

DHS COVID-19 Isolation Site Process, Responsibilities, and Best Practices

Purpose

This document provides guidance regarding the isolation site process, staff and vendor responsibilities, and best practices for operation, which, in implementation, should take into account differences among sites.

PPE Note

Supply of personal protective equipment (PPE) is extremely limited at the City, State, and Federal levels. DHS is affected by these supply chain issues as are many other City agencies. DHS will work to source equipment within the current constraints.

Isolation Site Overview

Background

The Department of Homeless Services (DHS) established isolation sites to facilitate isolation of clients, otherwise sheltered in congregate settings, who have tested positive for COVID-19 (“COVID”), are pending COVID test results, or are exhibiting COVID-like Illness (CLI).

Shelter, safe haven, drop-in, and outreach providers and hospitals are collaborating with DHS’ Serious Incident Unit (SIU) and Office of the Medical Director (OMD) to identify clients who are appropriate for isolation site placement. Isolation sites offer clients, whose COVID-related health issues do not warrant hospitalization, appropriate space and time to rest and recover.

Isolation sites provide a healthy and safe environment for staff and clients while simultaneously slowing the spread of the virus in the larger community by adhering to the following:

- existing facility operation procedures and best practices,
- enhanced COVID-related medical intake,
- regular wellness check monitoring and daily reporting,
- medical emergency protocol,
- social distancing and isolation practices,

- mental health check-ins,
- thorough housekeeping,
- [extended use of personal protective equipment \(PPE\)](#),
- hand washing, and
- transfer entry and exit criteria.

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

1. fourteen days have passed since the onset of COVID-related symptoms or testing positive for COVID,
AND
2. three days have passed without fever and without medication to reduce fever,
AND
3. symptoms are resolving.

Transfer Process to Isolation Sites

SIU staff arrange transportation for DHS clients, who generally transfer to isolation sites from other shelter, safe haven, drop-in, or outreach locations or directly from the hospital.

Providers who identify clients exhibiting CLI must follow the “COVID 19 Shelter Guidance” (accessible on the DHS Intranet under “Critical COVID-19 Documents”) which directs them to take the following steps:

- provide the client with a mask,
- direct the client to a designated isolation area onsite,
- call 911 if the client is in immediate distress,
- refer the client to the onsite medical provider if available, or call the appropriate hotline (1-844-692-4692 between 9am-9pm or 1-844-733-3627 for service key NYCHH, between 9pm-9am) to determine if COVID testing and/or isolation is necessary, and
- call the DHS SIU Hospital Referral Line at 212-361-5590. SIU staff will arrange transportation to an isolation site if onsite isolation at the current location is unfeasible and will emphasize to shelter providers that all client medications, medical supplies and equipment, and copies of pertinent medical documentation must travel with the client (see Medication Reconciliation section below on page 13).

It is important that client belongings follow them from their assigned shelter to the isolation site. To facilitate this, DHS or provider staff at the assigned shelter location must ensure the following steps are taken:

- If a client is referred to an isolation site from a DHS shelter, the client should pack their own belongings to take with them. DHS or provider staff must provide the client with clear plastic bags. If necessary, DHS or provider staff should assist by carefully bagging the belongings.
- If it is not feasible for the client to bring their belongings with them to the isolation site, the assigned shelter must make arrangements to have the belongings packed and transported to the isolation site no later than 36 hours after the client's arrival at the isolation site.
- If the client is arriving at the isolation site from a hospital and has belongings in a previous shelter placement, the isolation site director or designee must contact the previous shelter immediately to make arrangements for packing the belongings and transporting to the isolation site. The previous shelter is responsible for delivering the belongings to the isolation site no later than 36 hours after the client's arrival at the isolation site.
- Client belongings must be kept locked in a secure location, which may include the site's administrative offices if they are kept locked at all times, until delivered to the client.
- Upon discharge from an isolation site, the client should pack their own belongings to take with them. If the client is not being provided with transportation from the isolation site to the assigned shelter, the isolation site must deliver the client's belongings to the assigned shelter no later than 36 hours after the client arrives at their assigned shelter.

Hospitals discharging patients with no known residence who tested positive for COVID, are pending COVID test results, or have CLI must follow the "COVID-19 Hospital Protocol for Discharge to Isolation" (accessible on the DHS Intranet under "Critical COVID-19 Documents") which directs hospital staff to take the following steps:

- call the DHS SIU Hospital Referral Line at 212-361-5590 to determine if patient is a DHS client,
- arrange placement in a NYC Emergency Management (NYCEM) isolation site if patient is not a DHS client,
- complete the "COVID-19 DHS Isolation Site Referral" form and submit to DHSMedical-COVID19@dhs.nyc.gov if not arranging placement in a NYCEM isolation site,
- provide DHS with the following information:
 - patient's name and date of birth to confirm DHS history,
 - date of symptom onset,
 - date of COVID test and results,
 - last date of fever,
 - other pertinent information,
 - acknowledgement that the isolation site has limited or no medical care and confirmation that the client is appropriate for this setting, and

- acknowledgment that every patient will be provided a two-week supply of medications and prescriptions will be called into a pharmacy closest to the isolation site for a 30-90-day supply and that patients lacking insurance coverage will be provided a 30 day supply of medications (including necessary medical supplies and equipment) at hospital discharge,
- coordinate with SIU to arrange transportation from the hospital to the isolation site.

Population and Occupancy

The immediacy of the situation dictates that all isolation sites may be used for individuals of any gender and adult families and that certain units may be used for up to two unrelated individuals of the same gender, provided both have been tested positive for COVID.

Isolation Site Essential Services

Isolation sites must provide clients with the following essential services:

- enhanced medical intake completed by medical staff,
- regular wellness checks completed by medical staff,
- daily temperature and blood oxygen level checks completed by medical staff,
- medication management and, upon request, monitoring of medication self-administration completed by medical staff,
- education on COVID isolation, precautionary measures, and the exit transfer process,
- nutritious meals provided by contracted vendor and appropriately stored and delivered by provider staff,
- bottled water or drinking cups sourced by provider,
- personal hygiene items sourced by provider,
- cleaning products for clients sourced by provider,
- face masks to wear by clients at all times except when alone in room,
- clean linens and towels provided by the building owner or property manager, and
- applicable reasonable accommodations facilitated by provider and DHS.

Isolation Site Staffing

Whenever possible, DHS looks to staff isolation sites with experienced shelter providers that have extensive shelter work history and practice wisdom. Particularly in an isolation site, staff must consistently demonstrate cultural sensitivity, patience, empathy, understanding, respect, sound judgment, and attention to detail. Staff must also practice a strengths-based, client-

centered, and trauma-informed approach to engagement. Staff must have an informed understanding of COVID, related symptoms, transmission of the virus, social distancing, isolation measures, [extended use of PPE](#), cleaning and sanitizing best practices, and hand washing requirements. Further guidance about COVID can be found [here](#) from the Centers for Disease Control and Prevention (CDC) and [here](#) from NYC's Department of Health and Mental Hygiene (DOHMH). This combination of skills, knowledge, and approach are critical to the sound operation of an isolation site.

Isolation site staff include the following:

- Site supervisor: Onsite during business hours and available on-call 24/7, to direct and support staff onsite, ensure staff follow protocol and best practices, review client records, identify and resolve critical issues, manage crises as they emerge, and troubleshoot barriers to efficient operations and social service delivery.
- Administrative support: Onsite or remote during business hours to facilitate staff scheduling, record keeping, supply monitoring and replenishment, and other administrative tasks.
- Operations staff: Onsite 24/7 to ensure healthy and safe shelter operations by distributing necessary supplies and meals to clients, coordinating security, housekeeping, and medical staff, serving as onsite point of contact for HERO and Vacancy Control, and acting as liaison to supervisory staff during non-business hours in order to attend to critical service needs in a timely manner.
- Security (staffed by the building owner or property manager, provider staff, or a contracted vendor): Onsite 24/7 to ensure the safety of staff and clients throughout the building, monitor access control, greet and orient clients when they first arrive, and escalate issues as necessary.
- Medical staff (staffed by provider staff or a contracted medical provider): Onsite 24/7 to complete enhanced medical intake at the time of client entry into the isolation site and regular wellness checks throughout the day, determine client medical appropriateness for site, complete daily temperature and blood oxygen level checks, record reported and observed symptoms, submit daily wellness check report, resolve outstanding medication issues, monitor medication self-administration and document appropriately, facilitate methadone delivery, identify conditions requiring EMS intervention, apprise site supervisor and social service staff of critical client information, maintain medical intake and wellness check records, and share such records with the site supervisor or designee as requested and at the time of transfer to original shelter.
- Housekeeping (staffed by the building owner or property manager, provider staff, or a contracted vendor): Onsite daily to clean and disinfect all common areas and clean and disinfect units at the time of client discharge.

Common Areas

To adhere to social distancing practices, isolation measures, and cleaning and sanitizing regimens, staff may only use common areas for appropriately spaced staff posts, vendor transactions, and thoughtfully timed and distanced necessary movement of clients at the time of transfer into and out of the facility. No staff, vendors, or clients may gather in common areas. To ensure all feasible measures and precautions are in place to protect against spread of the virus, site supervisors must work cooperatively with medical staff to determine the most appropriate positioning of all facility staff, implement best practices for moving clients, staff, and vendors throughout the building, and provide COVID-related education for clients, staff, and vendors. Helpful guidance on site planning and considerations can be found [here](#).

Cleaning and Sanitizing

Housekeeping staff must be onsite daily to clean and disinfect all common areas (including cleaning and disinfecting frequently touched surfaces several times per shift, especially doorknobs, elevator buttons, phones, banisters, tabletops, handrails, etc.), replenish fresh towels, linens, and cleaning supplies for client rooms as necessary, and clean and disinfect units at the time of client exit. Clients must take responsibility on a daily basis for cleaning their assigned units. Further guidance regarding cleaning and disinfecting can be found [here](#).

Use of PPE

PPE supplies are limited and must be appropriately [conserved](#) given the extent of the current crisis. Clients must wear masks while in common areas and in the presence of others. Staff and vendors must wear masks in the presence of clients and should also use gloves whenever touching any surfaces or objects in the facility. Further guidance from the CDC regarding PPE can be found [here](#) and [here](#).

Telephone and Video Conferencing

Whenever possible, provider and medical staff should utilize available technology to engage clients through telephone and video conferences, including contacting clients on their cell phones if they agree to this. Practicing social distancing and limiting direct contact when possible will help protect the health and safety of all and help limit further spread of the virus. If face to face client contact is necessary, a distance of six feet must be maintained. If close contact is necessary, appropriate PPE, including mask and gloves, must be used and appropriate steps taken to [conserve PPE](#).

Isolation Site Process and Best Practices

Access Control

Providers must post security staff at access control to monitor client, staff, and vendor movement in and out of the building. To help reduce anxiety and foster a supportive environment, security staff must greet newly arriving clients at the facility by introducing themselves, including their name and title. As the first point of contact upon entry, security staff must remind clients, staff, and vendors to wear PPE before entering the facility and take steps to [conserve PPE](#).

Shelter Registration

Providers must post social service staff beyond access control and ensure they welcome clients and introduce themselves by name and title and asking the client their preferred name and gender pronouns to help reduce anxiety and foster rapport. Social service staff must ask clients questions necessary for registration, intake, and confirmation of unit assignment in CARES, including, but not limited to, the following:

- name and date of birth to confirm identity and verify record in CARES or StreetSmart,
- additional information to reconcile any missing or incorrect information in CARES, and
- hospital discharge paperwork or clinic record, which social service staff will obtain, if applicable and available, and hand to medical staff.

Social service staff must also orient clients to the facility, including specific information about the purpose of isolation and the importance of refraining from movement in and out of the building, meals, linens, cleaning supplies, personal hygiene supplies, facility amenities, availability of social service staff, who to call for questions and medical needs, and the transfer process to return to original shelter (see Appendix D).

Medical Intake

Providers must post medical staff beyond access control to ask clients pertinent medical information and record information on the DHS COVID-19 Isolation Site Medical Intake form (manual form attached as Appendix A and electronic form available through this link: <https://nycdhs.wufoo.com/forms/medical-intake-form/>). It is critical that medical staff review any available discharge paperwork; inquire if the client was tested for COVID and the status of the results; observe and ask about the presence of COVID symptoms and any underlying

conditions; ensure clients have all necessary medications on hand and work with social service staff to troubleshoot if medication is missing, as outlined in the Medication section below; ask specifically if the client is on methadone maintenance or buprenorphine and, if so, follow the steps for Methadone Delivery below; educate the client on COVID, social distancing, isolation, precautions, [extended use of PPE](#), and the transfer process; and determine and advise clients of the appropriate wellness check schedule based on clinical presentation and vulnerability factors. Clients with significant presenting factors, including but not limited to the following, require more frequent wellness checks:

- 65 years old or older,
- chronic lung disease,
- moderate to severe asthma,
- heart disease with complications,
- immunocompromised (including cancer treatment),
- severe obesity,
- diabetes,
- renal failure, or
- liver disease.

Medical staff must remind clients, staff, and vendors to wear PPE before entering the facility and remind everyone about [extended use of PPE](#) and social distancing, contact with surfaces and objects in the facility, and frequent hand washing for at least 20 seconds. Medical staff must inform newly arriving clients of the additional precautions staff are taking at the facility, including thoughtful timing and spacing of movement through the building, and the necessity of these steps to guard against further spread of the virus.

Medical Appropriateness

Medical staff must determine at intake if clients are medically appropriate for the site. Isolation sites are intended for DHS clients with mild COVID illness and no complicating factors who do not require medical or supportive home care. DHS Isolation sites are not medical facilities and do not provide medical services. Medical staff are onsite to monitor low-level health needs of clients, coordinate additional care or services whenever needed, and coordinate transfer to original shelter once criteria are met to exit the isolation site. DHS isolation sites are only appropriate for people who are stable enough to isolate alone in a hotel room, similar to having a patient isolate alone at home. Medical staff must reference the “COVID-19 DHS Isolation Site Referral” form and consult with their assigned DHS Program Administrator in the event of medical inappropriateness.

Wellness Checks

Medical staff must determine the appropriate cadence of wellness checks based on a client's clinical presentation and vulnerability factors. Medical staff must conduct wellness checks according to the established cadence.

At each wellness check, medical staff must ask if symptoms are worsening or improving or if there are any new symptoms, including the presence of fever, cough, sore throat, or shortness of breath, and must check and record temperature and blood oxygen level daily. Medical staff must record regular wellness checks throughout the day (at least two per shift for each client) on the DHS COVID-19 Isolation Site Wellness Check form (manual form attached as Appendix B). By 5:00 am every day, medical staff must send an electronic version of the Wellness Check form for each client, indicating the status of each client's symptoms over the past 24 hours, by completing the form accessed through the following link:

<https://nycdhs.wufoo.com/forms/wellness-check-report/>.

In the event a client does not respond during a wellness check, the medical staff must inform social service staff, who must follow existing shelter protocol for keying into the unit in order to ensure the immediate health and safety of the client. In such instances, provider or security staff must accompany medical staff ([all with appropriate PPE](#)) to the unit. Staff must knock on the door and call the name of the client in a loud voice. If there is still no response, staff must state that the door is being unlocked and staff are entering to make sure all is okay. Staff must enter the unit and continue to try to arouse the client if necessary. If the client remains unresponsive, staff must call 911, administer naloxone according to DHS' Overdose Prevention Procedure, and follow standard operating procedures for serious incidents.

If clients report or exhibit any emergency warning signs, medical staff must call 911 and inform provider staff who must follow standard operating procedures for serious incidents. Emergency warning signs include, but are not limited to, the following:

- trouble breathing,
- persistent pain or pressure in the chest,
- new confusion or inability to arouse,
- psychiatric distress requiring immediate attention such as intent or plan to harm self or others or responding to internal stimuli and not able to redirect,
- severe constant dizziness or lightheadedness,
- new seizures,
- slurred speech, or
- bluish lips or face.

In the event EMS refuses to transport the client to the hospital, medical staff must record the names and badge numbers of those responding and, while they remain onsite, call the EMS

telemetry supervisor at 718-899-5062. If EMS still refuses to transport the client to the hospital, provider staff must immediately contact their assigned DHS Program Administrator.

Medical staff might find it helpful to use the [CDC Symptoms Self-checker](#) to evaluate clients or the CDC COVID app.

Medical staff must arrange for mental health services for clients experiencing distress that does not rise to the level of an emergency need.

Medical staff must communicate with their medical supervisor to discuss client deterioration or new symptoms that do not rise to the level of emergency need.

Daily Reporting

At the start of the 8am-4pm shift, the site supervisor must provide medical staff with an updated client roster. By 11:00 pm every day, medical staff must electronically submit a Medical Intake form for all clients newly arriving that day by completing the form accessed through the following link: <https://nycdhs.wufoo.com/forms/medical-intake-form/>. The site supervisor can access this electronic submission of the Medical Intake form for copying and pasting into CARES, printing, and sharing of the hard copy with medical staff for their records.

By 5:00 am every day, medical staff must submit an electronic version of the Wellness Check form for each client, indicating the status of each client's symptoms over the past 24 hours, by completing the form accessed through the following link: <https://nycdhs.wufoo.com/forms/wellness-check-report/>. The site supervisor can access this electronic submission of the Wellness Check form for copying and pasting into CARES, printing, and sharing of the hard copy with medical staff for their records. A summary version of submitted data will populate the client roster to be used for coordinating services the following day.

Transfer from Isolation

Tracking of symptoms over time through electronic submission of the Medical Intake form and the Wellness Check form will help inform when isolation can be discontinued and return to original shelter is appropriate.

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

1. fourteen days have passed since the onset of COVID-related symptoms or testing positive for COVID,
AND
2. three days have passed without fever and without medication to reduce fever,
AND
3. symptoms are resolving.

Isolation site staff must communicate to clients that they will not be permitted entry into their prior official shelter or another DHS shelter until officially transferred from the isolation site once the three criteria above are met. Isolation site staff must communicate to clients the importance of this measure and provide further education on COVID-related precautions when necessary and should take steps to help facilitate isolation through building of rapport, attending to client needs, and troubleshooting obstacles.

OMD reviews on a daily basis a report of wellness check data indicating those in isolation who meet the criteria for transfer from isolation according to wellness check submissions. OMD confirms or rejects the transfer recommendation of those clients on the daily report. OMD sends a list of confirmed transfer recommendations to VC. VC uses the list of confirmed transfer recommendations to coordinate transfers with isolation site providers. Medical and provider staff at isolation sites use OMD's list of confirmed transfer recommendations to complete a final wellness check in person with those recommended for transfer.

Following the final in person wellness check, medical staff deem that return to original shelter is appropriate when the above criteria are met and clients neither report or exhibit ongoing COVID-related symptoms. For those appropriate for transfer from isolation, medical staff must complete the Transfer from Isolation Site and Referral to Original Shelter form (see Appendix C) and hand this form to provider staff. Provider staff must contact Vacancy Control (VC) at HERO to communicate the recommendation. VC staff will coordinate transportation from the isolation site to the official shelter placement. VC staff must communicate the placement and transportation information to provider staff. Provider staff must give a copy of the Transfer from Isolation Site and Referral to Official Shelter form to the client. Provider and medical staff must ensure that all client medications, medical supplies and equipment, and copies of pertinent medical documentation travel with the client upon transfer to original shelter. If medications or medical supplies or equipment are known to be missing, the medical provider must record these on the Medication Self-administration Record (Appendix E), which must travel with the client from the isolation site to the original shelter.

Vacated Units

Provider staff must immediately notify VC at HERO of vacant units and must immediately deploy housekeeping staff to clean and disinfect the units and replenish clean towels and linens, with an anticipated turnover in 24 hours or less. VC must communicate directly with provider staff what units are being reserved for clients and the estimated time of arrival of new clients.

Medication Management

Overview

This section provides guidance regarding medication management at isolation sites and the required actions of isolation site staff, including:

- **Medication Reconciliation**
 - Isolation site staff, at the time of transfer into and out of the isolation site, must work in conjunction with each client’s original DHS location, pharmacy, and physicians to ensure all medication and medical supplies are present and available to clients.
- **Medication Labelling**
 - Isolation site staff must ensure all medication is properly labelled and take appropriate steps to identify medication not in original packaging.
- **Medication Storage**
 - Isolation site staff must offer to store clients’ medication in a secure location. Clients may choose to store their medication with staff or keep it securely with their own belongings.
- **Injectable Medications**
 - Isolation site staff must store needles larger than 22 gauge in a secure location. Clients may choose to store needles smaller than 22 gauge with staff or keep them securely with their own belongings. A safe needle disposal box must be available onsite.
- **Monitoring of Medication Self-administration**
 - Isolation site staff must be available to monitor medication self-administration for those clients who choose to store their medication with staff and must keep proper records of this monitoring activity (see Appendix for sample “Medication Self-administration Record”).
- **Methadone Delivery**
 - Isolation site staff must identify those clients participating in an Opioid Treatment Program (OPT) and must facilitate the process for delivery of clients’ methadone to the isolation site (see Appendix for “COVID-19 Emergency Opioid Treatment Program Patient Consent” form).

Medication Reconciliation

Transfer to Isolation Site: At the time of transfer from the original DHS location to the isolation site, SIU will emphasize to the providers that all client medications, medical supplies and equipment, and copies of pertinent medical documentation must travel with the client from the original DHS location to the isolation site. If medications or medical supplies or equipment are known to be missing, the provider at the original location must record this on a medication self-administration record (specifying the medication, dosage, pharmacy, and physician), which must travel with the client from the original DHS location to the isolation site.

At the time of transfer from the hospital to the isolation site, the hospital must acknowledge to SIU that every patient will be provided a two-week supply of medications and prescriptions will be called into a pharmacy closest to the isolation site for a 30-90-day supply. If the client lacks insurance coverage, a 30 day supply of medications (including necessary medical supplies and equipment) must be provided at hospital discharge.

Medical Intake at Isolation Site: At the time of Medical Intake at the isolation site, medical staff must confirm that all medications and medical supplies and equipment are present. If medications or medical supplies or equipment are known to be missing, the medical staff must record this information on a medication self-administration record, retain the original for their records, and submit a copy to the provider staff. Once the intake is complete, medical staff must immediately work to resolve any outstanding medication issues by taking the following steps:

- contact the original DHS location to determine if outstanding medications are onsite and, if so, coordinate delivery,
- contact the pharmacy known or suspected to have received the prescription and arrange for transfer of the prescription to a local pharmacy for delivery to the isolation site,
- contact the prescribing physician to call in the prescription to a local pharmacy for delivery to the isolation site,
- contact Claudette Jordan, cjordan@dhs.nyc.gov, 646-689-1699, or Alex Gutkovitch, agutkovi@dhs.nyc.gov, 646-221-3756, if Medicaid issues are identified.

DHS providers with clients in isolation sites must make every effort to locate medications, medical supplies and equipment, and pertinent medical documentation and coordinate with medical staff and provider staff at isolation sites to resolve outstanding issues whenever possible.

Medical staff must maintain a comprehensive list of outstanding medication issues and monitor clients with increased frequency until medication issues are resolved. Medical staff must report daily to provider staff and DHS outstanding medication issues. Medical staff, provider staff, and DHS (in consultation with the DHS medical office) will determine next steps for clients with unresolved medication issues.

Medication Labelling

If a client comes to the facility with unlabeled medication, medical staff must ask client if they have their original pill bottles. If the client does not have their original pill bottles, medical staff must ask the client for their pharmacy's or health provider's contact information to determine the dosage and type of medication.

After medical staff verifies the medication with the pharmacy, they must label the medication with the information below and store in a container or re-sealable plastic bag:

- Client's preferred and legal name
- Date of Birth
- Prescribed medication
 - Generic name of medication
 - Number of pills, route, and frequency
 - Brand name of medication

All medication must include the label of the dispensing pharmacy and the client's legal name as it is recorded in CARES and/or StreetSmart. Clients may add their preferred names to the label but cannot cover their legal name. Clients may use their preferred name when requesting access to their medication.

Medication Storage

During intake, medical staff should inform clients of the medication storage program and encourage them to participate.

Medical staff must offer clients the opportunity to have their medication stored and medication records maintained by the facility. Medication record keeping can help a clinician, case worker, or physician to better assess the client's level of medication adherence. If a client chooses to participate, staff must enter medication information in a medication self-administration record or similar method of record keeping that includes, at minimum, the following information:

- Client's preferred and legal name
- Date of Birth
- Current month and year
- Medication allergies
- Prescribed medication
 - Generic name of medication
 - Strength/Concentration
 - Number of pills, route, and frequency
 - Number of refills
 - Brand name of medication
 - Date and time of administration

For participating clients, staff must update client medication records weekly and include information about new or discontinued medication. Records must be consistently reviewed for accuracy. Any discrepancies must be reported, and all information about client medication must be kept confidential.

For participating clients, medication must be stored in a secure location. The storage room must always be locked and have, at minimum, the following types of storage:

- a lockable storage cabinet and
- a refrigerator with temperature control.

Clients who require frequent and as needed medication (for example, asthma inhalers) or access to their medication in an emergency (nitroglycerin for chest pain) should be encouraged to keep their medication with them whenever possible. If a client chooses to not store all or some of their medication, they must:

- keep their medication on their person or
- store their medication in secure personal storage.

Injectable Medication

Clients who are prescribed self-injected medications must:

- always have access to their needles and/or syringes,
 - needles larger than 22-gauge must be stored in the nurses' office,
 - needles smaller than 22-gauge can be kept either in the nurses' office or in the client's room;
- be provided a safe needle disposal box; and

- have access to appropriate storage, including refrigeration for injectable medications that require such storage conditions.

If there are no on-site medical personnel, use the link below to determine needle/syringe sizing:

<http://www.nclexquiz.com/blog/types-needles-injection-needle-gauges-injections-size-chart/>

Monitoring of Medication Self-administration

For clients who store their medications with the site, staff who are designated as responsible for medication monitoring must do the following when monitoring client medication:

- Provide client medication in a private space out of the view of others. Only one client can be in the medication room at a time.
- Confirm that the name on the medication bottle or blister pack is the client's name.
- Ask the client if they are taking the correct prescribed medication and check that the label on the blister pack, vial, or container matches the information reported by the patient and on the medication self-administration record or the facility's preferred client medication record system.
- Provide access to stored medications and offer a small cup to place medications in until client self-administers.
- Provide client with a beverage to assist with ingesting medication.
- Supervise client's self-administration and use the appropriate medication codes to record the client's self-administration in the medication self-administration record or alternative similar record-keeping system.
- When possible, monitor clients who take medication to ensure that they do not miss a dose. Encourage clients to take their medication in front of staff but note that clients may still refuse supervised medication adherence.
- If a client does not want to take their medication, remind them privately about the benefits of taking their medication as prescribed. Refer clients who refuse to take their medication to onsite medical personnel and their own medical provider.
- Note any missed medication times and check medication logs daily. If a client misses a medication time, privately remind them of the benefits of taking their prescribed medication as directed.
- Once all medication has been taken, secure the medication in the locked cabinet/cart or refrigerator.

Methadone Delivery

When completing the Medical Intake form, medical staff must ask clients if they are on methadone maintenance and, if so, complete the “COVID-19 Emergency Opioid Treatment Program Patient Consent” form and obtain the client’s signature authorizing initiation of the methadone delivery process. This form must be immediately given to provider staff who will email the form to DHSMedical-Covid19@dhs.nyc.gov, including the following information:

- Client Name
- Client Date of Birth
- Client Cell Phone Number
- Name, Telephone Number, and Address of Isolation Hotel
- Name and Cell Phone Number of the Isolation Site Director
- OTP Name, Address, and Phone Number
- Name and Phone Number of Person Designated to Deliver, if in place
- Name of their original DHS location and medical provider, if one exists
- Date of Last Dose

Provider staff must contact OMD’s Overdose Prevention Coordinator, Mercy Adeniranye, at 646-830-0279 or madeniranye@dhs.nyc.gov who will coordinate with OASAS to facilitate delivery of the client’s methadone to the isolation site.

At the time of methadone delivery,

- security or operation staff at the isolation site will escort the courier from the curb into the facility,
- isolation site staff will confirm clients with methadone deliveries are present at the site,
- medical staff will sign for the lockboxes and deliver to the client rooms,
- medical staff, while still with the client, will call the courier on speakerphone and confirm delivery of the lockbox,
- medical staff will offer to store the methadone in the site’s medication storage location in accordance with the process for monitoring of medication self-administration.

For clients on buprenorphine or other life-saving medications, medical staff must work with the client’s medical provider and local pharmacy to ensure medication delivery when necessary.

All isolation sites must maintain a stock of naloxone onsite and must have trained responders onsite at all times who are able to administer naloxone. Sites that are affiliated with a medical clinic that is an Opioid Overdose Prevention Program (OOPP) must obtain naloxone from their OOPP. All other sites must affiliate with the DHS OOPP through which they will obtain naloxone and be trained by the DHS Overdose Prevention Coordinator.

Appendix A – DHS COVID-19 Isolation Site Medical Intake

Today's Date: _____ Isolation Site: _____ CARES Client ID #: _____

Client Name and Date of Birth: _____

Gender Identity and Gender Pronouns: _____

Date of Symptom Onset (*if known*) or Date of Entry Into Isolation Site: _____

Symptoms Present	Yes	No
Cough		
Shortness of breath		
Fever – If yes, indicate temperature:		
Sore Throat		
Any symptoms getting worse? – If yes, specify:		
Any new symptoms since initial onset or other symptoms? – If yes, specify:		

Date of COVID Test	Date of Results	Results (Positive / Negative / Pending)

Are there any other serious medical or behavioral health conditions (heart disease, diabetes, asthma, other lung disease, substance use, suicide history, etc.)? Please list:

Is the client on any medications, including methadone or buprenorphine? Please list all medications:

If the client is on medications and does not have the medications onsite, indicate below and alert the site director or medial director at once. If the client has an active cell phone, enter number below.

Client has all prescribed medications onsite?	Yes	No
Client cell phone number:		

Medical Staff Name: _____ Medical Staff Signature: _____

Medical staff must electronically submit the Medical Intake for each new client by 11p every evening using this link: <https://nycdhs.wufoo.com/forms/medical-intake-form/>

Appendix B – DHS COVID-19 Isolation Site Wellness Check

Today's Date: _____ Isolation Site: _____ CARES Client ID #: _____

Client First and Last Name and Gender Pronouns: _____

Date of Symptom Onset (*if known*) or Date of Entry Into Isolation Site: _____

Including the Above Date and Today, How Many Days Have Passed in Total? _____

	1a	3a	5a	7a	9a	11a	1p	3p	5p	7p	9p	11p
<i>Feeling feverish at all today? (Y / N)</i>												
<i>Medicine taken today to bring down fever? (Y / N)</i>												
<i>Fever free without medication for at least three days? (Y / N)</i>												
<i>Any other symptoms (cough, sore throat, shortness of breath, etc.) today? (Y / N)</i>												
<i>Condition Improving, Worsening, or about the Same today? (I / W / S)</i>												
<i>Called EMS for client today? (Y / N)</i>												

Staff must call 911 and notify the site supervisor if clients report or exhibit any emergency warning signs.

Notes:

Medical Staff Name: _____ **Medical Staff Signature:** _____

Medical staff must complete the Wellness Check at least twice per shift and electronically submit for each client by 5a every day using this link: <https://nycdhs.wufoo.com/forms/wellness-check-report/>

Appendix C – DHS COVID-19 Transfer from Isolation Site and Referral to Original Shelter

Today's Date: _____ Isolation Site: _____ CARES Client ID #: _____

Original Shelter: _____

Client First and Last Name: _____

Date of Symptom Onset / Date of COVID Test / Date of Entry Into Isolation Site: _____
(enter earliest known date above)

Fever free for at least three days without fever reducing medication? YES or NO

Any reported or observed COVID-related symptoms at present? YES or NO

Temperature and Oxygen Level Today: _____ Medical Staff Initials: _____

In accordance with the NYS Department of Health (DOH) recommendations, clients remain in isolation sites until three criteria are met:

- fourteen days have passed since the onset of COVID-related symptoms or testing positive,
AND
- three days have passed without fever and without medication to reduce fever,
AND
- symptoms are resolving.

The client referenced above was regularly monitored by medical staff while residing at the isolation site, no longer needs isolation, and has been approved for return to their official shelter placement. Please restore this client to prior shelter placement.

Isolation Site Staff Printed Name

Isolation Site Staff Signature and Date

Appendix D

Welcome! Rest, Recover and Feel Better Soon!

Welcome to this DHS isolation site! This site is here to help make sure you get the rest you need to recover and feel better. While here, you will be in a more private setting so you can get good rest and make sure others don't get sick, too. You will stay at this site temporarily until you are no longer sick from the virus and not at risk of spreading the virus to others.

It is very important that you stay in your room and rest. This will help you become healthy again and will help keep others from getting sick. Staying in your room is the most important thing you can do right now to protect yourself and your fellow New Yorkers!

Below is information about your stay. We wish you a safe and speedy recovery!



Stay at the isolation site except to get medical care

- **Stay in your room.** Most people with COVID-19 have mild illness and can recover without medical care. Do not leave your isolation site, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Food and other personal care items will be delivered to your room. If you need assistance with obtaining medication (prescriptions or over-the-counter), please let staff at the isolation site know.
- **Access to emotional support and crisis counseling.** If you are experiencing distress or mental health concerns related to your illness or stay at the isolation site, you can call 888-NYC-WELL (888-692-9355), or text "WELL" to 65173 for a confidential help line.
- **Stay in touch with medical staff.** A nurse will check in with you on a regular basis to take your temperature and blood oxygen level and make sure you are doing okay. Be sure to let the nurse know if you have trouble breathing, or have any other emergency warning signs, or you think it is an emergency. You can also call 911 if it is an emergency.
- **Do not go back to your shelter until cleared.** Going back to your shelter to meet with friends puts them at risk. It is important to stay at the isolation site for the safety of all New Yorkers.
- **Avoid public transportation,** ride-sharing, or taxis.
- **Site staff will keep you informed.** If you have questions about the length of your stay at this temporary location, please ask a nurse or other site staff.



Wear a cloth covering over your nose and mouth

- **You should wear a cloth face covering or mask over your nose and mouth** if you must be around other people (even at the isolation site).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.



Cover your coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw away used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, sneezing, or going to the bathroom, and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water** are the best option, especially if hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

Appendix E – Medication Self-administration Record

Client Preferred Name: _____ Date of Birth: _____ Month/Year: _____

Client Legal Name: _____ Medication Allergies: _____

	Time	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		
Medication: <small>Generic Name</small>	AM																																	
Str/Con: <small>Strength Concentration</small>	Noon																																	
Sig: <small>Number of pills, strength, frequency</small>	PM																																	
Brand Name:	Night																																	
Medication: <small>Generic Name</small>	AM																																	
Str/Con: <small>Strength Concentration</small>	Noon																																	
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Str/Con: <small>Strength Concentration</small>	Noon																																	
Sig: <small>Number of pills, strength, frequency</small>	PM																																	
Brand Name:	Night																																	

Medication Codes:

- ✓ = Client Self-Administered Medication
- 0 = Absent
- 1 = Refusal or partial refusal
- 2 = Medication withheld due to drug or alcohol consumption

- 3 = In hospital, detox, or rehab
- 4 = In jail, prison, or other institutional setting
- 5 = Did not present for medication
- 6 = Medication not obtained/refill needed
- 7 = Pre-pack retained by recipient
- 8 = Pre-pack retained by staff