

**Public Health-Seattle & King County
Pandemic Influenza Response Plan**

Attachment 11

Influenza Recovery Center for Homeless Persons Protocol

I. Introduction

The Seattle-King County Coalition for the Homeless estimates that 8,300 people are experiencing homelessness on any given night in Seattle and King County. Influenza can seriously impact the health of an individual experiencing homelessness. Further, a lack of stable shelter can present barriers to receiving medical care, resting and recuperating, or storing medications. In addition, the presence of individuals displaying influenza-like symptoms in settings serving the homeless can increase the spread of disease among these vulnerable individuals. Homeless shelters, commonly at capacity every night, are challenged to provide care and a recuperative environment for clients displaying flu symptoms. When activated, this protocol can assist with mitigating these challenges.

When influenza is circulating in King County, cooperation and collaboration between homeless service provider organizations, as circumstances permit, on various operational issues, will help King County provide the best possible care and service to individuals experiencing homelessness displaying influenza-like symptoms, and to reduce the transmission of influenza in shelters and other settings serving the homeless, and in the larger community.

This Attachment to the Public Health Seattle & King County Pandemic Influenza Response Plan documents the protocol for implementation of one or two Flu Recovery Shelters to care for homeless individuals displaying influenza-like symptoms when the capacity of general population shelters has been exceeded.

II. Definitions

The following terms shall mean:

- General Population Shelter: A licensed facility providing short-term temporary shelter in a congregate setting to individuals experiencing homelessness.
- Influenza: also called Flu. A highly contagious viral infection of the respiratory tract (nose, throat and lungs). The flu virus tends to spread from November to April, with most cases occurring between December and March. The flu is often confused with the common cold, but flu symptoms tend to develop quickly and are usually more severe than the typical sneezing and congestion associated with a cold. Pneumonia is the most common complication in high-risk groups.
- Influenza-like Symptoms: Symptoms that frequently accompany a viral influenza infection, including fever, Headache, Extreme tiredness, Dry cough, Sore throat, Runny or stuffy nose, or Muscle aches. Nausea, vomiting and diarrhea are also common symptoms in children.

- Referring Provider: PHSKC or any homeless service provider who transfers care of a symptomatic client to a participant in this protocol.
- Receiving Provider: A participant in this protocol who has the ability and capacity to provide services to a symptomatic client, and receives a formal referral for that client by PHSKC or another homeless service provider.
- Site Agreement: A memorandum of understanding between the owner/operator of the facility hosting the Tier 2 or Tier 3 shelter and the operating organizations.
- Symptomatic Clients: Individuals experiencing homelessness who display influenza-like symptoms, or who have confirmed influenza, who are seeking services including temporary shelter. These individuals may be existing current clients of participants in this protocol, or new individuals seeking services.
- Tier 1 Shelter: An existing shelter which commits to continuing to serve clients who frequent the specific shelter routinely, take others as space permits, isolate ill people from well people, and accommodate ill people so that they can recover. Night-only or day centers will adjust the shelter to accommodate ill people throughout the day when possible. Additional staff & supplies will be needed to appropriately care for ill people and protect well people from the virus.
- Tier 2 Shelter: Flu Recovery Site established when Tier 1 shelter capacity is reached and 25 ill individuals require shelter. A flu recovery shelter will serve both men and women with appropriate divisions for privacy and safety.
- Tier 3 Shelter: Expanded Tier 2 Shelter with increased staffing to accommodate an increased number of ill. Staff will be added or subtracted as needed to maintain an ideal ratio of 3 staff/shift to serve 50 individuals.

III. Purpose

[Homeless operating organizations] and Public Health-Seattle & King County desire to have a protocol to establish one or two Flu Recovery Centers if needed when flu is circulating in the community in order to provide services to symptomatic clients and reduce the spread of disease. Other homeless service provider organizations may choose to participate in this protocol.

The purpose of this protocol is to define the responsibilities of the participants and establish a mechanism whereby:

- Symptomatic clients can be referred by a referring provider to a receiving provider more able to meet the symptomatic client's needs.
- [Homeless operating organizations] and Public Health-Seattle & King County, will activate up to two shelters to provide supportive medical care and a restorative environment to symptomatic clients ("flu recovery shelter"), thereby reducing the risk of influenza transmission in general population shelters. The shelters will operate under the joint oversight and management of [Homeless operating organizations].
- Each shelter will have the capacity to serve 25 ill individuals who require shelter and will be located in two separate locations in King County. The shelters will serve both men and women with appropriate divisions for privacy and safety. If conditions warrant the opening of only one site, the participants will work together to open one flu recovery center.

- The participants will coordinate on timing the opening of the flu recovery shelter and will work together to identify an appropriate site.
- Public Health nurses from the Healthcare for the Homeless Network will contribute nursing time to enhance technical, health and safety support of the flu recovery shelter.

IV. Participants

[Homeless operating organizations]

Additional 501(c)(3) organizations that provide services to homeless residents may choose to participate in this protocol.

Public Health – Seattle & King County:

- Public Health's **Health Care for the Homeless Network** provides quality, comprehensive health care for people experiencing homelessness in King County and provides leadership to help change the conditions that deprive our neighbors of home and health.
- Public Health's **Preparedness Section** anticipates and responds to the public health consequences of local emergencies.

V. Activation of Protocol

In response to an influenza pandemic that warrants activation of King County's Health and Medical Pandemic Flu Response Plan, the participants agree to activate this protocol by the following process:

- A homeless service provider who is a participant in this protocol contacts the King County Health and Medical Area Command Center at [Duty Officer Number] to request its activation.
- The Health and Medical Area Command Center will initiate a conference call with all participants in this protocol and receive unanimous consensus to activate the protocol.

VI. Responsibilities of Each Party

[Homeless operating organizations] who chooses to participate in this protocol:

1. Each agency will maintain responsibility for ensuring shelter and care services for its own symptomatic clients when influenza is circulating in the community.
2. Each agency will report its service capacity and requests for assistance to the area command center daily, and more frequently as indicated or requested.
3. Each agency will accept and provide services to symptomatic clients referred by other homeless service providers, contingent upon availability of staff and resources.
4. Each agency will participate in conference calls convened by PHSKC to discuss the need to activate or operations under this protocol.

Each agency will contribute staff to assist with the setup and care of symptomatic clients at a flu recovery shelter operating under the joint oversight and management of [Homeless operating organizations] when activated by mutual concurrence between the participants in this protocol.

5. Each agency will provide discharge planning for clients discharged from the flu recovery shelter, whether returning to the community or transferring to a new source of care.

6. Each agency will assume responsibility for distribution and re-supply of flu recovery shelter supplies as supplies are available.
7. Each agency will contribute to the development and implementation of a “just-in-time” flu recovery shelter operations training program for staff and volunteers.
8. Each agency shall maintain responsibility for its own staff when this protocol is activated.
9. [Homeless operating organizations] will assure availability and maintenance of Tier 2 or Tier 3 facility is in accordance with the site agreement.
10. In the event one or more participants in this protocol is overwhelmed and can not meet the needs of their patients due to absence of staff, inaccessibility or lack of resources, other participants in this protocol may be assigned responsibility for those symptomatic clients who, otherwise, would not receive care.

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1. Manage public information activities.
2. Facilitate activation of this protocol and notify homeless service providers, local offices of emergency management, and other affected partners regarding activation of this protocol.
3. Convene conference calls between all participants to discuss the need to activate or operations under this protocol.
4. Interface with the office of emergency management in the targeted jurisdiction to identify and arrange availability of a suitable site for the flu recovery shelter; and establish a plan for non-medical support to the facility, when indicated.
5. Facilitate development and signing of a site agreement with the facility hosting the flu recovery shelter.
6. Provide instructions for setup of facilities.
7. Provide support of shelter operations with technical assistance from Health Care for the Homeless.
8. Monitor capacity among homeless service providers who are participants in this protocol and refer newly symptomatic clients to participating agencies as capacity permits.
9. Provide medical supplies for the flu recovery shelter from regional caches, as resources allow including personal protective equipment (PPE) for staff,
10. Provide information and technical assistance to participants in this protocol or agencies supporting operations of the flu recovery shelter, when indicated.

VII. Cost and Payment

Activation and operation of one or more shelters by homeless provider organizations under this protocol is contingent on the availability of resources to support the organization’s response costs. Public Health will assist homeless provider organizations in identifying available resources during a response to cover services and anticipated costs.

Each time a flu recovery shelter is activated, participants will negotiate an agreement for sharing the shelter operating costs and providing staffing at the shelter. The agreement will include provisions for each participant to maintain documentation of services provided and costs incurred and ensure that the amount and quality of all documentation is adequate to enable available disaster reimbursement.