Isolation Site Considerations Toolkit

Supplement to COVID-19 Local Community - Isolation Site Operation Manual
P-02639 (04/15/2020)

Contents

Isolation Site Toolkit

This document is intended to provide optional resources and considerations to supplement the Local Community – Isolation Site Operation Manual. It brings health equity considerations to the front of planning and includes tools that can assist with development of an inclusive and accessible voluntary self-isolation center. The document was developed as a series of "one-pagers" for planners to easily find supporting considerations and tools without needing to read the full document. Many of the tools are template documents that planners can fill-in with local resources to create "quick-find" documents for staff and partners.

Note on Pronouns

We have tried to be consistent when using pronouns in this document. When a person is not in the isolation center (before or after residence) they are referred to as an "individual." When a person is an occupant of the isolation center, they are an "occupant."

Facility Logistics

Considerations
- Geography
- Building Space/Rooms

Geography

Consider how the location of an isolation center will be viewed both by the community where it is located and the wider public. Isolation centers created in other parts of the country have increased inequities by being concentrated in the most marginalized communities.

- Definition of marginalized communities: small collection of people that is intentionally and systematically separated from the political, economic, social, cultural and moral spheres of the state they live in by the ruling institutions or other larger groups within the population.
- Health Inequities Framework (Bay Area Regional Health Inequities Initiative): an informational tool that graphically describes what inequities are and the impact on health.
- Racial Equity Toolkit with assessment worksheet (Government Alliance on Race and Equity): pages 18-19 of the toolkit are an assessment worksheet to review equity in the facility plans.
- Consult with communities and work with stakeholders and local partners when developing an isolation center.
- If an isolation center is created to serve a geographic community, location of a center near that community would be appropriate.
- Be mindful of the psychological impact selection of the location may have on the public.
  - Avoid locating isolation centers in marginalized communities if there is any risk involved for surrounding community.
  - Avoid placing isolation centers in locations that infer or reinforce the idea that COVID-19 is only affecting a "specific" (racial, socio-economic, etc.) group.
- Positive example: The Lowell Center in Madison is centrally located, accessible, close to other services, and does not add to the marginalization of a community.

Urban and Rural Considerations
- In urban areas, consider if the isolation center is accessible by public transportation (though this is a last resort option for someone who is symptomatic).
  - This ensures accessibility by individuals that may rely on public transportation as a last resort for getting to the center.
  - This allows family members to deliver clothes, food, medications, or other necessities during isolation and an easier return home after occupants are discharged.
  - Sites may also consider offering individuals transportation assistance.
- In rural areas, consider locating isolation centers close to a hospital system with the capacity to treat a patient in need of critical care.
  - Where the isolation center is located far from where occupants live, consider transportation assistance that can be offered. This may include:
    - Transportation for occupants to the center before occupancy and home from the center after discharge.

- Consider if arrangements should be in place to pick up an occupant's needed supplies from family or friends who may not be able to drop off at the center due to the distance.
  - o Consider if the site can provide a dedicated vehicle to transport individuals to and from the facility. Identify partners who may have a vehicle to donate.
- Plan for occupant transportation needs if concerning vital signs are evident, as defined in Appendix E of the Local Community – Isolation Site Operation Manual, or any other reason for medical concern. Life threatening and non-life threatening situations should be considered.

Building Space/Rooms

Isolation centers are intended to house people with symptoms known or suspected to be infected with COVID-19 who cannot safely isolate at home. As such, thought should be given to both isolation space and non-isolation space.

Isolation Spaces

- To the extent possible, isolated persons (or family units) should have individual bedrooms and bathrooms.
- Isolation spaces or rooms should be distributed with future occupants in mind. (For more information see "**Policies**")
  - o Consider saving the most accessible rooms for individuals with disabilities.
  - o Consider saving larger or more flexible spaces for potential families.
- Ensure rooms have appropriate airflow for isolation.
  - o Identify air intake and air outflow for the building and for each room.
  - o Ensure isolation rooms have a separate ventilation system or non-recirculating air.
  - o For centralized HVAC systems, ensure the ventilation is set to minimize cross-contamination.
    - Adjoining the HVAC system with a HEPA kit or a standalone filter can reduce particulate exposure
    - If recirculation of air from isolation rooms to other rooms is unavoidable, install HEPA filters in the exhaust ducts. Standard UV filters can augment this process
      - See Appendix A of the Local Community – Isolation Site Operation Manual for an "Isolation Site Survey Form"

Non-isolation Spaces

Staff operating and supporting the facility need space as well.

- Designate workspace for operating and support staff.
  - o Ensure access to power outlets, internet/WIFI, and phone.
  - o Provide restrooms separate from center occupants.
  - o Provide a break area for meals.
- Designate areas or rooms for staff staying overnight
  - o Ensure bathroom facilities separate from center occupants.
- Designate areas for handwashing and hand sanitizing.
  - o Post signs with instructions on covering coughs and hand washing throughout site.

- Resources:
    - Cover Your Cough Poster (English, Spanish, Hmong, Chinese Mandarin)
    - Hand Washing (English, Spanish, Hmong)

Personal Protective Equipment Area

- Designate a space or area for staff to put on personal protective equipment (PPE). This space should be supplied with clean PPE.
- Designate a separate area or space to take off PPE.
- Ensure both spaces:
    - Include a handwashing station and a waste receptacle
    - Include posted instructions for putting on and taking off PPE

Policies

Considerations

- Occupancy Prioritization
- Alcohol and Other Drugs
- Enforcement
- Security Staff
- Expulsion Criteria & Process

Occupancy Prioritization

The process for determining eligibility to stay at an isolation site and how cases will be prioritized should be clearly defined and communicated to occupants before residency. Consider health equity when deciding if prioritization is needed by addressing the most vulnerable community members' needs first. This can help eliminate the potential of a discriminatory decision, including how spaces will be distributed to ensure equity.

- Isolation spaces or rooms should be distributed with future occupants in mind.
  - If some rooms are less accessible than others, consider saving the most accessible rooms for use by individuals with disabilities. Fully mobile individuals should not be given more handicap accessible rooms when other rooms are available.
  - If rooms offer different spaces, consider saving larger or more flexible spaces for potential families or co-living isolation. Single occupants should be provided rooms more fitting of one individual.
- Consider how spaces will be assigned to occupants who may require an interpreter during their stay.

Alcohol and Other Drugs

Prohibition of alcohol, smoking/vaping, and illegal drugs may be a significant deterrent to residing in the isolation center. Before blanket prohibitions are implemented, identify policies and procedures to address potential situations of occupants using alcohol and other drugs.

- Alcohol use or alcohol dependency disorder: For individuals with these conditions prohibition of alcohol can cause catastrophic psychological issues and even severe or life-threatening physiological issues.
- Recovery: For individuals in recovery, prohibition of smoking or vaping may be a significant deterrent for residing in the isolation center.
- Resilient Wisconsin and CDC have many mental health resources.
  - Consider identifying local Alcoholics Anonymous, Narcotics Anonymous, and ALANON meetings that are being held virtually

Are these situations non-negotiable?

- Alcohol dependency disorder, or illegal drug use: Facility staff should consult with a medical professional to address treatment and maintenance for that individual.
- Legal alcohol use, smoking, or vaping: Work with the individual and facility staff to determine if use can be accommodated.
  - Can alcohol/tobacco/vape products be consumed in a responsible manner on-site?

- ▪ Does facility have a preexisting no alcohol/tobacco/vape products policy (ex: college campus)? Can the policy be waived in lease, or should a different site be procured to house the isolation center?
        - ▪ If so, can friends or relatives drop off alcohol/tobacco/vape products for individuals? Can site provide alcohol/tobacco/vape products when providing meals? Can the site provider pay for alcohol/tobacco/vape products provided or does an agreement need to be reached where individual pays during or after stay?
    - o If smoking/vaping is not allowed indoors, can a designated outside space and/or time be identified to allow smoking/vaping to occur? The designated outside space would need to ensure an isolated individual will not come in contact with anyone (ex: only one person in space at a time).

If situation(s) is non-negotiable, explore if an individual can be referred to an alternate site or other options.

Enforcement

Identify how policies will be enforced and/or monitored. Remember the fear of discriminatory enforcement among marginalized populations is real. Many different populations may feel at risk due to different aspects of their identities be they racial, ethnic, gender, sexual orientation, economic, or religious identity markers.

- Keep in mind that providing a voluntary self-isolation center for individuals is in the best interest for those who need it, their networks, their communities and public health. Leniency, understanding, and handling individual issues on a case-by-case basis is one way to help ensure an individual agrees to remain isolated from the community.
- Looser, more voluntary enforcement is suggested; avoid strict, intrusive, and/or invasive enforcement approaches.
- Whatever the decision on enforcement criteria, clearly communicate expectations and enforcement criteria to occupants before and during residency.

Security Staff

Determine clear criteria on what security staff are provided, how those staff interact with occupants and the public, and if security staff need to be armed. Communicate to occupants before and during residency what these criteria are and how they were determined.

- Avoid security staff being the main interpersonal interaction with any occupant. Occupants are isolated because of the threat of COVID-19, not a threat from the individual.
- Ensure, as much as possible, security staff represent the demographics (gender, race, ethnicity, etc.) of the isolation center's occupants. This may prevent tensions and increase voluntary compliance.
- Consider potential historical trauma of occupants. Have a plan for occupants to report concerns and accommodations that could be made to address concerns.
    - o Historical trauma refers to the cumulative emotional harm of an individual or generation caused by a traumatic experience or event.
- Establish defined criteria (ex: "if an occupant has violent criminal record, this may warrant the need for an armed security staff member").

Expulsion Criteria & Process

Consider expulsion of an occupant during their voluntary self-isolation as a last resort and only under serious circumstances given the evolving nature of the pandemic, the high risk to the community of an infected individual not self-isolating, and the need to limit interaction between occupants and other individuals.

Expulsion Criteria

- Expulsion criteria must be clearly defined and communicated to occupants before and during residency and everyone interacting with the isolation center (workers).
- Expulsion criteria to consider: repeated physical altercation; serious physical harm to self or others; serious and substantial threat to the safety of the individual, the staff, or other occupants.
  - Avoid ambiguous or subjective criteria: "Verbal abuse" is highly subjective and the different experiences of an occupant or worker colors the definition.

Expulsion Process

- Expulsion process must be clearly defined and communicated to occupants before and during residency.
  - How will issues meeting expulsion criteria be documented?
  - If issues arise, what is the process for occupants and workers to communicate their side of the issue? Is there an appeal process?
  - Avoid, in so much as possible, "one-strike and out" type policies.
- Given the occupant is at the isolation center to prevent the potential spread of COVID-19, a process for continuing post-expulsion self-isolation should be identified before expulsion.
  - Is there another isolation center the occupant can be transferred to?
  - What supports will be provided the occupant after expulsion?

Intake

Considerations:
- Referral
- Intake

Referral

Isolation Sites are available to those who:
Isolation-site is available to individuals with non-acute known/suspected COVID-19 and those with identified risk factors for serious complications of COVID-19 who are unable to self-isolate at their current location. When an individual with a need for isolation who cannot safely isolate in their current residence is identified, they may be referred to this isolation-site.
- Individuals who are unable to safely self-isolate may include a person or family unit:
    o Living in a space with a medically fragile family member
    o Living in a space with essential workers
    o Living in a space with only a shared bathroom available
    o Living in a space with shared common area (e.g. kitchen)
    o Living in a space that is unsafe
    o Staying in a space they can no longer stay in (e.g. essential worker who is staying away from home and no longer to stay in their original accommodations)
    o Experiencing homelessness

Referrals to an Isolation Center:
- How will individuals be referred to the voluntary self-isolation center? Not all people who need a place to voluntarily self-isolate will have access to a provider.
    o Plan for self-referral
    o Plan for health care provider or public health referral
    o Plan for shelter or other non-profit referral
    o Plan for migrant camp referral
- Consider how you will communicate to the community a direct way to refer to the center
    o See page 36 for an Internal and External Communication Planning tool

How to Complete the Referral
1. Develop a plan for the provider or self-isolation center to identify if assistance is needed with transportation, time of arrival, communication (is an interpreter needed), personal supplies, medicines, care of minors or elderly, notice to employer (if working), etc. (Include lists of resources for each.)
2. The individual, or their health care provider or public health staff person, or isolation center staff reviews criteria for the isolation center and determines that the individual meets requirements.
3. The individual or the individual's health care provider or public health official reviews "Occupant Agreement Form" with individual *before calling the Onsite Coordinator.*
    a. See Appendix C of the Local Community – Isolation Site Operation Manual for an occupant agreement form

4. The individual agrees to the rules outlined in the "Occupant Agreement Form".
   a. If an individual is unwilling to agree to the isolation center rules, they are advised to shelter in place.
5. An individual's health care provider or public health official calls the Isolation Site's Onsite Coordinator who will determine if individuals are appropriate for referral.
6. Individuals have 6 hours to check-in to the Isolation Site after referral if they agree to the rules of the Isolation Site.
7. The health care provider or public health official or onsite coordinator will identify if transportation assistance is necessary (See page 29 for a transportation resource template)
   a. The Individual is advised to gather supplies for a two-week stay See appendix F of the Local Community – Isolation Site Operation Manual for a recommended packing list
   b. Request care packages from local partners or Red Cross to prepare for occupants who may not have resources for a 7 day stay.
8. Individual is notified of information and documents they will need to present at check-in.

Criteria for Referral

Individual must meet this Criteria:
- Symptomatic, confirmed case of COVID-19 or symptomatic individual suspected to be infected with COVID-19.
- Individual is considered medically stable and not in need of hospitalization.
- Individual can perform activities of daily living with no assistance.
- Individual does not require on-site medical or nursing care.

Priority considerations may include:
- Individuals who do not have safe or secure housing in which to self-isolate.
- Individuals who need to leave their routine living situations in order to protect household members at high-risk for complications from COVID-19.
- Individual is a health care or essential worker.
- Individuals in unique situations where isolation is needed to limit community spread and other housing options are not available.

Special Circumstances

There are special circumstances where healthy individuals will be permitted to stay in the Isolation Site with the individual referred to the isolation site:
- The referred individual requires a translator
- The referred individual has a child or children who need to remain under their care, such as a child or children who have special needs or when other child care services are not available
- The referred individual is a minor and requires their parent/guardian to accompany them at the isolation site
- The referred individual has a developmental disability, dementia, or requires a guardian or appointed decision maker to remain with them at all times

Declined Referrals

If an individual is declined for any of the above reasons, the referring medical provider should determine if there is another housing option within the county for the individual. If the individual does not meet the criteria and requirements of a different site, then they should shelter in place.

Intake

Isolation Site Intake Process begins with an Approved Referral

Preparations Checklist for the Individual

- Referral was approved by onsite coordinator
- Individual agreed to the Isolation Site Rules
    - Ensure there is a process for staff at the isolation center to access language lines/interpreting services should the need arise
    - Ensure access to ASL interpreter services for the deaf
    - Consider translating and providing all agreements, forms, and description of rules in multiple languages; this may be community specific or communities may choose to prioritize the 10 most common foreign languages spoken in Wisconsin (Spanish; Hmong; Chinese -Mandarin, Cantonese, and Chinese; German; Other Asian-Malayalam, Telugu, Tamil, +/-others; Russian; Korean; Arabic; Laotian); in addition to braille
- Prepared 7 days' worth of necessary supplies.
    - See appendix F of the Local Community – Isolation Site Operation Manual for a packing supply list
- Has Transportation to the Isolation Site within 6 hours of referral
    - See page 29 for at transportation resource template
- Has documents containing required vital personal information for check-in

Check-In Process

1. Individual arrives at facility. They are provided a surgical mask at the front door, and wait outside until any other occupants or staff have left the lobby.
2. The individual is instructed to approach the desk in the lobby and completes and signs the two forms, "Occupant Agreement Form" and the "Registration Intake Form", and leaves their identification/supplementary documents.
3. The individual then steps back to the mark on the floor.
4. The Onsite Coordinator then steps to the desk, collects the form, reviews their information, and leaves a wristband and room key.
5. The Coordinator steps away from the desk.
6. The individual steps back to the desk and collects their documents wristband and room key and goes to their room.
7. The Coordinator then enters the occupant's name, date and time of arrival, room number, dietary restrictions/allergies, any pertinent health information volunteered by the individual (i.e. heart medication schedule, insulin need, etc.–For awareness purpose), and status (i.e. Checked-in) into the Occupant Admission Log spreadsheet.
    1. See appendix S of the Local Community – Isolation Site Operation Manual for an "Occupant Admission Log" example

Accessibility

Considerations

- Physical Accessibility
- Geographic Location

Physical Accessibility

- Consider:
    - Handicap-accessible bathrooms
    - Ramps
    - Elevators
    - Wide doorways to accommodate wheelchairs, etc.
    - Spoken and written language differences
    - Account for additional accessibility measures as needed (ex: dementia-friendly environment)
- Ensure there is a process for staff at the isolation center to access language lines/interpreting services, including access to ASL interpreter services for the deaf, should the need arise.
    - See page 34 for an Internal and External Communications Planning template
- Consider translating and providing all agreements, forms, and description of rules in multiple languages;
    - This may be community specific or communities may choose to prioritize the 10 most common foreign languages spoken in Wisconsin (Spanish; Hmong; Chinese - Mandarin, Cantonese, and Chinese; German; Other Asian- Malayalam, Telugu, Tamil, +/-others; Russian; Korean; Arabic; Laotian); in addition to Braille.

Geographic Location

- Provide reliable Wi-Fi network or alternative communication options (e.g. Aircard, phone etc.) for occupants to communicate with loved ones or medical professionals, if needed.
- Consult with community representatives, such as faith community, community centers, and government agencies/councils when developing an isolation site. Look for a centrally located facility:
    - Accessible either through public transportation services where available. In places without public transportation, that can be reached through taxi or ride-sharing etc. Family members or friends may need to deliver clothes, food, medications, etc., and when an occupant is discharged, they will need to be able to return to their residence.
    - Close to other services.
- Avoid opening an isolation center in a location where surrounding communities are already experiencing inequitable health risks and stigmatization and would experience greater risk.
- If an isolation center is created to serve a particular community, then location near or in that community would be most appropriate.

Special Circumstances

Considerations
- Individualized Circumstances
- State Issued Identification
- Substance Use

Individualized Circumstances
Prepare to address individual circumstances that could arise on a case-by-case basis to accommodate special needs.
- The need for mental health services may increase under isolation conditions. Prepare to support occupants and staff. (For more information see "**Mental & Physical Well-being**")
- Meal preparation: Plan for occupants who have different food or nutritional requirements. Allergies are a serious concern with food service provision. (For more information see "**Cultural Factors**")
- How will occupants be housed? Ensure policy on housing is clearly defined and communicated to occupants before and during residency and staff before and during employment.
  - How will families be or not be housed?
    - If several occupants are families with school-aged children, isolation center staff may need to include someone who could assist with child care or home-schooling needs.
  - If housing is based on gender, determine how to accommodate transgender individuals.
- Possible or confirmed COVID-19 infection may not be an occupant's only medical condition or health care need.
  - Staff and the individual should establish a care plan with the individual's health care provider on intake.
  - The care plan should work to maximize isolation while still providing adequate care.
  - Train staff in dementia-friendly care (For more information see "**Cultural Factors**")

State ID
When conducting occupant intake it may be easy to require a state ID to collect and verify an individual's information. Before doing so, determine what information is needed on intake and why that information is being requested. The stricter the criteria a site establishes in this place the less accessible it will become to people who may need access the most. Ensure the intake policy and identity information collection is clearly defined and communicated to occupants before and during residency and staff before and during employment. Occupants should be aware of why this information is needed, how it will and will not be used, and how it will be stored securely.
- Need to confirm and validate identity only.
  - Consider allowing any kind of photo ID, including a driver's license, school ID, work badge, foreign ID, or passport.
  - Consider if expired IDs will be allowed. The DMV is not currently offering driver's license renewal services and other institutions may have implemented a similar plan.
- Need to confirm contact address.

- o Consider allowing any form of identification that includes an address, such as a piece of mail, copy of lease, or pay stub.
  - o An address may be a barrier for an individual experiencing housing instability. Is an address a critical piece of information for the process?
    - Consider allowing the individual to provide you information on where they normally reside.
    - The Wisconsin Elections Commission has a process for individuals experiencing housing instability to provide information on residence when voting.
- Need to confirm Wisconsin residency.
  - o Consider allowing a signed lease agreement, phone or utility bill, or voter registration confirmation.
- Determine why this information is needed, how it will and will not be used, and how it will be stored securely.
  - o Is the information needed for background checks? Consider if they are needed or can be limited in nature to ensure access to vulnerable and safe individuals.
  - o If identification is needed for tracking purposes, how will that person be tracked?
  - o Will any information be given law enforcement or governmental official?

ID Barriers
- Not every individual has a state-issued ID or driver's license. Requiring a state ID could be a major barrier for intake for recent immigrants, indigent individuals, individuals on different visas, undocumented individuals, or others who may not be eligible for state IDs.
- Requiring a state ID could be a major barrier for intake for individuals eligible for a state ID but who do not have an ID or lost their ID given state ID issuance centers are closed due to COVID-19.

Substance Use

Individuals may come to the insolation center being legal or illegal users of substances such as alcohol, tobacco, vape products, or illegal drugs. A prohibition of alcohol, smoking/vaping, and illegal drugs may be a significant deterrent to an individual residing in the isolation center. Before blanket prohibitions are implemented, identify policies and procedures to address potential situations of occupants using alcohol and other drugs. (For more information see **"Policies"**)

An individual may come to the insolation center with a substance use disorder or on medication assisted treatment. Staff and the individual should establish a care plan with the individual's health care provider on intake. The care plan should work to maximize isolation while still providing adequate care.

Supplies

Considerations

- Occupant Packing List
- Some occupants will not have access to a 7 day supply
- Special Considerations

Occupant Packing List

The expected length of stay for occupants will be at least 7 days since symptoms first appeared and, 3 days (72-hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

- See appendix F of the Local Community – Isolation Site Operation Manual for a packing supply list

Some occupants will not have access to a 7 day supply

- Not everyone has access to 7-days' worth of supplies (clothes, toiletries, activities, and technology to contact loved ones)
- Where possible, work with local nonprofits, charities, etc. to collect supplies for individuals who may not be able to provide it for themselves
- Consider options for donations of books, puzzles or games or printing crosswords or activities for adults and for children like coloring books and crayons

Special Circumstances

- There are many possible special circumstances that could arise. Facilities planners should consider utilizing community partnerships to meet occupant needs. This will be a case-by-case basis and be as accommodating as possible to meet the occupant's needs.
- If an occupant has a substance use disorder or is medication assisted treatment - have resources/supplies available for occupants
- If several occupants are families with school-aged children, technology for distance learning may be needed from the local school district or CESA
- Cultural norms and understanding of community and family may make isolation significantly harder or more emotionally burdensome for individuals with backgrounds from family- or community-centered cultures.

Partnerships

Considerations
- Special Circumstances
- Community Response
- Utilizing existing community partners

Special Circumstances
- Prepare to address special circumstances by identifying community partners so that needs can be best met. Strive to be as accommodating as possible.

Community Response
- Assess your non-profit and agency partners to consider the following:
    - Ensuring the physical, mental, and social health needs of occupants are met
        - Consider pastoral care
        - Consider access to technology to connect with friends, family, and mental health services
        - Consider access to recreation and physical activity
        - Utilize local Aging Disability Resource Center and Human Services Agencies to support occupant needs
        - Assure access to pharmacist and if the occupant has appropriate medication on hand
        - Consider collaborating with a local animal shelter to assure occupant's pets are cared for
        - Consider accommodations for transgender and non-gender binary individuals
        - Assure access to substance use disorder treatment and maintenance of services for occupants
        - Collaborate with local health care providers to assure continuity of care of occupants
        - Assure access to end of life resources such as financial, legal, and medical
        - Collaborate with local education institutions, including CESA, to support continued learning of occupants' families and those under their care including virtual technology
        - Connect with local libraries to support occupant's learning, growth, and leisure needs
        - Collaborate with local law enforcement or local neighborhood groups and associations to conduct welfare checks on occupant's residence during stay at facility
        - Connect with Community Foundations/Food Banks/School Food programs to support the occupant's family
- Establish transportation options and consider the following:
    - Transportation of individuals to the facility
        - Where possible, transportation to the facility should be the responsibility of the individual via their own vehicle

- o Transportation of an individual to a hospital
- o Consider the type of occupants who will be housed at the isolation site
  - ▪ Occupants with special needs may require different types of staffing and/or numbers to accommodate along with special facility configurations
- Cultural sensitivity and awareness of community should be considered
  - o Understand and consider the history of distrust when making decisions
    - ▪ Many individuals from marginalized communities do not trust medical professionals, government agencies, law enforcement, etc. Understanding the history of and justification for distrust can lead to a more positive, inclusive environment that promotes safety and respectful care for all.
    - ▪ Utilize community groups/non-profits and existing relationships of occupants to serve as resources
  - o Understand cultural appropriateness of services based on cultural beliefs and traditions, gender norms, etc.
  - o Implicit biases can exacerbate disparities and further perpetuate poor health outcomes among marginalized communities
  - o Assure occupants have 7 days' worth of supplies such as clothes, toiletries, activities, and technology to contact loved ones
    - ▪ Partner with local nonprofits, charities, etc. to collect supplies for individuals who may not be able to provide it for themselves

Utilizing existing community partners

- Salvation Army, St. Vincent's, and other donation centers - clothes, books, CDs, DVDs, toiletries, feminine hygiene products, and other necessities such as breastfeeding pumps and breastmilk storage bags
- YMCA - physical activity resources while indoors
- Library – books, magazines, CDs, DVDs, digital subscriptions to news sources, activities for occupant's children while occupant is away, technology
- Churches and other faith based organizations - pastoral care, spiritual health nurturing, community donations
- Schools - technology for occupant, support learning of occupant's children
- Neighborhood groups and local businesses - support occupant's family

Cultural Factors

Considerations
- Culturally Appropriate Services
- Trauma-Informed Services
- Implicit Bias

Culturally Appropriate Services

Isolation centers may support a broad cross-section of individuals with different experiences, cultures, and beliefs.
- When possible, employ staff who represent the demographics (gender, race, ethnicity, etc.) of the occupants.
- Isolation center services should be adjusted to fit the individual cultural beliefs and traditions, gender norms, etc. of the occupants.
- Arrangements should be made to meal service to allow for culturally-based dietary restrictions, religious needs, and other dietary restrictions or needs. This may include adjusting meal delivery to accommodate religious and other observances.
  - A few questions to consider include, are any occupants:
    - Vegetarian, vegan, pork-free, lactose-intolerant?
    - Allergic to: Peanuts, shellfish, nuts?
    - Observing a religious holiday/restriction?: Lent (no meat), Islamic/Jewish (no pork), Passover (unleavened bread), Ramadan (fasting) etc.
    - In need of a special diet due to another medical condition?
  - Consider collecting information about nutritional needs and allergies from the occupant at check-in, referring health care provider, etc.
  - Create a plan when making arrangements with the center's food service provider for how to address dietary restrictions and needs.
  - Meals service may need separate spaces to prepare certain meals to avoid cross-contamination.
    - See page 17 and Appendix K of the Local Community – Isolation Site Operation Manual for information about food ordering and delivery
- Consult with community service providers, communities of faith, and other organizations who work with, and are trusted by the occupants and/or surrounding community. (For more information see "**Partnerships**")
  - Partner groups may be able to help adjust services to fit the cultural beliefs and traditions of the occupants.
  - Partner groups may be able to help meal service adapt to culturally-based dietary restrictions, religious needs, and other dietary restrictions or accommodations of the occupants.
- Occupants with specific cultural norms or coming from community-centered cultures or family-centered cultures may find isolation harder or more emotionally burdensome.
  - Resilient Wisconsin and CDC have many mental health resources.
  - See appendix R of the Local Community – Isolation Site Operation Manual for SAMHSA mental health resources

Trauma-Informed Services

Individuals from marginalized populations may enter the isolation center with a severe yet justified mistrust in the systems and staff that are operating the facility because of past trauma from interactions with other systems in society. Isolation center staff should be mindful that each occupant has a different background and interpret and approach their interactions with occupants accordingly.

- Marginalized populations often have a lack of trust for medical professionals, government agencies, law enforcement, etc. It is important for staff to understand and to keep in mind the history and justification for this distrust to create positive interactions with occupants.
- Though voluntary, monitored self-isolation in many ways resembles incarceration (inability to leave; set times to eat, have wellness checks, and go outside; potential presence of security staff). For occupants from communities of color, who are incarcerated at disproportionately higher rates, self-isolation may evoke similar feelings to incarceration. Isolation center staff should be mindful that each occupant has a different background and interpret and approach their interactions with occupants accordingly.
  - Information about trauma-informed practices is available on the Resilient Wisconsin website

Implicit Bias

- Implicit bias is the attitudes or stereotypes that affect our understanding, action, and decisions in an unconscious manner.
- Implicit biases can exacerbate disparities and further perpetuate poor health outcomes among marginalized communities.
- Staff should be trained in trauma-informed practices and implicit bias to inform how they interpret and approach their interactions with occupants.
  - Developing Parallel Skills for Trauma-Informed Practice
  - 6 Guiding Principles to a Trauma-Informed Approach
  - Understanding Implicit Bias (Module 1, Lesson 1 – 4:41, Lesson 2 – 5:10, Lesson 3 – 3:36)
  - Rethinking Thinking (Ladder of Inference) (5:32)

Dementia-Informed Services

- Rapid training for working with people with dementia (https://livestream.com/dhswebcast/events/9050160/videos/203235165, please note that this recording was recorded quickly to make sure it was available during the pandemic. While recorded specifically for volunteers in other congregant settings but may be adapted to voluntary self-isolation centers, too.)
- Guidance to Long-Term and Community-Based Care Settings to Ensure High Quality Dementia Care Continues During COVID-19 Crisis
  A resource from the Alzheimer's Association to support care of individuals with dementia in any congregant setting.

Self-care

Considerations

- Treatment of Symptoms
- Connection to Care
- Well-Being

Treatment of Symptoms

- Occupants of the facility are symptomatic, meaning they will need to treat the symptoms they are experiencing. Plan to supply or work with local businesses/charities/partners to get as many donations of the following as possible:
    o Medication: ibuprofen, acetaminophen, Dayquil/Nyquil, naproxen, other painkiller/fever reducers, decongestants/expectorants/cough suppressants, sleep aids, antacids/antidiarrheal/anti-nausea meds
    o Thermometers – infrared forehead scan and oral
    o Dehumidifiers/humidifiers, air purifying machines
    o White noise machines
    o Fans, heating pads, ice packs
    o Cough drops, vapor rubs, saline nasal decongestant spray
    o Naloxone/Narcan
    o Automated external defibrillator

Connection to Care

- Ensure easy access to telemedicine resources, through provided Wi-Fi or alternative connectivity. If the occupant does not have a computer or smart phone, consider working with local businesses/charities/partners to get donated smart phones or other options (i.e. using traditional phone) to connect to medical care
- Ensure the information for telemedicine is posted in each isolation room for easy access
- Provide Wi-Fi or alternative (Aircard, hot spots, Ethernet, etc.) for occupants to communicate with loved ones or other medical professionals, if needed.

Well-Being

- Occupants that note a religious or spiritual preference should be given the opportunity to express their faith as much as possible in the isolation setting, which includes ensuring access to contacting their community of faith though provided Wi-Fi or alternative connectivity. If the occupant does not have a computer or smart phone, consider working with local businesses/charities/partners to get donated smart phones or other options (i.e. using traditional phone) to connect to healthcare.
- Plan for a visitor policy and include considerations for family or friend dropping off items for the isolated individual to include acceptable items, time of day, etc.
- Have information available on physical activity for all abilities that can occur in limited space, ex: online exercise/yoga, and or meditation. (For additional considerations see "**Mental & Physical Well-being**")

Mental & Physical Well-being

Mental Well-Being

Messages for people in isolation

- Stay connected and maintain your social networks. Try as much as possible to keep your personal daily routines or create new routines if circumstances change. If health authorities have recommended limiting your physical social contact to contain the outbreak, you can stay connected via telephone, e-mail, social media, or video conference.
- During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective. Public health agencies and experts in all countries are working on the outbreak to ensure the availability of the best care to those affected.
- A near-constant stream of news reports about an outbreak can cause anyone to feel anxious or distressed. Seek information updates and practical guidance at specific times during the day from health professionals and trusted websites (DHS and CDC) and avoid listening to or following rumors that make you feel uncomfortable.

Things to Incorporate into Isolation Site Practice

- Use methods from outside the culture where it is appropriate to do so.
- Learn about and, where appropriate, use local cultural practices to support local people.
- Organize access to a range of supports, including psychological first aid, to people in acute distress after exposure to an extreme stressor.
- Develop locally appropriate care solutions for people at risk of being institutionalized.
- Use agency communication officers to promote two-way communication with the affected population as well as with the outside world.
- Seek to integrate psychosocial considerations as relevant into all sectors of humanitarian assistance.
- Pay attention to gender differences.
- Ask questions in the local language(s) and in a safe, supportive manner that respects confidentiality.
- Recognize that people are affected by emergencies in different ways. Some people may function well and need general supports. Some people may need specialized supports.
- Consider that isolation rooms have a view, if even just to the hallway to decrease the sense of physical isolation

Frontline workers at Isolation Site Practice

- Train all workers on essential psychosocial care principles, psychological first aid and how to make referrals when needed. Online trainings might be used if it is not possible to bring staff together due to infection risks.
- Provide all workers responding to the COVID-19 outbreak with access to sources of psychosocial support. This must be of equal priority with ensuring their physical safety through adequate knowledge and equipment. Where possible, ensure regular review of

frontline workers' psychosocial status to identify risks, emerging issues and shape the response to their needs.

- o [Resilient Wisconsin](#) and [CDC](#) have many mental health resources.
- o See appendix R of the Local Community – Isolation Site Operation Manual for SAMHSA mental health resources.

Check-out

Formal Discharge

Formal Discharge is available to Occupants Who
- Have not exhibited symptoms for the past 72 hours
- Have been isolated for 7 or more days

Check-Out Process:
1. Individual is notified 24 hours in advance of their discharge by the onsite coordinator.
2. During this time the occupant should gather and pack their belongings.
3. At the identified time, the occupant should go to the lobby. If there is another person in the lobby, the occupant should wait outside.
4. When ready the coordinator should place the occupant's agreement form on the desk and then step away.
5. The occupant moves to sign the form, leave the keys on the table and exit the isolation site. The occupant will not have access to the site following their exit from the facility.
6. The occupant should arrange for their own transportation from the site.
    1. See page 29 for at transportation resource template
7. Coordinator arranges for sanitation of the room and documents the discharge and form in the "Occupant Discharge Form". (See appendix O of the Local Community – Isolation Site Operation Manual for the form.)

Involuntary Discharge

Involuntary Discharge should be used as a last resort and only under serious circumstances given the evolving nature of the pandemic, the high risk to the community of an infected individual not self-isolating, and the need for limited interaction between occupants and other individuals.

Involuntary Discharge criteria should be clearly defined and communicated to occupants before and during residency and everyone interacting with the isolation center (workers). Facility should have a detailed contingency plan on how cases will be handled and a well-developed process in motion to appropriately and effectively address these concerns given the circumstances, a "three strikes and you're out" mentality needs to be expanded upon in the interest of public health

Involuntary Discharge is utilized in situations where an Occupant demonstrates:
- Repeated violations of the Isolation Site rules established in the Occupant Agreement Form
- Physical Altercations or Fighting
- Serious physical harm
- Serious and substantial threat to the safety of the individual, the staff, or other occupants,
- Behavior that puts facility staff at risk for infection
- Unwilling to leave at the end of their stay

Expulsion Process
- Expulsion process must be clearly defined and communicated to occupants before and during residency.
  - How will issues meeting expulsion criteria be documented?
  - If issues arise, what is the process for occupants and workers to communicate their side of the issue? Is there an appeal process?
- Given the occupant is at the isolation center to prevent the potential spread of COVID-19, a process for continuing post-expulsion isolation needs to be set before expulsion.
  - Is there another isolation center the occupant can be transferred to?
  - What supports will be provided the occupant after expulsion?

Things to Consider:
Deciding to perform an involuntarily check-out is a significant decision that should be made with public health and safety in mind. Considering the evolving nature of the current circumstances, the high risk to others and the community of an infected individual not self-isolating, and the relatively limited interaction that occupants will have with other people while at the isolation site, **the bar for an involuntary check-out should be relatively high.**

Keep in mind, that isolating individuals is in the best interest for communities and public health, so leniency, understanding, and handling individual issues on a case-by-case basis is a good way to help ensure that an occupant continues with self-isolation

- *For occupants who are still sick*, involuntary check-outs should be made when there is a physical threat to the individual, staff, or other residents is too great to allow the occupant to remain in the isolation site.
- *For occupants who have been determined to have recovered* by a medical professional, an involuntary check-out may need to be performed if the individual is unwilling to leave the isolation site.

The Isolation onsite coordinator, as well as the security monitor, is responsible for maintaining a safe and secure environment and ensuring occupants compliance with isolation site rules. The isolation onsite coordinator, in consultation with security, law enforcement, mental health professionals or others who can provide knowledge or perspective, makes this decision to involuntarily check-out an occupant from the isolation site.

Involuntary Discharge Process
1. Staff evaluates circumstance and determines expulsion is necessary
2. Staff researches and identifies options to continue quarantine for occupant outside of the facility.
3. Individual is notified of their discharge by Onsite Coordinator. Be calm and firm when informing the occupant about the involuntary check-out.
4. Staff shares information with occupant on: the importance of isolation, quarantine, and social distancing; proper hygiene protocol to help slow the spread of transmission; if possible, PPE to take with them to help slow the spread of transmission and provides resources to alternate sites, alternate accommodation options etc.
5. The Occupant has one hour to gather and pack their belongings.

6. At least two isolation site personnel, which should include the onsite coordinator and security, should be present with as few other occupants and staff around as possible.
7. If law enforcement is on site, record their name, badge number and case # in the Security Daily Log form for future reference.
8. Remove room key or any other item that would allow entry into the isolation site from the Occupant's possession.
9. Escort the occupant to the exit.
10. Coordinator arranges for sanitation of the room and documents the discharge as outlined below.

Documenting the Involuntary Check-out

- Record occupant information, involuntary check-out rationale, involuntary check-out handling, and names of personnel witnessing the involuntary check-out into the Security Daily Log form.
- Record the involuntary check-out on the occupant's registration intake form, but do not include further information. Write that an occupant was involuntarily checked-out in the Security Daily Log form.
- Inform all Isolation Site staff of the departure and occupant's behavior when leaving.

Other Involuntary Discharge Concerns

- If the isolation site is in a low income community, there are serious equity implications
- If the occupant leaves personal possessions, pack them in a bin or bag, label them, and store them in a secure location for later retrieval.
- Security staff should not use physical force to get an occupant to leave. If at any point it appears that physical contact will be necessary to get an occupant to leave, law enforcement should be contacted.
- If media might be present, reach out to Public Affairs and have them present.
- If increased provision of support services are necessary for staff who are dealing with an occupant who is difficult or an involuntary discharge.

Workforce/Facility Staffing

Considerations

- Positions
- Staff Health Status
- Staff Support Services

Positions

- Adapt staffing source options to fit the needs of the community, which may include:
  - Site Director: The role of the Site Director is to remotely supervise the operations taking place at the State-led isolation facilities. This individual will manage the facilities' private contracts and staff. They will also work alongside the Emergency Operations Center (EOC) Isolation Site Liaisons to ensure that the isolation sites operate smoothly.
  - Onsite Coordinator: oversees all policies and operations procedures for supporting isolation site services, and coordinating with on-site facilities, medical screening, security, cleaning services, etc.
  - Admin Staff: assists the Onsite Coordinator with administrative tasks within the isolation site. Some of these tasks may include covering front-desk duties, helping fill out the registration form during an occupant's intake process, delivering meals to occupant's room doors three times a day, delivering items being dropped off by family or friends to the occupant's room door, and assisting in the organization of isolation site forms.
  - Runner: The Runner is responsible for running errands for supplies on behalf of the Isolation Site. They will answer to the onsite coordinators and the site director. Their
  - Facility Manager: maintains the upkeep of the building and ensures that appropriate accommodations are provided for the occupants.
  - Medical Screening staff: work in partnership with non-acute or "low-risk" occupants, the local health department, and isolation onsite coordinators and staff in a team approach to connect occupants to appropriate care and promote adherence to the care plan, and reduce emergency room visits and hospital readmission.
  - Security Monitor: ensures 24/7 on-site security staffing
  - Environmental/Cleaning Service Staff: perform a variety of cleaning tasks to maintain occupant rooms (after discharge), hallways, lobby, and other common gathering areas of the facility by cleaning, disinfecting and replenishing supplies in assigned areas of the isolation site.
  - Liaison: the role of the Liaison is to serve as the direct line of contact between the onsite coordinators and the EOC.
  - See the Local Community – Isolation Site Operation Manual (starting on page 10) for more details.
- Staff benefits may be less stable or not include health insurance coverage which may lead to gaps in preventive services and access. Look for ways to ensure adequate medical care coverage.
- Consider additional compensation and resources for facility staff, especially cleaning and laundry staff (e.g. hazard pay and protection rules similar to those for cleaning staff in hospitals and other medical facilities).

Staff Health Status

- Clearly note that all staff will also be required to have their temperature taken upon arriving at the facility each time and will be monitored for symptoms.
- Have a plan in place to respond to one or more staff becoming infected.
- Arrange for areas or rooms for housing staff staying overnight with bathroom facilities.
- Arrange for staff to be provided meals during work status.

Staff Support Services

- Provide access to support services for staff to address emotional burnout/distress that may arise when dealing with an occupant who is difficult, their own anxieties related to the pandemic, and long shifts. (For additional considerations see "**Mental & Physical Well-being**")
- Resilient Wisconsin resources: [Tips for people responding to the COVID-19 pandemic](#)

Tool Templates

Transportation

- Listing of local resources (consider private for hire, partner resources, Medicaid eligible ride services, etc.) Provide information about how to access transportation and what costs will be covered by the center. It is preferred to avoid public transportation, only suggest if there are no other options and what to wear and do to prevent from getting others sick.
    - If center is able to provide transportation through a third-party ensure alignment of company's evaluation of workers with background check criteria in Appendix V of the Local Community – Isolation Site Operation Manual.
- For people who arrive in their own vehicle, provide information about where to park and if there is a cost to park will it be covered by the isolation center?

Name of organization	Name of Contact Person	Phone Number and Email

Local Community Resources

- Listing of partners that can provide support to the functioning of the center. Including partners to assist with spiritual and mental health, unemployment and employment resources, personal care, clothing, books, and so on.

Name of organization	Name of Contact Person	Phone Number and Email

Referral Screener

Are you or the person you are calling on behalf of experiencing:
If any of these are present inform the caller to seek medical attention immediately
         ☐ Difficulty breathing   ☐ Persistent pain or pressure in the chest

         ☐ New confusion or inability to arouse (wake) a person   ☐ Bluish lips or face?

What are your symptoms?
☐ Fever	☐ Cough	☐ Shortness of breath
☐ Sore throat	☐ Headache	☐ Fatigue
☐ Body or muscle aches	☐ Nausea	☐ Vomiting
☐ Diarrhea	☐ Loss of sense of taste	☐ Loss of sense of smell

Can you perform activities of daily living independently?   ☐ Yes   ☐ No

Do you require on-site care or hospitalization?   ☐ Yes   ☐ No

Do you have access to the following that can be used only by you?
- Place to sleep   ☐ Yes   ☐ No
- Bathroom facilities   ☐ Yes   ☐ No
- Household personal items (for example towels, dishes, glassware) ☐ Yes   ☐ No
- Soap and other cleaning items   ☐ Yes   ☐ No

Is anyone in your in living space elderly or medically fragile? ☐ Yes   ☐ No

Have you tested positive for COVID-19? OR Have you been in contact with someone who has tested positive for COVID-19?

Symptomatic and had contact with confirmed COVID-19 and have a positive COVID-19 test result	Symptomatic and suspected to have COVID-19
Additional Pre-Screen ☐ Confirm contact through contact tracing records	

On-site physical assessment
   ☐ Record temperature
	On-site physical assessment
	   ☐ Record temperature

Posters and Signs Resources

- Consider the types of messages to include in rooms, the lobby area for people to see when they are checking in, and employees.
- What languages should posters be available in so that everyone has access to information?
  - Cleaning and Disinfecting – English, Spanish, Hmong
  - Wash Your Hands – English, Spanish, Hmong
  - Ways to Protect Your Family – English, Spanish, Hmong
  - General Information About COVID-19 – English, Spanish, Hmong, Chinese Mandarin
  - Please do not visit – English, Spanish, Hmong
- Local Resources and any help lines available:
  - Spiritual Resources
  - Medical Resources
  - Mental Health Resources

Accessible Communication Resources

- Provide locally available translators, interpreter services, and translated materials for non-English and English as a second language
  - Include languages available or target population, process for accessing, and relevant contact information
- Provide interpreters and materials for deaf and hard of hearing
  - Include resources available and relevant contact information
- Interpreter services available (this is just a sample list)
  - Language line:
  - Specific language resources (if available):

Resources Available	Target Population	Instructions for Accessing
Visual communication tool visor card.	Deaf and Hard of Hearing This card may be adapted for use with any individual who needs assistance communicating.	Available online Contact the Office of the Blind and Visually Impaired at dhsobvi@dhs.wisconsin.gov for printed copies of the resource
Language Line	[Insert language line or other translation	[Provide contact information or process to contact; include hours of availability]
Sign Language Interpreter	Deaf and Hard of Hearing	[Insert locally available interpreter contact information and hours of availability]
Translated materials	[Include languages available]	[Provide links to where materials are available] Wisconsin Department of Health Services (DHS) Translated Materials available on DHS website
In-person translators available locally	[Insert languages available of local available translator]	[Provide contact information or process to contact; include hours of availability]

Internal and External Communication Planning

- Various modes and methods of communication are necessary between staff, medical providers, local incident command system, occupants, and the community
- Roles, responsibilities, and points of contact should be identified in the planning process

Communication	Primary Contact	Secondary Contact	Process
General Facility			
Facility Maintenance			
Facility to Incident Command			
Referrals			
Occupant to Provider			
Occupant to Loved Ones			
Media requests			
Internal Staff			
Staff to Provider			
General public messaging			
Volunteer Coordination			
Community partners			
Transportation			
Release of Occupants			
Donations			
Press releases and other communications to the community			

Isolation Center Contact Information

- Provide contact information for use by incident command, local public health, health care providers, staff, first responders, law enforcement, community partners
- Provide hours of availability for contact information

Name	Role at Facility	Reason to Contact	Contact Information / Availability

Sign language interpreter: