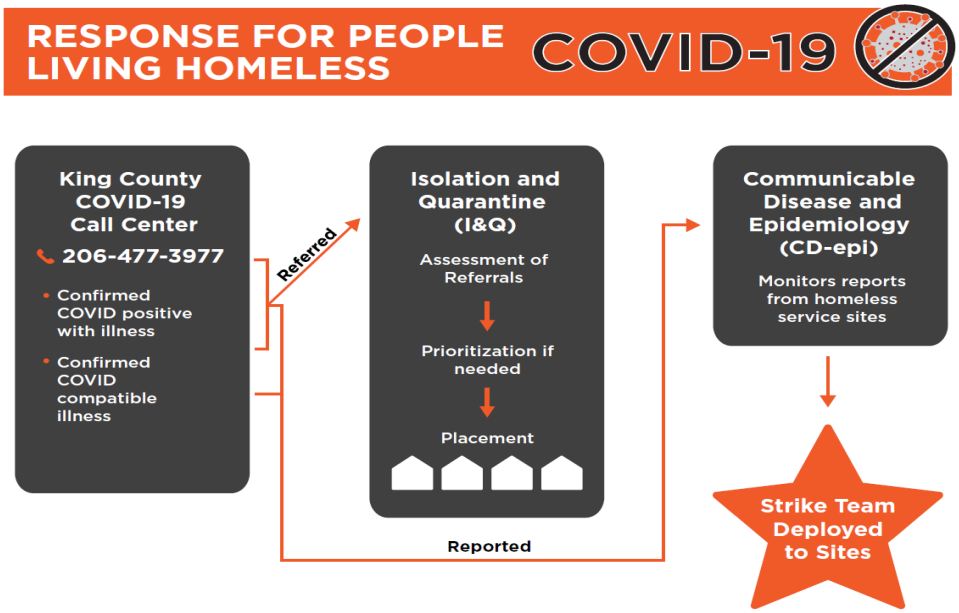
Public Health
Seattle & King County

COVID-19 Isolation & Quarantine Guidance for Healthcare Providers



About isolation and quarantine (I&Q)

Isolation and quarantine is a proven public health practice for reducing the spread of disease.

- Quarantine is for people who have been exposed to an infectious disease, may or may not have any symptoms, but could become sick and then spread the infection to others.

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

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

The two top priority groups for isolation/quarantine are:
1. Person living homeless confirmed as a COVID-19 case
2. Person living homeless with COVID-19compatible illness

First steps for connecting patients to I&Q

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

Coronavirus Call Center: 206-477-3977

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

- Designate a member of the patient's care team who can be the contact for I&Q staff to avoid delays.
- Call center will forward the care team's contact to an I&Q Coordinator who will contact the care team member within two hours (depending on call volume).
- Public Health's Communicable Disease-Epidemiology section may also call the care team and/or the patient for any disease investigation needed.

Information providers should have available About a Patient When Contacting the Call Center

- Where the patient is currently staying and contact information for that location in case the patient leaves the health care facility prior to being connected with an I&Q facility.
- Any medical and/or behavioral health needs so an I&Q Coordinator can place the patient in a facility with the appropriate resources.
- Any cognitive or visual impairment as well as language needs
- Height/weight and food allergies
- Lodging needs for any pets
- Motel vouchers for asymptomatic partners who will be left alone while the patient is in I&Q and the patient's concern for the safety and well-being of their partner is a barrier to accepting I&Q placement.

Note: Patient consent is not required for Public Health to receive information about the patient for connection to I&Q.

Assessment of Referrals to I&Q

King County's goal is to place all patients who need it in an I&Q facility to slow the spread of COVID-19. An assessment is needed to assure that patients placed in an I&Q facility will be safe and will not pose a safety risk to staff and other patients. The I&Q Coordinator, working with the I&Q Medical Director and King County's Behavioral Health and Recovery Division (BHRD), will assess if an I&Q facility is available that can provide the level of medical and/or behavioral health care and attention needed by the patient.

The I&Q medical director will be consulted as needed to assist with the assessment. Some examples of patients that may require a level of care not provided at an I&Q location include patients who require a skilled nursing facility or patients with acute health conditions who require daily medical attention. Some patients may have needs, such as communication using ASL or use of a walker and wheelchair, that can only be met at specific I&Q facilities. I&Q staff will work to identify the best available location for each patient.

BHRD staff will provide behavioral health screening for all patients referred for I&Q. Each patient will be assessed for the level of behavioral health support needed and designated as low, medium or high need based on the information available about the patient and the clinical judgment of the screener. A patient who is designated as high need may still be suitable for I&Q placement if the proper support can be provided. When needed, the BHRD screener will recommend which I&Q facility can best meet the specific behavioral health needs of a patient.

Low need patients:

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

Medium need patients:

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

High need patients:

- Poor or no engagement with treatment provider as evidenced by enrollment and documented service encounters
- Clear and recent history of danger to self or others
- Complex behavioral health need, such as withdrawals/delusions, without a plan to manage
- History of arson
- History of severe property destruction
- Medical needs that cannot be supported at an I&Q facility

Prioritization Policy for I&Q Space If Capacity is Reached

If King County reaches a point where the need for I&Q space exceeds the available capacity, patients will be prioritized for placement in I&Q according to the following policy:

Priority 1. Person who is COVID +

a. Person has no home OR is actively fleeing domestic violence – experiencing literal homelessness
b. Person currently lives in a supportive housing setting (including permanent or transitional housing, behavioral health housing and senior housing)
c. Person has a home but is unable to safely self-isolate

Priority 2. Person who is COVID symptomatic

a. Person has no home OR is actively fleeing domestic violence – experiencing literal homelessness
b. Person currently lives in a supportive housing setting (including permanent or transitional housing, behavioral health housing and senior housing)
c. Person has a home but is unable to safely self-isolate

Once a Patient is Assigned to an I&Q Facility

The I&Q Coordinator will share information about the lodging site with the care team so it can be communicated to the patient or, the I&Q Coordinator will share this information directly with the patient. Before the patient is transported to an I&Q facility, the care team must ensure:

- Prescriptions are filled and the patient has all of their medications prior to transport to an I&Q facility
- The I&Q Coordinator has specific directions for the location to pick up the patient and the patient is ready and waiting in a lobby or bay
    - Metro transportation staff will not have physical contact with the patient. Loading assistance will need to be provided by members of the patient's care team
- Anticipate a 1-2 hour wait time for the patient to be picked up

Transportation for the patient to the I&Q facility will be provided either by private ambulance or Metro depending on capacity and availability.

What is a COVID-19 Strike Team?

The Public Health Communicable Disease and Epidemiology section monitors data on confirmed COVID-19 cases and reports of COVID compatible illness to identify potential outbreaks in congregate settings, including shelters. When a potential outbreak has been identified at a site, a "Strike Team" may be deployed to the site. The COVID-19 Strike Team:

- Includes up to 2 registered nurses (or more depending on the size of the facility) and 1 environmental health investigator
- Conducts on-site clinical assessments of clients and staff to determine the need for testing and placements in an I&Q facility
- Conducts on-site facility assessment to support implementation of sanitation guidance, social distancing and infection control practices
- Requests mobile testing team as needed to provide on-site testing
- Works with any COVID+ client(s) to connect them to I&Q placements

The site is contacted in advance to ensure that COVID+ person(s) will be on-site when the team arrives and to determine the need for sanitation and PPE supplies at the site.