King County Washington COVID-19 Response
Isolation / Quarantine, and Assessment & Recovery Centers

Hedda McLendon
Joanna Bomba - Grebb
Jessica Knaster Wasse
Our Goal:

**Slow the spread** and preserve hospital capacity

- **Programs/Institutions**: Slow the spread by supporting programs to stay open & implement PHSKC mitigation guidance.
- **People**: Slow the spread by keeping or getting people in the right level of sub-hospital care—so hospitals can keep providing care to those who need it.

**Team Approach**

- **PHSKC**: Public Health—Seattle & King County (PHSKC) w/ CDC Input
- **DCHS**: King County Department Community & Human Services
- **FMD**: King County Facilities Management Division
- **HSD**: Seattle Human Services Department
- **HCHN**: Healthcare for the Homeless Network
- **METRO**: Community Partners & Providers
Conditions

>2,000...and that’s just among people experiencing homelessness

Too few shelters + too densely populated + high incidence of risk factors = particularly vulnerable

• Our existing shelter system’s capacity is too small, & historical difficulty siting/funding facilities has driven us to maximize density of people within shelters that we have

• The risk factors for who COVID-19 harms most: older people, people with underlying health conditions, and people without the means or facilities to implement Public Health guidance around hygiene, social distancing, and self-isolation/quarantine.

Limited Isolation & Quarantine Capacity

• Isolation (for confirmed cases) & Quarantine (for possible/suspected cases) are science-informed, Public Health-recommended strategies to slow the spread, “flatten the curve”, & maintain hospital capacity for emergent care—I/Q are Public Health interventions to help the community.

• Most County residents will I/Q in their own home, without oversight or awareness by their communities or neighbors.

• Some people will need publicly-provided I/Q because they have no home or because returning home would risk infecting vulnerable family members—and we cannot afford to use hospitals as proxy I/Q facilities.

• Early lessons are that individual I/Q settings require tailored supports to enable persons with substantial supportive service need to I/Q; …but the alternative is either using hospital capacity to house the person (also voluntary) or letting the person go back into the community without any support, supervision, or awareness of where they will go.

No Pre-Existing Congregate Recovery Capacity

• We have no ready-made Emergency Congregate Care System if Hospital System overload and Shelter System inadequacy overwhelm resource-intensive I/Q approaches.

• Early indications from other countries are that hospitals will become overcrowded without other places to congregate large numbers of persons with symptoms or diagnoses, but who do not require emergent care—this approach anticipates and solves for that issue.
We are simultaneously preparing for multiple phases.

- **Reinforce the Existing Shelter System** to maximize Community Mitigation—Keep more people healthy in the first place.
- **Create an Isolation & Quarantine System** for pre/post Outbreak Containment
- **Create an Emergency Congregate System** for the Outbreak
1. Reinforce & De-intensify Existing Shelters

We are taking steps to keep existing shelters able to keep people healthy and to remain operating.

- Centralized, Bulk Cleaning Supplies with online ordering
- Motel Voucher Program (De-intensification)
- Vulnerable Shelter De-intensification
  - DESC Main to Seattle Center
  - St. Martin de Porres to King County Airport
  - More shelter deintensifications are ongoing
- Creating new homeless shelter beds and tiny house villages (Seattle)
- Day Center Cleaning Contract to centralize cleaning for high-traffic facilities and allow day center staff to focus on clients
- FAST Teams to provide onsite technical assistance for shelters and day centers
1. Reinforce & De-intensify Existing Shelters

2. Create Isolation & Quarantine System for people who cannot be at home or people w/o a home

1. **Central Motel (Kent) Operating**
   - I/Q for up to 79 people
   - Onsite nursing and behavioral health

2. **Aurora (Seattle) 3.25**
   - I/Q for up to 23 people

3. **Issaquah Motel (Issaquah) TBD**
   - I/Q for up to 99 people
   - Possible use as medical step-down or cohort isolation, seeking private medical operator

4. **Top Hat (White Center) 4.3**
   - I/Q for up to 31 people

5. **Harborview Hall (Seattle)** I/Q for up to 85 people w/ Medical Nexus TBD
   - Operated by Harborview Hospital

Subject to Change based on Conditions.
1. Reinforce & De-intensify Existing Shelters

2. Create Isolation & Quarantine System for people who cannot be at home or people w/o a home

3. Create Congregate Assessment & Recovery Centers (AC/RC) for shorter-term, emergency mass care to reduce hospital overcrowding

**Eastgate AC/RC (Bellevue)** NET 4.17
- Congregate Assessment & Recovery for up to 100 people (initial), possible future expansion to 200 people

**Interbay (Seattle)** NET 4.24
- Recovery only for up to 72 people

**Seattle SoDo (Seattle)** NET TBD
- Congregate Assessment & Recovery for up to 300

**Shoreline (Shoreline)** NET 4.3
- Congregate Assessment & Recovery for up to 400

**South County AC/RC (TBD)** NET TBD
- Working to confirm feasibility on a south-County AC/RC site for up to 400 people

Subject to Change based on Conditions
Isolation & Quarantine
Recovery Locations
I&Q Intake

1. A person/healthcare provider contacts Public Health Call Center or Disease Investigator about COVID pending or positive case
2. Individual is identified as needing to Isolate or Quarantine at a County Recovery location
3. If resources are available, the I&Q Team coordinates transporting via medical transport or Metro contract (as of 3.28)
4. I&Q Team coordinates with Onsite Manager to have unit ready

Services

1. 24/7 Onsite Nurse and Behavioral Health specialists (staffed at all locations) will conduct symptom monitoring and support additional healthcare needs of guests
2. Financial incentives, onsite buprenorphine inductions, methadone continuation to promote isolation adherence
3. I&Q Team speaks directly with guest, Disease Investigator/CD-EPI as needed, and Onsite Staff. Coordinates basic needs, food, transportation via medical transport or bus/taxi when guest is cleared for discharge Onsite Staff coordinate directly with I&Q Team.
4. Onsite Staff coordinate directly with I&Q Team. Onsite Staff support the physical location and opening doors/placing things in rooms, but does not have face to face contact with guest
5. 24/7 onsite security

Exit

1. Healthcare providers, Public Health staff and/or Onsite Healthcare staff coordinate for when guests need to leave the I&Q Location for either Symptomatic or Asymptomatic reasons
2. Onsite BH provider supports rehousing
3. Public Health and I&Q Team coordinate transportation and speak directly with guest about what to expect/when things are ready
4. I&Q Team coordinate with Onsite Staff for room cleaning (hazmat cleaning if COVID + guest) and turn over of unit
5. Guest goes to a medical professional facility if symptomatic or back to their community if cleared by Public Health and asymptomatic.

Updated 03.23.2020 at 7:00pm
COVID+ Guest Coordination Flow

- Offsite I&Q Team
  - Healthcare monitoring & daily wellness checks
  - Face-to-Face Contact with PPE only if medically necessary

- Onsite Healthcare Professionals

- Onsite Manager

Guest

Arrange Transportation & basic needs while a guest at I&Q.

Onsite logistics & quality assurance

No Face-to-Face Contact
Guests with COVID Test Results Pending Coordination Flow

CD-EPI Offsite

Investigation & Communication of COVID results

Onsite logistics & quality assurance
No Face-to-Face Contact

Guest

I&Q Healthcare Professionals Onsite

Daily wellness checks
Face-to-Face Contact with PPE only if medically necessary

Onsite Manager

I&Q Team Offsite

Arrange transportation & basic needs while a guest at I&Q

Nurses and Behavioral Health Professionals

Department of Community and Human Services Staff Detailed to COVID Response

Public Health Employees

King County Employees from Various Departments Detailed to COVID Response
COVID Response Locations: Isolation and Quarantine Workflow

- Possible COVID cases identified by Call Center and/or Disease Investigator
- All COVID+ cases sent directly to I&Q Team to begin transportation. CD-EPI assigned to COVID cases awaiting test results
- I&Q team and CD-EP follow PHSKC prioritization policy for placement

Prioritization of COVID-19 Cases for Isolation & Quarantine

Assignment to COVID I&Q Response Location

- I&Q Team is alerted via email that an individual needs an I&Q bed
- I&Q Team receive service need decision from BHRD
- If bed available, I&Q Team assigns guest
- When more referrals than availability, CD-EPI and I&Q Team apply PHSKC prioritization policy at 12pm daily

Guest Management at I&Q Response Locations

- I&Q Team arrange for all transportation to & from locations
- Onsite Medical/Behavioral Health Staff conduct daily wellness checks; CD-EPI part of support team of guests while test results are pending
- I&Q Team works with Onsite Managers for meeting Basic Needs (food, comfort, etc.)
- Onsite Managers support facilities, food and hygiene drop off + quality assurance
- Security onsite 24/7
We are implementing protocols and increasing capacity.

1. **Community Mitigation** to slow the spread & keep people healthy
   - PHSKC Guidance
   - Hygiene Supply
   - Technical Assistance
   - De-Intensify
   - New Shelters

2. **ID, Site, Operationalize** I/Q/CRC facilities
   - Existing I/Q
     - Aurora I/Q
   - Motel I/Q
     - Top Hat I/Q
   - Interbay AC/RC
   - Eastgate AC/RC

3. **Call Center** to provide information or guidance if symptoms present
   - Assign, Transport, & Sustain at I/Q

4. **Keep in or get to** the right setting
   - Support continued community mitigation
   - Recover In Place
   - I/Q in Place

5. **Additional Support for in-place care**
   - Assign, Transport, & Sustain at AC/RC

6. **Other Institutions**

7. **Emergency Response System**

8. **Shelters & Day Centers**

9. **Broader Community w/o a place to I/Q/CRC safely**

10. **Integrated Health Care System**
If you are a person currently experiencing homelessness, or a homeless service or housing provider
PRESS Call Center Homeless #?

If you are a homeless service or housing provider needing guidance
PRESS #2

STAY ON THE LINE routes to Call Center RN

Announcement 1
Guidance for Homeless Service Providers can be found at the Health Care for the Homeless Network webpage at Kingcounty.gov\HCH

Announcement 2
If your agency is reducing or modifying any of your services, please notify us at covidhomelessnessresponse@kingcounty.gov

If you, or a participant in a program, has COVID symptoms or who is COVID +,
PRESS #1

Call Center Responder Determines Housing and Priority Status

INDIVIDUAL SUPPORT

CD Epi DRIS and I/Q Team
Assess I/Q Needs, Unit Placement, and Provider / Operator follow up

Apply PHSKC Prioritization Policy

As possible placement in I/Q or AC/RC Bed

For Provider Guidance PRESS 1

If you are calling to report reductions or modifications in your services please PRESS 2.

To return to the Main Menu PRESS 9

FACILITY SUPPORT for COVID +

Homeless Strike Team deploys as needed

IN PROGRESS
# AC/RC Core Components

<table>
<thead>
<tr>
<th>Medical Care</th>
<th>Behavioral Health</th>
<th>Med management</th>
<th>Discharge planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vitals/symptom monitoring</td>
<td>• 24/7 onsite and psych via telemed</td>
<td>• Maintain chronic meds</td>
<td>• Transportation</td>
</tr>
<tr>
<td>• Chronic medical conditions</td>
<td>• OUD- naloxone buprenorphine, methadone, naltrexone</td>
<td>• Small dispensary/pharmacy onsite</td>
<td>• Shelter placement</td>
</tr>
<tr>
<td>• Step up/step down</td>
<td>• CIWA and benzos for DT</td>
<td>• Pyxus + remote pharmacist for controlled substances</td>
<td>• Other disposition considerations</td>
</tr>
<tr>
<td>• Acute conditions-limited, POCT labs only, no radiology</td>
<td>• Other meds and supportive care</td>
<td>• Pick-up a nearby pharmacy for meds not carried onsite</td>
<td>• Reunification with pets (housed in animal shelter)</td>
</tr>
</tbody>
</table>
AC/RC Facility Needs- Scaled Down ACF

- Assessment on one side, Recovery on the other with gap 6+ feet +/- pipe/drape
- Large open space (warehouse, tent) with good ventilation
- Running water – hot and cold
- Space for cots spaced 6 feet with privacy curtain, footlocker, chair, lamp
- Excellent Wi-Fi bandwidth and connectivity
- Showers/toilets
  - Staff and patients
- Food service- bedside delivery, no congregate areas
- Outdoor covered area – multi-purpose: COVID testing, nebulizer, other
- Sample and med refrigeration
- Staff break and work space
- Smoking area - outdoor
- Clean and dirty utility
- Linen storage area
- Med supply storage
- Service delivery rooms – 2-4
AC/RC Medical & Operational Directors

AC/RC Safety & Standards

AC/RC PIO

Site Director

Logistics/Support

Medical Operations

Admin /Finance

Planning

Lead MD - Nursing Supervisor- Site Manager

AC/RC Staffing Model
## AC/RC Staffing Model

<table>
<thead>
<tr>
<th>Health</th>
<th>Day</th>
<th>Night</th>
<th>Admin/Ops</th>
<th>Day</th>
<th>Night</th>
<th>Security</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Supervisor</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge Planner</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Scalable Per 70 Patients      |     |       |            |     |       |           |     |       |
| ARNP/NP/PA                    | 1   | 1     |            | 7   | 5     | Site Security | 3  | 3     |
| RN/PHN                        | 13  | 7     |            |     |       |           |     |       |
| CAN/LPN                       | 6   | 3     |            |     |       |           |     |       |
| Behavioral Health Provider    | 2   | 1     |            |     |       |           |     |       |
| Behavioral Health Specialist  | 4   | 2     |            |     |       |           |     |       |

<table>
<thead>
<tr>
<th>Staff for a 140 Bed AC/RC</th>
<th>Day</th>
<th>Night</th>
<th>Day</th>
<th>Night</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54</td>
<td>29</td>
<td>16</td>
<td>10</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Staff for a 350 Bed AC/RC</td>
<td>132</td>
<td>71</td>
<td>37</td>
<td>25</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Staff</th>
<th>Day</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>76</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>184</td>
<td>111</td>
</tr>
</tbody>
</table>
Inventing new models in real time.
Learning and incorporating lessons
Challenges & Lessons Learned

Sites

• Finding adequate sites—there are few, available, adequate sites at 80k+ sq. ft.

• Building public understanding of I/Q as public health interventions that slow the spread & save hospital capacity

Staffing (Medical and Operational) & Supplies (Medical & Site Operational)

• **Staffing these facilities is the critical constraint—we require significant external support**

• Staffing in much higher ratios than typical shelters or facilities during normal operations

• **Site-centric vs. Service-centric:** I/Q means all services must come to the site—rather than going to centralized services—this is inherently inefficient, and our service system was not built for this model.

All Strategies Assume Significant External Staffing is available.

• **71 Staff for Reinforce**
• **35 Staff for I/Q**
• **584 staff for AC/RC**

AC/RC Strategy also assumes significant external supply to provide tents/facilities and other materiel.
Key Points

- Even with significant support from the state or federal government, best-case scenario is new capacity for up to 3,000 people during the emergency (gradual growth through end of April)

- If providers need to close existing facilities due to staffing shortages, displacing 1-2 shelters could consume almost all of the new congregate capacity

- We are building this system as fast as possible, but will need the funding, staffing, and material support to operate it for months (AC/RC for 3 months, I/Q for 18 months)

- We are inventing new models in real time; learning and incorporating lessons