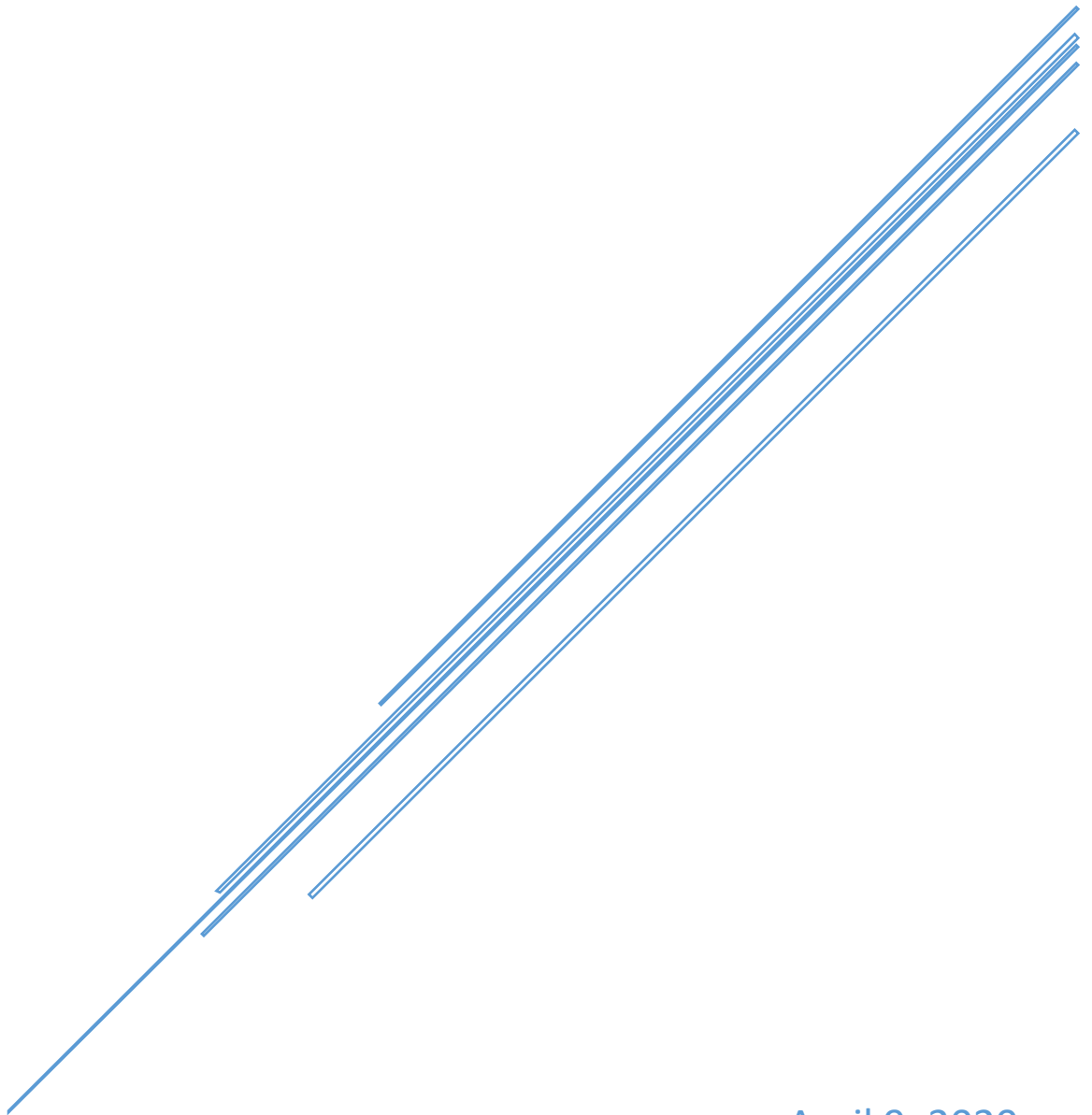


COVID-19 SHELTER PROTOCOL

Northeast Florida Continuum of Care (CoC), FL-510



April 9, 2020

Northeast Florida Continuum of Care, FL-510, COVID-19 Shelter Protocol

We are facing an unprecedented time of uncertainty, and we must act with caution and compassion for everyone. We are witnessing the COVID-19 pandemic change the very routines of our community.

Our primary focus is on the health and well-being of the population we serve, our staff members, partner agencies, and stakeholders. As a team, we have developed the protocols below focused on safely continuing essential services to those experiencing homelessness in our community.

Given the fluid nature of this event, our plans are evolving, and will continue to evolve and be modified as needed to best support the community.

1. Screen everyone including staff and volunteers before they enter the shelter/facility, every day at every entry

Symptoms common to COVID-19 include 1) fever, 2) cough and 3) shortness of breath and can appear 2 to 14 days after exposure.

Does the person have symptoms? Health Department confirmed person does not need to have all three symptoms.

Does the person meet one of the following criteria?

- Over 65 and has an underlying health condition such as diabetes, heart disease, high blood pressure, or lung disease
 - The person is immunocompromised
 - Traveled to or from an affected geographic area with widespread community transmission (New York, New Jersey, Connecticut, Massachusetts, Washington, California or Louisiana)
 - The person had close contact with a laboratory confirmed COVID-19 case
- 2. Person experiencing homelessness has symptoms, INFECTED NOT MEDICALLY STABLE, and is in severe respiratory distress, call 911**
- 3. Person experiencing homelessness has symptoms, MEDICALLY VULNERABLE, EXPOSED/TEST PENDING, INFECTED MEDICALLY STABLE, and is NOT in severe respiratory distress, then Scenario 1 (Local Shelter), Scenario 2a/2b (Sulzbacher) or Scenario 3 (Hospital) will apply:**

Scenario 1: If a Person/Client presents at a Local Shelter meeting the above outlined symptoms and one of the conditions in Item #1 (City Rescue Mission, Trinity Rescue Mission, Clara White Mission, Salvation Army, Mission House, etc.)

Local Shelter must contact Krystyna Dzierzanowski, Mental Health Resource Center, at 904.326.2468. *Krystyna D or Cody Spencer must input the Person/Client in HMIS as the project is locked down in HMIS.*

Local Shelters will utilize tablets provided by Changing Homelessness for the Telehealth Sulzbacher Health Provider evaluation. The Health Provider is available 8 to 4:30 pm.

To set up a Telehealth screening, contact the Health Provider on call at 904-253-1850 and follow the steps below. Please make sure the patient has on gloves prior to sharing the tablet/Ipad/phone.

Screener (shelter staff) will manage steps 1-7, then transfer the device to the patient at step 8.

1. On the tablet/Ipad/phone enter the web address: doxy.me/sulzbus (only Safari, Firefox or Chrome browser)
2. On the Welcome screen, enter patient name, first and last, then select Check-In
3. On the next screen, select Enable camera
4. On the pop up Screen, allow access to microphone and camera
5. It will now tell the Screener (shelter staff), if the HealthMobile is available or busy and tell them the call will start soon.
6. When the Health Provider clicks start call, the Screener (shelter staff) will get message that the video will start soon.
7. When it connects, the Screener (shelter staff) and the Health Provider will see each other.
8. The Screener (shelter staff) will hand the device to the patient (patient must have gloves) and the provider will begin his/her assessment.
9. After the call, Screeners (shelter staff) will need to wipe down the device with a disinfectant wipe. Do not spray disinfectant directly on the device, spray it on a paper towel and use the paper towel to wipe down the device. You can also use Cavi wipes or similar wipes.

Once the Health Provider evaluates the Person/Client, the Sulzbacher Health Provider will issue directive based on evaluation. If it is determined that Person/Client should be tested, Sulzbacher will connect with the Health Department to arrange for testing. *Health Provider must initiate test request by calling 904.253.1850. The Health Department cannot arrange transportation, but could do specimen collection in the field if it is part of a contact investigation.*

If Person/Client is deemed **MEDICALLY VULNERABLE, EXPOSED/TEST PENDING, AND/OR INFECTED MEDICALLY STABLE** they will be sent by ambulance to Isolation Facility.

- Krystyna will arrange the ambulance transportation
- Isolation Facility Coordinator will arrange
 - Site check-in
 - Arrangement for food
 - Coordination with Client Care Coordinators
- Client Care Coordinators will conduct (offsite, remote workers, dependent on number of clients)
 - Multiple daily check-ins
 - Escalate emergency transportation request

Urban Rest Stop hours, 8 am to 4:30 pm, Monday to Friday, *weekend hours are coming soon.*

Scenario 2a: If a Person/Client presents at Sulzbacher, a Federally Qualified Health Center (FQHC), they will triage. The Sulzbacher Health Provider will issue directive based on evaluation. If it is determined that Person/Client should be tested, Sulzbacher will connect with the *Health Department to arrange for testing. Health Provider must initiate test request by calling 904.253.1850. The Health Department cannot arrange transportation, but could do specimen collection in the field if it is part of a contact investigation.*

The Health Provider is available 8 to 4:30 pm.

If Person/Client is deemed MEDICALLY VULNERABLE, EXPOSED/TEST PENDING, AND/OR INFECTED MEDICALLY STABLE they will be sent by ambulance to Isolation Facility.

Sulzbacher must input the Person/Client in HMIS.

- Krystyna will arrange the ambulance transportation
- Isolation Facility Coordinator will arrange
 - Site check-in
 - Arrangement for food
 - Coordination with Client Care Coordinators
- Client Care Coordinators will conduct (offsite, remote workers, dependent on number of clients)
 - Multiple daily check-ins
 - Escalate emergency transportation request

Urban Rest Stop hours, 8 am to 4:30 pm, Monday to Friday, *weekend hours are coming soon*

Scenario 2b: If a Person/Client presents at Sulzbacher, FQHC, a designated Health Department Test Site (STILL AWAITING TEST KITS AT THIS TIME), they will swab and submit specimens to the Jacksonville Bureau of Laboratories for those who meet CDC criteria. Contact must be made with the Health Department by calling 904-

253-1850 to obtain a Merlin number prior to sending specimens. A Person Under Investigation (PUI) form must also be submitted to the secured fax line 904.253.1851.

The Health Provider is available 8 to 4:30 pm.

If Person/Client is deemed MEDICALLY VULNERABLE, EXPOSED/TEST PENDING, AND/OR INFECTED MEDICALLY STABLE they will be sent by ambulance to Isolation Facility.

Sulzbacher must input the Person/Client in HMIS.

- Krystyna will arrange the ambulance transportation
- Isolation Facility Coordinator will arrange
 - Site check-in
 - Arrangement for food
 - Coordination with Client Care Coordinators
- Client Care Coordinators will conduct (offsite, remote workers, dependent on number of clients)
 - Multiple daily check-ins
 - Escalate emergency transportation request

Urban Rest Stop hours, 8 am to 4:30 pm, Monday to Friday, *weekend hours are coming soon*

Scenario 3: If a Person/Client presents at a local Hospital and is determined as homeless, the Hospital will provide immediate response to the medical condition.

- 1) Complete the Person Under Investigation (PUI) Form and fax to DOH at 904-253-1851.
- 2) Once stabilized and Patient is deemed MEDICALLY VULNERABLE (CDC Guidelines), EXPOSED/TEST PENDING, AND/OR INFECTED AND MEDICALLY STABLE they will be sent by ambulance to Isolation Facility.
 - IF person refuses, then contact DOH
 - The Hospital will connect with Isolation Facility Coordinator, **Krystyna Dzierzanowski**, Mental Health Resource Center, at **904.326.246** to confirm room availability. If Krystyna does not answer, please allow at least 30 minutes before contacting the back-up Coordinator, **Cody Spencer** at **904.351.9386**
 - Complete the Homeless Isolation Referral Form For Hospitals and send information to Krystyna via secure email at kdzierzanowski@mhrctflorida.com or Cody at codyspencer@sulzbacherjax.org
 - If room availability is confirmed, the Hospital will arrange for ambulance transportation to the isolation facility (address provided by Isolation Facility Coordinator).

- If a room is not available, contact DOH for direction, 904-253-1850.
- 3) Isolation Facility Coordinator will arrange:
- Input of Patient/Client data into HMIS
 - Site check-in
 - Food
 - Coordination with Client Care Coordinators
- 4) Client Care Coordinators will conduct (offsite, remote workers, dependent on number of clients)
- Multiple daily check-ins
 - Escalate emergency transportation request

Isolation Facility, 40 private rooms, location will remain confidential for the safety and security of the clients.

Persons will stay in individual rooms with private bathrooms for the duration of time recommended by medical professionals. This will only be for persons waiting on test results, told by a doctor to self-isolate, and/or have tested positive and remain medically stable.

All persons in Isolation Facility will receive daily meals and wellness checks. Isolation Facility will provide breakfast and Sulzbacher will provide lunch and dinner.

It is determined that we will need the following staff:

- Two Isolation Facility Coordinators onsite daily for 12-hour shifts, seven days a week @ \$20 an hour + bonus pay.
- Client Care Coordinators – offsite, remote workers – furloughed navigation or outreach workers, # to be based on number of clients. This position will be funded through an external resource.
 - Based on three calls per day X 40 clients, it is estimated that this position would work 20 hours per week at \$20 an hour.

Attachments:

1. COVID-19 Screening Referral Form
2. State of Florida, Department of Health, Public Health Advisory
3. Local Shelter Staff Palm Cards
4. Client Palm Cards

Emergency Shelter Protocol Agreement

1. _____
Name Agency Date
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