

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

### Purpose:

This document provides guidance about 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:

As you know, 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 with you to source equipment within the current constraints.

### Overview:

The Department of Homeless Services (DHS) has 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 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 shelter 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
- discharge requirements.

In accordance with the Center for Disease Control (CDC) and NYC Department of Health and Mental Hygiene (DOHMH) recommendations, clients remain in isolation sites until three criteria are met:

1. seven days have passed since the onset of COVID-related symptoms,  
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 locations or directly from the hospital.

Shelter 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 9a-9p or 1-844-733-3627 for service key NYCHH, between 9p-9a) 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.

Hospitals discharging patients who tested positive for COVID-19, are pending COVID-19 test results, or have CLI and no reported home must follow the “COVID-19 Hospital Protocol for Discharge to Isolation” (*accessible on the DHS Intranet under “Critical COVID-19 Documents”*) which directs them to take the following steps:

- arrange placement in an OEM isolation site if patient is not a DHS client,
- call the DHS SIU Hospital Referral Line at 212-361-5590 if not arranging placement in an OEM isolation site as outlined above,

- provide SIU with the following information:
  - patient's name and date of birth to confirm DHS history,
  - acknowledgement that the isolation site has limited or no medical care and confirmation that the client is appropriate for this setting,
  - date of symptom onset,
  - last date of fever, and
  - other pertinent information,
- 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-19.

### **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
- education on COVID isolation, precautionary measures, and the discharge process
- nutritious meals provided by contracted vendor
- personal hygiene items sourced by provider
- clean linens and towels provided by the building owner or property manager
- 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 from the Centers for Disease Control (CDC) about

COVID can be found [here](#). 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, 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 vendor): 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, record reported and observed symptoms, submit daily wellness check report, 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.
- 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, client intake and engagement, vendor transactions, and thoughtfully timed and distanced necessary movement of clients, staff, and vendors throughout the building. 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 from the CDC 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 and linens as necessary, and clean and disinfect units at the time of client discharge. Clients must take responsibility on a daily basis for cleaning their assigned units. Further guidance from the CDC 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.

### 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 a record in CARES,
- additional information to reconcile any missing or incorrect information in CARES, and
- hospital discharge paperwork, 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 instructions for movement in and out of the building, meals, linens, personal hygiene supplies, facility amenities, availability of social service staff, and the discharge process.

**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's critical that medical staff review any available discharge paperwork; inquire about testing for COVID-19 and the status of the results; observe and ask about the presence of COVID-19 symptoms and any underlying conditions; ensure clients have all necessary medications on hand and work with social service staff to troubleshoot if any medication is missing; ask specifically if the client is on methadone maintenance and, if so, follow the steps for Opioid Treatment below; educate the client on COVID, social distancing, isolation, precautions, [extended use of PPE](#), and discharge process; and determine and advise clients of the appropriate wellness check schedule based on clinical presentation and vulnerability factors, including, but not limited to, the following:

- 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. 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.

**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 either by calling clients on the phone or speaking with them through the door of their assigned unit.

At each wellness check, medical staff must ask about symptoms, including the presence of fever, cough, sore throat, or shortness of breath. 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 11:00 pm 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 for that day, 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 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,
- severe constant dizziness or lightheadedness,
- slurred speech, or
- bluish lips or face.

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 8a-4p 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 11:00 pm 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 for that day, 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.

**Discharge:** Tracking of symptoms over time through electronic submission of the Medical Intake form and the Wellness Check form will help inform when return to prior official shelter is appropriate.

In accordance with the Center for Disease Control (CDC) and NYC Department of Health and Mental Hygiene (DOHMH) recommendations, clients remain in isolation sites until three criteria are met:

1. seven days have passed since the onset of COVID-related symptoms,  
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.

When medical staff deem that return to prior official shelter is appropriate according to the above, they must complete the Transfer from Isolation Site and Referral to Official Shelter form (see Appendix C) and hand to provider staff. Provider staff must contact Vacancy Control (VC) at HERO to communicate the recommendation. VC must consult with OMD when necessary. 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 email the Transfer from Isolation Site and Referral to Official Shelter form to [ADULTSCOV19@dhs.nyc.gov](mailto:ADULTSCOV19@dhs.nyc.gov) and give a copy to the client.

### **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.

### **Opioid Treatment Process**

When completing the Medical Intake form, medical staff must ask clients if they are on methadone maintenance and, if so, obtain the name, location, and contact information for their opioid treatment program (OTP). This information must be immediately given to provider staff who will send an email to [DHSMedical-Covid19@dhs.nyc.gov](mailto:DHSMedical-Covid19@dhs.nyc.gov), including the following information:

- Client Name
- Client Date of Birth
- OTP Name, Address, and Phone Number
- Name and Phone Number of Person Designated to Deliver, if in place
- Date of Last Dose

Provider staff must contact OMD's Overdose Prevention Coordinator, Mercy Adeniranye, at 646-830-0279 or [madeniranye@dhs.nyc.gov](mailto:madeniranye@dhs.nyc.gov) who will coordinate with OASAS to facilitate delivery of the client's methadone to the isolation site. The methadone will be delivered to the client at the isolation site.

*Please note that tasks and best practices are subject to change based on equipment availability, technical resources, and other factors.*

Appendix A

## DHS COVID-19 Isolation Site Medical Intake

Today's Date: \_\_\_\_\_ Isolation Site: \_\_\_\_\_ CARES Client ID #: \_\_\_\_\_

Client First and Last Name: \_\_\_\_\_

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, 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, or shortness of breath) 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 11p every evening using this link: <https://nycdhs.wufoo.com/forms/wellness-check-report/>

Appendix C

## DHS COVID-19 Transfer from Isolation Site and Referral Back to Official Shelter

Today's Date: \_\_\_\_\_ Isolation Site: \_\_\_\_\_ CARES Client ID #: \_\_\_\_\_

Official 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)

Date of Last Fever Without Medication to Reduce Fever: \_\_\_\_\_

Are Symptoms Resolving?    YES    or    NO

In accordance with the Center for Disease Control (CDC) and NYC Department of Health and Mental Hygiene (DOHMH) recommendations, clients remain in isolation sites until three criteria are met:

- seven days have passed since the onset of COVID-related symptoms,  
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 by DHS' Office of the Medical Director. Please restore this client to prior shelter placement.

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Medical Staff Printed Name

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Medical Staff Signature and Date