Public Health
Seattle & King County

COVID-19
Isolation & Quarantine Assessment Center/Recovery Center Standard Operating Procedures

Updated 5/14/20

This document is intended for use by Public Health – Seattle & King County COVID-19 isolation and quarantine facilities. It is a living document, and will continue to be updated as needed and based upon experience and learnings related to the COVID-19 response.

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Overview and Purpose

The King County administered COVID-19 Assessment Centers/Recovery Centers (AC/RC) are temporary structures created with the goal of mitigating spread of COVID-19 in our community and preserving hospital system capacity. In addition to providing testing for high risk populations, each facility will provide separate isolation spaces for individuals awaiting test results and for those who test positive. These facilities will provide food, shelter and basic health care in a compassionate setting. Basic health care includes: monitoring COVID-19 illness to determine if further medical evaluation is warranted and assisting with transfer to a higher level of care when indicated; providing basic management of existing chronic conditions, including access to chronic medications, to the extent possible; and supporting with basic behavioral health services.

Scope of Care

Medical Care

- ❑ COVID-19 symptom monitoring and medical management of patients who are clinically stable requiring isolation or quarantine
- ❑ Acute medical conditions
  - o Uncomplicated acute medical conditions, such as cellulitis, that can be assessed by history and exam without a further workup will be managed to the extent possible.
  - o Comprehensive medical evaluations will not be performed due to lack of labs and radiology on-site.
  - o Transfer to a higher level of care will be arranged when necessary.
- ❑ Chronic medical conditions
  - o Management of chronic health conditions will be maintained to the extent possible.
  - o Diagnosis of new chronic medical conditions will be limited at AC/RC.
  - o Referral to primary care provider or other services will be provided upon discharge.
- ❑ Medication management
  - o Chronic (home) medications will be maintained to the extent possible. If a patient does not have a supply, medications can be dispensed from the AC/RC pharmacy or sent to a nearby outpatient pharmacy for staff to pick-up and deliver to patient.
  - o AC/RC staff will coordinate with primary care provider or discharging hospital if refills or other medications are needed.
  - o AC/RC nurse practitioners or physicians can prescribe if patient needs refills or other medications based on clinical discretion.
  - o Pharmacists will be available on call for consultation.

Behavioral Health Support

- ❑ Mental Health
  - o Mental health specialists and/or licensed mental health professionals will be on duty 24/7 whenever possible
  - o Remote psychiatry consultation will be available for psychiatric assessment and management

- ❑ Scope of mental health specialists and mental health professionals
  - o Mental health and substance use disorder counseling
  - o Therapeutic interventions, emotional/relational supports
  - o Crisis response, verbal de-escalation, referral to higher level of care
  - o Referral context, client background information
  - o Disposition and discharge planning
- ❑ Scope of Psychiatric Consultation (on call/ telemedicine)
  - o General, addiction, geriatric, perinatal psychiatry
  - o Therapeutic interventions, emotional/relational supports
  - o Crisis response, verbal de-escalation, referral to a higher level of care
  - o Psychiatric medication management
- ❑ Substance Use Disorder
  - o Treatment of active alcohol or benzodiazepine withdrawal is beyond the scope of AC/RC. Medications to decrease the risk of these syndromes developing in at-risk patients will be provided.
  - o Other substance use withdrawal syndromes can generally be treated safely at AC/RC.
  - o Patients on medications to treat opioid use disorder can continue these medications while at AC/RC. Methadone will not be initiated, but buprenorphine can be initiated when indicated.
  - o Remote addiction medicine consultation will be available 24/7.
  - o A harm reduction approach will be taken to support patients to successfully complete their isolation period.

Staffing

	Day Team	Night Team
Capacity	Up to 70 beds	Up to 70 beds
	Day	**Night**
Off-Site Staff and Services: Available 24/7 via on-call or remote access		
Lead Physician	1	1
Psychiatric Clinician	1	1
Pharmacist	1	1
Sub-Total	**3**	**3**
On-Site Management		
Site Manager (Area Manager)	1	0
Nursing Supervisor	1	1
Sub-Total	**2**	**1**
On-Site Patient Care Team		
ARNP/PA	1	1
RN/PHN	12	6
MA	6	3
Mental Health Professional (licensed) & Specialist (non-licensed)	6	2
Runners (non-clinical, run errands & collect and deliver supplies)	2	0
Discharge (Social Worker)	2	0
Sub-Total	**29**	**12**

Additional Information in Appendices

Please review to the following detailed information in the Appendices, listed in the order in which they are referred to in this document:

In addition to information in the main document, please carefully review additional information in the Appendices:

- Appendix 1: King County Sanitation and Hygiene Guide for Homeless Service Providers
- Appendix 2: Medical Supplies
- Appendix 3: Non-medical supplies
- Appendix 4: Map of facility
- Appendix 5: Facility/ site fire plan
- Appendix 6: Standardized Emergency Code
- Appendix 7: Inventory Form
- Appendix 8: Refrigerator Temperature Chart
- Appendix 9: MAR Form
- Appendix 10: Dispensary Bar Code Training
- Appendix 11: Medicines Lists for ACRC and IQ sites
- Appendix 12: Substance Use Disorder Guidelines

Referral & Intake

1. REFER TO CALL CENTER

BY NONMEDICAL PROVIDER

COVID-19 symptoms:
- Cough
- Shortness of breath or difficulty breathing
- Fever*
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

BY MEDICAL PROVIDER

COVID-19 symptoms*

AND

Positive COVID-19 test result

OR

Tested for COVID-19, result pending

**If fever is absent but other symptoms are present, refer for additional screening*

2. CALL CENTER TRIAGE
Remote screening

COVID-19 symptoms* AND positive test result
OR
COVID-19 symptoms* AND test result pending
OR
COVID-19 symptoms* AND test needed

**If fever is absent but other symptoms are present, refer for additional screening*

3. CLINICAL & BEHAVIORAL SCREENING
Electronic medical and other records

All patients are pre-registered in EPIC at this stage

INCLUSION CRITERIA

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, without 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.))

(Patients who do not meet the above admission inclusion criteria will be assessed on a case-by-case basis with consulting physician. If the King County AC/RC is not an appropriate fit, patients will be referred to other facilities.)

4. TRANSPORT
Three separate cohorts

- Provide masks for all patients

Ensure separate cohorts for transport:

- Cohort 1: Confirmed cases
- Cohort 2: Symptomatic, awaiting test result
- Cohort 3: Symptomatic, need testing

5. ARRIVAL

All arriving patients must continue to be segregated by cohort and receive:

- Identification badge
- Mask if they did not receive before transport
- Wash/sanitize hands
- Tag any belongings they are not taking with them into the cot area for future identification and retrieval
  - Sample bedside locker on view to assess storage capacity
  - Hot box to heat treat all clothing and belongings

Proceed to admission:

- Cohort 1: Confirmed cases
- Cohort 2: Symptomatic, awaiting test result

6. TESTING AREA

Proceed to testing area

- Cohort 3: Symptomatic, need testing

7. ADMISSION

SEE NEXT PAGE

7. ADMISSION

SEE NEXT PAGE

7. ADMISSION

Staff supervises following patient actions:

- Receives a copy of all medical release paperwork, facility expectations and a pen
- Reads release forms and expectations or has them read by a staff person
- Present necessary forms and document receipt in patient's EPIC file:
  - Release of information forms for behavioral health agency
  - Public Health Officer Directions
  - Patients currently taking methadone: sign consent for staff to be designated proxy for delivering methadone
  - Patient Information
  - Consent to Treat and privacy practices
- Patient takes all paperwork with them
- Issued clean clothes, shower shoes, hygiene kit, and mesh bag for clothing
- Issued a tablet and headphones
- Provided with an orientation to the facility and procedures, including:
  - Map of the facility
  - Job aid for tablet use
  - Additional information about meals, showers, routine

Admin notifies assigned MA of patient's arrival to initial 'rooming' process

Health care team assigned and notified of admission and placement

8. ROOMING AND INITIAL CLINICAL AND BEHAVIORAL EXAMINATION (next page)

8. ROOMING AND INITIAL CLINICAL AND BEHAVIORAL EXAMINATION

- Patient escorted to cot by CNA
- Patient shown restroom/shower/changing room facilities on way to cot and encouraged to shower/change clothes

- Check in by MA/RN within 60 minutes of arrival to collect:
  - o Brief history, current medications, provider and pharmacy information
  - o Baseline symptom history including cough or shortness of breath, functional history and need for additional assistance, exercise tolerance
  - o If patient has underlying conditions and is > 60 years old, consider discussing goals of care
  - o Targeted vital signs: temperature, blood pressure, pulse and respiratory rate and oxygen saturation. Weight if indicated by medical history (congestive heart failure)
  - o Focused initial exam – findings recorded in EPIC
    - General appearance, level of comfort and function
    - Mental status and orientation
    - Heart and lung exam
    - Other exam if indicated
  - o Bed assignment may be revised based on medical acuity or need
  - o Admission orders entered, medications recorded and note completed in EPIC

- Consultation by on-site MD/ARNP/PA, or off-site back-up physician
  - o Through messaging in EPIC with RN at bedside, or via other telemedicine means
    - At bedside or in private exam space as clinically indicated
  - o Review Washington Prescription Monitoring Program, if appropriate
  - o Admission orders entered, medications recorded and note completed in EPIC

- Consultation by on-site behavioral health within 3 hours of arrival to complete wellness plan which includes history, assessment, and crisis plan

9. ONGOING CARE AND INFORMATION
See relevant SOPs section for details
(next page)

9. ONGOING CARE AND INFORMATION
See relevant SOPs section for details

- Daily rounds: see EPIC for details and tools
  - COVID-19 medical treatment
  - Non-COVID conditions medical treatment
  - Medications
  - Behavioral health
- Staff exposure precautions and procedures:
  - Personal protective equipment
  - Symptom screening and tracking
- Additional patient needs and information:
  - Meals
  - Hygiene
  - Patient assistance
  - Bed assignment/ placement
  - Facility expectations and rules
- Contingencies and rapid response
- Discharge planning

IQ and AC/RC Intake Prioritization

Priority 1. Confirmed COVID-19 positive with illness

Priority 2. New COVID-19-like illness (CLI), known exposure

Priority 3. New COVID-19-like illness (CLI), unknown exposure

Priority 4. No illness (asymptomatic) but had exposure

(Priorities 2 & 4 include Pubic Health Strike Team referral or residence in a congregate setting known to have an outbreak.)

Eligibility

Patients who are suspected to have COVID-19 or who have tested positive for COVID-19 are eligible for AC/RC. And, patients who are in a congregate setting known to have an outbreak or are referred from Public Health's Strike Team are eligible for AC/RC.

Referral from a non-medical provider: Patients referred from community-based organizations or self-referral must have symptoms consistent with COVID-19: Fever and cough, fatigue, muscle aches, diarrhea, sore throat or headache. If symptoms are present without a fever, patient should be referred to RN for triage to assess eligibility.

Referral from a medical facility: Patients referred from medical facilities and healthcare providers must have symptoms consistent with COVID-19 and be either suspected of having infection or have **tested positive for infection.**

Referral from an outbreak setting: Patients referred from Public Health's Strike Team or a congregate setting known to have an outbreak may or may not need to have symptoms consistent with COVID-19 to be eligible.

Admission Inclusion Criteria

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, without 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.))

(Patients who do not meet the above admission inclusion criteria will be assessed on a case-by-case basis with consulting physician. If the King County AC/RC is not an appropriate fit, patients will be referred to other facilities.)

Intake Process

All referral calls should be directed to the Novel Coronavirus Public Information Call Center (PICC) for initial triage. Referrals may be made by homeless service providers, case workers, local area emergency departments and hospitals, and community clinics. The referring entity should provide as much triage information and medical record information as possible.

Referrals who meet initial criteria (unable to isolate at home and are confirmed or presumed COVID-19 positive) will be referred by the PICC to Isolation & Quarantine (I&Q) triage team who will call the referring provider back to complete intake assessment and obtain any discharge or medical records available. The behavioral health intake team will simultaneously look up the patients' behavioral health records and assess appropriate placement. The I&Q team looks up and/or pre-registers the patient in EPIC (Electronic Health Record), inputs intake results, and cross checks available test results in EPIC or the Washington Disease Reporting System (WDRS). The I&Q team will determine the appropriate facility based on the intake assessment. Once the patient has been deemed eligible and the appropriate facility determined, all intake information – including records as available—will be shared with the onsite team through EPIC. Bed assignment will be made by the onsite team upon arrival.

Special Circumstances

- ❑ Partners who identify as the same gender and are both assessed to be eligible may be 'roomed' together (in cots next to one another).
- ❑ Families with children who need assessment and recovery support will be provided with alternative recovery options that allow the family to remain together.
- ❑ Patients with pets – arrangements will be made to care for their pet while in the facility. Animal shelter will be contacted to coordinate care for the pet. Service and emotional support animals can be accommodated at I&Q sites.
- ❑ Patients who are not living homeless but who cannot or do not want to isolate in their own homes are permitted with triage to assess need.

Transportation to Facility

The I&Q team will arrange pick up and transportation with referring provider. Patients will be transported to the facility utilizing King County Metro vehicles that have been retrofitted with a barrier to separate the driver from the passengers. Patients will be transported in separate COVID-19 positive and COVID-19 presumptive groups and will arrive at separate times.

Arrival at Facility

Language and Interpretation Resources

Phone interpretation available through the interpretation line, 206-535-2498

Patient Entry

At this point all patients:

- ❑ Receive an identification badge:
  - AC/RC Badging System Guide
    - o Logging onto computer: Enter the ID and password printed on the laptop just below the keyboard.
    - o Adding a new person – choose one option:
      - ◆ Use scanner to scan the 2D barcode on the back of the person's Driver License or State ID using the handheld barcode scanner.
      - ◆ Click the "Add" button and manually fill out the form, and fill in First and Last Name
    - o For every person you add in system, you will need to:
      - ◆ Radio Public Health facility administrator to get each person's individual bed assignment
      - ◆ Fill in "Role" field: ENTER ASSIGNED BED NUMBER here
      - ◆ Fill in "Location" field: ENTER TENT 1 or TENT 2
      - ◆ Take and add their picture:
        - ▪ Double click on the silhouette picture, point the webcam at the person's face, click "Capture", adjust captured image as needed so person's face is centered in yellow box, click Save.
      - ◆ RC clients should receive a white badge, and AC clients should receive a yellow badge.
      - ◆ Click "Finish" to print the 3 copies of each badge. The first badge will always be worn by the patient while onsite, the second badge will be secured to the patients' belongings going into storage and the third badge will be secured to the patient's laundry bag.
    - o To check someone out, scan their barcode and confirm that their status changes to "Off Scene". Collect their badge before they leave.
    - o DO NOT EVER END EVENT/INCIDENT – When not using, just close laptop cover.
- ❑ Receive a mask if they did not receive before transport
- ❑ Screen for lice/scabies
- ❑ Tag any belongings they are not taking with them into the cot area for future identification and retrieval
  - All items going into storage will be processed through "Hot Box" for pest control prior to being placed in storage.
    - o After being tagged, load items directly into the hot box. Load items in a way to promote airflow during treatment (i.e., crack open suitcases, boxes, etc.)

    - Run unit when full and/or each evening, and monitor temperature with the supplied probe periodically to ensure the tent reaches a minimum internal temperature of 120°F.
    - Establish a staging area for materials that cannot be placed in the hot box right away.
    - Run for 4 hours.
- Additional guidance for storage and treatment of infested materials can be found in the King County Sanitation and Hygiene Guide for Homeless Service Providers located in the appendix. The patient's personal belongings can be stowed in the patient's footlocker at their bed location. A sample footlocker is on view so patients can assess the volume of storage that is available at bedside.
- Instructions on handling clothing that the patient arrives in is listed under "Check-in/ rooming" below.

Testing Area

- ❑ Patients who have not been tested will proceed to the testing area prior to entering the facility for administrative check-in.
    - Performing a nasopharyngeal swab to test for COVID-19 requires full face shield in addition to standard, contact, and droplet precautions.
    - Changing gloves and hand hygiene is required in-between each patient tested, but other PPE (mask, eye protection, gown) may be maintained between patients if PPE is in short supply as long as the equipment is not obviously contaminated.
- ❑ Patients who have confirmed positive COVID-19 tests and those with test results pending will arrive separately and continue to be segregated from each other as they continue to administrative check-in inside the facility.

All patients should be prompted to wash their hands thoroughly and are invited to use the restroom before entering the facility.

Administrative Check-In

Patient will wait in line standing 6 feet apart in the check in area as marked on the floor with tape. Patients are already pre-registered in EPIC. Check-in process includes:

- ❑ Bed assignment in EPIC
- ❑ Patient receives a copy of all medical release paperwork, facility expectations and a pen.
- ❑ Patient reads release forms and expectations or has them read by a staff person.
- ❑ Patient signs the necessary forms, document receipt in EPIC file. Paperwork to be signed:
    - Consent to treat
    - Notice of Privacy Practices
    - Release of information forms for behavioral health agency
    - Public Health Officer Directions
    - Recovery patient info sheet
    - Patients who are currently taking methadone will need to sign consent for staff to be designated proxy for delivering methadone.

- ❏ Patient takes all paperwork and pen with them in their personal belongings.
- ❏ Patient is issued hygiene kit, gown, socks, pants, underwear, shower shoes, eye mask, ear plugs, disposable blood pressure cuff, and mesh bag for laundry and advised to secure 3rd ID badge to laundry bag.
- ❏ Patient is issued a tablet and headphones
- ❏ Patient is informed verbally of video surveillance to ensure patient safety, and signs posted
- ❏ Patient is provided with an orientation to the facility and procedures, including:
  - Map of the facility
  - Job aid for the use of the tablet
  - Additional information about meals, showers, and routine.
- ❏ Admin will notify assigned MA of patient's arrival to initiate 'rooming' process.
- ❏ Health care team assigned and notified of admission and placement.

Check-In and Initial Evaluation

- ❏ Patient escorted to cot by MA
- ❏ Patient shown restroom, shower & changing room facilities.
- ❏ Patient is encouraged to shower and change into pants and gown. Lice shampoo provided if needed
- ❏ For any clothing that comes into the facility, including clothing that the patient removes when changing:
  - Place in the provided laundry bag tagged with a copy of the patient's badge
  - Place the laundry bag inside a plastic bag and tie end to seal
  - Process through the Hot Box (preferred) and place in the patient's footlocker
- ❏ Check in by MA/RN within 60 minutes of arrival. MA/RN completes the following:
  - Obtain brief history, current medications, provider and pharmacy information.
  - Obtain baseline symptom history including cough or shortness of breath, functional history and need for additional assistance, exercise tolerance.
  - If patient has underlying conditions and is > 60 years old, consider discussing goals of care.
  - Targeted vital signs: temperature, blood pressure, pulse, respiratory rate and oxygen saturation. Weight if indicated by medical history (congestive heart failure.)
  - Focused initial exam—findings recorded in EPIC:
    - General appearance, level of comfort and function
    - Mental status and orientation
    - Heart and lung exam
    - Other exam as indicated
  - Admission orders entered, medications recorded and note completed in EPIC
- ❏ Consultation by on-site MD/ARNP/PA, or off-site on-call physician.
  - Through messaging in EPIC with RN at bedside or via telemedicine

    - At bedside or in private exam space as clinically indicated
  - Review Washington Prescription Monitoring Program, if appropriate
- ❑ Consultation by on-site behavioral health within 3 hours of arrival to complete wellness plan which includes history, assessment, and crisis plan (see Appendix XX).

Medical Management

Daily Rounds

- ❑ Tier 1 Monitoring
  - Tier 1 defined by:
    - Abnormal vital signs (VS) on intake:
      - Temperature >100.4°F (38°C)
      - Blood pressure: systolic <90 mmHg or diastolic <60 mmHg
      - Heart rate <60 or >100 bpm
      - Respiratory rate <12 or >24/min
      - Oxygen saturation (O2 sat) <94% on room air (or <88% if known history of COPD)
    - Signs of active withdrawal from substance use or thought to be high risk for withdrawal
    - Or per clinical discretion
  - Evaluate for alertness and orientation to person, place, time and situation
  - RN or MA to evaluate patient, obtain appropriate VS and document once per shift if clinically stable but may monitor VS more frequently if there are any clinical concern
  - Clinician to review patient's vital signs and nursing notes daily and evaluate any clients as medically appropriate
  - Behavioral health team rounds regularly with medical team to assess any needs
  - Downgrade to Tier 2 if patient is clinically stable and VS within normal limits for >48 hours

- ❑ Tier 2 Monitoring
  - Tier 2 defined by:
    - VS within normal limits on intake and no other concerning history
  - RN to evaluate patient at least once per shift, minimizing contact and PPE use when able.
    - Assess level of clinical stability, such as alertness, orientation, observed respiratory rate and comfort of breathing
    - Subjective history including any subjective complaints or other symptoms
  - Behavioral health rounds regularly with medical team to assess any needs
  - Escalate to Tier 1 if patient is clinically unstable and VS abnormal

- ❑ Behavioral Health rounding
  - Daily wellness check in coordination with nursing rounding twice per day

- Documented in BH Progress note in EPIC
- Assess how the guest is doing, if they are feeling comfortable, what supports they need, and if they need additional check-ins for the day.
- Collaborate with the guest on preliminary discharge planning.
- If a guest declines to engage, assess whether this is reasonable or if this is a warning sign for distress and the guest warrants further assessment.

When to Call Clinician

- Systolic blood pressure <90 mmHg or >160 mmHg
- Heart rate <50 or >110 beats per minute
- Respiratory rate <12 or >30 breaths per minute
- Visible respiratory distress or inability to speak full sentences
- Oxygen saturation <94% on room air (or <88% if known history of COPD)
- Point of care glucose >300 or <70
- Chest pain or pressure
- Severe headache
- Signs of active withdrawal from substance use
- Change in mental status or orientation
- Intractable vomiting and inability to tolerate oral intake
- If a patient becomes significantly distressed, agitated or violent
  - Mental health team to evaluate urgently
  - Security on stand-by as warranted
- Any other clinical concern

When to Transfer to Higher Level of Care

- Clinical instability or uncontrollable symptoms despite interventions
- Acute mental health condition not resolved by standard interventions
- Signs of hypoxemia or hemodynamic instability
- Clinical condition requiring
  - Vital signs monitoring more frequently than every 6 hours
  - Supplemental oxygen greater than 4L/min
  - IV fluid administration
- Inability to perform ADLs independently

Medications

- ❑ Patients will be responsible for and manage their own medications.
- ❑ When possible, confirm current medications with the patient's prescribing provider or their named pharmacy.
- ❑ Third-party pharmacies may be used to deliver electronically prescribed medications.
- ❑ Methadone doses should be kept in the central lock box/pharmacy and administered daily to the patient with appropriate documentation and following the courtesy dosing protocol.
- ❑ Patients taking buprenorphine can keep their medication with them or, if more comfortable, have it stored in the pharmacy and administered daily by the RN with appropriate documentation.
- ❑ Benzodiazepines to prevent alcohol or benzodiazepine withdrawal will be stored in the pharmacy and administered by the ARNP with appropriate documentation.
- ❑ Any medications requiring daily observed dosing will be administered by the RN.
- ❑ Adjustment to routine medications will be determined and ordered by a prescribing provider using EPIC.
- ❑ Patients can request stock medications available on-site by calling a nurse with the call button near the cot or sending an e-mail message via EPIC using tablet.

COVID-19-Related Signs and Symptoms

- ❑ Fever: acetaminophen as needed.
- ❑ Pain: acetaminophen as needed. NSAIDs only as second line if needed. No narcotics or tramadol.
- ❑ Cough: Robitussin and cough lozenges as needed.
- ❑ Diarrhea: if no suspicion for infectious etiology, loperamide AD as needed (2 tabs after first episode, then 1 tab after each loose stool, max 6 tabs/day)
- ❑ **Shortness of breath:** should always be assessed by RN or NP/MD. Albuterol MDI as needed. For oxygen saturation <94% (or <88% if known history of COPD), begin supplemental oxygen by nasal cannula at 2L/min, titrating to maintain O2 sat >94% (or >88% if COPD).
  - If maintaining appropriate oxygen saturation at 4L/minute or less, continue to monitor.
  - If patient demonstrates persistent hypoxemia, desaturation, or increased work of breathing despite supplemental oxygen, transfer to a higher level of care.

General Medical and Behavioral Health Conditions

- ❑ **Hypertension**: for elevated blood pressure (BP) readings, consider potential underlying causes, have patient rest for 5 minutes with cuff in place, and repeat BP measurement; if reasonably controlled (under 150/90) and regularly taking medications, continue current management; consult with clinician if BP is uncontrolled or if medication adjustment or initiation is needed.
- ❑ **Asthma, COPD:** continue routine medications if symptoms are well managed. Albuterol MDI as needed. Consider transferring to a higher level of care if condition is not controlled despite interventions.

- ❑ **Diabetes on oral medication or diet controlled.** For non-insulin dependent and asymptomatic patients, daily blood sugar checks are not required.
  - If the patient requests a blood sugar check, they can do their own or the MA/RN can provide the check.
  - If the patient has symptoms of hypoglycemia, MA/RN should test blood sugar.
  - Clean glucometer per infection control protocols
- ❑ **Diabetes requiring insulin:**
  - Understand and follow patient's usual regimen via patient history and review of medical record.
  - See Insulin Conversion Chart on Page 34 if needed.
  - Consider giving the patient their own glucometer if they don't have one. (Medicaid should cover for Medicaid patients.)
  - If the patient has symptoms of hypoglycemia or hyperglycemia, RN/MA should test blood sugar.
  - Oral glucose should be available if needed.
  - Clean glucometer per infection control protocols
- ❑ **Lice or scabies:**
  - Oral ivermectin one-time dose of 12mg; or
  - Permethrin 5% cream: Apply from neck to toes including all creases in skin; leave on for 8-14 hours, then wash thoroughly; reapply in 14 days if needed.
  - Lice shampoo. If client has a hair piece or wig special cleaning may be required.
  - Heat treat or launder any clothing/belongings. Items that cannot be laundered or heat treated can be placed in a sealed plastic bag for two weeks.
  - Additional guidelines pages 13-16 of PHSKC's Sanitation and Hygiene Guide which is available online.
- ❑ **Congestive heart failure:**
  - Monitor for clinical symptoms, such as dyspnea when lying flat, waking up at night short of breath, or worsening leg swelling. If these symptoms develop, consult clinician, check O2 sat and monitor daily weight.
- ❑ **Agitation or Anxiety**
  - Assess for underlying cause of fear, such as hypoxia, infection, overdose, a reminder of previous trauma, withdrawal, intoxication, et al.
  - Engage with behavioral health staff
    - Address the underlying cause
    - Consider non-pharmacologic interventions: brief problem solving, offer comfort such as food/drink, relaxation and distraction strategies
  - Consider pharmacologic interventions (See "Contingencies and Rapid Response" section below)

- ❑ **Insomnia**
  - Consider environmental measures (lights, earplugs, etc.) as able
  - Diphenhydramine 25-50mg as needed (caution in patients >65 years old)
  - Mirtazapine 15mg as needed, assess for drug interactions
- ❑ **Substance Use Disorder**
  - **Alcohol:** If a patient reports regular heavy alcohol use, or any recent alcohol use and a history of alcohol withdrawal symptoms follow the alcohol withdrawal prevention guidelines (Appendix #12 Substance Use Disorder Guidelines).
    - Patients with active alcohol withdrawal or a history of hospitalization for alcohol withdrawal, seizures, delirium tremens or other contraindications listed in the guidelines are not appropriate for ACRC.
  - **Benzodiazepines:** If a patient reports regular daily use of prescribed or illicit benzodiazepines follow the benzodiazepine withdrawal guidelines (Appendix #12 Substance Use Disorder Guidelines).
    - Patients with active benzodiazepine withdrawal or a history of severe benzodiazepine withdrawal, seizures or delirium from withdrawal, or who report daily use of > 40 mg/day diazepam equivalents for > 2 months are not appropriate for ACRC.
  - **Stimulants:** If a patient reports recent use of stimulants such as cocaine, crack, or methamphetamine, follow the stimulant use and stimulant withdrawal guidelines for providing appropriate supportive care (Appendix #12 Substance Use Disorder Guidelines).
    - Patients using methamphetamine may benefit from beginning mirtazapine (Remeron) 15-30 mg nightly.
  - **Opioids:** If a patient reports illicit opioid use follow the buprenorphine and opioid withdrawal guidelines (Appendix #12 Substance Use Disorder Guidelines).
    - Offer Suboxone (buprenorphine/naloxone) and/or withdrawal medications if needed.
    - All patients currently receiving methadone will be admitted to the Aurora I/Q facility.
    - Offer naloxone.
  - **Nicotine:** If a patient reports regular use of cigarettes, chewing tobacco, vaping, etc., offer nicotine replacement therapy with a daily patch and gum as needed.

Staff Exposure Precautions and Procedures

Symptom Screening and Tracking

- ❑ All facility staff should be screened for an elevated temperature and the presence of any symptoms upon arrival and before starting their shift.
  - Fever >100.4°F or subjective fever
  - NEW cough, sore throat, shortness of breath, myalgia
    - Not attributable to another medical condition
- ❑ PPE store attendant will record the results on daily staff list sheet upon entry to the staff area for the shift.
- ❑ If any symptoms are noted –

- Immediately self-isolate
- Don facemask if not already wearing
- Contact supervisor or Employee Health to plan for COVID testing and return to work guidelines.

Personal Protective Equipment Procedures

DISBURSEMENT AND DONNING

Laundry and personal protective equipment (PPE) store are staffed from 6:30am to 11:00pm. Outside these hours, or in the event the door is locked, the onsite security guard can provide entry.

- ❑ Disbursement:
  - All laundry and PPE will be disbursed from the main PPE Store at the beginning of shift and following breaks.
  - Required laundry/PPE for all staff, including staff at intake area and inside the facility: scrubs, gown, procedure mask, face shield, gloves. Bonnets and booties are optional.
- ❑ Donning:
  - Performed in the pool locker room at the beginning of all shifts and following breaks. The only exception is after hydration breaks (taken immediately outside the staff exit), where PPE will be available/donned inside the staff exit.
  - Always work with a "buddy" to ensure proper donning. In the event a buddy is not available, seek assistance from the store attendant.
  - Booties should be donned immediately prior to entrance to the facility.
- ❑ Umbrellas available for walking to the facility in inclement weather.
- ❑ Nurse supervisor will coordinate PPE for any non-clinical facilities staff who need to enter the facility (facilities, police, etc.).

INTAKE AREA (inside main gate):

- ❑ All staff must wear procedure masks, face shields, and gloves.

INSIDE THE FACILITY:

- ❑ Support each other. If you see something of concern about PPE, say something. We are all responsible for keeping ourselves and each other protected.
- ❑ Minimize direct patient contact to only times that are medically necessary.
- ❑ All staff must wear procedure masks, face shields, gloves and gowns inside the facility at all times.
- ❑ If remaining 6 feet away from a patient, changing PPE is not required.
- ❑ All patient deliveries should be placed on top of the footlocker while ensuring 6 feet of separation from patient's head. Glove changes and hand sanitizing are required if the footlocker or other personal belonging are touched. Otherwise, no PPE changes are needed.
- ❑ N95 use should be reserved for aerosol-generating procedures, such as for people assisting with the administration of nebulized medication. If possible, use of metered-dose inhaler (MDI) with a spacer should be encouraged in place of nebulizer use to minimize aerosol generation.
- ❑ If patient is not able to use an MDI, nebulizer treatment should be done outside with person assisting using airborne precautions: face shield, N95 mask, gown and gloves.

- ❑ Surgical masks should be worn for the duration of the shift unless soiled, damaged or hard to breathe through. Care should be taken not to touch the facemask. If adjustments are necessary, the provider should perform hand hygiene immediately after touching the mask. Providers should leave the patient care area before removing their mask.
- ❑ Gowns should be worn for the duration of the shift unless soiled or damaged.
- ❑ Gloves should be changed after every patient encounter followed by hand hygiene after the gloves are removed.
- ❑ An additional PPE supply will be available in the facility for changes of soiled items.
- ❑ **Doffing** will occur before leaving the facility in the designated area adjacent to the staff exit. The staff exit is adjacent to the lab opposite the main facility entrance.
- ❑ Place face shields in the receptacle for sanitizing and restocking.
- ❑ A staff break area is provided immediately outside the staff exit. There are unique PPE doffing and donning procedures for hydration breaks posted at the exit. Staff breaks are the only time re-entry should occur through the staff exit door.
- ❑ Scrubs worn during work should be removed before leaving IQ/ACRC facilities.
- ❑ Patients arrive wearing a mask during check-in and are required to wear a mask when outdoors at all times except when smoking, will notify staff if they need to use restroom or smoke and will wear mask when going outside of the facility.

Meals

- ❑ Orders will be placed each day at 11am for the next day, four options include soft foods, meat, allergen free/vegan or vegetarian.
- ❑ Vendor delivery times: Coffee and pastries (6a), lunch (10a), dinner and next day breakfast (4p). All items are delivered to the table outside the entrance.
- ❑ Staff who bring delivery boxes into the facility should ensure delivery date and time are recorded on outside of delivery box.
- ❑ Staff are not permitted to consume any food or drinks inside the facility.
- ❑ Patients are restricted from the food storage area.
- ❑ Meals will be delivered to patient by MA, ideally on the top of the patient's footlocker while maintaining 6 feet of separation from patient's head.
- ❑ Trash and left-over food should be placed in the bedside trash bin, ideally by the patient to minimize contact by staff.
- ❑ Perishable food items should be refrigerated or consumed within four hours following delivery, and any remaining food discarded.
- ❑ Discard any refrigerated items that are not consumed within three days.
- ❑ Designate a MA to monitor food safety, and ensure all perishable items are either refrigerated or discarded four hours after delivery.
- ❑ Do not return items to the refrigerator once they have been removed.
- ❑ Provide access for hand washing within 25 feet of food service area. If there is no available hand sink, a hand sanitizer station should be provided. Encourage patients to thoroughly wash/sanitize hands before they eat.

- ❑ Monitor refrigerator ambient air temperature by checking the thermometer inside the unit daily. Ideal air temperature should be between 38 – 39°F, and no greater than 41°F.
- ❑ When you place perishable foods into refrigerator, provide adequate spacing to allow proper cold air circulation.
- ❑ All foods leaving the isolation facility will be immediately disposed of into a rodent-proof garbage can.

Patient Assistance

- ❑ Patients desiring assistance can get it by using their nurse call button or their tablet to send a notification to the care team.
- ❑ Patients who need assistance with their ADLs will be assisted by MA.

Restroom Use

- ❑ Separate showers and restrooms are provided for AC and RC patients. These are clearly marked with signage.
- ❑ All showers and restrooms are fully cleaned and disinfected every two hours by an onsite contractor.
- ❑ AC clients should be provided with a disinfecting wipe prior to using the bathroom and encouraged to wipe down any touch surfaces (door handles, toilet seat, toilet handle, and sink faucet handle).

Bed Assignment/Placement

Bed assignment/placement will be made by the onsite team, with consideration to cluster patients according to care needs. Bed assignment should be documented in EPIC in the Facility Care Encounter. Should a bed assignment need to be changed, the following should be considered:

- ❑ Locate patients with gastrointestinal (GI) symptoms closer to bathroom.
- ❑ Patients over 60, with underlying health conditions or risk factors for severe COVID-19 illness should be close to nursing station.

Bed Turnover Procedures

MA will perform bed turnover between patients.

- Disposal of pillow
- Removal of sheets/towels to laundry bin. Do not shake the laundry.
- Removal of any trash to trash bin
- Disinfection of all surfaces, including inside of footlocker and cot. If lice or bed bugs are observed, the footlocker and cot can be heat treated in the hot box.
- Apply fresh sheets and new pillow

Facility Behavioral Expectations & Rules

Should be posted around facility at entry, bathrooms, elsewhere.

- ❑ No smoking inside.
- ❑ No drug use inside.
- ❑ No visitors permitted.
- ❑ No yelling, using slurs, threatening or harassing staff or patients.
- ❑ Lights out at 10pm.
- ❑ Shower routine every other night by rows.
- ❑ No weapons of any kind on the premises.
- ❑ There are designated smoking tents located outside. One person per tent, please keep 6 feet distance from any other people.
- ❑ Be respectful of others recovering by respecting people's privacy, maintaining a low volume that cannot be heard outside your bed area, and keeping a 6-foot distance from other guests.

Contingencies and Rapid Response

- ❑ If a patient decompensates medically or becomes unconscious/unarousable**:**
  - Assess vital signs including blood pressure, heart rate, oxygen saturation, and temperature.
  - Perform basic life support (BLS) if indicated.
  - Perform focused physical exam and check for mental status and orientation.
  - Assess for conditions including respiratory failure.
  - If opioid overdose is suspected, administer naloxone and call 911 (see appendix 12 substance use disorder guidelines).
  - Check finger stick glucose and if <70 mg/dL, administer dextrose 50% (D50).
  - Review medical history to determine other possible risks.
  - Consider administering oxygen or albuterol per protocol.
  - If patient is stable and an appropriate intervention is identified, consult clinician for further guidance.
  - If patient is unstable (unstable vitals, acutely worsening condition, or uncontrollable symptoms) or interventions are ineffective, call 911 and have staff bring crash cart. Transfer the patient to a higher level of care.

- ❑ If a patient becomes significantly distressed, agitated or violent:
  - Behavioral health team to evaluate urgently
  - Security on stand-by as warranted, with attention to safety of patient, staff and milieu
  - PRN medications if clinically indicated and patient is willing
    - Lorazepam oral or intramuscular
    - Zydis (Olanzapine) 10mg (can be taken in conjunction with lorazepam)
  - Consider consultation to on-call psychiatric clinician and transfer to higher level of care

- ❏ If a patient refuses to remain in AC/RC or leave AC/RC
  - Contact 911 and alert site supervisor
  - Site supervisor to call attorney on call regarding health order implementation
- ❏ Safety channels/walkie talkie
  - Walkie talkies will be available to staff, security, facilities and operations 24/7. This will include charging stations and spare batteries at each site location
  - Radio use:
    - 1. Turn on radio using volume/power knob and set a comfortable volume
    - 2. Set radio to CH# 1
    - 3. Push button on speaker mic to talk; release to listen
  - Safety Channels will be designated as follows:

    Ch# 1 Shoreline 1 (open line for all radio activity)

    Ch# 2 Shoreline 2 (switch to Ch# 2 for specific conversations)

    Ch# 3 Eastgate 1

    Ch# 4 Eastgate 2

    Ch# 5 S. Park 1

    Ch# 6 S. Park 2

    Ch# 7. I&Q Sites

    Ch# 8 Backup – all sites

Discharge Planning

COVID-19 Isolation & Quarantine Discharge Guidance*

Isolation & Quarantine Bed Prioritization Groups	COVID Test Result	Discharge Criteria (Symptom-Based or Time-Based Strategy)
1. Confirmed Positive Confirmed COVID-19 positive (COVID+) with illness	Positive	≥10 days since symptom onset AND ≥72 hours after resolution of fever, AND improvement in respiratory symptoms
2. COVID-Like Illness & Known Exposure New COVID-19-like illness (CLI), known exposure[1, 2]	Positive	Same criteria as COVID+ (above)
	Negative[3]	Same criteria as COVID+ (above) *(due to risk of incubating infection or false negative test)*
3. COVID-Like Illness New COVID-19-like illness (CLI), unknown exposure[1]	Positive	Same criteria as COVID+ (above)
	Negative[3]	Same criteria as COVID+ (above) *(due to risk of incubating infection or false negative test)* **OR** Discharge[4]
4. No Illness & Known Exposure No illness (asymptomatic) but had exposure[2]	Positive	10 days since the date of the first positive test *(if no subsequent symptoms)*
	Negative or Not Tested	14 days after the last day of close contact or exposure[5] *(if symptoms develop, test or retest AND apply same criteria as COVID+)*

1. If patient declines to be tested or is not tested for other reasons, then discharge criteria for "Confirmed Positive" apply
2. Includes Strike Team referral or residence in a congregate setting known to have an outbreak
3. Retest if symptoms develop or worsen
4. Can be considered on a case-by-case basis and discussed with site medical director (e.g., patients with risk factors for severe COVID-19 illness may stay longer). Clinical judgement determines whether to continue or discontinue empiric transmission-based precautions.
5. Fourteen-day quarantine period recommended. Offer continued stay to guest, dependent on current resources.

*Guidance applies only to King County Isolation & Quarantine facilities for discharge planning and may vary in other healthcare settings.

- ❑ Discharge planning by RN and/or SW should begin at admission, including:
  - Develop a list of issues which must be resolved before discharge
    - symptom resolution, isolation/quarantine duration, other concerns
  - Tentative plan for location on release
    - (home, I/Q facility, temporary housing, shelter, other)
  - Mental health follow-up if needed
  - Any specific needs/barriers delaying complicating release (Medication needs, wound care, etc.)
- ❑ Safety Criteria for Discharge
  - Non-infectious per Public Health or CDC guidelines
  - No oxygen needs unless on oxygen at baseline

- Stable on current medications
- Safe discharge plan available
- Discharge readiness should be assessed by RN or SW every 1-2 days

❑ Discharge options for patients without available housing:

- I/Q facility if available and meets criteria
- Temporary housing (if available and meets criteria)
- Shelter: if no symptoms, low risk (under 60, no chronic medical conditions)

❑ Discharge process:

1. NP/MD confirms appropriateness of discharge by above criteria
2. Collect tablet and headphones and sanitize for next use
3. Discharge meds: 14-30-day supply through pharmacy if needed
4. Social Worker evaluation if appropriate
5. Documentation of discharge in record with notification to PCP
6. Referral for PCP if patient does not have existing PCP
7. Follow up with mental health if needed
8. Follow up with primary care 1 week or sooner if needed
9. Provide information about when/how to seek care if symptoms recur or worsen
10. Alert MA for bed turn and sanitation
11. Provide appropriate list of provider referrals
    - Medical Clinics and Providers
    - Dental Clinics
    - Behavioral Health Providers
    - Pharmacies

Infectious and Other Waste Disposal Procedures

❑ Disposable PPE and other materials that come into contact with COVID+ individuals generally not are not considered biomedical waste and should be discarded in the regular garbage.
Common Healthcare Wastes That Are Not Biomedical Waste:

- Personal protective equipment (PPE) of health care workers e.g. disposable gloves, gown, and respiratory protection
- Spent dust filters
- Textile wastes e.g. bedding, towels, and clothing
- Blood and blood products that are absorbed by materials such as bandages, napkins or commercial absorbents

❑ All sharps waste must be placed in provided sharps containers.

❑ If sharps are found on the floor:

- Place an open sharps container next to the item.
- With gloved hands, use tongs to pick up the sharp and place in the sharps container.

- ❑ Full sharps containers and non-sharp biomedical waste are placed in the biomedical waste containers (lined with red bags) in the lab.
- ❑ Materials that are heavily soiled, including clothing and cleanup materials with feces, vomit, and urine, should be bagged before placing in a garbage receptacle away from the patient's bed.

Cleaning and Sanitation

Inside the facility: Contractor (US Ecology/NRC) provides the following:

- Every two hours: empty all garbage cans, sanitize high touch surfaces, and check/refill wall-mounted sanitizer dispensers, service hand washing stations.
- As needed/on request: Clean up bodily fluids, remove full biomedical waste containers.
- Once/shift: Clean floors.
- Following discharge: full decontamination of patient space (MAs responsible for removing and restocking bedding)

Body fluid cleanup kits are provided if the cleanup contractor is unavailable for any reason.

Outside the facility: Contractor (GrayMar) provides the following:

- Every two hours: Full cleaning/sanitizing of all mobile bathrooms.

Please refer to Appendix 1: King County Sanitation and Hygiene Guide for Homeless Service Providers

Records (EPIC)

Patient Lists in EPIC – Patients at AC/RC

- ❑ A list of patients who are admitted to AC/RC is available in patient lists:
  - Login Dept – All Admitted
- ❑ A list of patients who are awaiting nursing intake at AC/RC is available in patient lists:
  - Triage - Login Dept
- ❑ A list of patients with diabetes at the AC/RC (diabetes on problem list):
  - Login Dept – Diabetes Registry

Provider Teams (Services) in EPIC

- Within EPIC, patients may be added to provider teams to facilitate care continuity and communication between nursing staff and appropriate provider. Providers will sign in and out of their team in EPIC when they come on and off site.
- Nurses are assigned (or assign themselves) to their patients in EPIC when they come on shift and unassign when they leave. This allows other staff and providers know who is taking care of a patient at any given time.
- A clinical user's assigned list of patients is available in the patient list:
  - Login Dept – My Patients

Clinical Users - Communication within EPIC

- Nurses may send a secure chat in EPIC to a patient's provider team members. This will send

a notification to all team providers logged on to EPIC at the time, and the available provider may respond.

- Clinical users may use EPIC secure chat regarding a patient with other EPIC users.
- Nurses at patient beside may use video on-the-fly with an onsite or on-call provider as needed.
- In-basket pools have been set up for each AC/RC site.

EPIC Training and Support Materials

- EPIC training materials including videos and Job Aids as well as EPIC reference materials for standard workflows are available here: *URL to be provided soon*.
  - Key to log on is available from a clinical supervisor.
- EPIC Help Line: 206-263-1212 (Monday – Friday 7 AM – 6 PM), EHR.HELP@kingcounty.gov

Facilities Information

The following information should be determined, documented and made available for staff at each site:

- ❑ Facilities Primary Point of Contact – overall/general Facilities
- ❑ Facilities Point of Contact for each location
- ❑ Plan for securing the building
- ❑ Test all systems in all areas to be occupied
  - Clinical (e.g. oxygen, air, ventilation, labs, etc. as applicable)
  - Non-clinical (e.g. HVAC, phones, etc.)

Please refer to the following appendices for more information:

- Appendix 2: Medical Supplies
- Appendix 3: Non-Medical Supplies
- Appendix 4: Map of Facility
- Appendix 5: Facility/Site Fire Plan

Critical Contact Information

The following information should be determined and documented for each site, and provided in a separate handout:

Emergency Management
Fire / EMS
System Leadership
Vendors / Services
Supplies
Attorney for health orders
Food and water
Meals
Laundry

Communications Process, Contact & Procedures

All press inquiries should be directed to the Department of Social and Health Services Public Information Officer.

Public Health Emergency Code Policy and Procedures

CODE NAME	CODE MEANING
Red	Smoke and/or fire
Blue	Adult or child's heart or respiration has stopped
Orange	Hazardous material spill
Gray	Combative person needing de-escalation
Silver	Person with a weapon needing de-escalation
Amber	Infant or child is missing
[Code Name] Clear	Indicated the code situation is resolved

Please refer to Appendix 6 for details of the Standardized Emergency Code.

Pharmaceuticals Storage, Handling and Dispensing at IQ/AC/RC Sites

PURPOSE: To store and dispense drugs in accordance with State, Federal and Local distribution laws and regulations at King County Isolation/Quarantine Sites and Assessment Care and Recovery Center Sites

PERSONNEL: Physicians, Non-Physician Practitioners, Nurses, Medical Assistants, Pharmacists, and Pharmacy Technicians

DEFINITIONS:

- Drug: Any chemical compound, remedy or noninfectious biological substance, the action of which is not solely mechanical, which may be administered to patients by any route as an aid for the diagnosis, treatment, or prevention of disease or other abnormal condition, for the relief of pain and suffering, or to control or improve any physiological or pathological condition. Drug
- Administration: The action in which, a single dose of prescribed drug is given to the patient.
- Drug Dispensing: The interpretation of an order for a drug, the proper selection, measuring, packaging, labeling and issuance of the drug.

STORAGE AND HANDLING:

1. All drugs will be well organized and stored in specifically designated cupboards, cabinets, closets or drawers. The storage location must be secured where only a limited number of staffs will have access to. The controlled substances will be stored separately, and a daily count of the controls must be completed by more than 1 staff member on site.
   a. Please refer to Appendix 7 for a sample of the KCPH-ACRC and IQ sites perpetual inventory form 2020
2. Drugs will be stored under appropriate conditions of temperature, humidity, and light so that the identity, strength, quality, purity of the drug product is not affected. Room temperature drugs should not be stored above 86°F (30°C).

3. Prescription, sample, over the counter drugs, prescription pads and hypodermic needles will be securely stored in a lockable space (cabinet or room) within the office/clinic.
4. Keys to locked storage area will be available only to staff authorized by the physician to have access. (During business hours, the drawer, cabinet or room containing drugs or medication supplies may remain unlocked ONLY if there is no access to the area by unauthorized persons.) Whenever drugs or supplies are unlocked, authorized clinic personnel must remain in the immediate area at all times. At all other times they will be securely locked.
5. Drugs will be prepared in a clean area, or "designated clean" area if prepared in a multipurpose room.
6. Drugs for external use in liquid, tablet, capsule or powder form shall be stored separately from medications for internal use.
7. Drugs and immune biologics requiring refrigeration will be kept in refrigerators that shall always be maintained between 2°C (35°F) and 8°C (46°F), with a desired average temperature of 40°F (5°C).
8. Drugs and immune-biologics requiring freezing will be kept in freezers that shall be maintained at 5°F or -15°C or lower.
9. Daily temperature readings of medication refrigerator and medication freezer will be documented. Please see Appendix 8 for the Refrigerator Temperature Chart.
10. Items other than medications in refrigerator/freezer will be kept in a secured, separate compartment from drugs.
11. Drugs must be kept separate from food, lab specimens, and other items that may potentially cause contamination.
12. Tests reagents, germicides, disinfectants and other household substances shall be stored separately from drugs.

Expiration Date Compliance

1. The manufacturer's expiration date must appear on the labeling of all drugs. All prescription drugs not bearing the expiration date are deemed to have expired.
2. If a drug is to be reconstituted at the time of dispensing, its labeling must contain expiration information for both the reconstituted and unconstituted drug.
3. Expired drugs will not be distributed or dispensed.
4. All drugs including stock, vaccine, sample, emergency, controlled, OTC will be checked for expiration monthly and written documentation will be maintained.

Controlled Substances

1. A dose-by-dose controlled substance distribution log will be maintained, with written records that include, provider's DEA number, name of medication, original quantity of drug, dose, date, name of patient receiving the drug, name of authorized person dispensing drug and number of remaining doses. For a Sample Log, please see:
   a. Appendix 7: KCPH-ACRC and IQ sites perpetual inventory form 2020
   b. Appendix 9: Blank MAR form 2019
2. Controlled substances will be stored separately from other drugs in a securely locked, substantially constructed cabinet.

3. Controlled substances include all Schedule II, III IV, and V substances do not need to be double locked.
4. Personnel with authorized access to controlled substances include physicians, dentists, podiatrists, physician's assistants, licensed nurses and pharmacists.

Disposal and Dispensing

1. Drugs will be disposed of appropriately. Drugs may be returned to the Downtown Pharmacy Warehouse or disposed of in medical waste. (See disposal of controlled substances below).
2. Drugs will be dispensed only by a physician, pharmacists or other persons (e.g.; NP, CNM, RN, PA) lawfully authorized to dispense medications, upon the order of a licensed prescriber.
3. Personnel such as medical assistants, office managers, and receptionists will not dispense drugs.
4. Drugs will not be offered for sale, charged or billed to Medicaid patients.
5. All drugs that are dispensed will be labeled and will include the following:
   a. Provider's name, patient's name, drug name, dose, frequency, route, quantity dispensed, and manufacturer's name and lot number.
   b. Dispensing containers will not be cracked, soiled or without secure closures.
   c. Washington Pharmacy Law does not prohibit furnishing a limited quantity of drugs if dispensed to the patient in the package provided by the manufacturer and no charge is made to the patient.
   d. All pre-filled syringes must be individually labeled with date, medication name, and dosage.
6. All drugs that are administered or dispensed will be recorded in the medical record.
7. Disposable of Controlled Substances: The DEA requires providers to maintain documentation of disposal of all controlled substances. Provider may return the controlled drugs to the drug manufacturer. Controlled drugs may be sent to a DEA registered disposal firm (reverse distributor) for destruction. Providers may conduct their own drug destruction if the DEA had previously authorized them to do so. Those authorizations will remain in effect until rescinded, revoked, or procedures are changed.
8. Barcode Dispensary Kiosk System: (please see attached set-up instructions)

   A brief overview of the process:

   - Every new shipment of medications comes with a document with each med's barcode on it. Use this form to electronically "receive" the meds with the kiosk system.
   - Every time a med is dispensed to a patient, we place that medication barcode sticker on the patient's barcode that prints out when meds are ordered in epic. At the end of every shift, the responsible dispensary personnel will electronically dispense through the kiosk using the scanner.
   - Write the date on each patient barcode form and store these in a binder in a locked cabinet in the dispensary.
   - Perform monthly physical inventory counts (instructions in the attached document).
   - Expired meds need to be electronically "returned" via kiosk.

- If an error message occurs when electronically receiving new med orders. This is usually because the medication barcode has not yet been entered into the system. Occasionally, logging out and logging back in works, but most of the time it requires an email to request to re-enter the barcode into the system.

Please refer to Appendix 10 for Dispensary Bar Code Training.

Ordering Pharmaceuticals:

1. All stocked medications will need approval from Chief of Pharmacy. Please submit the order templates by emailing Cindy. The order will be processed and shipped upon approval. Please allow 48 business hours for all prepackaged medications to arrive at your site. The order templates are included in the appendix.

   Appendix 11a: ACRC Med List Final

   Appendix 11b: Med List for IQ sites 2020

2. Recommend inventory check every 48 hours to ensure adequate supply in the center's dispensary.

Behavioral Health Wellness Plan

During My Stay	
Do you feel safe today? If no, further assess the guest and utilize the Crisis Plan if needed.	
Who are your supports? **To goal is to identify natural supports or existing out**patient supports that are important to the guest.	
What kind of emotional supports do you need while you are here? The question is open ended to allow the guest to space to bring up a range of emotional needs they may face. Also, discuss with the guest what to expect with daily RN and BH staff check-ins. Note any preferences from the guest about how often they want the IQ Team to check-in.	
Is there anything else we need to know about you?	

Crisis Plan Utilize as needed when guest demonstrates signs of safety risks			
Describe yourself when you're feeling well:			
Warning signs that I'm not feeling well:			
What helps when I'm not feeling well:			
Suicidal Ideation	Any current thoughts of SI? ❏ Yes ❏ No Any plan? ❏ Yes ❏ No If yes, describe:	Prior attempts: ❏ Yes ❏ No Means: Dates:	Current/past self-harm? ❏ Yes ❏ No Means: Dates:
Homicidal Ideation	Any current thoughts of HI or harming others? ❏ Yes ❏ No Any plan? ❏ Yes ❏ No If yes, describe:	Prior attempts: ❏ Yes ❏ No Means: Dates: Access to firearms? ❏ Yes ❏ No	Duty to Warn: ❏ Yes ❏ No If yes, provide details:
Self-Care	Do you or other team members observe any concerns of the guest being able to care for self due to psychiatric symptoms? ❏ Yes ❏ No	If yes, describe your concerns and safety plan:	
If a guest says 'yes' to SI or HI (passive/active) or you are concerned about self-care, please make sure a plan to stay safe is documented in the Crisis Plan. ❏ ❏			

Insulin Pharmacokinetics – AC/RC Formulary

	Onset of Action	Peak Effect	Duration of Action
Insulin Glargine (Lantus)	2 hours	None	20 to >24 hours
Insulin Lispro (Humalog)	3-15 minutes	45-75 minutes	2-4 hours

Converting Home Insulin to AC/RC Insulin Prescription

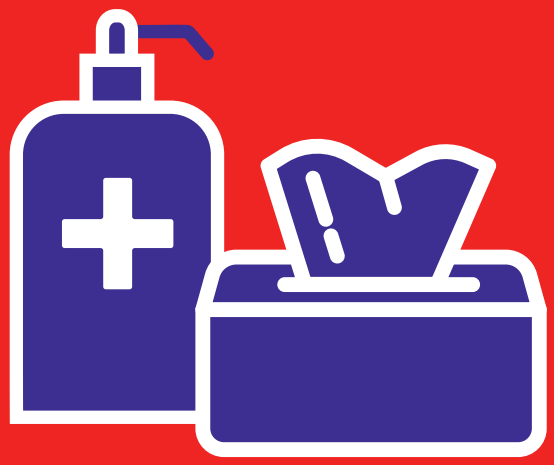
Home Regimen:	Converting To:	Recommendation:	Notes:
NPH **daily**	Glargine	Convert unit-to-unit and give once daily.	
NPH **twice daily**	Glargine	Reduce daily NPH dose by 20% and give glargine once daily.	
Detemir (Levemir)	Glargine	Convert unit-to-unit and give once daily.	Consider reduction in daily dose.
- Regular/Humulin/ Novolin - Glulisine/Apidra - Aspart/Novolog	Lispro	Convert unit-to-unit	Give about 10 minutes before each meal, or with meals. Hold if not planning to eat.

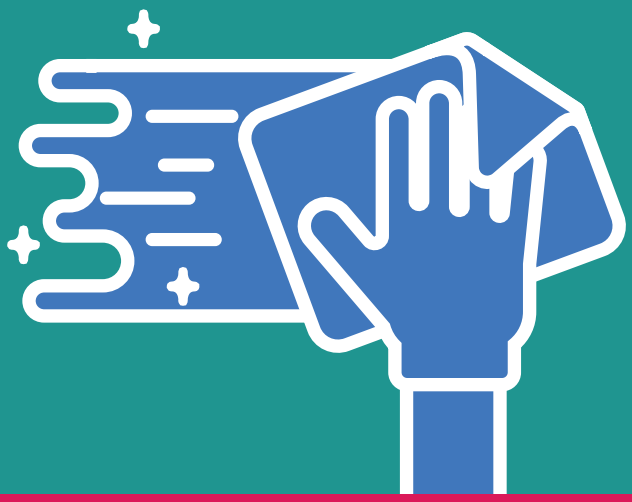
APPENDIX 1

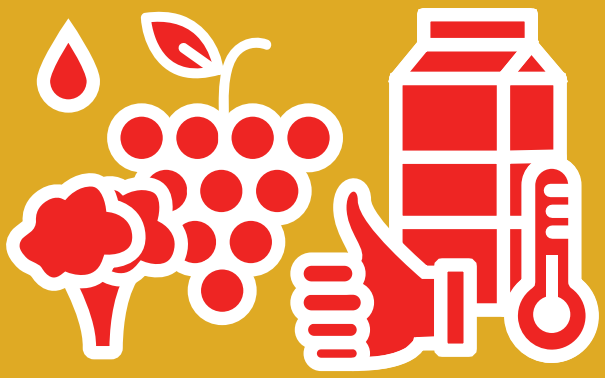
King County Sanitation and Hygiene Guide
for Homeless Service Providers

Sanitation & Hygiene Guide

for Homeless Service Providers





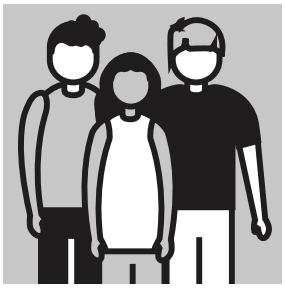


STAY SAFE & HEALTHY
Toolbox for Facilities & Communities That Serve People Experiencing Homelessness

December 2019

Environmental Health Services Division
Public Health
Seattle & King County

Sanitation & Hygiene Guide INTRODUCTION

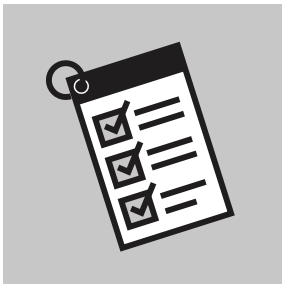


Who is this guide for?

This guide is for operators, staff, volunteers, clients, and residents who are involved in the day-to-day operations of shelters, tiny home villages, day centers, and other communities that serve people experiencing homelessness. It will also be useful for management staff and contract monitors who are involved in setting up, equipping, and supporting these facilities.

Why does this guide matter?

The purpose of this guide is to reduce the spread of contagious diseases, prevent foodborne illnesses, and to ensure safe and sanitary spaces for individuals experiencing homelessness. Sites like yours play a key role in addressing the health and safety of our communities and we hope this guide will be a useful, go-to resource.



How do I use this guide?

People involved in day-to-day operations of your site should review the printable posters at the beginning of each section. We recommend printing and posting these visual guides for daily use. Alternatively, you could print, laminate, and connect the posters with a metal ring – creating a packet that can be hung and used when needed.

For people who are in charge of setting up, equipping, or supporting sites, we recommend using the checklists provided in each section and referencing the appendices for more information when needed. If you are reading this document on a computer or phone, you can use the table of contents and poster directory to navigate to relevant sections.

This Guide Does Not Provide Medical Advice.

The contents of this guide are for informational purposes only. Nothing in this guide is intended to be a substitute for professional medical advice, diagnosis, or treatment. Those seeking medical consultation, advice, diagnosis, or treatment should contact their physician or other qualified health care provider. If you think you have a medical emergency, call 911 immediately.

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Disease Prevention

Stop the spread of disease. Protect yourself and others.

Protect Yourself

Wash your hands often with soap and warm water (use hand sanitizer if soap and water are not available)

Get vaccinated against the flu (every year) and hepatitis A and B

Wear gloves, an apron, face mask, and eye protection when cleaning up blood, poop, or vomit

NEW

Use new, sterile needles and equipment to prepare or use drugs

Prevent HIV and other STIs (e.g. use condoms, test regularly, get treated, talk to your partner)

Store your medications in a safe place, out of the reach of children, and at the proper temperature

PrEP

Talk to a doctor about PrEP, a daily medication that can prevent the spread of HIV

If exposed to HIV or other STIs, seek medical care right away

Disease Prevention

Stop the spread of disease. Protect yourself and others.

Protect Others When You're Sick

Sneeze or cough into a tissue or the crook of your elbow

Wear a face mask when you spend time in shared spaces

Wash your hands often, especially before you prepare food and after you use the toilet, sneeze, cough, blow your nose, or care for a wound

Sanitize frequently touched surfaces 1-3 times daily (doorknobs, railings, remotes, etc.)

Keep wounds clean and covered with a bandage and/or gauze

Don't prepare food for others if you're sick, e.g. the flu, diarrhea, vomiting, jaundice (yellow skin or eyes)

Call 911 if you have chest pain or trouble breathing. See a doctor if you feel sick, especially if your symptoms are severe or not improving.

Machine wash items that have vomit, blood, or poop on them separately. Remove solid waste first and use hot water, detergent, and 1/2 cup of bleach. Wear gloves, eye protection, a mask, and an apron.

Disease Prevention CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Foster a health-conscious culture.

- ☐ **Encourage clients to disclose their health needs or symptoms** to help keep everyone healthy. The goal is to help get them the care they need, not to deny services, but agency policy may override this.
- ☐ **Establish a process for identifying clients with health needs** and referring them to medical care.
- ☐ **Maintain and post a list of local medical resources.**
- ☐ **Orient clients to the location of first aid kits**, phones to call 911, fire extinguishers, hand washing facilities, hand sanitizer, and sharps box locations.
- ☐ **Report any concern for potential communicable diseases** to Public Health's 24/7 hotline at 206-296-4774.
- ☐ **Refer a client, volunteer, or staff member to a doctor if...**
  - They are feeling sick
  - Their symptoms are severe, unusual, or not improving
  - They have a wound that is not healing
- ☐ **Call 911 if a client, volunteer, or staff member ...**
  - Has trouble breathing
  - Is experiencing chest pain
  - Loses consciousness
  - Is bleeding severely

Support those who are sick, injured, or on medication.

- ☐ **Place clients who are sick with vomiting or diarrhea near a bathroom.**
- ☐ **Provide space for medications** that require refrigeration. Store them in a labeled and designated container. Bottles and containers of medication must also be labeled with clients' name or identifiable mark understood by client and shelter.
- ☐ **Make sure clients have bandages to cover wounds.** Refer for medical care as needed.

Monitor and prevent spread of communicable diseases.

- ☐ **Keep legible, dated attendance logs** for at least 3 months, preferably 6 months.
- ☐ **Consider creating a bed map t**o help identify clients exposed to a communicable disease.
- ☐ **Promote good ventilation and air circulation –** open windows, or use your air conditioning or heating as recommended. Monitor and clean ventilation systems as appropriate.
- ☐ **Instruct everyone to cover their cough.** Provide tissues and masks for clients and staff. Post signs advertising availability of tissues and/or masks.
- ☐ **For overnight shelters, allow as much space as possible between beds/mats** and position clients head to toe.

Checklist continues on the next page

Disease Prevention CHECKLIST
CONTINUED

Encourage behavior that prevents the spread of illness and disease.

- ☐ **Ensure sinks in the kitchen and restrooms have liquid hand soap**, paper towels, and warm water (100-120°F).
  - No running water? Set up a temporary hand washing station (Appendix H).
- ☐ **Make sure hand sanitizer, tissues, and sharps containers are clearly visible** and available at **multiple locations around your site.**
- ☐ **Encourage staff, volunteers, and clients to get annual flu vaccines**, plus hepatitis A and B vaccines.
- ☐ **Don't let people who are sick prepare or serve food** (e.g. flu-like symptoms, diarrhea, vomiting or jaundice/yellow skin or eyes).
- ☐ **Clean up vomit, diarrhea, and blood immediately.** Follow the instructions in the Sanitize and Disinfect section.
- ☐ **Provide condoms, sharps containers, and needle exchange information:** www.kingcounty.gov/needle
- ☐ **Take precautions when laundering bedding or clothing of people who report being itchy.** See the Lice, Scabies, and Bed Bugs section for more information.
- ☐ **Post signs on how to prevent spreading illness and disease** (the previous illustrated sections could be printed as posters).

Provide first aid and protective gear.

- ☐ First aid kits
- ☐ Disposable nitrile gloves
- ☐ CPR masks
- ☐ Extra bandages
- ☐ Disposable face masks
- ☐ Eye protection

Clean, sanitize, and disinfect often.

- ☐ **Post a master cleaning schedule** for the entire site (Appendix G).
- ☐ **Assign someone to sanitize high touch surfaces** like doorknobs, railings, light switches, remotes, chairs, and tables 1-3 times daily.
- ☐ **Assign someone to clean and disinfect bathrooms and kitchens 1-3 times daily**.
- ☐ **Post instructions for cleaning up vomit, diarrhea, and blood.** See Sanitize and Disinfect section for instructions you can post.
- ☐ **See Appendix F for more information.**

Ensure staff and/or volunteers are trained for medical emergencies.

- ☐ **Work with staff and/or volunteers to get trained in First Aid, CPR, AED** (if there is a defibrillator on site), and Naloxone administration for cases of opioid overdose.

> ? **Contact Health Care for the Homeless** at (206) 296-5091 to arrange a free training on infection control.

Hygiene

Good personal hygiene will protect your health.

Clean Hands

#1 WAY TO STAY HEALTHY

Wash hands with soap and warm water for 20 seconds...

- **Before you prepare, touch, or eat food**
- **Before and after you clean or bandage a wound**
- **After you blow your nose,** cough or sneeze in your hand, or help someone who is sick
- **Before leaving a restroom and** after changing diapers
- **After you touch animals,** or their food or waste
- **When you enter a common area or shelter** (you can also use hand sanitizer)

Good Personal Hygiene

- **Protect your feet –** avoid walking around barefoot and sanitize shower before use
- **Keep your towel, hairbrush, soap, razors, etc. separate** from other people's stuff (don't share)

Hygiene

Good personal hygiene will protect your health.

Laundry

Ask for clean bedding when you arrive at a shelter

Use a heat treatment box to treat belongings that could carry bed bugs, scabies, or lice

CLEAN BELONGINGS = BETTER HEALTH

For best results, **wash laundry in the detergent's recommended water temperature**

Dry laundry on high heat

Do not overload machine – fill to ¾ or less

If laundry has vomit, blood, or poop on it, wash separately. Use detergent, hot water, and 1/2 cup bleach. Remove solid waste before washing and wear gloves, an apron, a mask, and eye protection.

Disinfect sleeping mats daily and wash bedding weekly or when dirty

Do not place unwashed laundry in the dryer

If washing someone else's laundry, do not shake it out and wear gloves and an apron

Hygiene CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Facilitate handwashing – #1 way to reduce germs.

- ☐ **Ensure there is access to working sinks** or hand washing stations at all times.
- ☐ **Ensure sinks in the kitchen and restrooms have liquid hand soap,** paper towels, and warm water (100-120°F).
  - No running water? Set up a temporary hand washing station (Appendix H).
- ☐ **Post signs that encourage handwashing in bathrooms,** food prep and eating areas, community spaces, and at the entrances to your site.
- ☐ **Schedule regular checks of handwashing areas** to ensure they are clean and stocked.
- ☐ **Model and encourage frequent and proper handwashing.**
- ☐ **Provide hand sanitizer** (60% alcohol) at all entrances to your facility and in communal areas if possible.
  - **Important note:** Hand sanitizers do not replace handwashing. They do not kill all germs and are less effective when used on dirty hands.

Provide facilities and supplies to support personal hygiene.

- ☐ **Maintain warm water for showers (100-120°F).**
- ☐ **Provide clients with bathing, personal hygiene, and menstrual products.**
- ☐ **Schedule cleaning and disinfecting of showers 1-3 times daily** and between clients (see the Sanitize and Disinfect section for more information).
- ☐ **Designate someone to monitor and stock supplies** in showers and restrooms throughout the day.
- ☐ **Encourage clients to wear protective covering or sandals in showers** to maintain good foot health.
- ☐ **Provide labeled spray bottles** with sanitizing solution in showers. For client use, write this information on the label:
  - **Sanitizing Solution**
  - **How to Use:** Before showering, spray shower surfaces and leave for 1-2 minutes. Rinse with water.
  - **How to Mix:** 1/4 tsp of bleach with 4 cups of water.

Provide a "heat treatment box" to prevent bed bugs, lice, and scabies.

- ☐ **Encourage all personal belongings to be "cooked"** in a heat treatment box when clients enter your site. Follow manufacturer's instructions for time and temperature.

Provide storage options that keep client belongings from touching.

- ☐ **Store client bath towels separately from other client towels.** Consider changing towels after each use.
- ☐ **Store client hygiene items separately** to prevent unintentional sharing.
- ☐ **Provide clients with storage space and/or plastic bins** for their clothes, personal belongings, and bedding.

Checklist continues on the next page

Hygiene CHECKLIST
CONTINUED

Ensure clean and sanitary sleeping areas.

- ☐ **Disinfect sleeping areas and mats between each client** (see the Sanitize and Disinfect section for instructions).
- ☐ **Provide new clients with fresh bedding and towels upon arrival.**
- ☐ **Wash bedding and towels** once a week or more, per client.

Provide laundry options and instructions.

- ☐ **Provide gloves, aprons or smocks, and plastic baskets** for people handling client laundry. This will reduce the risk of infection from bacteria, viruses, lice or mites, and of accidental needle sticks.
- ☐ **Ensure washers and dryers are working well.** Have a plan for regular and/or emergency maintenance.
- ☐ **Schedule weekly cleaning of washing machines:** Run a load with half a cup of bleach and hot water.
- ☐ **Post signs that explain laundry best practices** (see illustrated guide in the previous section for an option).
- ☐ **Review illustrated laundry guide** (previous section) with staff and volunteers at least once a month.

Questions about Hygiene?
Call 206-263-9566

Lice, Scabies & Bed Bugs

No one wants to be itchy. Prevent the spread!

Stop the Spread

Tell staff if you are itchy or have other symptoms so you can get treated

Use a heat treatment box to treat belongings that could carry bed bugs, scabies, or lice

Machine wash infested items separately and dry at 130°F for at least 30 minutes

Place items that cannot be heat-treated or washed and dried at 130°F in a sealed plastic bag for two weeks to control lice and scabies

Clean and disinfect sleeping mats and wash bedding between clients

Throw out bed bug infested items that cannot be treated

Lice, Scabies & Bed Bugs

No one wants to be itchy. Prevent the spread!

Protect Yourself

Wash clothes and bedding weekly to prevent body lice

Store your belongings so they don't touch other people's stuff

Keep your towel separate from other people's towels

Avoid sharing clothing, beds, bedding, towels, brushes, or combs

Avoid skin-to-skin contact with someone who is itchy

Wear protective gloves and an apron or smock if washing someone else's laundry

Do not shake out belongings that could be infested

Lice, Scabies & Bed Bugs
CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Screen for lice, scabies, and bed bugs.

- ☐ **Encourage clients to report symptoms** of lice, scabies or bed bugs during intake so they can be treated.
- ☐ **Ensure contact information for medical personnel, clinics,** etc. is made available for each type of infestation so treatment can happen quickly.
- ☐ **Direct clients to medical evaluations** if either you or they suspect an infestation.
- ☐ **Offer education and hygiene assistance** for clients in need of extra help.
- ☐ **Provide protective gear** for staff handling belongings (e.g. disposable gloves and an apron or smock).

Provide a heat treatment box to reduce infestations in client belongings.

- ☐ **Encourage all personal belongings to be "cooked" in a heat treatment box** for the amount of time recommended by the manufacturer.
- ☐ **Provide gloves, aprons/smocks, and plastic baskets** for people handling potentially infested belongings or working in infested areas.
- ☐ **If a heat treatment box is not available, machine wash and dry** infested clothing and bedding at 130°F for at least 30 minutes
  - If your wash water and dryer do not get hot enough, follow the next steps for bagging and isolating items.
- ☐ **Place items that cannot be heat-treated or washed and dried at 130°F in a sealed plastic bag** for two weeks to control lice and scabies.
- ☐ **Bag and discard bed bug infested items** that cannot be treated.

Provide storage options that keep client belongings from touching.

- ☐ **Store client bath towels separately** from other client towels. Consider changing towels after each use.
- ☐ **Store client hygiene items separately** to prevent unintentional sharing.
- ☐ **Provide clients with storage space** or plastic bins for their clothes, personal belongings, and bedding.
- ☐ **Discourage clients from sharing** clothing, beds, bedding, towels, brushes, or combs.

Checklist continues on the next page

Lice, Scabies & Bed Bugs
CONTINUED

Ensure clean and sanitary sleeping areas.

- ☐ **Disinfect sleeping areas and mats between each client** (see the Sanitize and Disinfect section for instructions on how to disinfect).
- ☐ **Provide new clients with fresh bedding** and towels upon arrival.
- ☐ **Wash bedding and towels** once a week or more, per client.
- ☐ **Inspect a tiny house** or sleeping structure for bed bugs before a new resident moves in.
- ☐ **Do not self-treat.** Follow your facility's pest plan or seek help from a pest control professional if your site is infested.
- ☐ **Do not use fumigant sprays** or fogs as they can be toxic.

Visit the Center for Disease Control's website for more information.

Lice: www.cdc.gov/parasites/lice/index.html

Scabies: www.cdc.gov/parasites/scabies

Bed Bugs: www.cdc.gov/parasites/bedbugs

Food Safety

Germs and bad food can make you sick. Protect your health.

Healthy Hands

Wash hands for 20 seconds before touching food - use soap, warm water, and paper towels to dry

Don't touch food with your bare hands, unless it's yours

Wear gloves when preparing foods and bandage any wounds - do not reuse gloves

Don't prepare food if you're sick, e.g. the flu, diarrhea, vomiting, jaundice (yellow skin or eyes)

Clean Kitchen

Sanitize food prep and serving surfaces before and after use

Wash, rinse, sanitize, and air dry dishes shortly after use

Sanitizing solution = 1/4 tsp bleach + 4 cups water

Store food and garbage in rodent-proof containers

Food Safety

Germs and bad food can make you sick. Protect your health.

Safe Food

Rinse fruits and vegetables before preparing or eating

Write the date on prepared food and eat or throw it out within one week

AVOID THE FOOD DANGER ZONE: 41-135°F

These foods can make you sick if they are left out for more than 4 hours

- Custard Pies
- Cooked Grains
- Cooked Vegetables
- Sprouts & Cut Leafy Greens
- Cut Melon & Tomatoes
- Dairy & Cheese
- Raw Fish
- Raw Eggs
- Raw Meat

Shelf-stable foods are safe at any temperature

- Bread
- Peanut Butter
- Fruit
- Raw Vegetables
- Unopened Cans
- Oil
- Cookies & Baked Goods
- Dry Goods

Food Safety CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Set up your facility for safe food prep and service.

- ☐ **Provide a sink or hand washing station** in the food prep area.
  - Ensure water is warm (100°F - 120°F).
  - No running water? Set up a temporary hand washing station (Appendix H).
- ☐ **Serve food using tongs, disposable gloves, or single-use pastry paper.**
- ☐ **Provide sanitizing solution in labeled spray bottles** for food prep and serving surfaces. Write this on the label:
  - **Sanitizing Solution**
  - **How to Use:** Spray surface and leave for 1-2 minutes. Dry with clean paper towel.
  - **How to Mix:** 1/4 teaspoon of bleach with 4 cups of water.
- ☐ **Provide the following items to set up a dishwashing station.**
  - Trash can to scrape off food scraps
  - Dish soap, paper towels, scrubbers, rags, sponges
  - Sink (3 compartment recommended) or deep containers for dishwashing, rinsing, and sanitizing
  - Bleach for making a sanitizer solution (1 teaspoon bleach to 1 gallon of water)
  - Space to air dry dishes or paper towels
- ☐ **Post steps for dishwashing**
  - **Wash** with warm soapy water
  - **Rinse** with clear/clean water
  - **Soak** in sanitizing solution for 10 seconds
  - **Air dry** on a rack or dry with paper towels
- ☐ **Equip kitchen with a dishwasher** (recommended, but not required). You don't need a commercial dishwasher. Residential dishwashers work well.
- ☐ **Post instructions for dishwasher use:**
  - **Scrape food off first** and avoid overloading machines
  - For commercial grade chemical dishwashers **set the chlorine concentration between 50-200 ppm**
  - For commercial grade high temperature dishwashers **set rinse cycle to 180°F or higher**.
- ☐ **Schedule regular cleaning** and disinfecting of food prep area.
  - See the Clean & Disinfect section for more information.

Avoid the Danger Zone (41-135°F).

- ☐ **Provide a digital thermometer** for measuring food temperatures.
  - Sanitize thermometer before using. Place tip in the center of the thickest part of foods for accuracy. Sanitize thermometer again when done.
- ☐ **Keep hot food hot, and cold food cold.** Minimize time spent in the bacteria-growing Danger Zone 41-135°F.
  - Cool food in the fridge, uncovered, and in small batches to exit the Danger Zone quickly. If you have large batches, cool in the freezer.
  - Re-heat food to 165°F and serve hot.
- ☐ **Cook foods to appropriate final temperatures:**
  - Vegetables = 135°F
  - Pork, seafood, and eggs = 145°F
  - Beef = 155°F
  - Chicken = 165°F

Checklist continues on the next page

Food Safety CHECKLIST
CONTINUED

Monitor food donations.

- ☐ **Keep a food and temperature log.**
  - Post the log in the area where the food is received.
  - Track foods received, temperatures when they arrived, and who donated them.
  - Work with donors on keeping food at safe temperatures.
  - Check foods for contamination upon arrival. Foods not commercially packaged should arrive covered or in a container.
  - See Appendix E for a sample food log.
- ☐ **Post a list of acceptable food donations** and trusted food donors:
  - Anyone can donate whole fruits and vegetables and commercially packaged foods or baked goods that don't need refrigeration.
  - Permitted food facilities, restaurants, and individuals or groups capable of meeting minimum safety requirements can donate prepared foods (e.g. lasagna, soup).

Provide equipment, containers, and regular checks to store food safely.

- ☐ **Set refrigerator temperatures between 36-39°F** to ensure foods stay cold and check weekly.
- ☐ **Reset thermometers once a month** by sticking them in ice water until they read 32°F.
- ☐ **Check freezers** and ensure foods remain frozen.
- ☐ **Schedule a weekly fridge cleaning** and throw out old or expired food.
- ☐ **Provide rodent-proof containers for food.**
- ☐ **Provide rodent-proof bins** and tight-fitting lids for all garbage.
- ☐ **Schedule a weekly check for pests** (e.g. cockroaches, ants, rodents) in areas where food is being prepped, stored, eaten, or thrown out.
  - If signs of pests are found, see the General Safety section to learn about pest control.
  - Note: Pest control chemicals should not be used by unlicensed individuals.

Train and model safe food practices.

- ☐ **Review illustrated food safety guide** (previous pages) at the beginning of each food prep and service shift.
- ☐ **Do not allow people who are sick to prepare or serve food** (e.g. flu-like symptoms, diarrhea, vomit, jaundice/ yellow skin or eyes)
- ☐ **Model good hand washing,** cleaning, and food preparation practices.
- ☐ **Help staff, volunteers, and clients handling food** for others obtain a food worker card.

Questions about food safety, food worker cards, or where to file a complaint? Call 206-263-9566

Need to report a foodborne illness? Call 206-296-4774

Sanitize & Disinfect

Germs on surfaces can make you sick. Protect your health.

Steps to Sanitize or Disinfect

1. **Protect yourself -** always wear gloves (and a mask and apron if disinfecting)

2. **Clean surfaces to remove dirt** before disinfecting or sanitizing (for disinfecting wipes, use separate sheets for steps 2 and 3)

3. **Spray and leave sanitizer/disinfectant** on the surface for the label's recommended amount of time

4. **Dry surface with a clean paper towel** or let the surface air dry

Daily Sanitizing & Disinfection

Sanitize frequently touched surfaces 1-3 times daily (doorknobs, railings, light switches, remotes, etc.)

Disinfect sleeping areas weekly, when dirty, and between clients

Clean and disinfect bathrooms and kitchens 1-3 times daily and sanitize showers between uses

How to mix your disinfectant or sanitizer solution:

Disinfectant

8.25% bleach

2 tablespoons bleach + 1 gallon water

1 +1/2 teaspoons bleach + 4 cups water

Sanitizer

1/4 tsp bleach + 4 cups water

Sanitize & Disinfect

Germs on surfaces can make you sick. Protect your health.

Special Cleaning for Vomit, Diarrhea, or Blood

1. **Protect yourself –** wear gloves, an apron, eye protection, shoe covers, and a face mask

2. **Use kitty litter** or baking soda to soak up big spills and scoop up (don't vacuum)

3. **Use paper towels** and soapy water for wiping and cleaning

4. **Spray area with disinfectant** and let it sit for the amount of time recommended on the label. For special cleaning use 1 cup bleach +1 gallon water

5. **Wipe the area with a paper** towel or let it air dry

6. **Clean and disinfect scrub brushes** and other non-disposable supplies (e.g. machine wash reusable mop heads with hot water and 1/2 cup of bleach)

7. **Double bag all soiled items and throw them out**

8. **Wash hands after clean-up**

Sanitize & Disinfect CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping or inspecting facilities that serve people experiencing homelessness.

Help your team understand when to clean, sanitize, or disinfect.

- ☐ **Clean with soap and water when you want to remove dirt and debris from surfaces.** This is the first step you take before sanitizing or disinfecting.
- ☐ **Sanitize when you want to reduce, but not kill all, the germs on surfaces.** It's good for frequent uses, such as prepping a food service area, washing dishes, or spraying a shower stall before use.
- ☐ **Disinfect when you want to kill germs on surfaces.** You want to disinfect after cleaning up bodily fluids or when you want to kill germs on highly used surfaces like doorknobs, handrails, or light switches.
- ☐ **Instruct people to use disinfectant wipes properly.** Use one wipe to clean and a separate wipe to disinfect.
- ☐ **See Appendix F** for more details about cleaning, sanitizing, and disinfecting.

Use the right product for the right job.

- ☐ **Purchase a product that kills or reduces the germs** you want to control. For instance, many products are not effective against hepatitis A, so be sure to check that information.
- ☐ **Choose a product that cleans and disinfects.**
- ☐ **Always read labels** and use products according to the instructions. See Appendix I for how to read product labels.
- ☐ **If the choices are overwhelming, a simple bleach and water solution works** for most circumstances. See this section's visual guide or Appendix F for mixing instructions.

Store chemicals safely.

- ☐ **Ensure chemicals are stored below and/or away from food and food surfaces,** and out of the reach of children and pets.
- ☐ **Keep chemicals in their original labeled containers** unless pre-mixing solutions for use (e.g. spray bottles).
- ☐ **Label all spray bottles** with chemical + water solutions (more information on pre-mixing below).
- ☐ **Post the phone number for poison control.**
- ☐ **Contact your local labor and industries representative** for more information about requirements for your facility to comply with WISHA chemical safety standards.

Pre-mix sanitizers and disinfectants for easy use.

- ☐ **Mix solutions ahead of time** and label spray bottles or containers with the amount of chemical + amount of water and whether the solution is a sanitizer or disinfectant. See example for labeling in Appendix J.
- ☐ **Mix fresh solutions for sanitizing and disinfecting regularly.**
  - If using a spray bottle, mix daily.
  - If using a bucket with rags, make a new batch every 2-4 hours. Use clean rags.
  - Or follow the instructions on the chemical's label.
- ☐ **Never mix chemicals or cleaning solutions together.**

Checklist continues on the next page

Sanitize & Disinfect CHECKLIST
CONTINUED

- ☐ **Review Public Health's Cleaning, Sanitizing, and Disinfection Guidelines** in Appendix F and post instructions for the products that you are using in areas where you prepare your disinfectant.

Schedule daily sanitizing and disinfecting rounds.

- ☐ **Create a master cleaning schedule** that covers cleaning requirements for the entire site, including:
  - Restrooms and showers
  - Kitchen and eating spaces
  - Sleeping spaces
  - Common areas and high-touch surfaces
- ☐ **See Appendix G for a sample master cleaning schedule.**

Make supplies and protective gear easy to access.

- ☐ **Stock supplies and protective gear** and ensure everyone can access them for:
  - General cleaning
  - Cleaning up diarrhea, vomit, and blood
  - Washing linens and client belongings
- ☐ **Ensure you have the following on hand for cleaning:**
  - Disposable gloves
  - Disposable face masks
  - Absorbent material (e.g. kitty litter or baking soda) to clean up liquids
  - Grabber tool and sharps container for needles and sharps
  - Grabber tool for collecting other garbage
  - Aprons (water resistant) or smocks to cover exposed skin or clothing
  - Measuring cups
  - Scrubbing pads/cleaning brushes
  - Cleaning and disinfectant solutions in properly labeled spray bottles
  - Paper towels and garbage bags
  - Shoe covers
  - Eye protection, such as goggles
  - Scoop or scraper (e.g. inexpensive dustpan)
  - Signs that say "caution – wet floor" or safety cones to block off temporarily contaminated areas

? **Questions about sanitation and hygiene?** Call 206-263-9566

Needles & Sharps

A used needle can spread disease. Be safe.

Protect Yourself

Do not pick up a used needle with your bare hands

Use a grabber tool or tongs with disposable gloves, or use puncture-resistant gloves

Safely Dispose of Needles

Do not put needles in the trash

Place used needles in a marked sharps container right away

Drop off full sharps containers at a transfer station or arrange for pick up

Find a nearby needle exchange location: www.kingcounty.gov/needle

If You Get Stuck with a Needle

Stay calm – wash the area with soap and warm water and cover with a bandage

Ask a staff member for help and seek medical care right away

Waste Management

Dispose of your trash correctly to keep us all safe.

Garbage & Dirty Water

Dump dirty water in mop sinks or toilets, not on the ground, in storm drains, or where food is prepared

Pick up pet poop right away with a plastic bag and place in the garbage

Empty indoor trash cans daily

Put trash, recycling, and compost in correct containers

Hazardous Waste & Medications

Put used needles in a sharps container (do not touch them with your bare hands)

Put hazardous waste in marked containers and do not mix waste types (e.g. batteries, light bulbs, motor oil)

Put unwanted medications in a secured and marked container that is out of reach of pets and kids

Needles & Sharps CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Ensure proper disposal of used needles and sharps.

- ☐ **Install sharps containers** to ensure clients have a safe place to dispose of their used needles. Ensure sharps containers are clearly visible at multiple locations.
- ☐ **Install sharps containers in private spaces** such as restroom stalls or provide individual and tamper-free sharps containers for client privacy.
- ☐ **Schedule regular monitoring of sharps storage areas** to ensure they are secure and not overflowing.
- ☐ **Dispose of sharps containers when they are ¾ full** or every 90 days, whichever occurs first.
- ☐ **Drop off full sharps containers at a transfer station,** or work with a sharps collection company that can pick up or receive full sharps containers. Do not put sharps containers in the trash.
- ☐ **Find drop-off locations at:** www.kingcounty.gov/needle

Ensure protection for those cleaning up used needles.

- ☐ **Provide a grabber tool or tongs** with disposable gloves or puncture-resistant gloves.
- ☐ **Plan for emergency medical care and treatment** for all puncture wounds resulting from needle sticks, including immediate transport to a nearby hospital.
- ☐ **Assign and post the names of on-site leads** (and backups), so people know who to speak to if they receive an accidental needle stick or are exposed to someone else's blood.

Instruct clients on safe needle and sharps handling.

- ☐ **Ensure access to sharps containers are convenient.**
- ☐ **Show clients where the sharps containers are located.** Needles should be placed in containers immediately after use with the point-end down into the sharps container.
- ☐ **Encourage clients to avoid walking a far distance holding a sharp/needle.**
- ☐ **Remind clients to never pick up any used needles or sharps with their bare hands.** Show them where the gloves, trash grabber tool, and/or tongs are kept.
- ☐ **Provide information for needle exchange locations:** www.kingcounty.gov/needle
- ☐ **Post signs about safe needle and sharps handling.** The illustrated guide in this section can be printed as a poster.

Questions about a needle stick injury? Call the Harborview Emergency Room: 206-744-3074

Waste Management CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Set your site up for proper garbage and recycling collection.

- ☐ **Provide bins with tight fitting lids** for garbage and recycling.
- ☐ **Provide a separate, closable container** in restrooms for collecting diapers.
- ☐ **Label different types of waste bins** for clear and easy identification.
- ☐ **Schedule garbage and recycling collection service** to occur at least weekly.
- ☐ **Assign someone to empty garbage cans** in living areas daily.

Ensure protection for those cleaning up blood, diarrhea, or vomit.

- ☐ **Stock disposable gloves, eye protection, face masks, plastic bags, and aprons** for those cleaning up blood, diarrhea, and vomit. See the Sanitize and Disinfect section for more information.
- ☐ **Inform your waste collection agency** when the volume of infectious waste is abnormal.

Collect and properly dispose of hazardous waste and medications.

- ☐ **Provide labeled bins for flammable and hazardous waste** (batteries, light bulbs, fuels, cleaning chemicals, oil-based paints, motor oil, etc.) and assign someone to drop them off at an approved site. Visit www.hazwastehelp.org or call 206-296-4692 for more information.
- ☐ **Provide bins for electronics to be recycled.** Assign someone to drop them off with E-Cycle Washington: www.eCycleWashington.org.
- ☐ **Provide a closed and labeled container** to collect unused medications. Keep them out of the reach of kids and pets.
- ☐ **Drop off medications at a designated location.** Visit www.kingcountysecuremedicinereturn.org/ (or search King County Secure Medicine Return) to find a drop-box location near you.
- ☐ **Call law enforcement to pick up illegal drugs, opioids, or narcotics.** These cannot be taken to a Secure Medicine Return location. Do not store these on-site.
- ☐ **If unsure what type of medication or drug has been left behind,** call your local law enforcement office.

Service portable toilets regularly, and properly dispose of dirty water.

- ☐ **Schedule weekly (at minimum) servicing** for portable toilets and waste tanks collecting dirty water.
- ☐ **Post signs to instruct people not to dump dirty water** on the ground outside or into storm drains. Dirty water from hand wash stations or mop buckets should be disposed of in mop sinks or toilets.

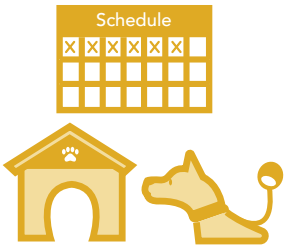
Clearly post rules for garbage handling and collection.

- ☐ **Include the names of waste collection companies,** their phone numbers, and frequency of service.

Pet Management

Pets are awesome. Keep them safe and healthy to reduce the spread of disease and to protect our community.

Daily Pet Care



Feed pets on a set schedule and make sure they have access to water, shelter, and exercise

Do not feed pets human food, raw pet food, or treats that aren't fully cooked (e.g. pig ears)

Clean pet food and water bowls daily

Store pet food in rodent-proof containers and use a scoop (not your hands) to fill bowls

Do not allow pets in food preparation or eating areas

Wash your hands with soap and warm water after petting, feeding, and cleaning up after your pet

Pet Safety

Leash, supervise, or confine your pet to a crate or sleeping area

Keep your pet away from stray and wild animals

Pet Management

Pets are awesome. Keep them safe and healthy to reduce the spread of disease and to protect our community.

Pet Health

Keep your pet's vaccinations current, especially against rabies, DHLPP (dogs), and FVRCP (cats)

Spay or neuter your pet to protect their health and prevent unplanned litters

Prevent fleas, ticks, heartworm, and internal parasites with regular medication

See a vet at least once a year or if your pet is sick (ask about low cost vets and pet food banks)

Pet Poop, Vomit, & Blood

Pick up dog poop immediately using a plastic bag and place in the garbage

Scoop litter boxes daily, bag waste and place in the garbage, empty, clean, and disinfect boxes weekly

Ask the person in charge for instructions on how to clean up pet vomit, diarrhea, and blood

Pregnant individuals should not clean litter boxes

Note: Some people are more likely to get sick from animals. Talk to your doctor if you have a weakened immune system, are over 65 yrs old, are pregnant, or have kids under the age of 5.

Pet Management CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Help clients store pet food in closed, rodent-proof containers.

- ☐ **Provide lidded, rodent-proof containers for pet food.**
- ☐ **Do not allow pet food to be stored in sleeping areas.**
- ☐ **Encourage clients to clean food bowls and put them away** between feedings to avoid attracting rodents and other pests.

Work with clients to ensure pets are safe and properly cared for.

- ☐ **Make sure pets and service animals have access to fresh drinking water** and shelter from heat and cold.
- ☐ **Encourage clients to feed pets on a schedule** and to clean their food and water bowls daily.
- ☐ **Provide a dedicated scoop for clients** to use for filling a food bowl and encourage clients to wash their hands after feeding their pet.
- ☐ **Advise clients to avoid feeding their pets human food,** raw meat pet food, and raw or partially cooked pet treats (e.g. pig ear treats).
- ☐ **Make sure pets are able to move comfortably and get exercise.**
- ☐ **Separate sick pets** and advise clients to seek veterinary care for them.

Make sure pets are vaccinated, neutered, and treated for parasites.

- ☐ **Require that clients' pets are up-to-date on vaccinations** such as rabies, DHLPP (dogs) or FVRCP (cats).
- ☐ **Encourage clients to neuter their pets.**
- ☐ **Encourage clients to give their pets regular flea, tick, heartworm and internal parasite prevention medication.**
- ☐ **Recommend low-cost veterinary options** to clients (see Appendix A for resources).

Ensure pets are always supervised or contained.

- ☐ **Provide collars and leashes for pets who do not have them.**
- ☐ **Remind clients that pets should be leashed** or under the direct supervision of their owner at all times, unless contained in sleeping structures or crates.
- ☐ **Encourage clients to keep their pets away from feral and wild animals** as they can spread disease.
- ☐ **Do not allow pets in food preparation or eating areas.**

Protect vulnerable individuals.

- ☐ **Encourage people who are more likely to get sick from animals to talk to a doctor about the risks. They include:**
  - People with weakened immune systems
  - Adults over 65 years of age
  - Pregnant individuals
  - Children under 5 years of age

Checklist continues on the next page

Pet Management CHECKLIST
CONTINUED

Work with clients to ensure pet waste is cleaned up properly.

- ☐ **Provide disposal supplies for pet waste:** litter boxes, scoops, gloves, plastic bags, and a garbage can.
- ☐ **Require that clients pick up dog poop immediately** with a plastic bag or a shovel/scoop that is cleaned daily.
- ☐ **Instruct clients to bag pet waste** and place in the garbage. Dog and cat waste cannot be composted.
- ☐ **Remind clients to scoop litter boxes daily** and clean and disinfect boxes at least once weekly. Learn about disinfecting in the Sanitize and Disinfect section on page 21.
- ☐ **Note: Pregnant individuals should avoid cleaning litter boxes.** If they cannot avoid it, provide a scoop, gloves, and a mask and instruct them to wash their hands with soap and warm water after removing the gloves.

Set rules for the types of pets allowed on-site.

- ☐ **Limit pets to dogs and cats.** Do not allow pet rodents, ferrets, reptiles, amphibians, birds, or domesticated wild animals as these animals have unique housing needs and pose a higher disease risk.
- ☐ **Aggressive dogs and cats that bite or scratch should not be allowed on-site.**
- ☐ **Provide information on rehoming pets if needed (see Appendix A for contacts and resources).**

Have a plan for animal bites and scratches.

- ☐ **Have contact information for Animal Control easily available on-site.**
- ☐ **If a dog or cat bites or scratches a person, the animal must be confined for 10 days** to ensure they show no signs of rabies. During confinement, an owner needs to keep their pet away from other animals and people. Bites should be reported to Animal Control and the confinement is enforceable by Public Health.
- ☐ **Treat bite wounds and scratches using the following steps:**
  - Rinse the wound with lots of water and wash with soap and water for 3-5 minutes.
  - If the wound is bleeding, apply pressure with a clean, dry towel and raise the area to stop the bleeding.
  - Apply a sterile bandage to the wound.
- ☐ **See a health care provider if:**
  - The bite or scratch has broken the skin.
  - A person is bitten by a cat as these wounds can trap harmful germs under the skin and become dangerous.
  - The area of a bite or scratch becomes red, swollen or painful, or has pus/discharge.

Pet Resources

Public Health Zoonotic Disease Program: www.Kingcounty.gov/zoonotic

See Appendix A for low cost veterinarians and pet food banks.

General Safety

Keep your site ventilated, pest-free, and safe.

Indoor Air Quality

Open all doors and windows for a few minutes to let in fresh air

Do not smoke indoors or within 25 feet of entrances and exits

Wipe or remove shoes upon entering a residence

Open doors and windows, and/or run fans when cleaning

Emergency Plans

Get to know the emergency evacuation plans at your site

Locate your nearest exits

Prevent Pests

Clear clutter that could encourage pest infestations

Store your food and garbage in rodent-proof containers

Do not store food in your sleeping area

General Safety CHECKLIST

Use this checklist if you are in charge of setting up, managing, equipping, or inspecting facilities that serve people experiencing homelessness.

Keep indoor air fresh and breathable.

- ☐ **Flush the air 2-3 times a day for 3-4 minutes.** Open all doors and windows to let fresh air circulate through, unless outdoor air quality is poor.
- ☐ **Do not allow smoking indoors** or within 25 feet of entrances and exits.
- ☐ **Provide mats for residents** to wipe their shoes upon entering.
- ☐ **Use ventilating fans** over the stove and in the bathroom and clean them monthly.
- ☐ **Address leaks from roof** or plumbing fixtures immediately.
- ☐ **Replace or clean furnace and air filters** when they are dirty or schedule regular maintenance.
- ☐ **Open doors, windows, and/or run fans** when using cleaning products or chemicals with words like "danger," "warning," or "caution" on their labels.

Provide emergency and evacuation plans.

- ☐ **Plan for various types of emergencies.** Include contacts, roles and responsibilities, how clients and staff will be assembled, supplies, alternative destinations if necessary, etc.
- ☐ **Identify and include the needs of those with disabilities, language, and other access barriers**, when developing your emergency and evacuation plan.
- ☐ **Make plans readily available** and ensure staff, volunteers, and clients are clear and familiar with their roles and responsibilities. Run evacuation drills if operating a long-term living environment.
- ☐ **Pack emergency bags** with necessary supplies in advance.
- ☐ **Clearly post facility evacuation plans** in all common areas. Add emergency evacuation symbols for easy understanding.
- ☐ **Visibly mark all exits and label doors that are not exits.**

Prevent pests and rodents.

- ☐ **Adopt an Integrated Pest Management program** focused on sanitation, clutter control, and keeping pests out.
- ☐ **Contract a pest control company** for regular maintenance and notify them in the event of an infestation.
- ☐ **Schedule daily checks** for rodent burrows or holes. Notify a pest control company of new burrows.
- ☐ **Provide rodent-proof bins** for food, garbage, and compost.
- ☐ **Discourage clients from storing food in sleeping areas.** Food stored in sleeping areas must be limited and placed in lidded containers.
- ☐ **Store extra equipment, supplies, and donations** in a way to prevent rodent harborage.
- ☐ **Avoid keeping livestock and vegetable gardens,** as they can attract pests.

Checklist continues on the next page

General Safety CHECKLIST
CONTINUED

Remove pests and rodents.

- ☐ **Hire professional pest control.** It is not recommended to do pest control yourself.
- ☐ **If you find a dead rodent,** put on disposable gloves, bag the rodent, and put it in the trash.
- ☐ **Wearing gloves and a face mask, clean and disinfect surfaces and areas** contaminated with rodent poop, urine, and dead rodents. See the Sanitize and Disinfect section (page 21) for more information.
- ☐ **Do not sweep or vacuum** rodent material, including droppings or nests.
- ☐ **Do not touch wild rodents.**

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APPENDIX A

Public Health Contact List & Resources

King County Public Health Contacts & Resources

Communicable Disease, Epidemiology and Immunization

www.kingcounty.gov/depts/health/communicable-diseases.aspx

Communicable Disease & Epidemiology

206-296-4774

- Report communicable disease outbreaks, including food borne illnesses
- Disease prevention and fact sheets
- Accessing immunizations for infants, children, and adults

HIV/STD Program

206-263-2000

- HIV/STD clinics
- Needle exchange and harm reduction
- Disease reporting requirements

Tuberculosis (TB) Control

206-744-4579

Emergency Preparedness

www.kingcounty.gov/depts/health/emergency-preparedness.aspx

Tips to Prepare Yourself

- Disease outbreaks and toxins
- Power outages
- Flooding and sewage issues
- Water contamination

Community Resilience + Equity

- Tools and resources for community and faith based organizations
- Considerations for groups impacted by inequity

Healthcare for the Homeless Network

www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless.aspx

Health Care Services

- Primary care clinics
- Mobile medical care
- Services by specialty
- Shelter, counseling, and other resources

Seattle Medical Van:

206-330-6775

South King County Medical Van:

206-915-4809

Training and Technical Assistance

- Communicable diseases and health emergencies
- Posters and flyers
- Assistance with writing policies and procedures for diseases (e.g. blood borne, TB, sharps, etc.)

Health Education

- Tailored group discussions on health and hygiene, chronic and communicable diseases

Resources

- Motivational interviewing
- Trauma-informed care
- Cultural competency
- Homelessness

Public Health Contact List & Resources CONTINUED.

Environmental Health Services Division

www.kingcounty.gov/depts/health/environmental-health.aspx

206-263-9566

Food & Facilities Program:

- Food safety
- Food worker cards
- Feeding plan consultations
- Safe food after a power outage
- Complaints about unsafe food handling
- Food safety fact sheets and videos

Solid Waste, Rodents, and Zoonotic Disease Program:

- Solid waste and illegal dumping
- How to get rid of rats and mice
- Zoonotic diseases, including rabies

Hazardous Waste Management Program
Haz Wasteline:

206-296-4692

- Household and business hazardous waste disposal
- Healthy homes
- Bed bugs and safer pest control options
- Lead, mercury, and pesticides
- Safer cleaning choices

Technical Assistance for Homeless Service Providers

- Sanitation and hygiene
- Filing a complaint
- Educational material

Public Health Contact List & Resources CONTINUED.

Additional Resources

Chemical and Disinfectants

American Association of Poison Control Centers
800-222-1222 *(available 24 hours)*

Occupational Safety & Health Administration (OSHA)
www.osha.gov

Labor & Industries (L&I)
www.lni.wa.gov

Environmental Protection Agency (EPA)
***Registered disinfectants**
www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

Food Safety

Food Worker Card
www.kingcounty.gov/depts/health/environmental-health/food-safety/food-worker-card.aspx

Additional Food Safety Trainings
***Approved List**
www.kingcounty.gov/depts/health/environmental-health/food-safety/food-worker-card/approved-training.aspx

Donated Food Distributing Organizations (DFDOs)
www.doh.wa.gov/CommunityandEnvironment/Food/FoodWorkerandIndustry/CharityFoodDonations

Lice, Scabies, and Bed Bugs

Lice
www.cdc.gov/parasites/lice/index.html

Scabies
www.cdc.gov/parasites/scabies

Bed Bugs
www.cdc.gov/parasites/bedbugs

Pet Owners

Regional Animal Services of King County
- Pet licensing
- Lost and found pets
- Animal control response

Resources
www.kingcounty.gov/depts/regional-animal-services.aspx

Pet Information Line: 206-296-7387

Pet Food Banks
1. www.seattlehumane.org/pet-food-bank
2. www.homewardpet.org/homeward-pet-food-bank

Veterinary Care
1. www.doneycoe.org
2. www.seattlevet.org
3. www.seattledogs.info/veterinary-care

Zoonotic Diseases
***Information for Pet Owners**
www.kingcounty.gov/depts/health/communicable-diseases/zoonotic/facts-resources/brochures.aspx

Rodent and Zoonotic Disease Prevention

Rodent Prevention
1. www.kingcounty.gov/health/rats
2. www.cdc.gov/rodents/cleaning/index.html

Zoonotic Disease Prevention
1. www.kingcounty.gov/depts/health/communicable-diseases/zoonotic.aspx
2. www.kingcounty.gov/depts/health/communicable-diseases/health-care-providers/rabies-assessment/bats.aspx

Sanitation & Hygiene

Training for Homeless Service Providers
www.kingcounty.gov/depts/health/locations/homeless-health/healthcare-for-the-homeless/training.aspx

Public Health Contact List & Resources CONTINUED.

King County Waste & Hazardous Waste

Garbage & Recycling
www.kingcounty.gov/depts/dnrp/solid-waste/garbage-recycling/garbage.aspx

Hazardous Waste
www.hazwastehelp.org

What do I do with it?
***Online waste disposal search tool**
www.info.kingcounty.gov/Services/recycling-garbage/Solid-Waste/what-do-i-do-with

Sharps and Needles

Needle Exchange
www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/drug-use-harm-reduction.aspx

Seattle Sharps Collection Program
***Removal from Public Property**
***Disposal Locations**
www.seattle.gov/utilities/environment-and-conservation/our-city/sharps-collection

Miscellaneous

24 Hour Crisis Connections
www.crisisconnections.org/get-help

CPR Training

Seattle
www.redcross.org/local/washington/take-a-class/cpr-seattle-wa

King County
www.kingcounty.gov/depts/health/emergency-medical-services/community/cpr-education.aspx

Fall Prevention *Keeping Seniors Safe
kingcounty.gov/depts/health/emergency-medical-services/community/fall-prevention.aspx

HIV Case Management
www.lifelong.org/case-management

Healthy Building Material
***Reduce exposure to toxic chemicals**
www.healthybuilding.net/about

Indoor Air Quality and Mold Prevention
www.kingcounty.gov/depts/health/environmental-health/toxins-air-quality/indoor-air-quality.aspx

www.epa.gov/indoor-air-quality-iaq/volatile-organic-compounds-impact-indoor-air-quality

Plumbers Without Borders
***Volunteer plumbers offering services for indoor and outdoor sites**
www.plumberswithoutborders.org

Services for People Experiencing Homelessness
*** Rental Assistance, shelter, legal referrals, transportation, food, shower and laundry services, and other needs**
www.seattle.gov/homelessness/resources

www.wa211.org

Call: 2-1-1

Substance Use Resources
www.kingcounty.gov/depts/health/communicable-diseases/hiv-std/patients/who-does-what/substance-use.aspx

Tuberculosis (TB) Information
www.kingcounty.gov/depts/health/communicable-diseases/tuberculosis.aspx

206-744-4579

APPENDIX B **Site Planning: Initial Setup for Approved Outdoor Communities**

Use this checklist if you are setting up a tiny house village, tent city or sanctioned encampment.

Site Selection and Construction/Design Considerations

- ☐ Select sites that have access to utilities, such as electricity, sewer and water supply.
- ☐ Avoid areas that are under remediation for environmental contamination. If this cannot be avoided consult with Public Health's Environmental Health Division and/or other agencies to assess risk. (See Appendix A for a contact list).
- ☐ Choose construction products that are lower in VOC's (volatile organic compounds) and use safer choices when possible. (See Appendix A for resources).
- ☐ Contact your local jurisdiction for building and housing code processes to learn more about permitting requirements for your site.
- ☐ Ensure good drainage to prevent mud and standing water. Groundcover should be concrete or compacted gravel. Avoid wood chips and straw.
- ☐ Evaluate if vegetation can be cleared to at least a 10 foot perimeter around the site.
- ☐ Plan for a pet relief area if pets are allowed. Area needs to be easily maintained.
- ☐ Consider rodent prevention when designing site.
- ☐ Locate and situate smoking areas away from where flammable items are stored and used.
- ☐ Plan for access for emergency vehicles and the mobile medical van.

Structures

- ☐ Ensure sleeping structures have good ventilation to provide adequate air flow to reduce moisture and mold. Especially if you are using donated building products that may have higher VOC's.
- ☐ Raise structures that do not have a solid concrete foundation. Use concrete footings to allow for inspection of rodents and to prevent intrusion of moisture from the ground (refer to Appendix C).
- ☐ Implement 3-4 foot wide aisles to allow for access to emergency services and ADA accessibility.
- ☐ Provide structures to protect areas against the elements. This includes sleeping spaces, a kitchen and food storage area, common area, donation storage, case management, laundry, showers, and restrooms. At least one area provided to all for heat during cold weather.

Sanitation and Hygiene

- ☐ Plan for 1 portable toilet per 20 persons minimum. Consider gender-neutral facilities, and accommodations for ADA and families.
- ☐ Install hand washing stations in areas that are close to the kitchen and restrooms. Hand wash stations need to provide warm water and be protected with a canopy if outside and uncovered.
- ☐ Set up a dish washing station or sink for washing, in a covered area that has access to water, sewer and/or a greywater disposal tank.
- ☐ Provide adequate potable/drinking water.

Checklist continues on the next page

Waste and Wastewater

- ☐ Store flammables, such as fuel canisters and propane tanks under cover.
- ☐ Establish weekly garbage and recycling services.
- ☐ Use garbage cans with lids throughout the site. For outdoor containers, lids should be tight fitting to prevent attracting rats and other pests.

Safety

- ☐ Cover areas used for storage of flammables, such as fuel canisters and propane tanks.
- ☐ Post "No Smoking" signs in all areas where propane tanks or fuel canisters are being used or stored.
- ☐ Secure storage of sharps to prevent theft.
- ☐ Provide first aid kits that include eyewash bottles. Ensure number of kits is adequate to service the number of residents.
- ☐ Stock two or more Naloxone (Narcan) kits on site, and train staff on how to administer.
- ☐ Supply fire extinguishers. Consult your local fire department about the number of extinguishers needed and where to store them.

APPENDIX C

Site Planning: Platform Design and Diagram for Sleeping Structures

Public Health
Seattle & King County
Environmental Health Services Division

Platform Design and Diagram for Sleeping Structures

Sleeping structures and housing units should be placed on cinder blocks with pallets to support the unit and keep residents off the ground. The example below shows a suggested set up for Tent Cities.

APPENDIX D

Site Planning: Americans with Disabilities Act Considerations

Access for all

Under the federal Fair Housing Act and the Americans with Disabilities Act, it is illegal to discriminate based on disability in places of public accommodation and all types of housing intended for short or long-term residence, including shelters that house persons for more than a few days, emergency overnight shelters and social service facilities, transitional housing facilities, and permanent housing facilities. Homeless service providers cannot turn away persons with disabilities simply because of their disabilities or terminate residents because of a disability or disability-related behavior. Nor are homeless service providers allowed to impose on people with disabilities terms or conditions that are stricter or less favorable than those expected or required of residents without disabilities.

Provide reasonable accommodation

Providers who serve people experiencing homelessness are required to provide reasonable accommodations to potential and current residents with disabilities. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, or procedure that will allow a person with a disability to have equal (to persons without disabilities) access to and enjoyment of housing programs and services. However, reasonable accommodation is not required if alterations would constitute an undue financial or administrative burden, or if it would result in a fundamental alteration of the provider's program.

Examples of reasonable accommodation include, but are not limited to:

- Waiving pet rules for service animals
- Providing a bed assignment in an accessible location
- Reading the terms of an agreement aloud
- Filling out an application on behalf of the client
- Providing alternate shelter options
- Allowing a caregiver to provide services on-site

Identify & remove barriers

A first step to providing an accessible shelter or encampment is to identify any physical barriers that exist that may prevent access to people with disabilities. Identify barriers that may restrict the access and mobility to include people who use wheelchair or scooters or who have difficulty walking, people who are deaf or hard-of-hearing, and people who are blind or who have low vision. Facilities built or extensively altered since the ADA went into effect in 1992 may have few barriers to accessibility, while facilities built before 1992 and not altered to provide accessibility may have more barriers that prevent access to people with disabilities. A quick-check survey for assessing the accessibility of a site is available through the ADA Checklist for Emergency Shelters: www.ada.gov/pcatoolkit/chap7shelterchk.htm

Sanitation and hygiene considerations

For sanitation and hygiene purposes, at least one set of toilet rooms serving the shelter must be accessible to individuals who use a wheelchair, scooter, or other mobility device. In large shelters where more than one set of toilet rooms is needed to serve the occupants, it may be necessary to provide additional accessible toilet facilities or to establish polices to assure that individuals with disabilities have access to the accessible facilities. Additionally, hand washing stations located in all ADA accessible toilet rooms should be placed so they can be easily reached by individuals while seated in a wheelchair, scooter, or other mobility device.

APPENDIX E

Food Safety: Sample Temperature Log for Donated Foods

Temperature Log for Donated Foods

Donor name & kitchen location (individual, group, restaurant, etc.)	**Date**	**Foods donated**	**Temperatures °F** (potentially hazardous foods only)	**Notes**
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	

- **Potentially hazardous foods (PHFs):** all dairy products, beef, pork, fish, chicken, turkey, shellfish, tofu, eggs, all cooked foods, cut melons, sprouts, cut/torn leafy greens, and cut tomatoes. These foods need to arrive above **135°F**, OR below **41°F**, and **NOT in the Danger Zone (41-135°F)**.
- Ensure donors have a current food worker card.
- Reset your digital thermometer once a month or more. Stick in ice water until thermometer reads 32°F.

Donor name & kitchen location (individual, group, restaurant, etc.)	**Date**	**Foods donated**	**Temperatures °F** (potentially hazardous foods only)	**Notes**
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	
		Item 1: _____ Item 2: _____ Item 3: _____	Item 1: _____ °F Item 2: _____°F Item 3: _____ °F	

APPENDIX F

Sanitation: Public Health Routine Cleaning and Disinfection Guidelines

Public Health
Seattle & King County

ROUTINE CLEANING, SANITIZING, AND DISINFECTION: GUIDELINES FOR SHELTERS

Take proper steps for cleaning, sanitizing, and disinfecting surfaces to remove germs that can make people sick. Surfaces that people touch a lot (door handles, railings, light switches, chairs, tables) and bathroom and kitchen surfaces should be cleaned, sanitized, and disinfected routinely.

CLEAN, SANITIZE, AND DISINFECT COMMON AREAS DAILY

Daily disinfection of surfaces that people touch frequently can help decrease the spread of germs. When illness has been identified in a staff member, guest or resident, consider disinfecting surfaces multiple times per day.

Cleaning uses soap or detergent to **remove dirt and debris** from surfaces.

Sanitizing is meant to **reduce, but not kill**, the occurrence and growth of germs from surfaces.

Disinfection uses a chemical to **kill germs** on surfaces that are likely to harbor germs. Disinfectants work best on a clean surface and usually require a longer surface contact period (between 1 - 10 minutes) to work.

Surfaces to Clean and Sanitize	Surfaces to Clean and Disinfect
• Food contact surfaces • Common areas • Sofas • Tables • Chairs • Remote controls • Phones • Elevator buttons, light switches, etc. • Railings • Wheelchairs • Spaces to meet with clients	Bathrooms • Sinks • Handles or knobs (door, toilet, etc.) • Dispensers (soap, paper towel, sanitary napkin) Between guests • Cots • Storage bins • Sleeping mats • Mattresses • Bed frames

SUPPLIES FOR CLEANING, SANITIZING, AND DISINFECTION

Ensure supplies are stocked and available for cleaning and disinfecting:

- Personal protective equipment: disposable gloves, eye protection, clothing that covers exposed skin, face mask
- Properly labeled spray bottles & measuring cups
- Scrubbing pads/cleaning brushes, paper towels, garbage bags

HOW TO SELECT A SANITIZER AND/OR DISINFECTANT

Sanitizing and disinfecting cleaners and wipes are readily available and come in pre-mixed formulas such as kitchen or bathroom disinfectant as well as hospital-grade formulations. These products are effective for cleaning and sanitizing common surfaces. To select the best one for your facility, read the label for guidance.

Common types of disinfectants to choose from include:

- Bleach/sodium hypochlorite
- Quaternary ammonias (ammonium chloride formulations)
- Accelerated hydrogen peroxides

HOW TO USE "DISINFECTANT WIPES" EFFECTIVELY

To use wipes for disinfecting, use a "wipe, discard, wipe" technique. Wipe the surface to clean away dirt or debris, discard the wipe, and then wipe again with a fresh wipe and allow the surface to air dry**.**

STEPS FOR CLEANING, SANITIZING, AND DISINFECTING USING SPRAY SOLUTIONS

1. **Clean first:**
   Spray your surface with a cleaning solution. Wipe or rinse with water. Use a scrubbing pad or brush to remove debris. If using a disinfectant cleaner, follow the instructions on the product label for cleaning.

2. **Apply your Sanitizer/Disinfectant:**
   Wet the surface and leave solution on the surface for the recommended contact time, generally between 1 - 10 minutes. Dry with a paper towel or let the surface air dry.

HOW TO CLEAN UP VOMIT AND DIARRHEA

Take extra precautions for cleaning vomit and diarrhea. Open windows or use a fan for ventilation. Use personal protective equipment (gloves, face mask, eye protection, protective clothing). Clean the area to remove the vomit or diarrhea. Disinfect with a 5,000 ppm solution of bleach and water and allow it to sit on the surface for 1-2 minutes before wiping with a paper towel or air drying. Dispose of all soiled items in a garbage bag and remove it from your facility right away.

For more information, see the factsheet: "How to Clean up Vomit, Diarrhea and Blood"

HOW TO MIX A BLEACH SOLUTION

- Identify the bleach/sodium hypochlorite % on the label and prepare your sanitizing or disinfecting solution based on the surface or area you are cleaning (see table below).
- Use cool water, not warm or hot water, for mixing.
- Mix fresh solutions for sanitizing and disinfecting. If using a spray bottle, mix daily, and if using a bucket with rags, make a new batch every 2-4 hours.
- Always add the bleach to the water.
- Do not mix liquid bleach with other cleaning products.

	To one gallon of water, add:	
	8.25% bleach/sodium hypochlorite	*5.25% bleach/sodium hypochlorite*
Sanitizing (100 PPM)	1 teaspoon	1 teaspoon
Disinfecting (600 PPM)	2 tablespoons	¼ cup
Special disinfecting (5000 PPM): vomit, diarrhea, blood	1 cup	1 ½ cups

APPENDIX G

Sanitation: Sample Master Cleaning Schedule

Sample Site Wide Master Cleaning Schedule

Checklists are very useful in ensuring tasks are done correctly and at the right time. This example checklist can be modified to suit your needs/procedures. Post separate procedural checklists as needed for different areas of your site.
Incorporate a routine site wide checklist as part of your operating procedures.

Daily *indicates task needs to be completed 2-3 times a day	**Person In Charge**	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**	**Sat.**	**Sun.**
Stock supplies Disposable gloves Liquid soap Paper towels Disinfectant wipes Trash bags Bleach solution* – mix ½ tsp to 1 gallon water								
Clean and sanitize sleep areas and mats								
Clean and sanitize showers* *(Stock restrooms with sanitizer spray bottles to ensure they are sanitized between each user)*								
Clean and sanitize high touch surfaces in kitchen, restroom, and common areas* *(e.g., tables, sink and door handles, outside of kitchen appliances, restroom stalls, handrails, TV remote, etc.)*								
Clean and sanitize dining areas after each meal*								
Ensure all foods are stored off the ground and/or in rodent-proof containers *(including pet food)*								
Check refrigerator temperature(s). *Foods must be at 41F or below. Use a liquid or food item that has been refrigerated more than four hours.*								
Empty trash cans in kitchen and restroom(s)								

Weekly	**Person In Charge**
Check expiration dates and discard expired foods. *Consider discarding week old meals as well.*	
Clean and sanitize inside of kitchen appliances *(e.g., microwaves, ovens, refrigerators)*	
Check kitchen, dining, food storage, dumpster areas for signs of pests (rats, mice, cockroaches, ants, fleas)	
Ensure hand sinks are providing hot water (100-120F)	
Check that sharps containers are not too full, and replace if necessary.	
Launder bedding and towels. *Unless they are washed after each use.*	
Sanitize washing machine(s). *Run a cycle with warm water and bleach.*	
Check inventory of Personal Protective Equipment (PPE), first aid kit, and cleaning supplies. Replace items that are running low.	
Clean and sanitize floors *(and walls in high traffic areas)*	

APPENDIX H

Sanitation: How to Set Up a Temporary Handwashing Station

Public Health
Seattle & King County
Environmental Health Services Division

Temporary Handwashing Station Instructions

A temporary handwashing station can be set up anywhere it is needed. It is recommended to place one in the kitchen tent for use by anyone handling food or for individuals to wash hands before eating. Additionally, a temporary handwashing station can supplement rented equipment and back up for failure of rented handwashing equipment.

Supplies needed:

- 5 gallon or larger gravity flow, insulated container
- Warm water
- Bucket for catching waste water
- Soap
- Paper towels
- Hand Sanitizer

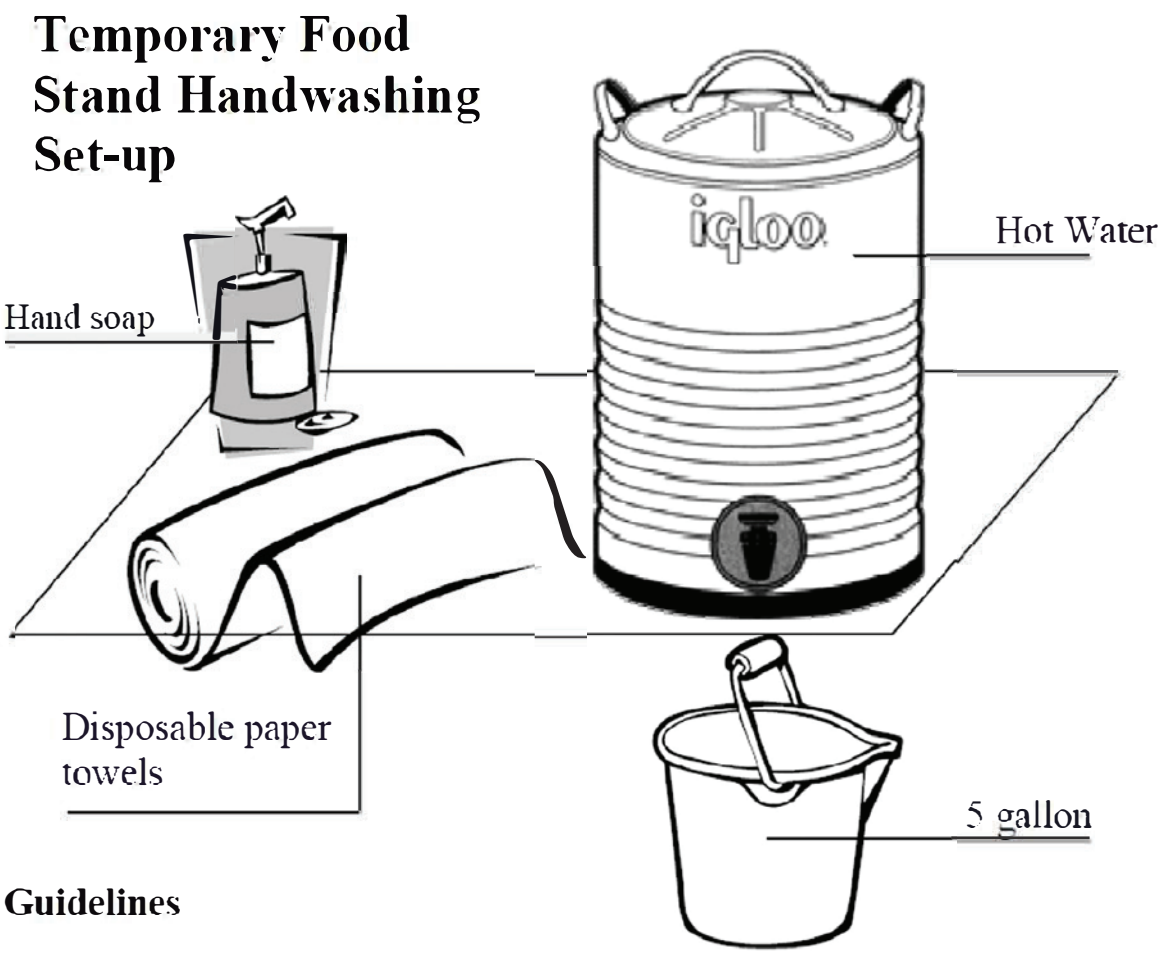

Image credit: https://dia.iowa.gov/sites/default/files/documents/2016/01/temp_handwashing.pdf

APPENDIX I

Sanitation: How to Read Disinfectant Product Label

Disinfectant Product Label

Understanding the information on a disinfectant product label is essential for effective microorganism inactivation and removal, as well as ensuring safety when using the product.

This handout overviews key areas of a sample disinfectant label. Always read the product label before use.

Only products with EPA registration numbers should be used. This number indicates the product has been reviewed by the EPA and poses minimal risk to animals, people and the environment when used in accordance with the label.

Products must be used according to label directions. Disinfectants (i.e., antimicrobial pesticides) are regulated under the Federal Insecticide, Fungicide, and Rodenticide (FIFRA) Act.

EPA Reg. No. 1658-XX

EPA Est. No. 16XX–MO–1

COMPANY Y

Product-X

Disinfect-Cleaner-Sanitizer-Fungicide-Mildewstat-Virucide* – Deodorizer for Hospitals, Institutional and Industrial Use
Effective in hard water up to 400 ppm hardness (calculated as $CaCO_3$) in the presence of 5% serum contamination

ACTIVE INGREDIENTS:

Octyl decyl dimethyl ammonium chloride	1.650%
Dioctyl dimethyl ammonium chloride	0.825%
Didecyl dimethyl ammonium chloride	0.825%
Alkyl dimethyl benzyl ammonium chloride	2.200%
INERT INGREDIENTS	94.500%
TOTAL:	100.000%

KEEP OUT OF REACH OF CHILDREN

DANGER

HAZARD TO HUMANS AND DOMESTIC ANIMALS

PRECAUTIONARY STATEMENTS

CORROSIVE: Causes severe eye and skin damage. Do not get into eyes, on skin, or clothing. Wear goggles or face shield and rubber gloves when handling Product X. Harmful or fatal if swallowed. Wash thoroughly with soap and water after handling.

ENVIRONMENTAL HAZARDS: This product is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. For guidance contact your State Water Board or Regional Office of the EPA.

PHYSICAL AND CHEMICAL HAZARDS: Do not use or store near heat or open flame.

STATEMENT OF PRACTICAL TREATMENT: In case of contact, immediately flush eyes or skin with plenty of water for at least 20 minutes. For eyes, call a physician. Remove and wash contaminated clothing before reuse.
If ingested call a physician immediately.

NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.

Manufactured by Y Chemical Company, Sometown, Somestate 60345

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.

DIRECTIONS FOR USE

Product X is a germicide, soapless cleaner and deodorant which is effective in water up to 400 ppm hardness in the presence of organic soil (5% serum). When used as directed, will not harm tile, terrazzo, resilient flooring, concrete, painted or varnished wood, glass or metals.

FOR USE IN VETERINARY CLINICS, ANIMAL CARE FACILITIES, LIVESTOCK FACILITIES AND ANIMAL QUARANTINE AREAS

Apply Product X to walls, floors and other hard (inanimate) non-porous surfaces with a cloth, mop or mechanical spray device so as to thoroughly wet surfaces. Prepare a fresh solution daily or when use solution becomes visibly dirty.

DISINFECTION - To disinfect hard surfaces, use 1 fluid ounce of Product X per gallon of water. Apply by immersion, flushing solution over treated surfaces with a mop, sponge or cloth to thoroughly wet surfaces. Allow treated surfaces to remain moist for at least 15 minutes before wiping or rinsing. Product X will disinfect hard, non-porous surfaces in veterinary clinics, animal care facilities, livestock facilities and animal quarantine areas.

For heavily soiled areas, a preliminary cleaning is required.

2 oz. gallon use-level. The activity of Product X has been evaluated in the presence of 5% serum and 400 ppm hard water by the AOAC use dilution test and found to be effective against a broad spectrum of gram negative and gram positive organisms as represented by:

Pseudomonas aeruginosa	*Enterobacter aerogenes*
Staphylococcus aureus	*Streptococcus faecalis*
Salmonella choleraesuis	*Shigella dysenteriae*
Escherichia coli	*Brevibacterium ammoniagenes*
Streptococcus pyogenes	*Salmonella typhi*
Klebsiella pneumoniae	*Serratia marcescens*

Boot bath: Use 1.5 fluid ounces per gallon in boot baths. Change solution daily and anytime it becomes visibly soiled. Use a bristle brush to clean soil from boots before disinfecting with Product X.

Disinfecting trucks and farm vehicles: Clean and rinse vehicles and disinfect with 1 fluid ounce per gallon of Product X. If desired, rinse after 12 minutes contact or leave unrinsed. Do not use Product X on vaccination equipment, needles, or diluent bottles as the residual germicide may render the vaccines ineffective.

Sanitizing non-food contact surfaces (such as floors, walls, tables, etc): A 1 ounce per 2 oz. gallon use-level, Product X is an effective sanitizer against *Staphylococcus aureus* and *Klebsiella pneumoniae* on hard porous and non-porous environmental surfaces. Treated surfaces must remain wet for 60 seconds.

This section will describe the hazards related to humans and animals when using this product. It recommends personal protective gear that should be worn, what effects it will have on the environment and treatment information should it be splashed into the eyes or ingested.

Some products may have multiple uses (i.e., cleaning versus disinfection) and require different dilutions and contact times for such actions.

This section describes what disease organism the product works against and under what conditions it was tested.

This section describes what dilutions should be used for different applications. Specialty applications (e.g., boot baths) will also be listed.

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the Center for Food Security & Public Health
Iowa State University®

APPENDIX J

Sanitation: How to Label Pre-Mixed Sanitizers or Disinfectants

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Acknowledgements

Sanitation & Hygiene Guide for Homeless Service Providers

This project was made possible by the successful collaboration and dedication of staff from Public Health-Seattle & King County's Environmental Health Services Division, Communicable Disease Epidemiology and Immunizations, Health Care for the Homeless Network, King County Department of Community and Health Services, Seattle Human Services Department, and the leadership and staff from our participating homeless service providers.

Project team and lead contributors: Leah Helms, Marta Lema, Jody Rauch, Addison Houston, Beth Lipton, Meagan Kay, Elysia Gonzalez, Joe Tinsley, Anne Alfred, Jennifer Jessen, Kate Cole, and Noel Hatley.

Special Thanks

For their leadership and continued support the project team would like to thank Patty Hayes RN MN, Director of Public Health-Seattle & King County; Darrell A. Rodgers Ph.D. MPH EMBA, Director of Environmental Health Services Division; Ryan Kellogg, Assistant Division Director of Community Science Toxics and Policy Section; and Anne Megan, Interim Director of Health Care for the Homeless Network.

For their valuable input and participation, we would like to thank our participating homeless service providers Low Income Housing Institute, Compass Housing Alliance, Congregation for the Homeless, and The Sophia Way.

For their expertise in communication, design, and editing, a special thanks to Willow Russell, Jenny Katz, Kerry Hammond, and the team from EnviroIssues.

Public Health - Seattle & King County
December 2019

APPENDIX 2

Medical Supplies

This document is specific to King County, WA. If you have questions or would like more information, please email covidhomelessnessresponse@kingcounty.gov

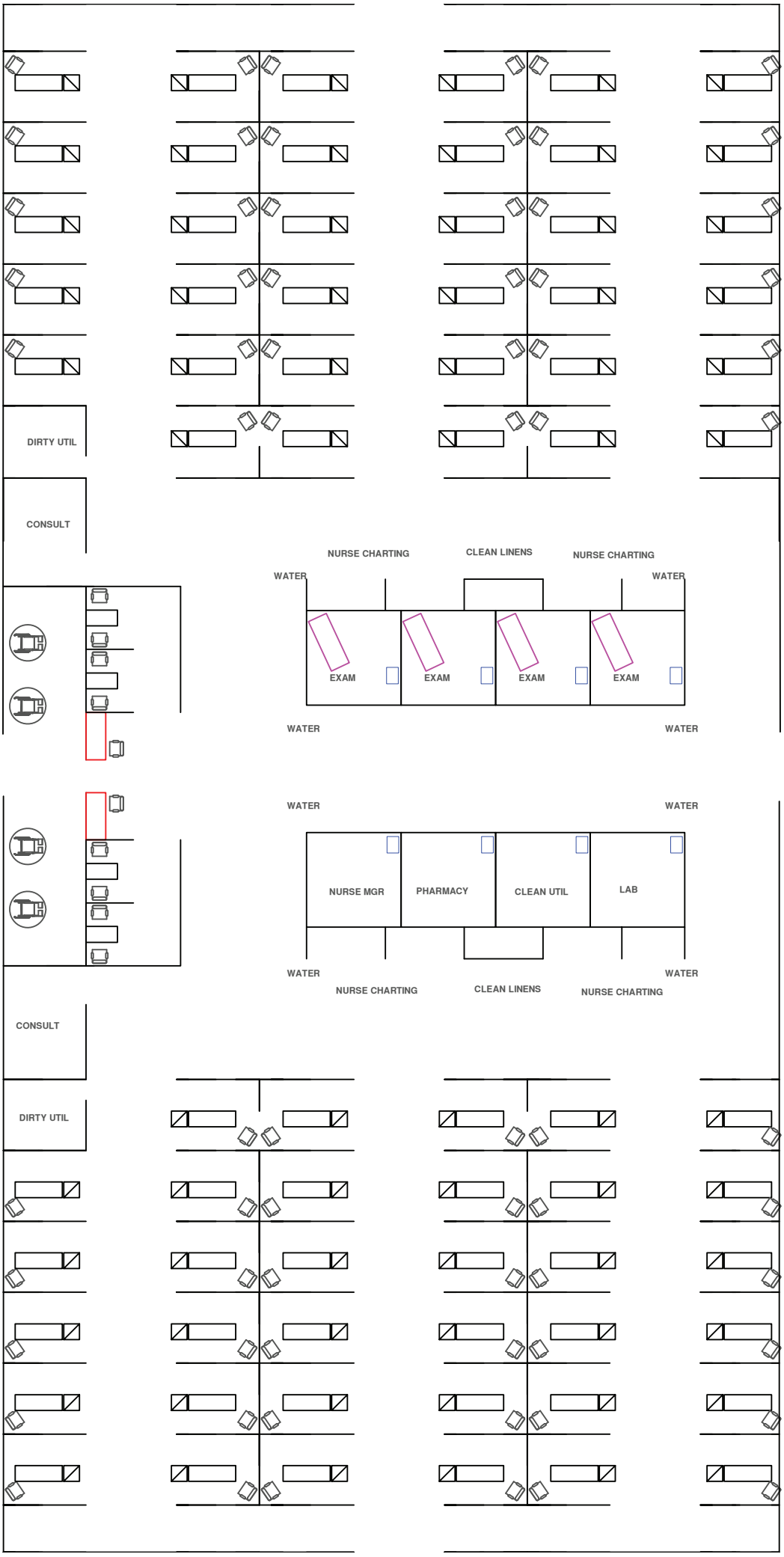
APPENDIX 3

Non-Medical Supplies

This document is specific to King County, WA. If you have questions or would like more information, please email covidhomelessnessresponse@kingcounty.gov

APPENDIX 4

Map of Facility


DIRTY UTIL
CONSULT
NURSE CHARTING
CLEAN LINENS
NURSE CHARTING
WATER
WATER
EXAM
EXAM
EXAM
EXAM
WATER
WATER
WATER
WATER
NURSE MGR
PHARMACY
CLEAN UTIL
LAB
WATER
WATER
NURSE CHARTING
CLEAN LINENS
NURSE CHARTING
CONSULT
DIRTY UTIL

APPENDIX 5

Facility Fire Plan

revision 11

small ADA restroom w/ramp
single ADA shower combo w/ramp
large ADA restroom trailer w/ramps
extra large restroom trailer
large shower trailer
71.4'
99'
99'
22'
20'
20'
26'
26'
197'
31'
31'
PWR
HVAC
Wtr
N
fence line (blue)
Relocate Gen1
Relocate Gen2

APPENDIX 6

Standardized Emergency Code

This document is specific to King County, WA. If you have questions or would like more information, please email covidhomelessnessresponse@kingcounty.gov

APPENDIX 7

Inventory Form

Perpetual Inventory of Controlled Substance

King County Public Health _____ ACRC Site

Medication: **Month:**

Balance Forward:

Prescription Label	Pharmacist Initial	Tech Initial	Quantity Received	Quantity Dispensed	Balance	Back Count

APPENDIX 8

Refrigerator Temperature Chart

REFRIGERATOR TEMPERATURE CHART Temperature must be in the range of 36F to 46F

Location:

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1												
2												
3												
4												
5												
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REFRIGERATOR TEMPERATURE

APPENDIX 9

MAR Form

Medication Administration Record (MAR)

MO/YR: Start/Stop Date			Facility Name:																														
Medication		**Hour**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**
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	Stop																																

Diagnosis:	**DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.)**	**Comments**

Allergies:	**Physician Name**	**A. Put initials in appropriate box when medication is given.** **B. Circle initials when not given.** **C. State reason for refusal / omission on back of form.** **D. PRN Medications: Reason given and results must be noted on back of form.** **E. Legend: *S* = School; *H* = Home visit; *W* = Work; *P* = Program.**
	Phone Number	

NAME:	**Record #**	**Date of Birth:**	**Sex:**

VITAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TEMPERATURE																															
PULSE																															
RESPIRATION																															
WEIGHT																															

PRN AND MEDICATIONS NOT ADMINSTERED							Initials	Staff Signature
Date	Hour	Initials	Medication	Reason	Result			
						1		
						2		
						3		
						4		
						5		
						6		
						7		
						8		
						9		
						10		
						11		
						12		
						13		
						14		
						15		
						16		
						17		
						18		
						19		
Name						MO/ YR		

APPENDIX 10

Dispensary Bar Code Training

DISPENSARY BAR CODE SYSTEM TRAINING
Rules and Important Information

or answers to questions and for technical support for the use of the dispensary bar code system, please e-mail or contact by phone:

Scott Clawson, Pharmacist/Pharmacy Warehouse Manager:	Cell: 206-427-3947 Office: 206-205-8315
Cheryl Cole, Pharmacy Tech, Pharmacy Warehouse:	206-205-8314
~~Mary Zwerling, Project Manager, CHS:~~ Curtis Drake, IT for Dispensary	~~206-263-8294~~

PHYSICAL COUNT AND INVENTORY AUDIT FUNCTIONS:

The "Physical Count" and "Inventory Audit" functions are reserved for the MA and Clinical Supervisor ONLY. Accessing these functions in the Dispensary Bar Code System will lock the dispensary system for all users until the functions are completed. ***DO NOT*** access these functions unless you are the designated MA or the Clinical Supervisor responsible for performing the physical count or inventory audit functions.

BARCODE ID

Use of this system requires your Public Health-issued identification barcode. This barcode ID has been printed on heavy paper, laminated and punched to be attached to your Public Health ID badge. Please treat this ID as you do your Public Health ID badge. Do not let others use your ID; likewise, do not use an ID that is not yours. If you do not have your identification barcode, please contact your supervisor, who will be able to provide you with a temporary ID.

LOGGING IN TO THE DISPENSARY LAPTOP

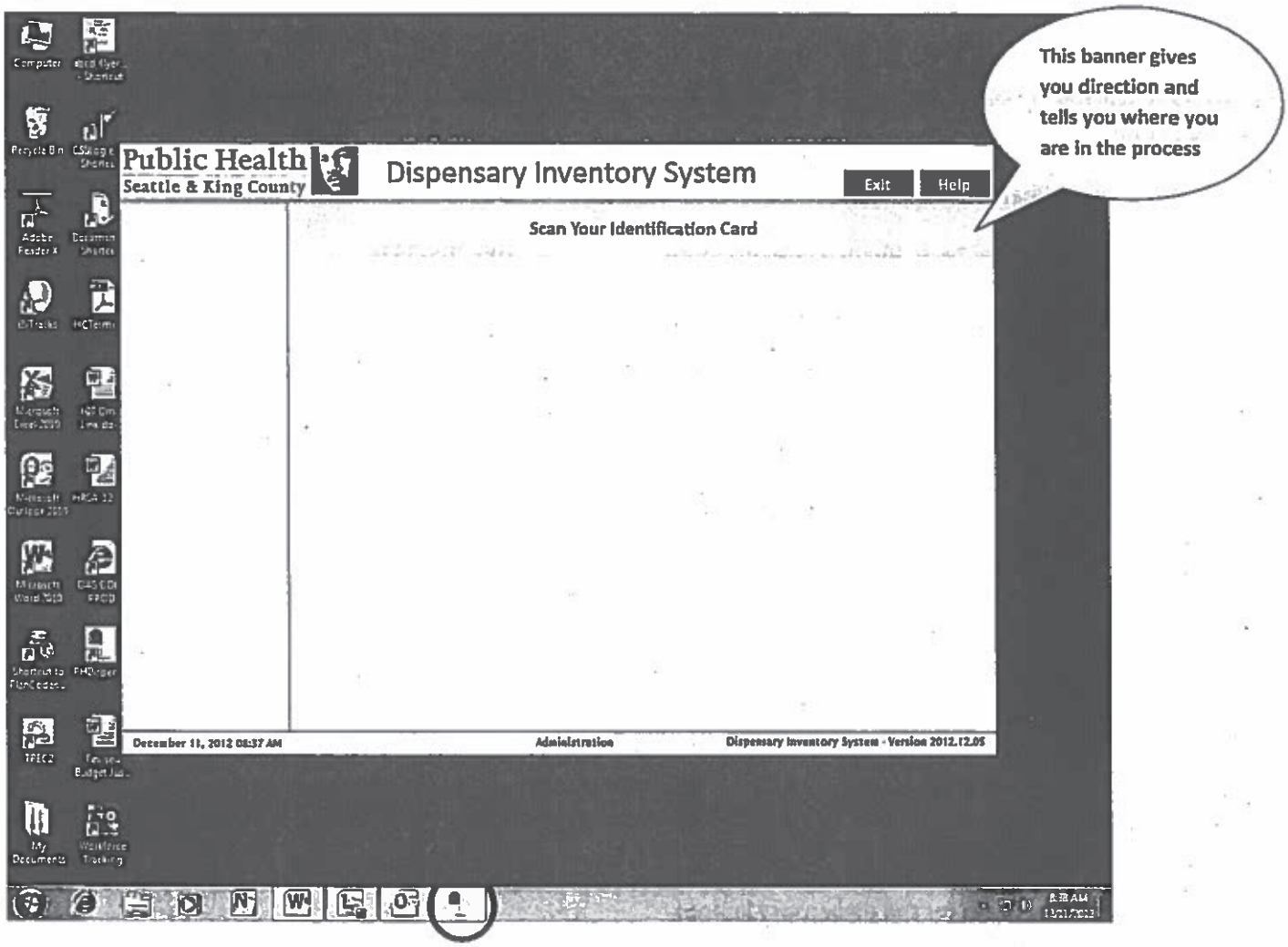
Use the following log in for the dispensary laptop:

User Name: **DispKiosk**

Password: **Health2012**

As the laptop comes on, you will hear the scanner beep.

THIS IS THE OPENING SCREEN OF THE DISPENSARY INVENTORY SYSTEM



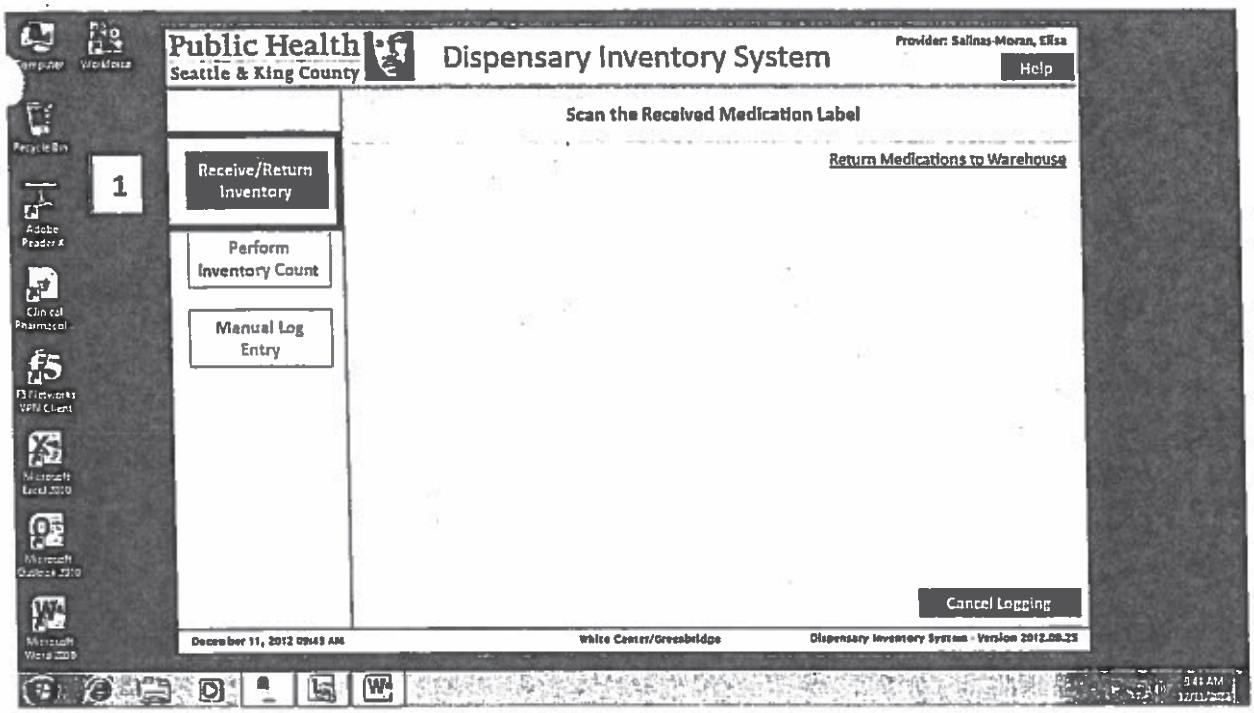
1. To access program: double click the red and white capsule icon on the navigation bar

2. Scan your barcode ID. Either a MA or NP should log in first thing in the morning.

This system has role-based permissions.

- MA's can receive meds, return meds to warehouse and perform inventory count
- Providers can dispense medications and return non-dispensed medications
- Supervisors can perform inventory audit

MEDICAL ASSISTANT: RECEIVING AND RETURNING MEDICATIONS

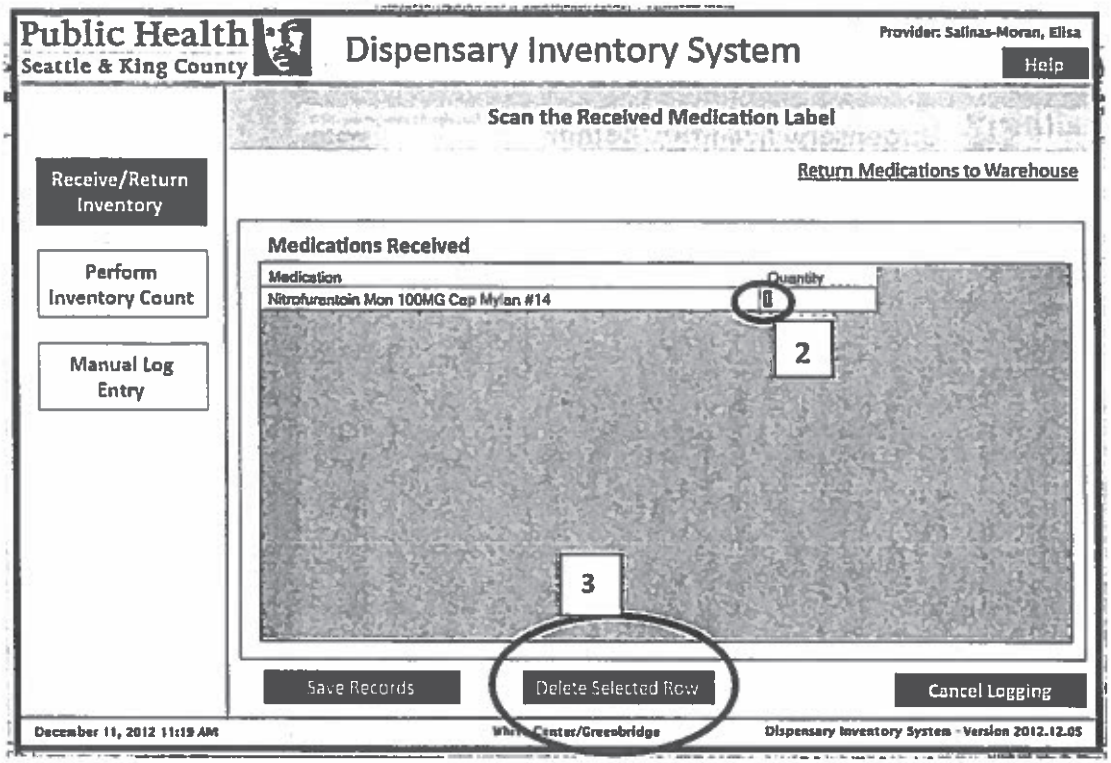


MA has scanned ID, and is ready to enter medications that have just been delivered from the warehouse. The MA chooses the green "Receive/Return Inventory" button on the left hand side of the program screen to begin the process of receiving medications into inventory:

1.) Check the medication barcoded label (received from pharmacy warehouse) and the lot number against the label on the medication to ensure the bar code label you are scanning matches the medication. **THIS IS A CRITICAL STEP!**

DISPENSARY INVENTORY PROGRAM: MEDICAL ASSISTANT Receiving Medications (cont'd)

2.) Once the medication has been verified against the barcode label, scan the label by pointing the nose of the scanner at the barcode. Press the trigger on the scanner. It will beep when the label has been scanned. Enter the quantity (1 is the default – be sure to enter the correct quantity received)



3.) Repeat the process of verifying the correct medication and lot number, scanning and entering the quantity of each medication received. If you make a mistake, choose "Delete Selected Row" and then re-enter the medication. Once you have entered all received medications in the system and done a quick visual check that all of the medications have been correctly entered, click on "Save Records" to complete the receipt process

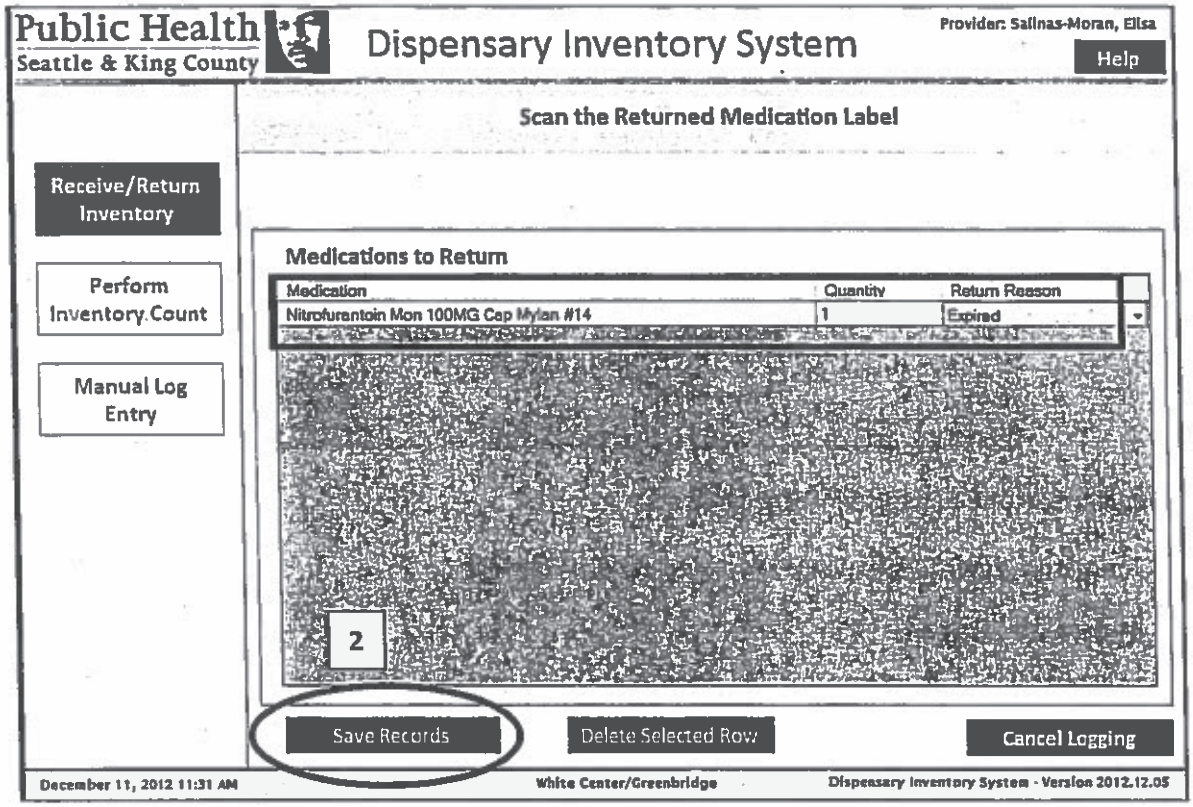
NOTE: Use of the "Cancel Logging" function (the red button at the bottom right hand side of the screen) will cancel the process you are in and **will not** save any of the information entered.

MEDICAL ASSISTANT: RETURNING MEDICATIONS TO THE WAREHOUSE

1.) To return medications to the pharmacy warehouse, choose the LINK in the upper right hand corner of the screen: **"Return Medications to the Warehouse"**. Scan the barcode for the medication(s) to be returned to the

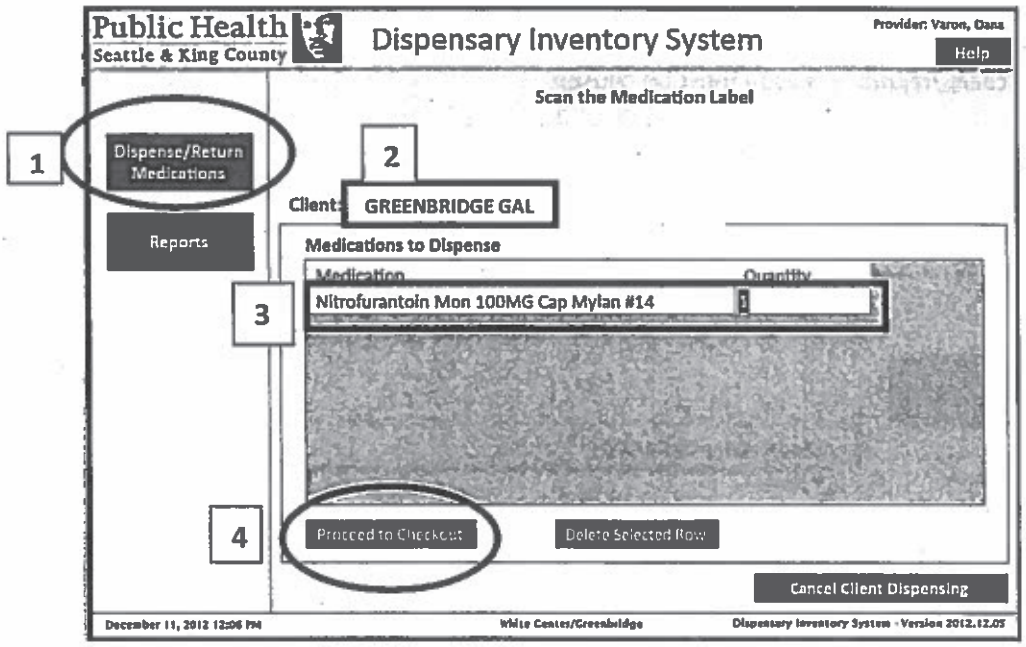
warehouse and enter quantity. Choose the Return Reason by using the drop down menu. Return Reasons are: ***Expired, Overstock, Recall***: a reason must be chosen.

2.) When all medications to be returned are verified as correctly entered click on "Save Records".



You may use the "Delete Selected Row" button at the bottom middle of screen if a medication was mistakenly entered.

NOTE: Use of the "Cancel Logging" function (the red button at the bottom right hand side of the screen) will cancel the process you are in and <u>will not</u> save any of the information entered.



Scan your provider barcode ID to dispense medications.

1.) Choose the green "Dispense/Receive Medications" button.

2.) Scan the client label

3.) Scan the medication bar code and enter the quantity.

If the client is receiving more than one medication, continue to scan medications and enter quantities unt you have finished dispensing all of the medications the client is to receive.

Once the medications are entered, verify that the correct medication description and strength is entered, and that you have entered the correct quantity. If any of the information is incorrect, select the incorrect row and click the blue "Delete Selected Row" in the bottom middle of the screen.

4.) Save the information for the dispensed medications, please click on the blue "Proceed to Checkout" button on the bottom left hand of the Dispense screen.

5.) After you click on "Proceed to Checkout", the following page will show the Medication description and quantity and ask that you review and answer the question: "Are the above medications and quantities correct for the client (CLIENT NAME)?" Answer YES or NO. If no, the system will return you to the dispensing function to correct the entry.

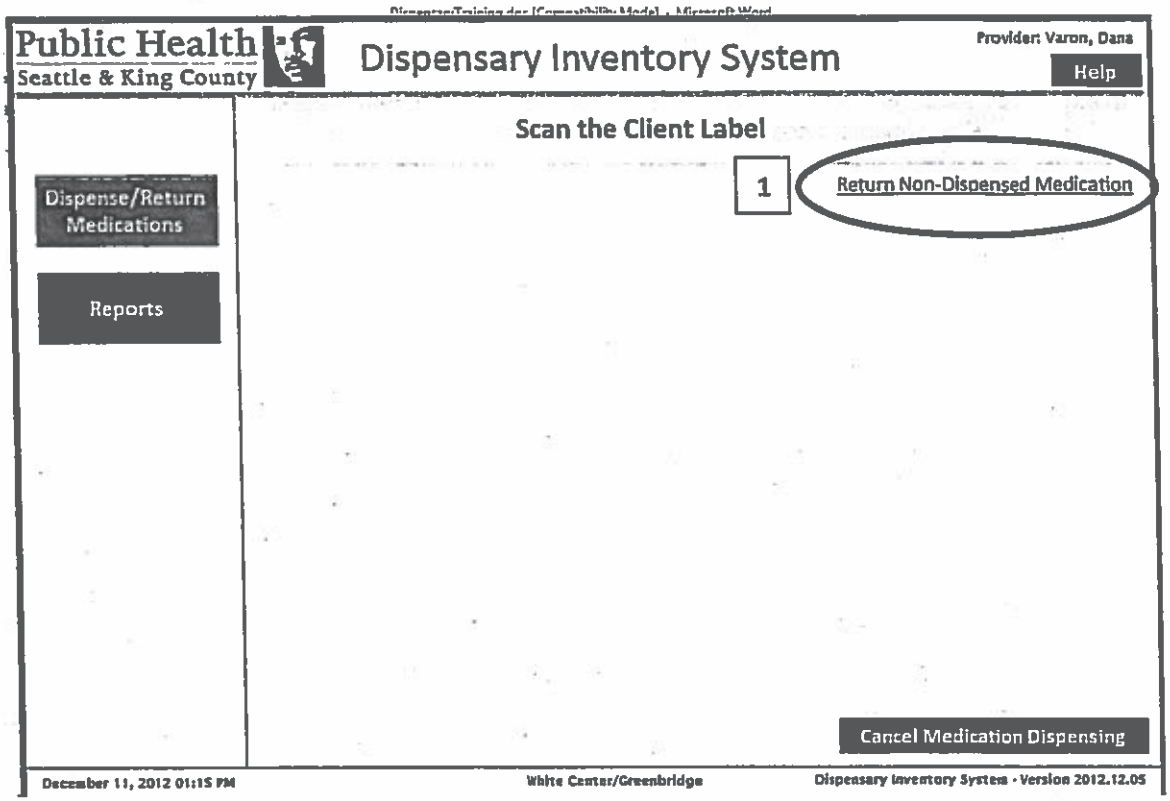
6.) If yes, you will be asked "Do you need to dispense medications to another client?" Answer YES or NO. If "YES", the system will return you to the dispensing function for entering the new client medications. Follow the steps above.

7.) If no, the dispensing process is completed.

NOTE: Use of the "Cancel Client Dispensing" function (the red button at the bottom right hand side of the screen) will cancel the process you are in and **will not** save any of the information entered.

'ROVIDER: RETURN NON-DISPENSED MEDICATIONS

There may be occasions when a medication has been dispensed from the clinic during a client visit and not used. When this occurs, the non-dispensed medication must be physically returned to the dispensary and entered in the system by the following process:



Scan your provider ID. Verify your name appears in the upper right hand corner. If your name is not shown, exit out to the program's first screen and scan the provider ID.

1.) Choose the blue, underlined link "Return Non-Dispensed Medication" in the upper right quadrant of the screen

2.) Scan the client label and verify that the correct client name is shown. This must be the client for whom the medication was originally dispensed.

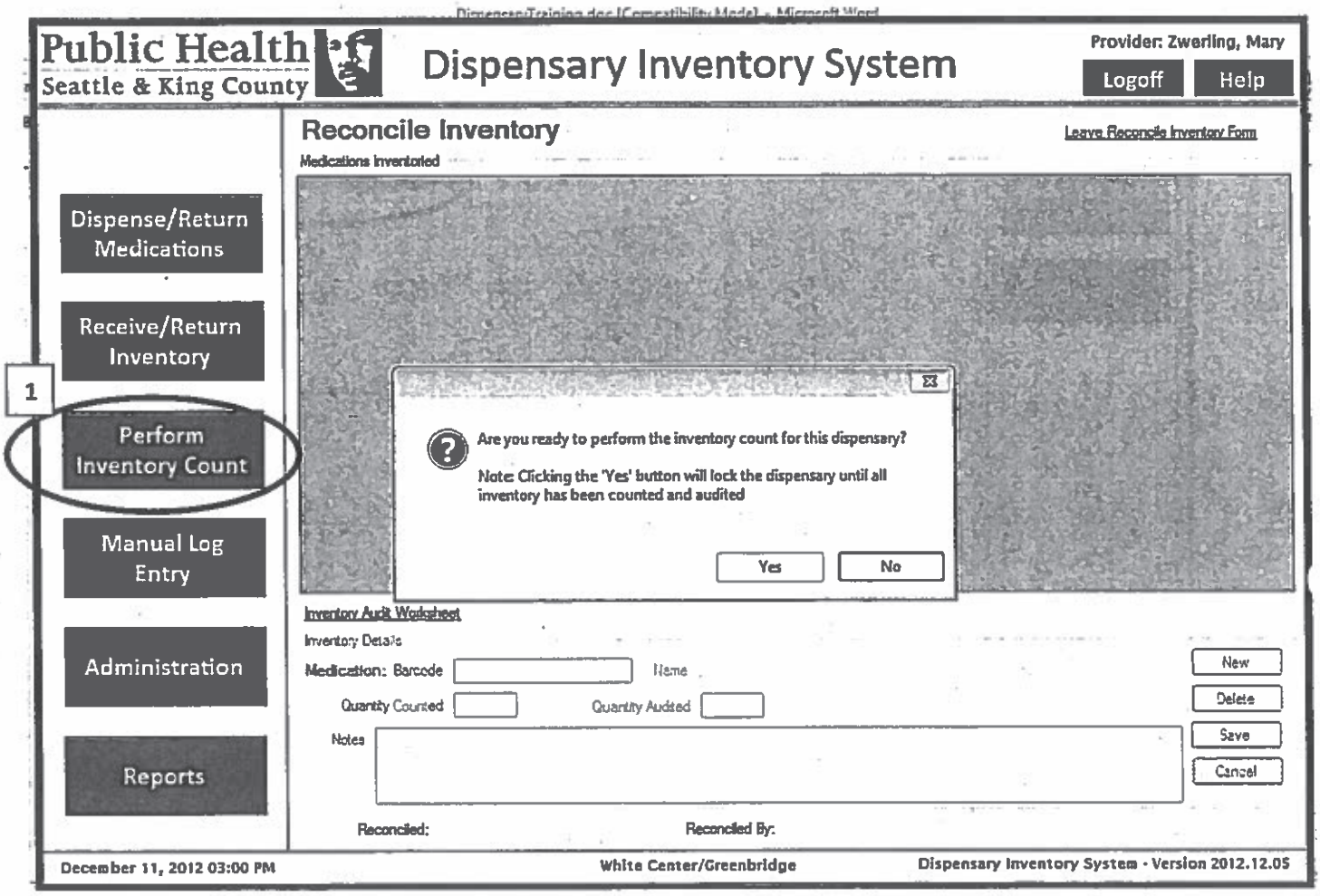
3.) Scan the medication bar code and verify that this is the medication intended to be returned to inventory. Enter the quantity to be returned. If more than one medication for this client needs to be returned, scan the next medication and enter quantity.

4.) Once you are finished entering all medications to be returned for the client, click the "Proceed to Returns" button at the bottom left hand portion of the screen.

5.) The system will then ask "Are the above medications and quantities correct for the client (CLIENT NAME)?" Answer Yes or No. If no, make corrections and then again choose "Proceed to Returns".

6.) If yes, the system will ask "Do you need to return non-used medications for another client?" Answer Yes or No. A yes answer will take you to the next screen where you may enter medications to be returned for another client. A no answer will exit the function.

MEDICAL ASSISTANT: PERFORM INVENTORY COUNT

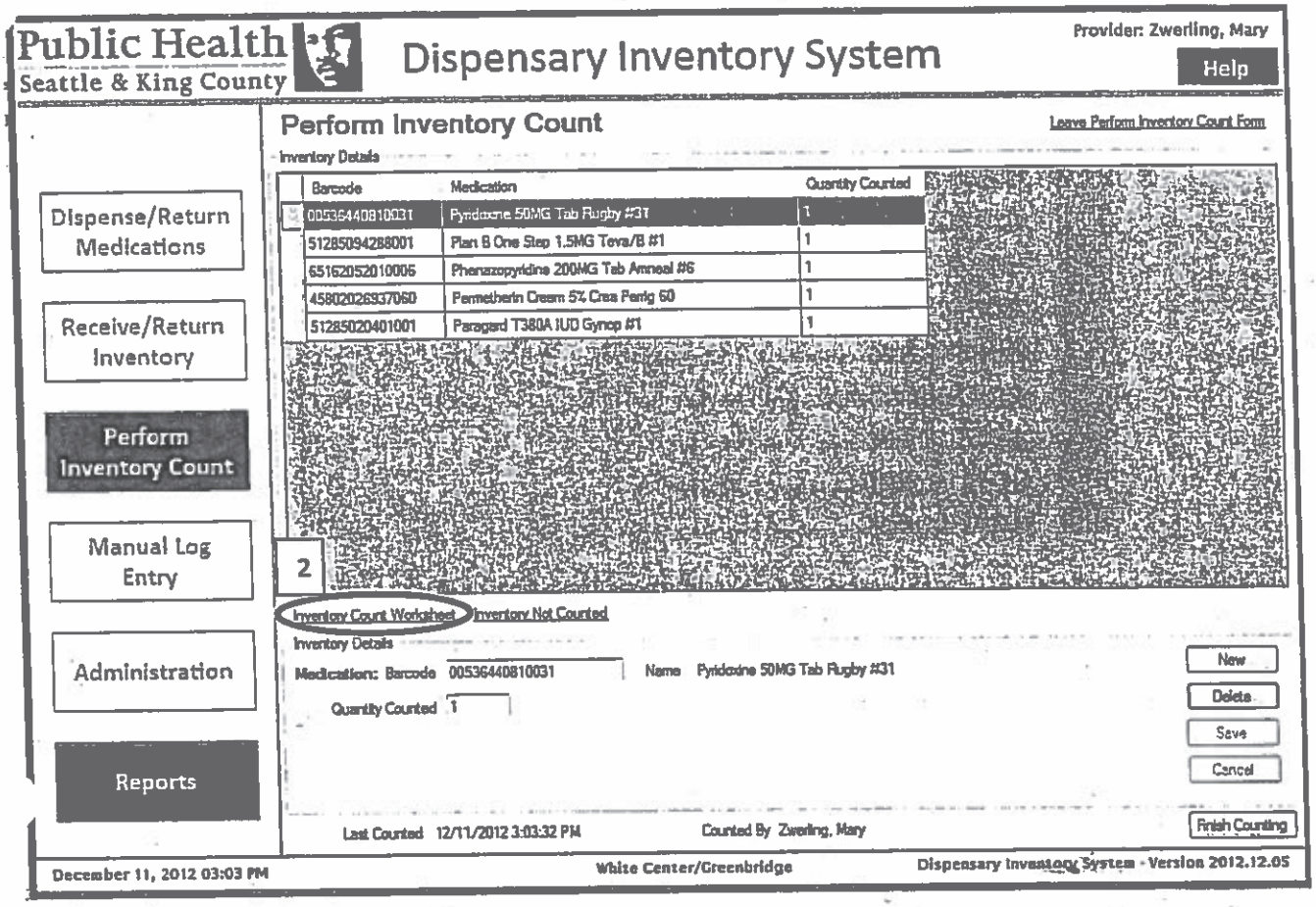


A complete physical inventory must be performed monthly by the MA (may be more often as dictated by program management), and this physical count must be audited by the PHSS or other supervisory designee. The following process is to be used to perform the inventory count:

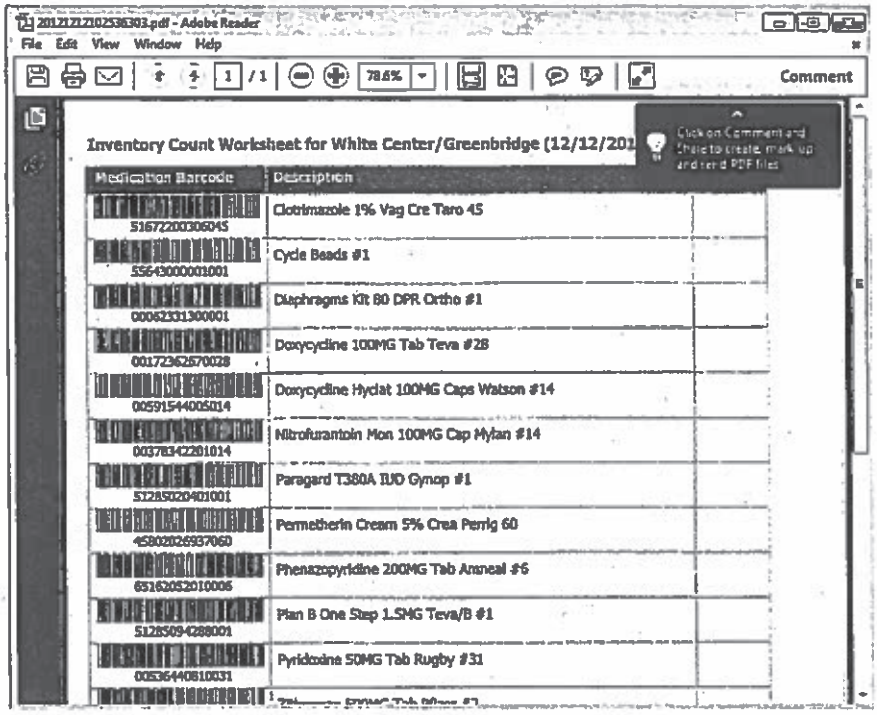
1.) MA is to ensure their barcode ID has been scanned and their name is displayed in the upper right hand corner of the program screen. The MA will choose the green button: "Perform Inventory Count". Dependent on the size of the dispensary, the MA should allow sufficient downtime for the dispensary program to perform the inventory count.

A dialog box, as shown above, will ask: Are you ready to perform the inventory count for this dispensary? Note: Clicking the "Yes" button will lock the dispensary until all the inventory has been counted and audited. Please allow

ample time for the physical inventory count and audit. Record dispensing activities on the paper log sheet until the physical count and audit are performed and the dispensary kiosk is unlocked. As soon as the dispensary system is unlocked, enter all items that were recorded on the paper log. Click "Yes" to perform inventory count.

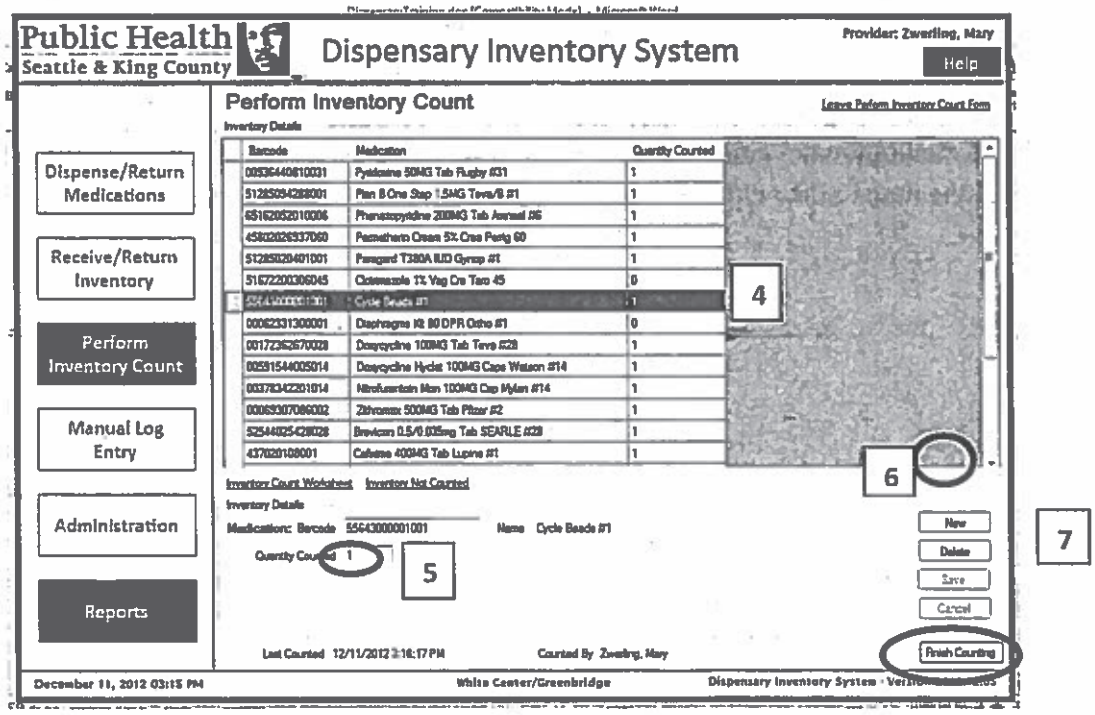


2.) Access the inventory count worksheet by clicking the blue, underlined link circled above. Print this sheet out. It contains the barcode for each medication or item that is in your dispensary's inventory and includes a space for your to record your physical count of the item to the right of the medication description. The worksheet looks like this:



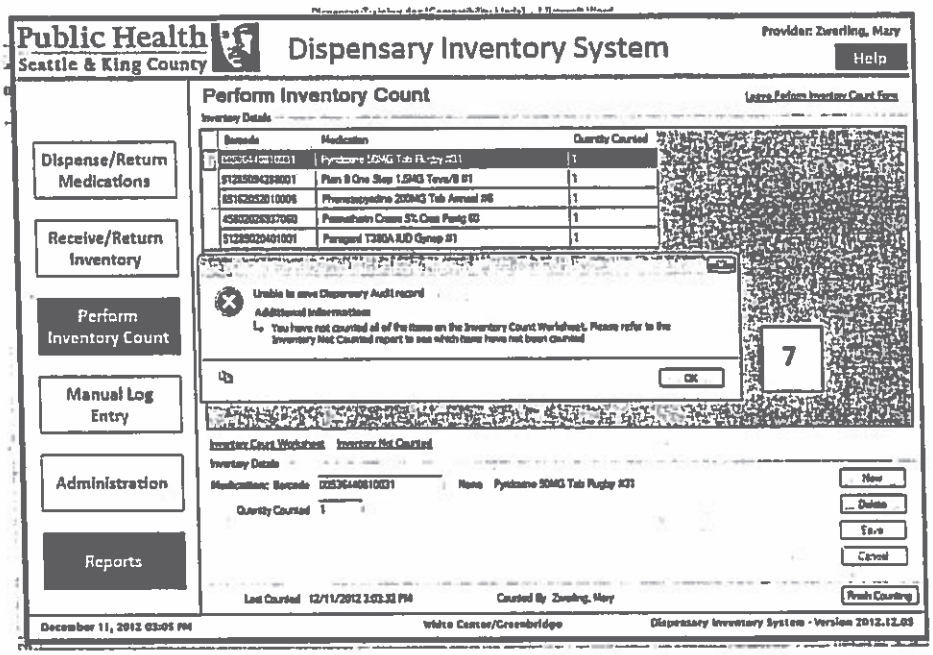
4.) Verify that the medication or item you are counting matches the description on the inventory worksheet. Manually count each medication/item on the worksheet and enter the number counted.

5.) Go back to the Dispensary laptop and scan each barcode on the inventory worksheet. When you are ready to enter quantity, highlight the medication/item row and enter the number counted below the list in the space provided – the default is "0", be sure to enter the number counted. A count of "0" is a valid entry if there is no stock left in inventory. Click save after each number is entered. **You must save each entry.**

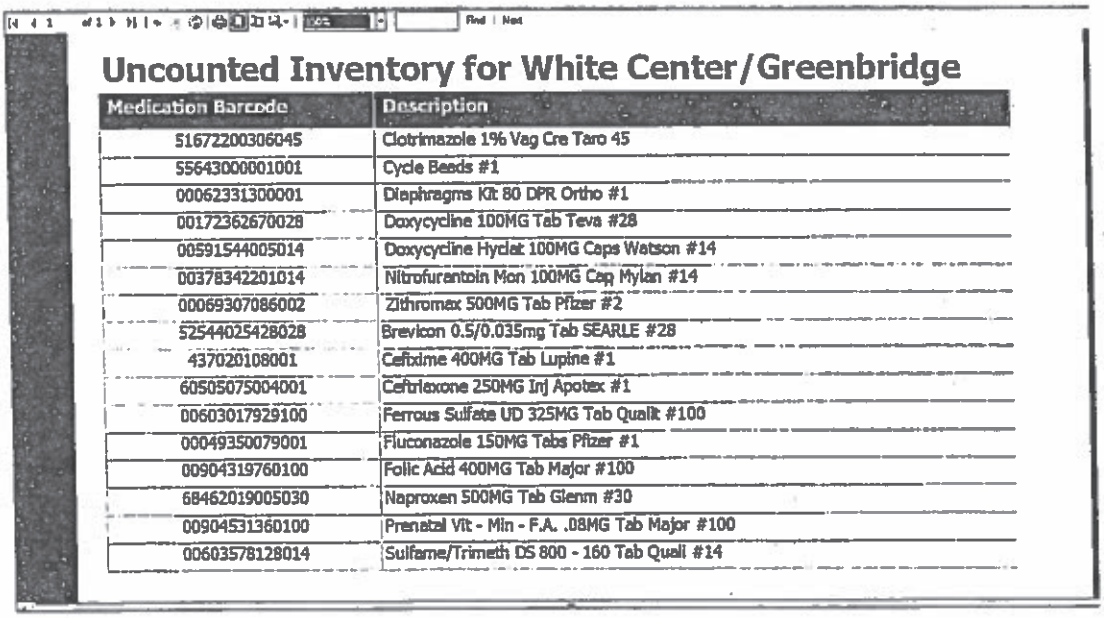


6.) When you believe you have entered and saved all medications, scroll through the list on the screen to check against your physical count on the worksheet. Make sure all items are entered and the quantities are correct. Once verified, click the "Finish Counting" button in the bottom right-hand corner.

7.) If there is an inventory item that has not been scanned, or quantity not saved, you will get an error message telling you that all items have not been entered: "You have not counted all of the items in the Inventory Count Worksheet. Please refer to the Inventory Not Counted Report to see which items have not been counted".



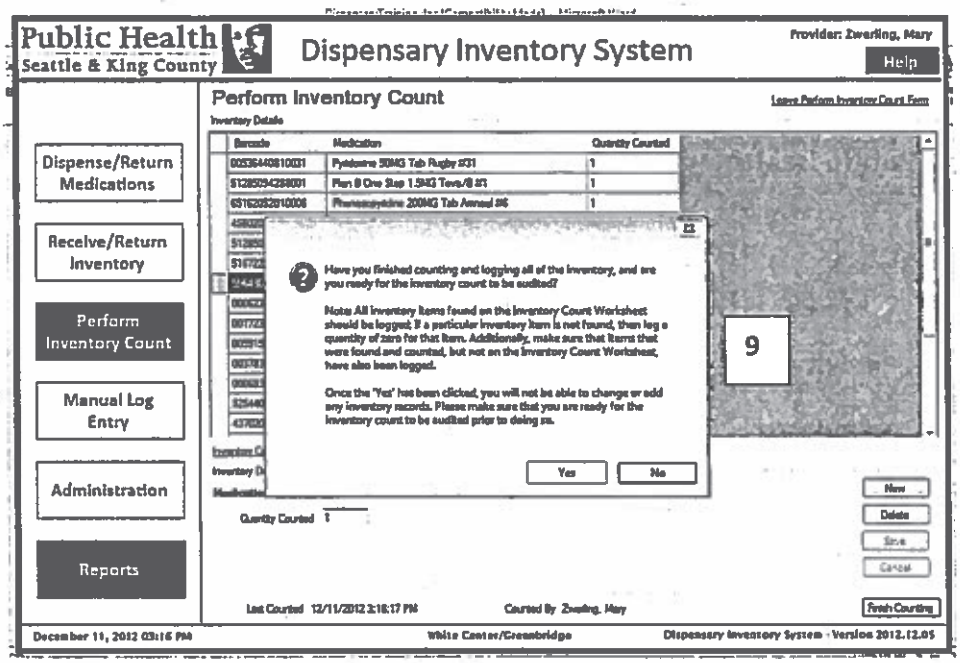
8.) To determine which items have not been included in the physical count, click on the blue "Inventory Not Counted" link. This report will provide you with the medication descriptions of the items not counted. The "Uncounted Inventory" report looks like this:



Uncounted Inventory for White Center/Greenbridge

Medication Barcode	Description
51672200306045	Clotrimazole 1% Vag Cre Taro 45
55643000001001	Cycle Beads #1
00062331300001	Diaphragms Kit 80 DPR Ortho #1
00172362670028	Doxycycline 100MG Tab Teva #28
00591544005014	Doxycycline Hyclat 100MG Caps Watson #14
00378342201014	Nitrofurantoin Mon 100MG Cap Mylan #14
00069307086002	Zithromax 500MG Tab Pfizer #2
52544025428028	Brevicon 0.5/0.035mg Tab SEARLE #28
437020108001	Cefixime 400MG Tab Lupine #1
60505075004001	Ceftriaxone 250MG Inj Apotex #1
00603017929100	Ferrous Sulfate UD 325MG Tab Qualit #100
00049350079001	Fluconazole 150MG Tabs Pfizer #1
00904319760100	Folic Acid 400MG Tab Major #100
68462019005030	Naproxen 500MG Tab Glenm #30
00904531360100	Prenatal Vit - Min - F.A. .08MG Tab Major #100
00603578128014	Sulfame/Trimeth DS 800 - 160 Tab Quali #14

9.) If needed, scan the barcode from the inventory count worksheet, add the physical count and save the entry. Repeat this process until all missing items have been entered. Click the "Finish Counting" button. You will receive the following screen when you click on "Finish Counting", asking you to verify that all items have been logged. You will not be able to change or add to the inventory records once you click "Yes".

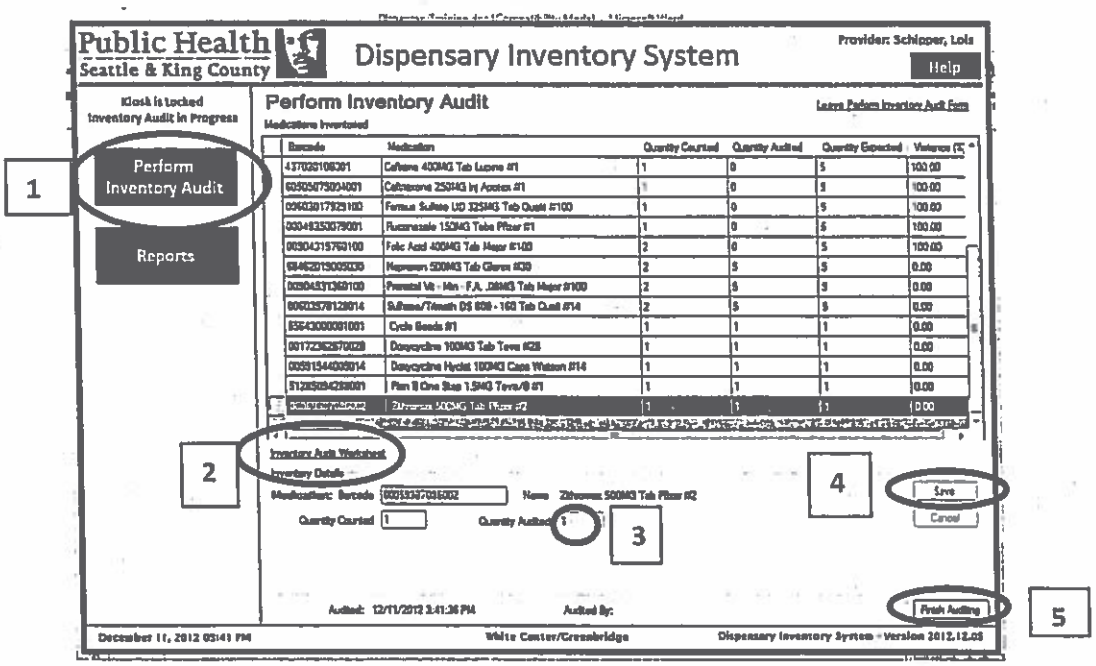


If no error message occurs, the system has accepted the physical count and the dispensary system is locked until the inventory audit is performed.

IMPORTANT: No medications can be dispensed or received until the audit is performed. Please use the manual logging process described at the end of this manual during system down time, including when the system is locked for inventory and auditing.

SUPERVISOR: PERFORM INVENTORY AUDIT

Perform the inventory audit immediately after the physical inventory count. The supervisor must scan the barcode ID to log into system and verifies their name shows in the upper right hand corner.



1.) Click the green "Perform Inventory Audit" button.

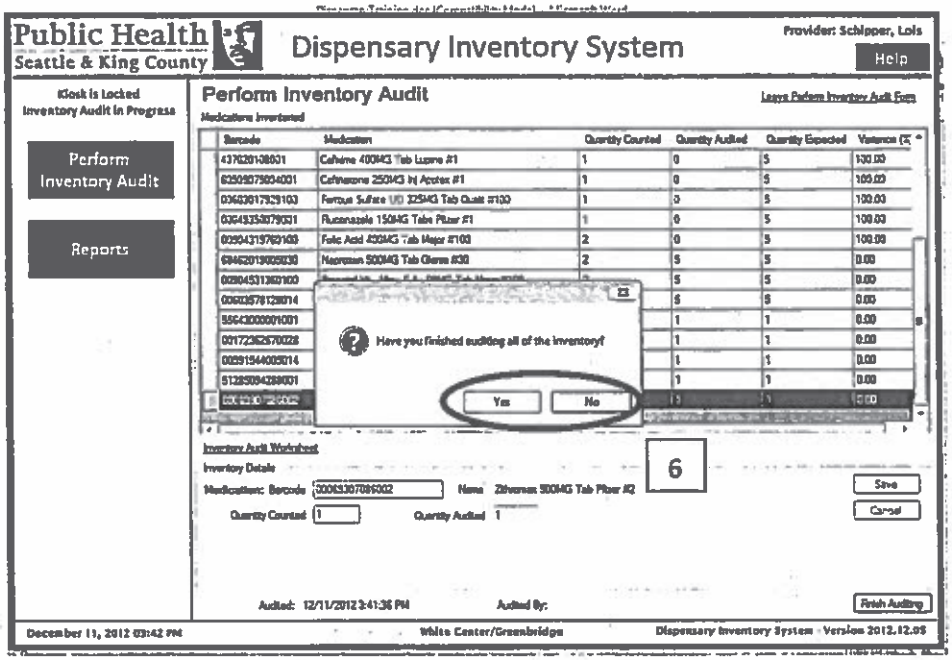
2.) Click on the blue, underlined Inventory Audit Worksheet link and print out the worksheet. A variance is shown for items where the audited quantity does not match the "quantity expected", as shown above – the items with a variance are shown in red. The items that match the quantity expected are shown in black with "0.00" variance.

3.) Perform a physical count to audit all items with a variance on the list. If there are no variances, a total of five random items on the inventory list should be audited by physically counting the items and entering the quantity audited (see #3 above). If there are less than five variances on the list, the variances should be audited in addition to random items on the list to yield a total of five items audited. Per policy, any variance of 5% or more should be investigated.

4.) Click "Save" after each item is entered.

5.) Once the audit is completed and all quantities have been entered and saved, click on the "Finish Auditing" button in the bottom right hand corner of the screen. A screen will appear to ask: "Have you finished auditing all of the inventory?"

6.) Answer "YES" or "NO". If "YES", the audit is complete and the system will unlock the dispensary. If "NO", the system will return you to the audit function for completion.



SYSTEM DOWN TIME REQUIRES MANUAL ENTRY

Please use the attached manual log in the event the dispensary system is not functioning or the dispensary kiosk is locked due to physical inventory and audit.

Record the date at the top of the log. For each client who receives a dispensed medication, place the patient label on the log along with the medication label and record the quantity dispensed, time dispensed and the name of the dispenser. As soon as the system becomes available for entry, the medications must be entered to keep the inventory count up to date.

APPENDIX 11

Medicines Lists

ACRC Medication List

Site Name: **Date:**

Contact person: **Phone number:**

Medication Name	Strength	AMU/wk	Source	# per bottle	PAR Level	QTY to Order
Antihistamines						
Cetirizine	10mg tablet	200	Warehouse	30	6 bottles	
Diphenhydramine	25mg capsule	200	Warehouse	30	6 bottles	
Fluticasone Nasal	50mcg	6	Warehouse	1	6 units	
Allergy-Injectable						
Epi-Pen (adult)	0.3mg	4	Warehouse		4 boxes	
Asthma Inhalers (Bronchodilators)						
Albuterol HFA		15	Warehouse	1	15 units	
Adult Spacer	Adult	10	Warehouse	1	10 units	
Albuterol Sulfate Inhalation Solution 0.083%	25 ampules/box	10 boxes	Warehouse	1	10 boxes	
Corticosteroids						
Prednisone	10mg tablet	100	Warehouse	20 tabs	5 bottles	
Flovent HFA	44mcg inhaler	5	Warehouse	1	5 units	
Flovent HFA	110mcg inhaler	0	Warehouse	1	0 units	
Flovent HFA	220mcg inhaler	5	Warehouse	1	5 units	
Analgesics						
Acetaminophen	325mg tablet	1500	Warehouse	30 tabs	50 bottles	
Ibuprofen	200mg tablet	1500	Warehouse	30 tabs	50 bottles	
Antibiotics						
Augmentin (oral)	875/125mg tablet	200	Warehouse	20	10 bottles	
Azithromycin (oral)	250mg	150	Warehouse	6	6 packs	
Cephalexin (oral)	500mg Capsule	500	Warehouse	30	16 bottles	
Bactrim DS (oral)	800/160mg tablet	500	Warehouse	14	35 bottles	
Doxycycline monohydrate (oral)	100mg capsule	180	Warehouse	28	6 bottles	
Metronidazole (oral)	500mg tablet	200	Warehouse	28	7 bottles	
Ofloxacin opth drops	0.30%	5	Warehouse	1	5 units	
Ceftriaxone (injectable)	1GM	10	Warehouse	1	10 vials	
Clindamycin (oral)	300mg	100	Warehouse	56	2 bottle	
Levofloxacin (oral)	750mg	100	Warehouse	10	10 bottles	
Antihypertensives						
Amlodipine	5mg	200	Warehouse	30	6 bottles	
Hydrochlorothiazide	12.5mg	200	Warehouse	30	6 bottles	
Lisinopril	5mg	200	Warehouse	30	6 bottles	
Furosemide	20mg	200	Warehouse	30	6 bottles	
Clonidine	0.1mg	100	Warehouse	10	10 bottles	
Topicals						
Clotrimazole	1% cream	5	Warehouse	1	5 units	
Hydrocortisone	1% cream	5	Warehouse	1	5 units	
Permethrin	5% cream	5	Warehouse	1	5 units	
Permethrin	1% Rinse	5	Warehouse	1	5 units	
Triamcinolone	0.1% ointment	5	Warehouse	1	5 units	
Ketoconazole	2% shampoo	5	Warehouse	1	5 units	

Antiemetics						
Ondansetron ODT (Zofran)	4mg ODT	60	Warehouse	10	6 bottles	
Metoclopramide (Reglan)	5mg	100	Warehouse	10	10 bottles	
Bowel regimen / GI prophylaxis						
Loperamide (Imodium)	2mg	100	Warehouse	10	10 bottles	
Sennosides (Senna)	8.6mg	100	Warehouse	10	10 bottles	
Omeprazole	20mg	200	Warehouse	14	14 bottles	
Polyethylene Glycol (Miralax) powder	238gm/bottle	4 bottles	Warehouse	1	4 bottles	
Electrolyte oral solution		10 bottles	Warehouse	1	10 bottles	
Calcium carbonate (Tums)	500mg	500	Warehouse	30	16 bottles	
COVID/Cold/Flu Supportive Meds						
Guaifenesin	600mg tablet	100	Warehouse	10	10 bottles	
Benzonatate	100mg capsule	200	Warehouse	10	20 bottles	
Cough drops (Ricola)	4.8mg or 8.3mg	100	Warehouse		6 bags/19 each	
Other Meds						
Aspirin (if indicated for heart disease)	81mg	100	Warehouse	30	3 bottles	
Nicotine patch	21mg	100	Warehouse	14	1 box	
Nicotine gum	4mg	100	Warehouse	14	7 bottles	
Metoprolol (for heart disease & tachycardia)	25mg	100	Warehouse	30	3 bottles	
Insulins						
Humalog (insulin lispro)	SYRN	5x3ML (10 boxes)	Warehouse	1	10 boxes	
Lantus (insulin glargine)	SYRN	5x3ML (10 boxes)	Warehouse	1	10 boxes	
Pen Needles	needles (short or nano)	3 boxes of 100	Warehouse	15/bag	3 boxes of 100	
Vaccines						
Hepatitis A	vial	10 doses	Warehouse	1	10 doses	
Hepatitis B	vial	10 doses	Warehouse	1	10 doses	
Vitamins						
Multi-Vitamin		500	Warehouse	5	30 bottles	
Thiamine (Vitamin B1)	50mg	300	Warehouse	10	30 bottles	
Folic Acid	1mg	500	Warehouse	5	30 bottles	
SUD						
Lorazepam (Ativan)	1mg tablet UUD	300	directly from wholesaler			
Lorazepam (Ativan)	2mg/mL injectable	5	directly from wholesaler			
Gabapentin	400mg capsule	28	Warehouse	28	20 bottles	
Mirtazapine	15mg tablet	7	Warehouse	7	10 bottles	
Narcan Nasal	4mg	15 kits	Warehouse	1	15 kits	

Crash Cart		4 carts				
Crash Cart - Adenosine	3mg/mL syringe	16	Warehouse		4/cart	
Crash Cart - Amiodarone	150mg/3mL vial	16	Warehouse	not available	4/cart	
Crash Cart - Aspirin	325mg tabs	16	Warehouse		4/cart	
Crash Cart - Atropine Sulfate	1mg/10mL syringe	12	Warehouse		3/cart	
Crash Cart - Benadryl	50mg/mL vial	8	Warehouse		2/cart	
Crash Cart - Dextrose 50%	0.5mg/mL (50 mL syringe)	16	Warehouse		4/cart	
Crash Cart - Epinephrine 1:10,000	1mg/mL vial	12	Warehouse		3/cart	
Crash Cart - EpiPen	0.3mg/0.3mL	8	Warehouse		2/cart	
Crash Cart - EpiPen Jr.	0.15mg/0.3mL	8	Warehouse		2/cart	
Crash Cart - Naloxone	1mg/mL syringe	24	Warehouse		6/cart	
Crash Cart - Nitroglycerin	0.4mg tablets	100	Warehouse		#25 tabs/cart	
Crash Cart - Normal Saline Solution	1000mL Bag	16	Warehouse		4/cart	
Crash Cart - Pronestyl (procainamide)	1g in 10 ml 100mg/ml Vial	4	Warehouse		1/cart	
Crash Cart - Methylprednisolone	125mg Vial	8	Warehouse		2/cart	

IQ Site

Site Name: IQ site at _____Location **Date:**

Contact Person: **Phone Number:**

DESCRIPTIONS	PAR LEVEL	NO.UNIT USED	EXP.DATE	ORDER
Medications				
Acetaminophen 325mg tabs #30/bottle	10 bottles			
Acetaminophen 500mg tabs #20/bottle	10 bottles			
Acetaminophen 160mg/5ml liquid	5 bottles			
Bacitracin ointment pcks (CIN#1612753)	1 box			
Bismuth subsalicylate tab #8 tabs	5 bottles			
Calcium Carbonate (Tums) 500mg #30/bottle	10 bottles			
Diphenhydramine 25mg caps #30/bottle	3 bottles			
Docusate 100mg caps #10/bottle	5 bottles			
Guaifenesin 600mg tabs #10/bottle	10 bottles			
Guaifenesin liquid 100mg/5ml (CIN# 4476982)	5 bottles			
Guaifenesin w/ DM 100mg/10mg/5ml	5 bottles			
Hydrocortisone 1% cream #1oz	3 units			
Ibuprofen 100mg/5ml	5 bottles			
Ibuprofen 600mg tabs #10/bottle	10 bottles			
Loperamide (Imodium) 2mg cap #10/bottle	5 bottles			
Loratadine 10mg tablet #10	5 bottles			
Menthol Cough Drops #19/bag	1 bag			
Nicotine Gum 4mg #20/box	2 boxes			
Nicotine Patch 14mg #14/box	2 boxes			
Normal Saline Nasal Spray #44ml bottle	5 bottles			
Omeprazole 20mg #14/bottle	5 bottles			
Pedialyte (Electrolyte Solution) 1000ml	3 bottles			
Permethrin 1% lotion/shampoo	5 bottles			
Petroleum Jelly pcks #144/box (CIN#4901435)	1 box			
Ployethylene glycol (Miralax) powder #258gm	3 bottles			

APPENDIX 12

Substance Use Disorder Guidelines

Alcohol Withdrawal Prevention Clinical Guidelines

(For COVID-19 Isolation/Quarantine Facilities and Assessment Center Recovery Center (ACRC))

Candidates:

Patients who reports recent regular heavy alcohol use (>4 standard drinks/day for at least 5 days in a row) or any alcohol use in last 7 days with a h/o withdrawal symptoms in past

Contraindications to treating at ACRC:

Active alcohol withdrawal, h/o severe withdrawal, h/o delirium tremens, h/o withdrawal seizure, h/o hospital admission for withdrawal, significant medical comorbidity, pregnancy

Intake and monitoring:

- Document amount and duration of current alcohol use, time of last drink, and history of withdrawal symptoms, seizures, or delirium tremens.
- Call clinician if patient reports alcohol withdrawal symptoms or appears to have the following signs and symptoms of withdrawal:
    - Anxiety, agitation, sweats, tremor, nausea/vomiting, headache, visual/auditory disturbances/hallucinations, confusion, delirium, tactile disturbances (bugs crawling under skin, etc.), tachycardia, hypertension.

Medications: (Call clinician prior to proceeding with the following order)

- Recommended for all patients:
    - Vitamin B1 (thiamine) 50mg tabs, 2 tabs PO daily x 5 days
    - Folic acid 1mg tab PO daily x 5 days
    - Multivitamins 1 tab PO daily x 5 days
- **Option 1: Chlordiazepoxide (Librium) loading dose only:**
  (Do not use if known or suspected hepatic impairment. Caution if age >65 or no recent LFTs.)
    - 50mg PO x 1 at time of admission or on day 1
- **Option 2: Lorazepam (Ativan) PO taper:**
  (Preferred if significant concern for developing withdrawal. Use with caution if age >65.)
    - 2mg q6h day 1, 2mg q8h day 2, 2mg q12h day 3, 2mg hs day 4, 1mg hs day 5
- **Option 3: Gabapentin:** *(May be used alone or as adjunct to a benzodiazepine.)*
    - 400mg PO QID x 7 days
- Do <u>not</u> give benzodiazepine if patient is sleeping, is over sedated, has respiratory rate <12, or is taking opioid or sedating drugs.
- At least one in-person or telemedicine visit with clinician must be done before benzodiazepine is prescribed.
- All filled benzodiazepine prescriptions should be stored by staff in locked secure location and administered daily with appropriate documentation.

Transferring to higher level of care:

- Consider if patient develops active alcohol withdrawal symptoms, severe agitation/tremor, unstable vital signs, over sedation, seizure, delirium.
- Give lorazepam (Ativan) 2mg PO/IM while arranging transfer if a patient develops active alcohol withdrawal symptoms, delirium/confusion, seizure, severe agitation/tremor, tachycardia or hypertensive urgency.

Benzodiazepine Withdrawal Prevention Clinical Guidelines

(For COVID-19 Isolation/Quarantine Facilities and Assessment Center Recovery Center (ACRC))

Candidates:

Patients admitted to ACRC or I&Q facilities who report regular daily benzodiazepine use

Contraindications to treating at ACRC:

History of severe benzodiazepine withdrawal, hospitalization for withdrawal, seizure or delirium due to withdrawal, using >40 mg diazepam equivalents/day for >2 months, significant medical comorbidity, pregnancy

Intake & monitoring:

- Ask about amount, type, frequency, and duration of benzodiazepine use, whether prescribed or illicit; and ask about history of withdrawal symptoms, seizure, or delirium.
- Ask about alcohol use, opioid use, or other sedating drug use.
- Check Prescription Drug Monitoring Program (PDMP).
- If the patient has a current prescriber, obtain an ROI to coordinate care.
- Call clinician if patient reports withdrawal symptoms or appears to have the following signs and symptoms of withdrawal:
    - Tremor, sweats, headache, confusion, hallucinations, nausea/vomiting, anxiety, insomnia

Patients using benzodiazepines as prescribed:

- Should continue taking their benzodiazepine as prescribed if not over sedated.
- Usual prescriber should be contacted for refills if needed.
- Patients can keep their medication with them in a locked box or staff can store in a locked secure area and administer daily with appropriate documentation.

Patients using illicit benzodiazepines or not taking as prescribed:

- Estimating total daily amount of illicit benzodiazepines used can be attempted but is unreliable due to counterfeit pills.
- If using daily, then give chlordiazepoxide (Librium) 25mg PO BID for duration of stay.
    - *Do not use if known or suspected hepatic impairment. Caution if age >65 or if no recent liver function test results.*
    - Chlordiazepoxide (Librium) should be kept by staff in a secure locked location and administered daily with appropriate documentation.
- Gabapentin 400mg TID-QID and mirtazapine or diphenhydramine (Benadryl) PO qhs for sleep can be considered as adjuncts.
- At least one in-person or telemedicine visit with a clinician must be conducted before benzodiazepine is prescribed.
    - During current public health emergency, any private audio/visual communication (Zoom, Facetime, Skype, etc.) is acceptable.

Transferring to higher level of care:

- If withdrawal symptoms are not adequately controlled by the above medications, consider arranging for transfer to a more appropriate setting.
- Give lorazepam (Ativan) 2mg PO/IM while arranging transfer to a more appropriate setting if a patient develops significant withdrawal symptoms, seizure, or delirium.

Stimulant Use and Stimulant Withdrawal Clinical Guidelines

(For COVID-19 Isolation/Quarantine Facilities and Assessment Center Recovery Center (ACRC))

Information on stimulant use and stimulant withdrawal:

- Clients under the influence of stimulants may present with:
  - Hyperactivity, irritability, agitation, anxiety, insomnia with elevated blood pressure and heart rate.
- Symptoms of stimulant withdrawal are generally:
  - Irritability, anxiety, depression, severe lethargy, amotivation, and increased appetite.
- Some clients, especially those who use methamphetamine, may have:
  - Psychosis or delusions.
  - These can sometimes persist through their withdrawal and for days afterwards.
- Methamphetamine withdrawal can take a while to develop (sometimes up to 24 hours).
- Many patients who use methamphetamine go multiple days in a row without sleeping, eating, or drinking very much.

Managing stimulant intoxication:

- Care is mostly supportive; follow general guidelines for managing patients with significant agitation or irritability.
- Encourage fluid intake and soft, easy to chew and swallow foods.
- Lorazepam (Ativan) 1-2 mg PO prn can be considered for severe anxiety/agitation but should not be used more than 1-2 times.
- Mirtazapine (Remeron) 15-30 mg PO qhs can be helpful to begin regulating sleep.

Managing stimulant withdrawal:

- Care is mostly supportive; no medications are approved to treat stimulant withdrawal or stimulant cravings.
- Patients generally need a lot of time to sleep and may be very irritable when awoken.
- Patients will likely be dehydrated with an increased appetite so they should be offered more food and fluids than usual.
- Monitor for the development of severe depression or suicidality.
- Mirtazapine (Remeron) 15-30 mg PO qhs can be helpful to begin regulating sleep and may help a small amount with cravings for methamphetamine.

Opioid Withdrawal Clinical Guidelines

(For COVID-19 Isolation/Quarantine Facilities and Assessment Center Recovery Center (ACRC))

Candidates:

Patients admitted to ACRC or I&Q facilities who report regular opioid use, opioid withdrawal symptoms, or a history of opioid use disorder.

Contraindications to treating at ACRC: Pregnancy, significant medical comorbidity

Monitoring and intake:

- Ask about amount and type of opioid used, time last used, as well as alcohol/benzo use.
- Ask what symptoms of opioid withdrawal are most bothersome. Signs and symptoms of withdrawal include:
  - Restlessness, muscle/bone/joint pain, congestion/tearing, gooseflesh, yawning, anxiety, tremor, stomach cramps, nausea/vomiting, diarrhea, pupillary dilation.
- Check Prescription Drug Monitoring Program (PDMP).
- Offer buprenorphine/naloxone (Suboxone) as a treatment option.
- If patient has current opioid prescriber or goes to a methadone clinic, obtain an ROI.
- Make sure patient is staying hydrated and mental health is stable.
- Offer naloxone nasal spray (Narcan) on intake or at time of discharge.

Buprenorphine guidelines:

- If already on buprenorphine, contact usual prescriber for refills.
- A phone visit with a clinician must be conducted before buprenorphine is prescribed.
- Patients should be given a home induction handout and follow the instructions, making sure they are in mild-moderate withdrawal and it is at least 12 hours since their last heroin or opioid use.
- Clinicians should usually prescribe 7 days of medication at a time.
- Weekly follow-up visits can be done by RN or clinician over the phone.
- Urine drug screen is only needed if buprenorphine prescribed at site for more than 1 month.
- Patients may be given their full week of medication all at once, but it should be stored in a locked box for safety. Alternatively, staff can store in a locked secure location for them and administer daily with appropriate documentation.

Methadone guidelines:

- Coordinate with patient's methadone clinic on how to obtain carries while at ACRC.
- Follow methadone clinic's recommendation on whether the patient can safely self-manage their carries and keep them in a locked box in their room or by bedside. If not, staff should store medication in a locked and secure location and administer daily with appropriate documentation.
- Do not administer methadone if patient is over sedated or has respiratory rate <12.

Medications for opioid withdrawal on ACRC formulary:

- Restlessness/anxiety: *Clonidine (Catapres) - most evidence based for opioid w/d*
- Restlessness/anxiety: Gabapentin
- Diarrhea: Loperamide (Imodium)
- Nausea/vomiting: Ondansetron (Zofran)
- Insomnia: Diphenhydramine (Benadryl) or Mirtazapine (Remeron)
- Muscle aches/headache: Acetaminophen (Tylenol) and/or ibuprofen (Motrin/Advil)

Other potential medications for opioid withdrawal:

- Stomach cramps: Dicyclomine (Bentyl)
- Anxiety/insomnia: Hydroxyzine (Vistaril)
- Muscle aches/restlessness: Methocarbamol (Robaxin)
- Insomnia: Trazodone