation to the destination of their choice within their originating city. Notify the Client Intake Coordinator that this guest is leaving without a Discontinuation of Isolation form and request an urgent pick-up.
- Client Intake Coordinator will notify the transportation team that the individual is COVID+ and this pickup should be prioritized and accelerated, to the full extent possible.
- One or more staff (nurse or security guard) must stay with the guest throughout their discontinuation process. Individuals must be escorted and allowed to gather their belongings.

- Ask the guest if there is someone they would like to be connected to (e.g., local Community Health Center, treatment program, social worker, family member). If yes, staff should assist in making this connection and informing the contact that the guest is choosing to leave before their Discontinuation of Isolation and is not returning to a shelter.
- A security guard on the guest's floor should stay aware of the guest's whereabouts as they wait for their transportation to arrive. Please provide the guest with transparent information about how quickly transportation will arrive. Assure the guest that transportation has been called and that their trip is being prioritized.
- Clinical staff should ensure that the individual has their medication with them and where possible provide the individual with food, toiletries, hand sanitizer and a mask.
- Clinical staff should inform the guest that he/she should wear the mask at all times to reduce the risk of transmitting COVID-19 to others.
- The client intake vendor should call the guest's associated shelter (if relevant) during daytime hours to let them know that the guest has chosen to leave, but that they don't have a Discontinuation of Isolation form for re-entry.
- The Command Center (or equivalent state body) should notify the Local Board of Health of the guest's originating location, as well as the Local Board of Health of the site's location.

If the guest refuses to wait for transportation, before the person leaves the facility:

- Notify the onsite patrol vehicle.
- Immediately notify all other onsite staff – including Site Manager.
- Immediately notify the intake vendor, who can arrange for transportation to pick up the guest if located and bring them to their desired location in their originating city.
- Site manager will notify the individual's affiliate shelter, if any.

Non-Compliant Departure Call List

Standard Contact

Program Administrator	[Name]	[Phone number]
Command Center (or equivalent state body)	[Name]	[Phone number]
Intake Vendor, Transportation	[Name]	[Phone number]

Site Specific – [Location]

Site Manager	[Name]	[Phone number]
Local Police Department	[Name of Police Chief]	[Phone number]

Site Specific -

Site Manager		
Local Police Department		

Site Specific –

Site Manager		
Local Police Department		

Site Specific –

Site Manager		
Local Police Department		

Non-Compliant Departure Checklist

Guest Name: _____

Date: _____

Please complete the below form and include in guest file for each non-compliant departure. If the guest is a threat to themselves or others for a reason other than their COVID-19 status, immediately call 911.

Clinical Care Team (Nursing/Behavioral Health Staff)

- Employs de-escalation techniques to see if guest might be convinced to complete full isolation period, including explanation of why a Discontinuation of Isolation form is needed to re-enter a shelter
- Asks guest where they would like to go in their originating city
- Calls Intake Vendor and explains need for high-priority transport to guest's desired location while Behavioral Health/Nursing staff stays with guest
- Accompanies guest to collect their belongings
- Asks guest if there are any community programs or other points of contact they would like to be connected to (e.g., CHC, treatment center, social worker, family member) and communicates to Site Manager
- To the extent possible, provides guest with food, toiletries, hand sanitizer and a mask prior to leaving site

Security

- Notifies Site Manager of guest's attempt to leave early
- Monitor guest if stationed on guest's room floor while awaiting transport team and provides transparent information regarding ETA
- If the guest refuses to wait for transportation, walk outside and notify the onsite patrol vehicle

Client Intake Vendor

- Calls transportation vendor and requests high-priority guest pick-up and drop-off in their originating city and requests ETA to I&RS
- Calls Site Manager and alerts them of ETA of transport team

Site Manager

- Site manager notifies of guest's attempt to leave early (if not already notified by Security)
- Reaches out to guest's desired point of contact and alerts them that the guest is leaving the I&RS prior to official Discontinuation of Isolation and will not be able to return to a homeless shelter
- Contacts guest's associated shelter (if relevant) and explains that guest is not cleared to return to shelter
- If the guest refuses to wait for transportation, notify Command Center (of equivalent state body) immediately

e. Non-Compliant Refusal of Departure

If a guest refuses to leave, after having been cleared for Discontinuation of Isolation, staff should:

- Provide the guest with the “Notice of Ineligibility for COVID-19 Isolation and Recovery Site”
- If needed, notify onsite security for assistance with de-escalation and to prevent or respond to aggression or violence.
- If needed, contact onsite local law enforcement for assistance.
 - If law enforcement is not currently onsite, contact the local police department and ask for assistance.

Local law enforcement should assist in enforcing the guest’s discontinuation of isolation and in de-escalation of any confrontational or aggressive guest behaviors.

[City] Police Department	[Insert Phone number]
[City] Police Department	[Insert Phone number]
[City] Police Department	[Insert Phone number]
[City] Police Department	[Insert Phone number]
[City] Police Department	[Insert Phone number]

Notice of Ineligibility for COVID-19 Isolation and Recovery Site

Dear Guest,

You are receiving this letter because you are staying at a **COVID-19 Isolation and Recovery Site**, a public benefit made available to you. Availability of, and eligibility for this benefit is determined based on a public health need, and in conjunction with individual COVID-19 -related health circumstances.

At this time, you are receiving this letter because it **has been determined that you are no longer eligible, or will soon no longer be eligible, to receive the COVID-19 Isolation and Recovery Site benefits**, either because your health condition related to COVID-19 has resolved or improved, or the public health necessity for such benefit has ceased.

Accordingly, **please prepare to vacate the Site** you are currently staying as soon as possible. As part of the benefits, you are provided transportation to the location from which you came prior to admission to a hospital or the COVID-19 Isolation and Recovery Site. Please inform the Site staff the details of your destination so that they can procure transportation for you.

Please note that **if you refuse to leave the Site, the owners and operators may consider your refusal to leave as trespassing**. The owners and operators have the right to take legal and law enforcement action to cease any trespassing activities.

If you have any questions, please reach out to Site staff.

f. Positive Testing After Discontinuation of Isolation

An individual cleared by the non-testing release protocol may test positive on a PCR test in the following days, due to the high sensitivity of this kind of test. **Individuals who have completed an isolation period within the prior 2 months are not eligible for readmission.**

If a guest re-tests positive for COVID-19, after being cleared for Discontinuation of Isolation at least 2 months prior:

- If they **do not have any symptoms**, they are not eligible to return to an Isolation and Recovery Site, and other facilities (e.g. shelters) should accept these individuals back into their care.
- If they develop **new and/or worsening symptoms**, they may be re-evaluated by a medical professional, and if deemed appropriate by that clinician, could be referred once again to the Isolation and Recovery Site.

VII. Operations Procedures

a. Food Services

Meals will be provided to each guest, medical, and non-medical staff person in the I&RS:

- Breakfast (guests only)
- Lunch
- Dinner

These meals will be provided by **either** the site on contract or the SEOC MCG Feeding Unit.

If the site has agreed to provide food through onsite food and beverage services, they will provide all food and beverages with accompanying tableware and cutlery as appropriate.

If the site is unable to provide food and beverage service, the SEOC Feeding Unit will coordinate delivery of food through a vendor or the Voluntary Organizations Active in Disasters (VOAD).

Because the Isolation & Recovery Site census is likely to fluctuate throughout the day, food service providers should be prepared to provide **at least three (3) extra servings** in addition to those ordered for the census at that time. Additionally, regardless of site participation in food service, all site ice machines and in-room coffeemakers should be made operational for the duration of the SEOC contract.

Food Allergies and Special Dietary Needs

During intake, the client management vendor will request and record information about food allergies and special dietary needs. The Commonwealth will provide appropriate special diet meals for guests with a need related to a religion, disability, or medical diagnosis. **This is required by federal non-discrimination statutes.**

If guests are moved to a new room during their stay, the site's front desk staff or site manager will communicate the updated information to the intake vendor to ensure that the guest's dietary needs continue to be met.

Notification

The intake system will notify the Feeding Unit whenever a new guest is placed in a room. The notification will be immediate and automatic and include the guest's name, site, room number, and any allergies or dietary needs. The intake system will also send a daily report listing all current program participants with site, room number, and dietary needs and allergies.

Please ensure that the Site Manager updates the static site counts with the Feeding unit if there is a significant change.

Delivery

If the site is providing food service:

- 1) Site will prepare all food as “take-out” for each individual guest
- 2) All food will be accompanied by appropriate tableware and cutlery
- 3) Site will give take-out containers to security team, who will deliver to each occupied room

If an outside vendor or VOAD organization is providing food service:

- 1) Outside vendor or VOAD organization will drop off food to Isolation & Recovery site in pre-packaged, single-serve containers
- 2) All food will be accompanied by appropriate tableware and cutlery
- 3) While receiving food from vendor/VOAD organization, security personnel will count servings to ensure that enough meals have been provided for current site census + staff
 - a. If enough meals are provided, move to step 4
 - b. If more meals are needed, security will inform vendor/VOAD organization, who will be expected to fulfill additional meal needs within a 2-hour time frame
- 4) Once meals are received, security team will deliver to each occupied room

b. Cleaning

Sites may use an outside vendor to clean all rooms and communal areas; some will provide this service using their own staff. The cleaning vendor will be made aware that the Isolation and Recovery Sites are populated with COVID-19 positive individuals before contract execution.

Cleaning vendors may have one person on site from 9am-5pm daily to perform the following:

- 1) Disinfect high-touch surfaces such as door knobs, railings, elevator buttons, lobby bathrooms, sinks, and other surfaces as recommended by site staff
- 2) Respond to ad hoc spontaneous requests, such as cleaning and disinfecting a soiled room or bathroom
- 3) Performing daily garbage collection by disposing of garbage bags placed outside of site guest rooms

Guest Rooms

Site rooms will be cleaned according to CDC guidelines when (1) a room is vacated, or (2) a spontaneous need arises. If a guest room requires cleaning before discontinuation of isolation, that guest will be moved to another room prior to cleaning. Guests will be provided with supplies (e.g. paper towels, sanitizing spray) for daily cleaning maintenance and should be encouraged to use these items.

The cleaning procedure is as follows:

1. Site Manager notifies client intake vendor that room has been vacated and requests a full room cleaning and disinfecting service.
2. Client intake vendor contacts cleaning vendor to schedule a full room cleaning and disinfecting service for at least 24 hours after room has been vacated.
3. Room remains empty for 24 hours prior to cleaning.
4. Following the waiting period, cleaning vendor cleans and disinfects room according to CDC guidelines.
5. Cleaning vendor notifies Site Manager of completion.
6. Site Manager notifies client intake vendor that room is available.

High Touch Areas

Use household bleach disinfectant or EPA registered household disinfectant or other applicable methods (fogger, etc.) to wipe and clean and disinfect:

- Tables
- Doorknobs
- Lights
- Switches
- Countertops
- Handles
- Desk
- Phones
- Toilets
- Faucets
- Sinks
- Related areas

Soft Surfaces

Use soap and water, EPA registered household disinfectant or other applicable methods (fogger, etc.) to clean and disinfect:

- Carpets
- Floors
- Rugs
- Drapes
- Related areas

Electronics

Clean with alcohol wipes with at least 70 percent alcohol. Allow surface to dry thoroughly.

c. Laundry Protocol

Linen laundry services will be managed by an outside vendor or the site when possible. If needed, a site director may instruct nursing staff to assist with laundry protocols.

If site or outside vendor will not agree to manage laundry services, guests will need access to a washer/dryer.

Coin operated and credit card machines can be disabled if requested. If only one washer/dryer is available, no two members should be in the laundry facility at the same time. Site will provide towels, bed sheets, toiletries, at some regular cadence (typically every 5 days).

Onsite machines should be used for guest personal laundry, with assistance by support staff if needed.

d. Waste Removal

Site management will manage trash removal for guests. If needed, a site manager may instruct nursing staff to assist with waste removal protocols.

Guests will:

- Place trash bins outside of the guest's room every 3 days
- Bag and tie the trash if possible

e. Security

The security vendor will provide an unarmed security guard for every floor at the Site. The State will provide proper PPE for these guards while on duty at the site.

The duty of these guards are:

- Remind the clients to stay in their rooms
- Remind guest of to use the 6-foot social distancing rule with all staff and guests
- In the event of any issues that present a health and safety risk, the guard will call 911
- Whenever possible, an individually wrapped meal will be provided to the guards