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Updated 8/06/2020: Interim Guidance for How to Conduct Street Outreach Safely During COVID-19 Response

The following information is a general guide and is not intended to take the place of medical advice from a healthcare provider. Important resource links at end of document.

Many people may spread COVID-19 without having any symptoms. For your protection please wear PPE at all times.

Outreach Strategies:

- Minimize the number of staff members who have face-to-face interactions with clients.
- Limit outreach to essential personnel for each visit.
  - The deployment of volunteers or learners is not recommended unless vital to maintaining operations.
- Assign outreach staff who are at higher risk for severe illness from COVID-19 to duties that do not require them to interact with clients in person.
- Conduct visits outdoors as much as possible; do not go into a client’s living space.
- Maintain at least 6 ft distance while interacting with other staff and clients whenever possible regardless of whether they have symptoms or are wearing a mask or a cloth face covering.

Staff considerations when arriving at an encampment:

When you arrive to your site follow the guidance below:

- Put on your facemask and all other PPE (if your organization has more stringent guidelines adhere to those)
  - Cloth face coverings can be used in the absence of a facemask but is not considered PPE and should not be used when a respirator (like N95 respirators) or medical facemask (like surgical masks) is indicated
  - If social distancing of at least 6 feet cannot be maintained when providing medical care or screening clients, use a facemask (rather than a cloth face covering), eye protection (goggles or disposable face shield that fully covers the front and sides of the face) and a single pair of disposable gloves.
- Greet clients from a distance of at least 6 feet and inform them that you are taking additional precautions to protect yourself and the client from COVID-19. Ask clients to wear a mask or cloth face covering. If the client is not wearing a cloth face covering, provide them with one.
- If you are noticing someone who has symptoms refer to “Covid-19 Symptom Chart” (included in your outreach toolkit)
Basic Field Safety:

- Follow your agency guidelines around transporting clients in vehicles (at a minimum there should be a 6-foot distance between all people).
  - Transporting clients should be minimized and done only in urgent situations.
  - If transporting clients needs to be done staff should wear an N95 respirator or facemask (if a respirator is not available) and eye protection (such as goggles or a face shield); the passenger should wear a facemask or cloth face covering. The use of larger vehicles is recommended to maintain 6 feet of distance between vehicle occupants.
- Encourage all clients to wear a mask or cloth face covering.
- Avoid touching coworkers or clients (no handshaking or hugging). Avoid handling client belongings. If you need to have physical contact with the client or the client’s belongings, wear disposable gloves and then dispose of gloves appropriately. Wash hands immediately afterwards. Do not hold belongings against your body and do not shake out any items. Training staff on using gloves and proper hand hygiene before and after use should occur prior to use.
- Avoid sharing items such as pens and cell phones unless you can properly disinfect after sharing.
- Instruct clients to cover cough with tissue or have them cough into their sleeve.
- Properly clean and disinfect equipment and supplies frequently (i.e. pens, cell phone, clip boards).
- Wash your hands often with soap and water for at least 20 seconds or using hand sanitizer (with at least 60% alcohol) on a regular basis, including before and after each client interaction and especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- Launder work uniforms or clothes after use, using the warmest appropriate water setting for the items and dry items completely.

Approved PPE for Outreach Workers

The following guidance has been extracted from CDC’s strategies to optimize the PPE supply and should not be used independently without reviewing the complete CDC guidance for context and recommendations.

During times of severe PPE shortages approved PPE may be not be available. For guidance on PPE conservation and alternatives when PPE is unavailable: www.kingcounty.gov/covid/PPE
• Masks
  o Outreach workers should wear a mask when working in public settings or interacting with clients when they are able to maintain six feet of distance between other staff and clients.
  o For street medicine or other healthcare staff providing medical care to clients within close contact (i.e. 6 feet of distance), staff should at a minimum wear an N95 or higher level respirator (or a facemask if respirators are not available or staff are not fit tested for the N95), as well as a disposable gown, disposable gloves, and eye protection.
  o The facemask should be discarded if soiled, damaged, or hard to breathe through.
  o Do not touch the facemask. If staff touch or adjust their face mask, they must immediately perform hand hygiene.
  o Outreach workers can wear single use surgical masks when interacting with clients.
  o Cloth facemasks are not considered to be PPE and should not be used when a respirator or surgical facemask is indicated.

• Gloves
  o Wear gloves when touching items from the facility or handling client belongings.
  o Change gloves between each client, after touching client belongings, and whenever you would normally sanitize your hands. **Wash hands immediately after taking off gloves.**

• Eye protection:
  o If social distancing cannot be maintained, wear eye protection such as goggles or a disposable face shield that fully covers the front and sides of the face.
  o Staff providing medical care to clients with suspected or confirmed COVID-19 within close contact (less than 6 feet) should also wear goggles or a face shield.

• Gowns:
  o Gowns may be less essential than masks, gloves and eye protection, but ideally are used when you anticipate having direct contact with an ill person for essential services or responding to an overdose in the field.
  o Gowns help protect staff clothing from being contaminated. In settings where gowns are unavailable, consider using **gown alternatives**, in addition to administrative and engineering controls described above. None of these options can be considered PPE, since their capability to protect staff members is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured.

*For staff who are assessing or cleaning the environment without close contact (within 6 feet) to symptomatic or known COVID-infected clients:*
• It is acceptable to use gloves and a face mask. Care should be taken to prevent clothing from touching surfaces in the facility or other potentially contaminated materials like bedding, laundry, etc.

Take care of yourself:

Your safety and health are the most important thing while doing outreach work.

• The risk of severe illness from COVID-19 increase with age; other factors that increase risk for severe illness includes underlying medical conditions. Everyone, including and especially older adults, should take steps to protect themselves from getting COVID-19. Are you at higher risk?
  o If you are pregnant, have a chronic or underlying health condition or a weakened immune system, check with your primary care provider to get guidance about how to take care of yourself during the COVID-19 outbreak and if participating in outreach work is recommended.

• Practice good hand hygiene and don’t touch your face.

• Stay home if you have any symptoms of COVID-19 (fever or chills, cough, shortness of breath, fatigue, sore throat, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea).

• Get plenty of rest and sleep, drink plenty of fluids, eat healthy foods, exercise regularly, and manage your stress to keep your immunity strong.

• Stay up to date on COVID-19 information, check the Public Health- Seattle King County websites (links below).

• Review COVID-19 Disinfection Guidelines so you understand how to properly clean and disinfect households
COVID-19 Screening Questions:

Be sure that client is wearing a mask or cloth face covering. Maintain 6 feet distance.

- If your agency has outreach workers screening clients for symptoms, ask clients if they feel like they have had a fever (hot/sweaty or cold/chills), a new or worsening cough, or other symptoms consistent with COVID-19.

- COVID-19 Symptoms can include the following:
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches (that are different from usual symptoms of opioid withdrawal, if applicable)
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting.
  - Diarrhea

If client answers yes to any of the above call the COVID Call Center at 206-477-3977

- Encourage the client to call their PCP for further assessment.
- If client doesn’t have a PCP, refer to medical provider and provide the CHAP (Community Health Access Program) line number 1-800-756-5437.

If you identify a client with severe symptoms of COVID-19, Call 911.

- Severe symptoms include:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face

Additional Resources:

For the latest information and guidance on COVID, please refer to:

- Public Health – Seattle & King County COVID Information: [www.kingcounty.gov/covid](http://www.kingcounty.gov/covid)
- Homeless related COVID information: [www.kingcounty.gov/covid/homeless](http://www.kingcounty.gov/covid/homeless)
- Sign up to receive updates on homeless related COVID issues: [covidhomelessnessresponse@kingcounty.gov](mailto:covidhomelessnessresponse@kingcounty.gov)
Guidance
Flyers

Handouts
Print pages 4-11 front & back
What is COVID-19?

COVID-19 is a new virus spreading from person-to-person. It is currently in the United States and many other countries.

How does it spread?

Health experts are still learning more about the spread. Currently, it is thought to spread:

- When a sick person coughs, sneezes, or talks
- Between people who are close to each other (within about 6 feet)
- By touching a surface or object with the virus and then touching your mouth, nose, or eyes

You can still spread COVID-19 even if you do not have any symptoms.

What are the symptoms?

People who have Covid-19 have symptoms that may show up 2-14 days after being exposed to the virus. The most common are:

- Fever (100.4 or above)
- Cough
- Hard time breathing

Other symptoms can include severe body aches, headache, sore throat, shaking, chills, fatigue, congestion or runny nose, nausea or vomiting, diarrhea, and being unable to smell or taste foods.

How bad is novel coronavirus?

Most people will feel mild symptoms such as fever and cough. Most people do not require hospital care. A much smaller number of people get really sick with lung and breathing problems.

Am I at higher risk?

People at higher risk include people:

- With other diseases like cancer, kidney disease, COPD, heart or lung disease, high blood pressure, sickle cell disease or diabetes
- With weakened immune systems
- Who weigh a lot
COVID-19
HEALTH WARNING FOR PEOPLE LIVING HOMELESS

How do I protect myself & others?

- **Wash your hands often with soap and water** for at least 20 seconds (if soap/water is not available, use alcohol-based hand gel)
- **Wear a cloth face covering that covers your mouth and nose in public**

Stay 6 feet apart (about two arm lengths).
- Avoid touching your eyes, nose, or mouth, especially with unwashed hands
- **Cover your mouth/nose** with a tissue, sleeve, or elbow when coughing or sneezing

When do I need to talk with a doctor?
Call your regular doctor, and do not go to the emergency room, if you have:

- **Fever** (100.4 or above)
- **Cough**
- **Harder time breathing than normal**

If you are having a really hard time breathing, you should call 911. If you have symptoms and think you were around someone with the virus, call both your regular doctor, if you have one, and our King County COVID-19 Call Center at (206) 477-3977.

What if I don’t have a doctor?
Here are a few places you can see a provider:

- **Downtown Public Health** – Phone number: (206) 477-8300
  Address: 2124 4th Ave./Seattle, WA 98121
- **Mobile Medical Van** – Seattle & South King County
  Locations vary, learn more: [www.kingcounty.gov/mobilemed](http://www.kingcounty.gov/mobilemed)

If you are (or someone else) is having any of the symptoms below Call 911:

- Trouble Breathing
- Chest Pain or Pressure
- Confusion/Dizziness
- Inability to wake up or stay awake
- Bluish Lips or Face
COVID-19
Wearing Cloth Face Coverings

What is COVID-19?

COVID-19 is a new virus spreading from person-to-person. It is currently in the United States and many other countries. You may not know you are sick but you can still spread it.

Will a cloth face covering keep me from getting sick?

It is most helpful to stay at least 6 feet away (about two arm lengths) from other people. Cloth face coverings can help you protect others and yourself. It works best if everyone wears a face covering.

How do I make a cloth face covering?

You do not need a medical mask; a homemade cloth face covering, made from an old T-shirt or bandana, that covers your mouth and nose can still be helpful.

1. Fold bandana in half
2. Fold top down, fold bottom up
3. Place rubber bands or hair ties about 6 inches apart
4. Fold sides in to the middle to meet
How do I wear a cloth face covering?

Wash your hands with soap and water for at least 20 seconds (if soap/water is not available, use alcohol-based hand gel) before putting on and before taking off the covering.

Avoid touching your mouth or nose while wearing the cloth face covering.

Only touch the cloth face covering by the straps. Pull the straps behind the ears or ties behind the head. Do not touch the front of the cloth face covering.

How do I clean a cloth face covering?

It is important to regularly clean and dry face coverings between uses.

If possible, wash the face covering in hot water with soap and let dry. If you do not have soap and water with you, try a public bathroom.

If you have some bleach, you can also spray the covering with a little bleach mixed in water. Make sure it dries completely before wearing again.

If you do not have any good cleaning options, something is better than nothing, until you can get to a place where soap and water is available.

◊ City of Seattle: https://www.seattle.gov/mayor/covid-19
◊ More information from Healthcare for the Homeless Network: www.kingcounty.gov/covid/homeless
◊ King County Novel Coronavirus Call Center: (206) 477-3977
  The Call Center is open 7 days a week, 8am-10pm

Thanks to the CDC for adaptation of their materials.
How is COVID-19 spread? COVID-19 can be spread by spending time with people who have the virus and by touching things that have the virus on them and then touching your face. Even if you or others do not have any symptoms you may still have COVID-19.

You can still spread the virus after you start feeling better. To keep others safe, stay isolated until it’s been 3 full days without a fever (feelings of being unusually hot or cold) and without taking medicine that makes your fever lower. You should also wait until your other symptoms have gotten better and it has been at least 10 days since your symptoms started.

If you decide to isolate in your tent, car, or RV, follow these steps while you are sick to keep others safe:

- Stay in your tent, car, or RV as much as possible
- Cover your mouth and nose
- Avoid touching your eyes, nose, and mouth
- If you smoke, try to decrease the amount you smoke or stop
- Wear a face covering that covers your mouth and nose
- Keep track of your symptoms, seek help if they get worse
- If you use drugs, alcohol or tobacco try not to share
- Stay 6 feet apart
- Avoid sharing household items
- Wash your hands with soap and water or use hand sanitizer
**Covid-19 Symptom Chart**

Call 911

- Confusion / Dizziness
- Chest Pain or Pressure
- Trouble Breathing
- Severe Dehydration
- Bluish Lips or Face
- Diarrhea / Vomiting

Fever

- Sore Throat
- Cough
- Headache
- Muscle or Body Aches
- Congestion / Runny Nose
- Shortness of Breath
- Loss of Taste / Smell

Covid Hotline

(206) 477-3977

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PLEASE PROTECT YOURSELF AND EVERYONE ON METRO FROM COVID-19

Stay home if sick. Signs of COVID-19 include fever, cough and shortness of breath.

Cover coughs. Try not to touch your face and mouth.

Wash your hands often. Use sanitizer.

If you must travel, consider wearing a fabric mask.

Limit travel to essential trips.

While on board, keep as much space between you and others as possible.

Stand apart while waiting.

POR FAVOR PROTÉJASE Y PROTEJA A LOS DEMÁS DEL COVID-19 CUANDO VIAJE EN AUTOBÚS

• Quédese en casa si está enfermo. Los síntomas del COVID-19 incluyen fiebre, tos y falta de aliento.
• Tápese la boca cuando tosa. Trate de no tocarse la cara ni la boca.
• Lávese las manos con frecuencia. Use gel desinfectante para las manos.
• Si tiene que viajar, considere llevar puesta una mascarilla de tela.
• Mientras esté a bordo del autobús, manténgase lo más alejado posible de los demás.
• Manténgase alejado de los demás mientras espera.
• Párese a por lo menos 6 pies de distancia de los demás cuando esté esperando por el autobús.

FOR MORE INFORMATION PARA MÁS INFORMACIÓN
kingcounty.gov/covid

Public Health
Seattle & King County

Interpreter
206-553-3000
Hablamos Español a sus servicio.

King County METRO
Moving forward together Juntos avanzamos

For more information, visit kingcounty.gov/covid.
COVID-19
SPECIAL GUIDANCE: Staying Safe
When Waiting in Line for Food/Shelter

What is COVID-19?
COVID-19 is a new virus spreading from person-to-person. It is currently in the United States and many other countries.

How do I protect myself & others?

Wash your hands often with soap and water for at least 20 seconds, especially after using the toilet and before you cook or eat! If soap/water is not available, use alcohol-based hand gel.

Cover your mouth/nose with a tissue, sleeve, or elbow when coughing or sneezing.

6 feet
Stay 6 feet apart (about two arm lengths) from other people in line.

Only touch what you will use when picking food or drinks.

Wear a cloth face covering that covers your mouth and nose in public.

Avoid touching your eyes, nose, or mouth, with unwashed hands.

Talk to program staff if you need help staying safe. They can help make sure people stay 6 feet apart. They can also show you where soap or hand sanitizer is, if available.

- City of Seattle: [https://www.seattle.gov/mayor/covid-19](https://www.seattle.gov/mayor/covid-19)
- King County Novel Coronavirus Call Center: (206) 477-3977
  The Call Center is open 7 days a week, 8am-10pm
Isolation & Quarantine
Isolation & Quarantine (IQ) Frequently Asked Questions

• **Why do I need to go to IQ?**
  • Staying in IQ protects the other people around you from getting sick. It is also a comfortable place for you to recover and get medical care.

• **How long will I have to stay?**
  • If you test positive it is important for you to stay for 10 days from when you got sick and at least 24 hours after you started to feel better.

• **How will I get to the IQ site?**
  • There are specific buses (all white) that will bring you to the site. If you are arriving after 8pm, then a vehicle with "AMR" on the side will bring you.

• **Can I bring my pet?**
  • If your pet is a service animal or an emotional support animal, your pet can come with you. No proof or certification is needed. Otherwise, we have trained staff who will care for your pet, and they will be returned once you are healthy.

• **Can my partner and I stay in the same room?**
  • Yes, but if only one of you tests positive then it would be best to stay in separate units. If you would like to stay in the same room, it may add an additional 14 days to your stay.

• **Can I smoke?**
  • Yes, each site has a designated smoking area. The site can provide nicotine patches and gum.

• **Can I come and go?**
  • Sadly, no. Leaving the site before you feel better could make you sicker and would put others at risk of getting sick.

• **Can I have visitors?**
  • To protect your friends and family, visitors are not allowed. They may drop-off items at the entrance and a staff member will deliver to you.

• **Can I start Methadone or Suboxone at IQ?**
  • You can start Suboxone at IQ.
  • You cannot start methadone, but if you are already receiving it your treatment will be continued.
• **What if I have withdrawals from alcohol or drugs?**
  • Our medical team can prescribe medications to assist with withdrawals.

• **Will I lose my shelter bed while in IQ?**
  • We will make sure you have a place to go when you leave and provide transportation to that site.

• **What if I have a vehicle?**
  • If your vehicle is functional you can drive your vehicle to the IQ site, and it can remain there for the duration of your stay.

• **What are the sites like?**
  • One site is a motel and the other is trailer units like a mobile home. Both have private rooms and bathrooms. The intake team will assign you to a site based on where there is space and the services available that you need.
I&Q Intake

1. A person/healthcare provider contacts King County Covid-19 Call Center or Disease Investigator about COVID pending or positive case
2. Individual is identified as needing to Isolate or Quarantine at a County Recovery location
3. If resources are available, the I&Q Team coordinates transporting via medical transport or Metro contract (as of 3.28)
4. I&Q Team coordinates with Onsite Manager to have unit ready

Services

1. 24/7 Onsite Nurse and Behavioral Health specialists (staffed at all locations) will conduct symptom monitoring and support additional healthcare needs of guests
2. 24/7 onsite security
3. Financial incentives, onsite buprenorphine inductions, methadone continuation to promote isolation adherence
4. I&Q Team speaks directly with guest, Disease Investigator/CD-EPI as needed, and Onsite Staff. Coordinates basic needs, food, transportation via medical transport or bus/taxi when guest is cleared for discharge. Onsite Staff coordinate directly with I&Q Team.
5. Onsite Staff coordinate directly with I&Q Team. Onsite Staff support the physical location and opening doors/placing things in rooms, but does not have face to face contact with guest

Exit

1. Healthcare providers, Public Health staff and/or Onsite Healthcare staff coordinate for when guests need to leave the I&Q Location for either Symptomatic or Asymptomatic reasons
2. Onsite BH provider supports rehousing
3. Public Health and I&Q Team coordinate transportation and speak directly with guest about what to expect/when things are ready
4. I&Q Team coordinate with Onsite Staff for room cleaning (hazmat cleaning if COVID + guest) and turn over of unit
5. Guest goes to a medical professional facility if symptomatic or back to their community if cleared by Public Health and asymptomatic.
RESPONSE FOR PEOPLE LIVING HOMELESS

King County COVID-19 Call Center
206-477-3977

COVID-19 confirmed +
COVID-19-like illness
• Pending test results or
• Not yet tested
No Illness:
• High risk individuals in congregate setting with confirmed case

Isolation and Quarantine (I&Q)
Assessment of Referrals
Prioritization if needed
Placement

Communicable Disease and Epidemiology (CD-epi)
Monitors reports from homeless service sites

HEART Team Deployed to Sites

Reported

Referred
What is a HEART Responsive Team Visit (Previously called Strike)?

- Responds to potential and confirmed COVID-19 outbreaks in congregate settings including shelters
- Includes up to 2 registered nurses, 1 environmental health investigator, and 1 behavioral health staff
- Visit is tailored to the needs of the site and may include:
  - Symptom screening of staff and clients
  - Health education, resource sharing, review of site practices related to health, wellness, and infection prevention
  - Assistance with referrals to higher level of care as needed or Isolation and Quarantine placements
  - Assess the need for (further) testing

What communication is expected before and after a HEART Visit?

- Site is contacted before deployment
  - To ensure that COVID+ person(s) will be on-site when team arrives
  - To determine supply needs at the site
- Follow-up after to support site, staff, and clients
  - Capacity building for staff
  - Supply procurement
  - Monitoring of staff and client’s health
  - Health education or resource sharing

OTHER HEART VISIT TYPES:

- Preventive (FAST): Assess practices for health, safety, wellness, and infection prevention
- Prospective: Site walk-throughs for closed sites planning to reopen
About Isolation and Quarantine (I&Q)

A proven public health practice for reducing the spread of disease

- **Quarantine** is for people who have been exposed to an infectious disease and could become sick and then spread the infection to others.

- **Isolation** is used for people who are currently ill and contagious, and who need to stay away from others in order to avoid infecting them.

- Examples of people who may need I&Q assistance include people who do not have a separate bedroom in their home to isolate, people who have a family member who is medically fragile, students in dormitory settings, people in congregate living arrangements, or people experiencing homelessness.

  - Isolation or quarantine at a King County facility does not mean you will be alone - a care team of nurses and behavioral health providers will check in on patients daily and ensure their needs are met.
Providers can refer to isolation and quarantine individuals with:* (4.30.20)

1. Confirmed COVID-19 positive**

2. New COVID-19-like illness (CLI) symptoms

3. No illness (asymptomatic) after a COVID positive patient has been identified in their congregate setting
   • Especially those who are at increased risk for severe COVID-19 illness

*In the case of limited capacity, beds would be prioritized in the above order.

** Patients with a positive test can also self-refer.
COVID-19-like illness (CLI) may be defined as any of the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

People at **increased risk** for severe illness include:

- **Individuals over 65 years of age**
  - Risk for severe illness increases with age

- **People of all ages with underlying medical conditions**, particularly if not well controlled, including:
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Immunocompromised state (weakened immune system) from solid organ transplant
  - Obesity (body mass index [BMI] of 30 or higher)
  - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus

WHAT SERVICES CAN I EXPECT AS A GUEST AT A KING COUNTY ISOLATION & QUARANTINE CENTER?

- Meals That Honor Dietary Requirements
- Regular Medical Check-Ins
- Mental Health Support
- A Safe Space with Clean Linens & Laundry Service
- Snacks and Toiletries
- Cable TV or Portable Tablet
- 24/7 Phone Assistance & Language Access
- 24/7 Security
- Transportation to & from the Location
More about I&Q centers:

- Guests can bring all of their belongings.
- Treatment for substance use disorder and alcohol use disorder— including Suboxone— is available onsite.
- Smoking is permitted in designated smoking areas.
- Multiple household members, including children, may be roomed together in many cases.
- Service and emotional support animals are welcome. Pets can be housed by the animal shelter until the patient is discharged.
- I&Q is free for everyone, and is not reported as public charge.
- Documentation status is not collected.
- Government-issued identification is not needed.
- King County does not permit law enforcement to enter the facility without a signed judicial warrant.
- Phones are provided to ensure that guests can stay connected with friends, family, and case managers.
- CPAP/BiPAP and nebulizer machines can be accommodated.
- ADA accessible.

All are welcome, no matter race, religion, gender identity, sexual orientation, immigration status, or disability.
First Steps for Connecting Patients to I&Q

- Coronavirus Call Center is the first point of contact for providers to connect patients with King County I&Q facilities

  Coronavirus Call Center: 206-477-3977

- Call Center operates from 8am to 10pm, 7 days per week

- Designate a member of the patient’s care team who can be the contact for I&Q staff to avoid delays

- Call Center will forward the care team’s contact information to an I&Q Coordinator who will contact the care team member within two hours (depending on call volume)

- Public Health’s Communicable Disease-Epidemiology section may also call the care team and/or the patient for any disease investigation needed
Information Providers Should Have Available About a Patient When Contacting the Call Center

- Where the patient is currently staying and contact information for that location in case the patient leaves the health care facility prior to being connected with transport

- Any medical and/or behavioral health needs

- Please indicate if a mobility assistance device is used by the guest so that the proper vehicle can be deployed

- Please indicate if a service animal or emotional support animal will be accompanying patient or if there are lodging needs for any pets that are not service or emotional support animals.

- Any cognitive or visual impairment as well as language needs

- Height/weight and food allergies

  - A signed release of information (ROI) is not required for Public Health to receive information about the patient for connection to I&Q.
Information Providers Should Have Available About a Patient When Contacting the Call Center

Additional Information For Households Living Unsheltered

• For transport by King County Isolation and Quarantine: please provide as much information about location of guest pick up as available.
  ○ If street address is not available, please provide intersection, GPS coordinates, approximate address, and/or landmarks

• If outreach team will provide transport, please provide make, model and license plate number of vehicle that will provide transport

• Estimate of amount of belongings needing to be transported (for possible dispatch of larger vehicles, when available). Loading assistance will need to be provided by the referring provider (PPE use recommended).

• Public Health strongly encourages referring provider to remain with guests until transport arrives. In cases where this not possible, information to contact the guest directly (cell phone) must be shared with Public Health in order for the placement to be successful.
Isolation and Quarantine: Assessment of Referrals

- King County’s goal is to place all patients who need it in an I&Q facility to slow the spread of COVID-19

- Assessment is needed to assure that patients placed in an I&Q facility will be safe and will not pose a safety risk to staff and other patients

- I&Q Coordinator, working with the I&Q medial triage team and King County’s Behavioral Health and Recovery Division (BHRD), will assess if an I&Q facility is available that can provide the level of medical and/or behavioral health care and attention needed by the patient

- A designation of low, medium and high behavioral need will be assigned based on available information about the patient and the clinical judgment of the screeners

- Patients designated as high need may still be suitable for I&Q placement if the proper support can be provided
Level of Patient Need for Behavioral Health Support

Low need
- No documented behavioral health history in the King County data system
- No clear history of harm to self or others
- No documented behavioral health history in the King County data system

Medium need
- Not well engaged in the behavioral health system as evidenced by enrollment and documented service encounters
- History of danger to self or others that is more than 6 months ago
- Complex behavioral health need, such as withdrawals/delusions, with a plan to manage

High need
- Poor or no engagement with treatment provider as evidenced by enrollment and documented service encounters
- Clear and recent history of danger to self or others
- Complex behavioral health need, such as withdrawals/delusions, without a plan to manage
- History of arson
- History of severe property destruction
Admission Inclusion Criteria 5.11.20

Functional
• Able to perform mobilize, transfer and perform Activities of Daily Living (eating, dressing, bathing, etc.) independently
• Able to follow directions when provided appropriate language or other facilitation

Behavioral Health
• Does not pose an imminent threat to self or others that warrants a higher level of care
• Does not have behavioral health issues identified; or has mild or moderate behavioral health issues identified; or other complex behavioral health need, such as withdrawals/delusions, with a plan to manage
• Is not in active alcohol withdrawal, or at high risk for alcohol withdrawal (i.e. recent history of delirium tremens or withdrawal seizures, or recent history of hospital admission for withdrawal.)
Exclusions from Admission 5.11.20

- Patient is unable to manage activities of daily living independently, or follow directions despite appropriate language or other facilitation
- Patient poses an imminent threat to safety of self, staff or guests, (i.e. recent documented violence, arson, or predatory behavior)
- Medical problems that need monitoring or treatment adjustment beyond the level that can typically be provided in outpatient care, including:
  - Patient requiring supplemental oxygen by nasal cannula
    - Exception: Patients with a preexisting (i.e. prior to illness) baseline oxygen requirement, if less than 4L per minute and in possession of all necessary equipment.
  - Patient requires IV medications
  - Patient in active alcohol withdrawal or at high risk for alcohol withdrawal (i.e. recent history of delirium tremens or withdrawal seizures, or recent history of hospital admission for withdrawal.)

Patients will be assessed on a case-by-case basis by behavioral health and medical screening teams.
Once a Patient is Assigned to an I&Q Facility

- I&Q Coordinator will share information about the lodging site with the care team so it can be communicated to the patient or, the I&Q Coordinator will share this information directly with the patient.

- When possible, please ensure that all prescriptions are filled and the patient has their medications with them prior to transport to an I&Q facility.

- Transportation will be provided either by private ambulance or Metro depending on capacity and availability.

- An estimated time of arrival for transport will be provided. Anticipate a 1-2 hour wait time (from initial call) for the patient to be picked up (longer if after 8pm).

- Referring provider should provide the I&Q Coordinator with specific directions for the location to pick up the patient and ensure the patient is ready and waiting.

- Loading assistance will need to be provided by members of the patient’s care team (PPE use recommended). Metro transportation staff will not have physical contact with the patient and are unable to speak with guests during transport due to the physical barrier that separates the driver.

- Referring provider is strongly encouraged to remain with guests until transport arrives. In cases where this not possible, information to contact the guest directly (cell phone) must be shared with Public Health in order for the placement to be successful.
DISCHARGE CRITERIA: HOW LONG WILL PATIENTS STAY AT I&Q

You've been sick with COVID symptoms and
- you tested positive OR
- you tested negative, but you spent time or shared a living space with someone who tested positive.

Leave if:
• It's been 10 or more days since you first started feeling sick AND
• You haven't had a fever for 24 hours AND
• You are feeling better.

Nurses at the I&Q will keep track of how you are feeling and your temperature. They will let you know when you are well enough to leave.

You haven't been sick with COVID symptoms, but you tested positive.
• Leave after 10 days from the date of your test.

You haven't been sick with COVID symptoms and you tested negative, but you spent time or shared a living space with someone who tested positive.
• Stay for 14 days (2 weeks) since the last time you were with the person who tested positive.

Patients are discharged from I&Q according to these criteria to ensure that they are no longer contagious upon release.
The discharge planner will contact the patient's housing provider 24 hours prior to discharge to arrange lodging.