

# MDPH/MEMA Guidance and Protocols for COVID-19 Isolation & Recovery Sites for Homeless Individuals

This document provides both guidance and tools that can be used in planning for the logistics and operations of an isolation & recovery site for COVID-positive individuals experiencing homelessness or unstable housing. This document includes tools such as: intake forms and processes, team work flows, social and behavioral health resources, equipment lists, emergency protocols, discharge guidance, and required wrap around services.

# Guidance and Protocols for Massachusetts' COVID-19 Isolation & Recovery Sites (I&RS) for Homeless Individuals

Updated April 24, 2020

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## Isolation & Recovery Sites (I&RS) Overview

### a. Program Overview

The Commonwealth's COVID-19 Command Center and the Massachusetts Emergency Management Agency ([STATE EMERGENCY MANAGEMENT AGENCY]) are standing up regional **Isolation and Recovery Sites (I&RS)** located in hotels across the state for homeless individuals who need a safe place to isolate. Transportation will be provided to the site.

#### **To be accepted individuals MUST:**

- be homeless or unsheltered (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); **AND**
- be COVID-19 positive **OR** are symptomatic and have a medical provider's note recommending isolation for presumed COVID-19; **AND**
- must be well enough to "return home" to recover. Medical treatment is not provided at this site.

#### **These sites are NOT available for individuals who:**

- require assistance with Activities of Daily Living from staff at the I&RS;
- require medication administration (outside of methadone, which can be administered per discretion of guest provider and/or onsite clinical staff); or
- require the level of care provided at a Skilled Nursing Facility.

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 agencies and organizations such as hospitals, homeless shelter providers, and emergency services agencies 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.

We have been working closely with the City of Boston, who has implemented services for individuals who are COVID-19 positive and homeless within Boston.

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







## High-level Requirements to Set Up New Isolation & Recovery Site

### Contractor/Partner Preparation

- Review Site Proposal with Command Center and [STATE EMERGENCY MANAGEMENT AGENCY], 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 from [STATE EMERGENCY MANAGEMENT AGENCY] (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 with at [STATE EMERGENCY MANAGEMENT AGENCY].
- 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











## *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.

































### c. Telephone Interpreting Services

d. Behavioral Health (BH) Supports & Resources

## i. 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*

## ii. 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

## e. Domestic Violence/ Intimate Partner Violence Supports & Resources



## 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 AGENCY] 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>
<b>Personal Protective Equipment</b>	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
	<b>Sanitizing Equipment</b>	Large Bottles Hand Sanitizer	1
Disinfecting wipes		1	20 containers
Liquid Hand soap/ pump dispenser		1	10 bottles
Bleach Cleaner		1	2 bottles
Paper towel		1	50 rolls
<b>Medical Equipment</b>	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
<b>Medication</b>	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
<b>Harm Reduction Kit</b>	<i>[DEPARTMENT OF PUBLIC HEALTH CONTACT]</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.

*[RESUPPLY REQUEST FORM LINK HERE]*

*Onsite Supplies Tracker*

	<i>Item</i>	<i>Have onsite</i>	<i>Need</i>
<b>Personal Protective Equipment</b>	N95 - Small		
	N95 - Regular		
	Surgical Masks		
	Gowns		
	Boots		
	Face shields		
	Gloves - Small		
	Gloves - Medium		
	Gloves - Large		
	<b>Sanitizing Equipment</b>	Large Bottles Hand Sanitizer	
Disinfecting wipes			
Liquid Hand soap/ pump dispenser			
Bleach Cleaner			
Paper towel			
<b>Medical Equipment</b>	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			
<b>Medication</b>	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>
<b>Health Products</b>	Cough drops
	Nix cream rinse lice treatment
<b>Beverages</b>	Soda (Pepsi and Coke products)
	Juice (orange, apple)
	Milk
	Coffee (K-Cup and ground)
	Water
<b>Hygiene</b>	Shaving cream
	Disposable razors
	Socks
	Underwear
	Sanitary pads/tampons
<b>Food</b>	Chips (Frito Lay variety pack)
	Granola bars
	Hard candy
	Chocolate
<b>Comfort/Misc.</b>	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: surgical mask and gloves.

- **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).

Security personnel are not expected to have direct guest contact. They do not require additional PPE outside of the supplies described above.

### *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]

## 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*

<b>Location</b>	<b>Provider</b>	<b>Phone Number</b>
[CITY]		XXX-XXX-XXXX



### 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 d 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.

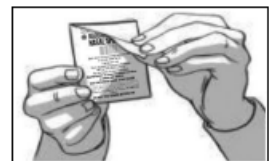
### *Procedure*

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/[STATE] License No.

## 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 seven 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 7 days have passed since the date of their first positive COVID-19 test **AND** they have had no subsequent illness.

Please reference the 3/16/2020 CDC guidance concerning home isolation for any additional information.

### *Planning for Discharge*

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

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

- Asymptomatic for 24 hours, **AND** at least 7 days since the date of first symptoms or positive test (whichever occurred most recently); **OR**
- Asymptomatic for 7 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
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, quarantine staff should contact the Isolation & Recovery intake line

**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 for the time being
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 Guest 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. Contact the guest's destination shelter to let them know that the guest will be returning with their form. Command Center will notify the Local Board of Health (of the individual's originating location) of the guest's departure.
4. Command Center will notify the testing provider (if known) and/or primary care provider (if known) of the individual's discontinuation of isolation, so that they can update [state epidemiological reporting/surveillance database].



## 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 seven 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 7 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 seven 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 7 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 discharge 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 guests who are affiliated with a shelter and are choosing to return:*

#### **Two days before anticipated Discontinuation of Isolation**

- Staff 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 the [STATE SUBSTANCE USE HOTLINE]: XXX-XXX-XXXX

*For 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.
- Staff ensures that the guest has sufficient supply of prescription medicine
- Staff ensures that the guest has food to last at least 3 days
- Staff ensures that the guest has sufficient supply of toiletries
- If appropriate, and if the guest is interested care for substance use disorder, staff shares the [STATE SUBSTANCE USE HOTLINE]: XXX-XXX-XXXX

#### 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** 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 their 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 their 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 her that this guest is leaving without a Discontinuation of Isolation form and request an urgent pick-up.
- Intake Vendor will notify the transportation team that 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 must stay with the guest 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 site manager 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 site manager 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 transport team 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.
- Site manager will notify Jonathan Bunker, [STATE EMERGENCY MANAGEMENT AGENCY] and the Command Center.
  - [STATE EMERGENCY MANAGEMENT AGENCY] will notify local police.
  - Command Center will notify the LBOH where the site is located and where the individual is from.

*Non-Compliant Departure Call List*

**Standard Contact**

<b>Program Administrator</b>		XXX-XXX-XXXX
<b>Command Center</b>		XXX-XXX-XXXX
<b>Intake Vendor, Transportation</b>		XXX-XXX-XXXX

*Site Specific – [TOWN/CITY]*

<b>Site Manager</b>		XXX-XXX-XXXX
<b>Local Police Department</b>		XXX-XXX-XXXX

*Site Specific - [TOWN/CITY]*

<b>Site Manager</b>		XXX-XXX-XXXX
<b>Local Police Department</b>		XXX-XXX-XXXX

*Site Specific – [TOWN/CITY]*

<b>Site Manager</b>	Marriel Wrean	XXX-XXX-XXXX
<b>Local Police Department</b>	Police Chief Edward Walsh	XXX-XXX-XXXX

*Site Specific – [TOWN/CITY]*

<b>Site Manager</b>		XXX-XXX-XXXX
<b>Local Police Department</b>		XXX-XXX-XXXX

*Site Specific – [TOWN/CITY]*

<b>Site Manager</b>		XXX-XXX-XXXX
<b>Local Police Department</b>		XXX-XXX-XXXX

*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 and alerts Security
- 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 (or Jonathan Bunker if no site manager available) of guest's attempt to leave early
- 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 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

Intake Vendor

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

Site Manager/Jonathan Bunker

- Site manager notifies Jonathan Bunker 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
- Contacts Local Board of Health for site location and alerts them that a guest is leaving early
- Contacts Local Board of Health for guest's destination location and alerts them that a guest is leaving without a Discontinuation of Isolation form and will be returning to their locality
- If the guest refuses to wait for transportation, notify Jonathan Bunker, [STATE EMERGENCY MANAGEMENT AGENCY], and Command Center immediately

## 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 [APPROPRIATE VENDOR].

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 [STATE] 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 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 provides an accurate count of on-site staffing each day to [POINT OF CONTACT], Hotel Unit Lead, no later than 9:30am to ensure the appropriate number of meals are provided.

## *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 will use an outside vendor to clean all rooms and communal areas. 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 will 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

## *Resident 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 and clothing 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, the guest will need access to a washer/dryer. If the washer/dryer is coin operated, the guest will need to be given access to appropriate currency to do their own laundry. 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 (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 director 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, [STATE EMERGENCY MANAGEMENT AGENCY] will provide an individually wrapped meal to the guards