

<b>WHATCOM COUNTY CONTRACT INFORMATION SHEET</b>		Whatcom County Contract No. 202108040	
Originating Department:		85 Health	
Division/Program: (i.e. Dept. Division and Program)		8510 Health / 851000 Administration	
Contract or Grant Administrator:		Erika Lautenbach	
Contractor's / Agency Name:		Snohomish Health District	
Is this a New Contract? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If not, is this an Amendment or Renewal to an Existing Contract? If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does contract require Council Approval? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If No, include WCC:	
Already approved? Council Approved Date:		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, grantor agency contract number(s):		CFDA#:
Is this contract grant funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Whatcom County grant contract number(s):		
Is this contract the result of a RFP or Bid process? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, RFP and Bid number(s):		Contract Cost Center: 138100
Is this agreement excluded from E-Verify? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If no, include Attachment D Contractor Declaration form.			
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional.			
<input type="checkbox"/> Contract work is for less than \$100,000.		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).	
<input type="checkbox"/> Contract work is for less than 120 days.		<input type="checkbox"/> Work related subcontract less than \$25,000.	
<input checked="" type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments):		Council approval required for; all property leases, contracts or bid awards <b>exceeding \$40,000</b> , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, <b>except when</b> :	
Varies depending on number of Snohomish residents utilizing Whatcom's Facility.		1. Exercising an option contained in a contract previously approved by the council.	
		2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance.	
		3. Bid or award is for supplies.	
		4. Equipment is included in Exhibit "B" of the Budget Ordinance	
		5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.	
Summary of Scope: The purpose of this agreement is to provide COVID-related isolation and quarantine to Snohomish Health District residents.			
Term of Contract:	1 Year		Expiration Date: 09/30/2021
Contract Routing:	1. Prepared by:	JT	Date: 07/02/2021
	2. Health Budget Approval:	KR/JG	Date: 07/09/2021
	3. Attorney signoff:	RB	Date: 07/23/2021
	4. AS Finance reviewed:	M Caldwell	Date: 7/23/21
	5. IT reviewed (if IT related):		Date:
	6. Contractor approved:		Date:
	7. Executive Contract Review:		Date:
	8. Council approved (if necessary):	AB2021-459	Date: 08/10/2021
	9. Executive signed:		Date: 8/26/2021
	10. Original to Council:		Date:

**WHATCOM COUNTY**  
Health Department



**Erika Lautenbach, Director**  
**Greg Stern, M.D., Health Officer**

**MEMORANDUM**

**TO:** Satpal Sidhu, County Executive  
**FROM:** Erika Lautenbach, Director  
**RE:** Snohomish Health District – COVID Isolation and Quarantine Facility Interlocal Agreement  
**DATE:** August 11, 2021

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Enclosed is an interlocal agreement between Whatcom County and Snohomish Health District for your review and signature.

▪ **Background and Purpose**

This Agreement is in response to a request from Snohomish Health District to utilize Whatcom County's COVID Isolation and Quarantine Facility, as their facility closed on 06/30/2021 due to their inability to renegotiate a lease for their facility. This Agreement outlines mutually agreeable terms that include the daily bed rate and responsibilities for Snohomish Health District's residents, including maximum stay length and transportation to and from the Facility. While the census at our facility has been lower in the last two months, there continues to be a demand for this facility. This Agreement will allow us to recoup some of the cost for the facility while maintaining availability to serve those in need through the summer season.

▪ **Funding Amount and Source**

Snohomish County will reimburse Whatcom County for their residents temporarily housed at the COVID Isolation and Quarantine Facility at a rate of \$200 per person, per day, which is inclusive of the total cost of the room and wrap-around services at the Facility. Council approval is required per RCW 39.34.030(2) for agreements between public agencies.

Please contact Erika Lautenbach, Director at 360-778-6005 ([ELautenb@co.whatcom.wa.us](mailto:ELautenb@co.whatcom.wa.us)) or Kathleen Roy, Assistant Director at 360-778-6007 ([KRoy@co.whatcom.wa.us](mailto:KRoy@co.whatcom.wa.us)), if you have any questions or concerns, regarding this request.





Whatcom County Contract Number

202108040

INTERLOCAL COOPERATIVE AGREEMENT BETWEEN  
WHATCOM COUNTY  
AND  
SNOHOMISH HEALTH DISTRICT

THIS AGREEMENT is made and entered into by and between Whatcom County ("Whatcom") and Snohomish Health District, a public entity organized pursuant to the provisions of chapters 70.05 and 70.45 RCW ("Snohomish"); both local health jurisdictions in the State of Washington pursuant to the authority granted by Chapter 39.34 RCW, INTERLOCAL COOPERATION ACT.

1. PURPOSE: This Agreement outlines terms and conditions for Whatcom to provide COVID-related isolation and quarantine to Snohomish Health District residents at Whatcom's COVID Isolation and Quarantine Facility.
2. RESPONSIBILITIES:

Whatcom will:

- A. Provide COVID-related isolation and quarantine temporary housing to Snohomish residents at Whatcom's COVID Isolation and Quarantine Facility (Facility) for up to 14 days, unless a positive COVID test results necessitates a stay of longer duration, to be jointly agreed upon by Whatcom and Snohomish staff.
- B. Whatcom will notify Snohomish of any issues related to non-compliance of the Facility Code of Conduct (See Exhibit A) by Snohomish residents receiving temporary housing at Whatcom's Facility.
- C. Provide onsite COVID testing to Snohomish County residents at the Facility at the same time that testing is provided to Whatcom County residents at the Facility, when capacity exists to do so.
- D. Include Snohomish Health District staff in its daily Isolation and Quarantine staff meetings when Snohomish residents are at the facility.
- E. Invoice Snohomish Health District on a monthly basis for the previous month's bed rate by the 15<sup>th</sup> of the month following service. Monthly invoices will include a roster of Snohomish residents by day to substantiate the invoice total.

Snohomish will:

- A. Vet all Snohomish residents prior to transport to the Facility utilizing the Byron Referral Form (See Exhibit A) to ensure that guests referred are able to safely stay at the facility and that appropriate agreements are signed by Snohomish residents including the Voluntary Agreement (See Exhibit A) and the Release of Information Agreement (See Exhibit A). Snohomish will not refer any residents who are in a state of detox from chemical dependency or residents who are not able to care for themselves independently in the Facility.
- B. Confirm bed availability and request approval of the referral from the Facility's Onsite Supervisor, prior to transport.
- C. Transport residents to and from Snohomish County and Whatcom's Facility.

- D. Reimburse Whatcom at a rate of \$200 per person, per day for Snohomish residents temporarily housed at Whatcom's Facility, per Exhibit B. Payment by Snohomish will be timely if it is made within 30 days of the receipt and acceptance of an invoice and billing information from Whatcom.
  - E. In the event that Whatcom does not have capacity to provide onsite COVID testing for Snohomish residents, Snohomish will send a testing team to the Facility to test their residents as needed.
  - F. Check in with Snohomish County residents at the Facility daily via telephone for symptom monitoring and other pertinent issues related to their stay at the Facility.
  - G. Return Snohomish residents to Snohomish County for release by Snohomish personnel along with documentation that they were returned to Snohomish County.
  - H. In the event Snohomish is notified of non-compliance to the Facility Code of Conduct by a Snohomish resident staying at Whatcom's Facility, Snohomish will pick up and document the return of the resident to Snohomish County within 12 hours of notification of non-compliance.
  - I. Provide contact information for Snohomish Health District that will be available 24 hours per day, 7 days per week should Whatcom need to notify Snohomish of any issues related to Snohomish residents at the Facility.
  - J. Participate in the daily Isolation and Quarantine staff meetings with Whatcom.
3. TERM OF AGREEMENT: The start date of this Agreement is August 11, 2021, and shall be in effect through September 30, 2021.
4. EXTENSION: This Agreement may not be extended due to the expiration of the lease for Whatcom's facility on September 30, 2021.
5. ADMINISTRATION: The following individuals are designated as representatives of the respective parties. The representatives shall be responsible for the administration of this Agreement and for coordinating and monitoring performance under this Agreement. In the event such representatives are changed, the party making the change shall notify the other party:

Whatcom's representative shall be:

Erika Lautenbach, Director  
Whatcom County Health Department  
509 Girard Street  
Bellingham WA 98225  
(360) 778-6005  
[ELautenb@co.whatcom.wa.us](mailto:ELautenb@co.whatcom.wa.us)

Snohomish's representative shall be:

Shawn Frederick, Administrative Officer  
Snohomish Health District  
3020 Rucker Avenue, Suite #203  
Everett, WA 98201  
(425) 339-5200  
[sfrederick@snohd.org](mailto:sfrederick@snohd.org)

6. **TREATMENT OF ASSETS AND PROPERTY:** No fixed assets or personal or real property will be jointly or cooperatively acquired, held, used, or disposed of pursuant to this Agreement.
7. **DEFENSE & INDEMNIFICATION:** To the fullest extent permitted by law, Snohomish agrees to indemnify, defend and hold Whatcom and its departments, elected and appointed officials, employees, agents and volunteers, harmless from and against any and all claims, damages, losses and expenses, including but not limited to court costs, attorney's fees, and alternative dispute resolution costs, for any personal injury, for any bodily injury, sickness, disease, or death and for any damage to or destruction of any property (including the loss of use resulting therefrom) which: 1) are caused in whole or in part by any error, act or omission, negligent or otherwise, of Snohomish, its employees, agents or volunteers or Snohomish's subcontractors and their employees, agents or volunteers; or 2) directly or indirectly arise out of or occur in connection with Snohomish's performance of this Contract or 3) are based upon Snohomish or its subcontractors' use of, presence upon, or proximity to the property of Whatcom. This indemnification obligation of Snohomish shall not apply in circumstances where the claim, damage, loss, or expense is caused by the sole negligence of Whatcom.

Should a court of competent jurisdiction determine that this contract is subject to RCW 4.24.115, then in the event of concurrent negligence of Snohomish, its subcontractors, employees or agents, and Whatcom, its subcontractors, employees or agents, this indemnification obligation of Snohomish shall be valid and enforceable only to the extent of the negligence of Snohomish, its subcontractors, employees, and agents. This indemnification obligation of Snohomish shall not be limited in any way by the Washington State Industrial Insurance Act, RCW Title 51, or by application of any other workmen's compensation act, disability benefit act or other employee benefit act, and Snohomish hereby expressly waives any immunity afforded by such acts.

It is further provided that no liability shall attach to Whatcom by reason of entering into this contract, except as expressly provided herein. The parties specifically agree that this Contract is for the benefit of the parties only and this Contract shall create no rights in any third party. Whatcom reserves the right, but not the obligation, to participate in the defense of any claim, damages, losses, or expenses, and such participation shall not constitute a waiver of Snohomish's indemnity obligations under this Agreement.

In the event Snohomish enters into subcontracts to the extent allowed under this Contract, Snohomish's subcontractors shall indemnify the County on a basis equal to or exceeding Contractor's indemnity obligations to the County.

The parties hereto agree that the indemnity obligations shall survive the completion, expiration or termination of this Agreement. The foregoing indemnification obligations of Snohomish are a material inducement to Whatcom to enter into this Agreement and are reflected in the rate set forth in Exhibit B.

By signing this Agreement Snohomish acknowledges that it has freely negotiated and agreed to the indemnification requirements to defend, indemnify and hold harmless Whatcom from all claims and suits to the extent it is required to do so under Section 7 herein.

8. **TERMINATION:** Any party hereto may terminate this Agreement upon fifteen (15) days notice in writing either personally delivered or mailed to the party's last known address for the purposes of giving notice under this paragraph. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this agreement prior to the effective date of termination.

9. CHANGES, MODIFICATIONS, AMENDMENTS, OR WAIVERS: This Agreement may be changed, modified, amended, or waived only by written agreement executed by the parties hereto. Waiver or breach of any term or condition of this Agreement shall not be considered a waiver of any prior or subsequent breach.
10. SEVERABILITY: In the event of any term or condition of this Agreement or application thereof to any person or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications of this Agreement which can be given effect without the invalid term, condition or application. To this end, the terms and conditions of this Agreement are declared severable.
11. ENTIRE AGREEMENT: This Agreement contains all the terms and conditions agreed upon by the parties. All items incorporated herein by reference are attached. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto.
12. OTHER PROVISIONS: Snohomish and Whatcom will comply with all applicable Federal and State requirements that govern this Agreement.
13. This Agreement has been approved and authorized by the governing bodies of Snohomish and Whatcom and each party represents that the persons executing this Agreement have been authorized to do so on or behalf of the public entity referenced below.
14. This Agreement shall be posted or recorded by Whatcom required by RCW 39.34.040.



IN WITNESS WHEREOF, the parties have executed this Agreement on: 8/26/2021

**SNOHOMISH HEALTH DISTRICT:**

DocuSigned by:  
Shawn Frederick 8/25/2021  
B6024E3885F34CB...  
Shawn Frederick, Administrative Officer Date

Approved as To Form:

DocuSigned by:  
Grant K. Weed 8/26/2021  
C6C53805E6EC4E9...  
Grant K. Weed, Attorney for Snohomish Health District Date

**WHATCOM COUNTY:**

**Recommended for Approval:**

DocuSigned by:  
Erika Lautenbach 8/11/2021  
955C651A30374BD...  
Erika Lautenbach, Director Date

**Approved as to form:**

DocuSigned by:  
Royce Buckingham 8/16/2021  
1EE5DDBD9542404...  
Royce Buckingham, Prosecuting Attorney Date

**Approved:**

Accepted for Whatcom County:

DocuSigned by:  
Tyler Schroeder Deputy Executive 8/26/2021  
By: 513EC4B01EE0423...  
Satpal Singh Sidhu, Whatcom County Executive Date

**CONTRACTOR INFORMATION:**

**Snohomish Health District**  
3020 Rucker Avenue, Suite #306  
Everett, WA 98201  
[sfrederick@snohd.org](mailto:sfrederick@snohd.org)

**EXHIBIT "A"**  
(BYRON FACILITY POLICY MANUAL)

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## Introduction and Purpose of the Covid19 Isolation and Quarantine Facility

1. To implement current public health recommendations by offering a quarantine and isolation facility to the identified population consistent with the CDC's definition of a Tier 1 isolation site;
2. To offer a physical location in which the identified population may follow comply with voluntary quarantine or isolation. This location will provide basic services such as food, laundry, assist with access to appropriate medical telehealth services, and some limited and basic support with independently accessing appropriate behavioral health services via telehealth. It is not a medical facility and does not provide medical care.

## Population to Be Served

1. Individuals over the age of 18\* present in Whatcom County who are determined by a licensed medical provider or public health representative to have minor COVID19 symptoms not requiring medical care or supervision and isolation is recommended; **or**
2. Individuals over the age of 18\* who are determined by a licensed medical provider or public health representative to have been exposed to COVID19 and are in need of quarantine in order to protect the general public during the current health care emergency; **and**
3. Any member of the above groups who is also living unsheltered without an option for isolation/quarantine or cannot isolate/congregate at a previous home or group/congregate living setting; **and**
4. Anyone meeting the previous criteria must also be able to manage ADLs without assistance. This includes ambulation, eating, bathing, dressing, taking prescribed medication, and other necessary activities of daily living; **and**
5. Anyone meeting all of the above criteria must also be able to manage their own behavior in a way that is safe to those around them and abide by the Code of Conduct of the Facility; **and**
6. Anyone meeting all of the above criteria who has also signed releases of information allowing communication between all parties specified on the Screening Form for Isolation and Quarantine Facility and has reviewed and signed the guest Code of Conduct form and the Voluntary Quarantine and Isolation form.

\*Exceptions may be made in the future with a waiver and discussion with the Manager of the Human Services Division of the Whatcom County Health Department.



### **Who will have access?**

Given this is an isolation and quarantine site, access to the grounds, buildings, and units inside the fenced area will be strictly limited. Facility staff and security will be on-grounds following infection control practices including using PPE as specified in the Infection Control document. They will not enter guest units. Security movements and presence are specified in the Security document within the Logistics section. They will not enter guest units.

#### **Other:**

Individuals dropping off items for guests will be met at the gate and will not enter the grounds.

Laundry, pharmacy, food, and other similar deliveries will take place just inside the gate adjacent to the Security structure.

Cleaning personnel will be the only contracted staff to enter rooms and will do so using PPE and other procedures specified in the cleaning contract.

Syringe Services Program staff of the Whatcom County Health Department will come on-site to offer services to guests at guest request. They will follow the Infection Control recommendations of the WCHD including PPE use and disposal.

Emergency medical personnel or law enforcement responding to a 911 call. They have well developed infection control practices specified by their respective agencies.

Last Updated: 11-17-2020

## **COVID19 Isolation and Quarantine Center No 1 Referral Process and Forms**

Referrals will originate from six sources within Whatcom County:

- PeaceHealth St. Joseph Medical Center
- Primary Care Providers
- The GRACE team (including Sea Mar nurse practitioner and Community Paramedics)
- Whatcom County Health Department
- Lighthouse Mission/Base Camp
- Other entities such as Jail in consultation with Whatcom County Health Department

All referrals are required to meet the criteria for isolation or quarantine. PeaceHealth St. Joseph Medical Center will complete the screening via their Bed Control Program staffed by the Social Work Department. The final admission decision will be made by contracted Facility operational staff.

### **After hour referrals can be made on a case by case basis by:**

- PeaceHealth St. Joseph Medical Center
- The GRACE team (including Sea Mar nurse practitioner and Community Paramedics)
- Whatcom County Health Department
- Lighthouse Mission/Base Camp

**In the event of an after-hour referral, the referring entity must coordinate with facility staff to see if an admission is possible and if transportation can be arranged. If needed, the facility on-call manager can be contacted for final approval. All paperwork must still be submitted to Bed Control and the Health Department as soon as possible.**

- Weekend referrals for patients can be initiated by the community paramedics and depending on other demands, may be able to facilitate this process on Saturdays or Sundays, 8 am to 5 pm. 360-739-9811.

### **Primary Care Provider Referral Process**

Before referrals are started, please ask your client if they have a safe place to isolation/quarantine. If they do not and they are willing to go to the IQF and abide by code of conduct, please start the referral. If they are not, referrals should NOT be completed. IQF is an option if they agree to it, but it is voluntary.

- If referrals meet IQF criteria, referral will be forwarded to IQF
- IQF staff will be available for referrals and admissions between 9 am and 4 pm.
- All guests should arrive at IQF no later than 4pm, unless pre-arranged with IQF
- Referrals received later than 1pm may be deferred until the following day
- Guests can and will be asked to leave if they have code of conduct violations or if they leave the premises without permission

- Guest are able to check out of IQF on their own as this is voluntary
- If guests do leave or asked to leave, IQF will not notify the referring provider

1. Complete the following referral forms (both must be completed)

- Screening Referral form (do not move forward if they don't meet IQF admission criteria)
- Isolation and Quarantine referral form

\*If you are completing these forms in person with the potential guest, please complete these forms as well. If you are not, the IQF will complete them when they arrive.

- Code of Conduct
- ROI
- Voluntary agreement

2. Contact Bed control at Peace Health St. Joseph Medical Center. This line is staffed from 8am to 4:30pm daily.

- a. Fax completed forms to bed control at **360-715-4118**
- b. Call Bed control at **360-788-8163** and confirm they have received referral.

3. Bed Control Staff will confirm the following documents have been completed and email to IQF staff: Voluntary Quarantine/Isolation Agreement, Screening form, Referral form, Code of Conduct and a Release of Information.

- Transportation to be arranged by the referring facility with Peace Health bed control staff available to assist if the referring agency does not know how. Transport is to be by Cabulance unless another suitable option is available, as they are prepared to use appropriate infection control practices.

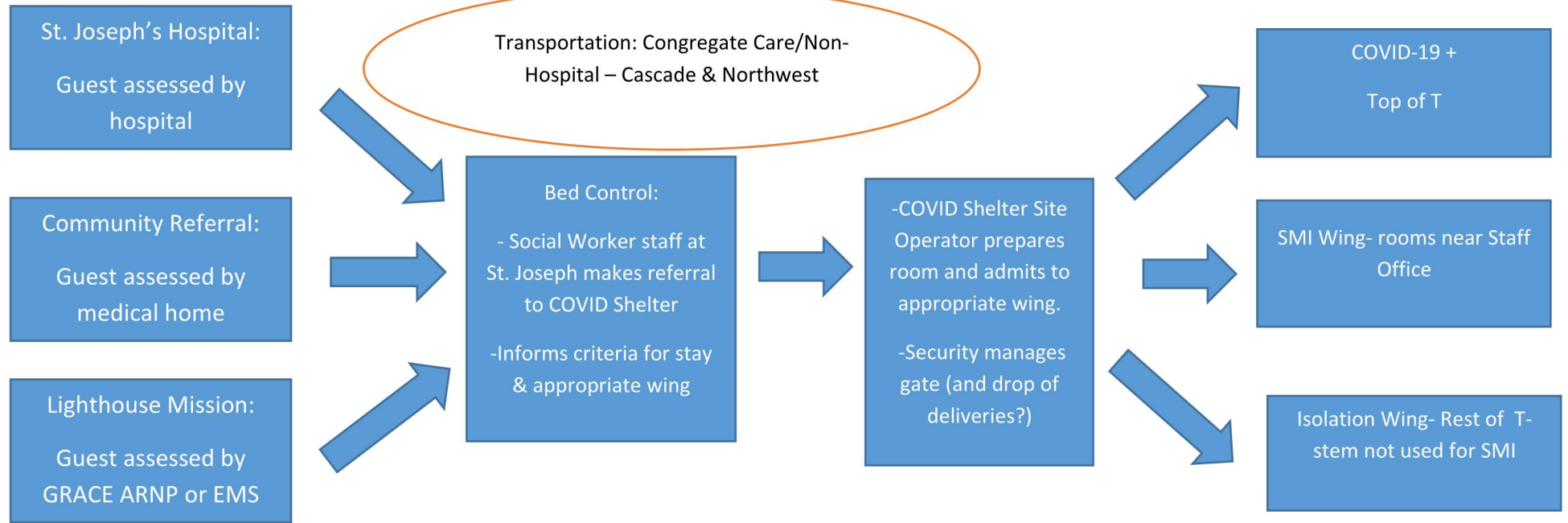
4. IQF reviews documents received by bed control and calls the potential guest to confirm admission time between hours of 9am and 4pm.

5. IQF forwards any documents received by Bed Control to Health Department's Quarantine Isolation Response Team (QIRT) email at [Health\\_QIRT@co.whatcom.wa.us](mailto:Health_QIRT@co.whatcom.wa.us)

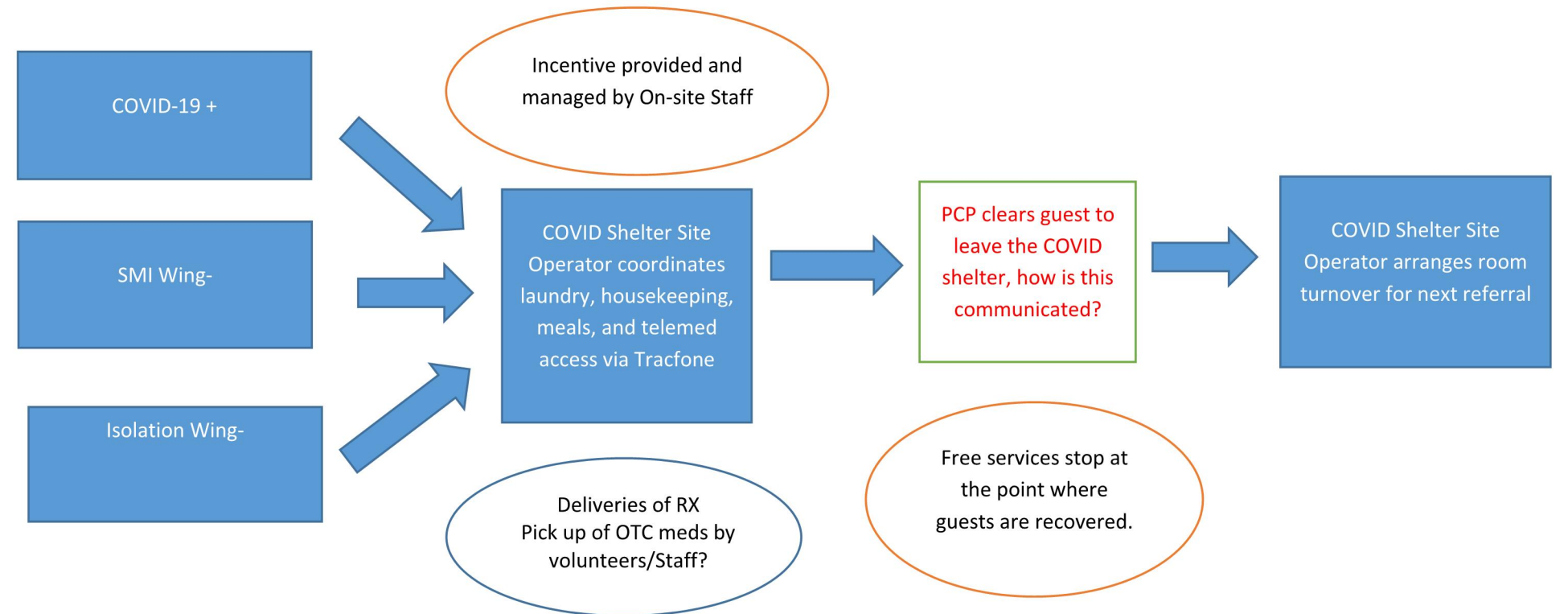
- Whatcom County Health Department will manage isolation and quarantine times for individuals referred to the facility. IQF staff will coordinate with the Whatcom County Health Department to determine if referred clients meet criteria for admission. If it is determined that clients do not meet criteria for admission they will be asked to leave the facility.

Last updated: 2-8-21

## ENTRY PATH



## EXIT PATH





## Referral Form for COVID19 Isolation and Quarantine Facility No 1 (Byron Street, Bellingham)

### Applicant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell Phone Number (*indicate if text only*): \_\_\_\_\_

Emergency Contact (*if any*): \_\_\_\_\_

Contact Info: \_\_\_\_\_

This form completed by:

Contact Info: \_\_\_\_\_

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### Primary Care Provider (Indicate GRACE if not assigned to a provider)

PCP Name: \_\_\_\_\_

PCP Agency: \_\_\_\_\_

Contact Info: \_\_\_\_\_

PCP has been notified?

- ☐ Yes  
☐ No

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**Community Agency Information** (*e.g., Shelter, other Housing, CORS, HOTeam, Compass, Cascade Medical, GRACE, other. Star (\*) individuals identified as primary information and support*). **Include contact information. PCP's offices may call these agencies to assist in completing behavioral health or housing sections of this form once the ROI is signed. Facility staff are available for consult at 360-594-1396. Complex referrals are likely to be a team effort.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Insurance Information** *(indicate none if uninsured)*

Insurance Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Provider One verification attached.

☐ Yes

☐ No

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**Applicant Health History**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**COVID Status:**

1) Individual was exposed to a confirmed case of COVID-19 and is:

☐ Currently asymptomatic

☐ Currently symptomatic

2) Individual developed symptoms consistent with COVID on (Date) \_\_\_\_\_

3) Symptoms included (check those that apply):

☐ Fever of 100.4 or greater

☐ Cough

☐ Shortness of breath

☐ Headache

☐ Muscle aches

☐ Nausea/vomiting/diarrhea

☐ Other \_\_\_\_\_

4) COVID test status is:

☐ Not yet tested

☐ Tested on (Date) \_\_\_\_\_ by (Testing Agency) \_\_\_\_\_

5) Test results are:

☐ Pending

☐ Negative

☐ Positive

6) Recommendation is:

☐ Quarantine

☐ Isolation

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**Home Health Needs:**

**Applicant is a candidate for Home Health referral to support COVID symptom monitoring?**

- ☐ Yes  
☐ No  
☐ Other \_\_\_\_\_

**If Yes, has PCP been notified to arrange Home Health?**

- ☐ Yes  
☐ No

**Independent ADLs**

**Is the Applicant able to:**

- ☐ Ambulate indendently  
☐ Dress, bath, eat independently  
☐ Take own medications independently

**Other Health Issues:** (Must be self-managed)

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**Current Medications:**

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**Medication Allergies:** (indicate none if no known allergies)

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**Behavioral Health Status** (Information to be used to support applicant needs at the housing facility)

- 1) Does Applicant have a known history of Substance Use Disorder and/or Mental Health Disorder?  
\_\_\_\_\_
  - 2) Is Applicant an Active Drug User? \_\_\_\_\_
  - 3) Is Applicant interested in or receiving Medication Assisted Treatment?  
\_\_\_\_\_
  - 4) Sharps container or syringe exchange? \_\_\_\_\_
-

**Transportation Needs:**

**Applicant will need transportation to the facility?**

- ☐ Yes (Cabulance)  
☐ No  
☐ Other \_\_\_\_\_

**Medication Pick-up Needs**

**Applicant will need medication pick-up en route to Facility?**

- ☐ Yes (Name of Pharmacy/Location) \_\_\_\_\_  
☐ No

---

**COVID Testing Needs**

**Applicant needs to have COVID test arranged through Whatcom County Health Department drive-through testing (360-778-6100)?**

- ☐ Yes  
☐ No

**Have the following forms been completed with the applicant to be sent to Bed Control at SJMC with this completed form?**

- ☐ Release of Information  
☐ Code of Conduct  
☐ Voluntary Quarantine Isolation Agreement

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**Special Needs:**

- Dietary Needs
    - ☐ Diabetes \_\_\_\_\_
    - ☐ Celiac Disease/Gluten \_\_\_\_\_
    - ☐ Food Allergies \_\_\_\_\_
    - ☐ Other \_\_\_\_\_
  - Cell Phone/Electronic Device Access Needs
    - ☐ \_\_\_\_\_
  - Recreational/Leisure Needs
    - ☐ \_\_\_\_\_
  - Other Needs
    - ☐ \_\_\_\_\_
    - ☐ \_\_\_\_\_
    - ☐ \_\_\_\_\_
-



**Additional Notes:**

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**WHEN THIS FORM IS COMPLETED, CALL BED CONTROL AT PEACEHEALTH ST. JOSEPH MEDICAL CENTER. THEY WILL MOVE THE REFERRAL FORWARD AND CONTACT THE FACILITY DIRECTLY. Phone: 360-788-8163. Fax: 360-715-4118.**

## Screening Form for COVID19 Isolation and Quarantine Facility No 1

### Applicant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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### Referring Agency

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

---

### Qualifiers for Admission (as determined by referring agency)

#### 1) Medical/Health Status (at least one of the following conditions must apply):

- ☐ Applicant has been diagnosed with COVID-19
- ☐ Applicant has symptoms suggestive of COVID-19 and is awaiting testing or test results
- ☐ Applicant has a known exposure to a confirmed case of COVID-19 (i.e., identified as a contact of a confirmed case)

#### 2) Medical Provider Consultation (the following condition must apply):

- ☐ Applicant's condition was discussed with a medical provider and a recommendation was given for isolation or quarantine.

- Medical provider's agency, name, and contact information:

\_\_\_\_\_  
\_\_\_\_\_

- Medical provider's recommendation for isolation/quarantine:

\_\_\_\_\_

**3) Housing Status (at least one of the following conditions must apply):**

- ☐ Applicant has own housing, but cannot isolate/quarantine there
- ☐ Applicant lives in a group/congregate setting and cannot isolate/quarantine there
- ☐ Applicant lives unsheltered or in a vehicle and does not have an option for isolation/quarantine

**4) Functional Status (both of the following conditions must apply)**

- ☐ Applicant is able to independently perform activities of daily living
  - Mobile
  - Bathing, dressing, personal care
  - Independent toileting
  - Taking meds as prescribed and asking for help with filling prescriptions as needed
  - Eating and basic clean-up
- ☐ Applicant is able to manage own behavior in a way that is safe to those around them

**5) Age (one of the following conditions must apply):**

- ☐ Applicant is 18 years old or older
- ☐ Applicant is under 18 years old and has a waiver for placement in this facility

**Checklist of forms to be sent to the Facility**

- ☐ Screening form (completed by Bed Control staff)
- ☐ Referral form (completed by the community provider initiating the referral)
- ☐ Voluntary Quarantine Isolation Agreement (community provider completes with applicant)
- ☐ Code of Conduct (community provider completes with applicant)
- ☐ Release of Information (community provider completes with applicant)

# WHATCOM COUNTY HEALTH DEPARTMENT



**ERIKA LAUTENBACH, DIRECTOR**  
**GREG STERN, M.D., HEALTH  
OFFICER**

## VOLUNTARY QUARANTINE/ISOLATION AGREEMENT

I \_\_\_\_\_ agree to voluntarily QUARANTINE and/or ISOLATE myself, because I may have been exposed to the COVID-19 virus, have symptoms of COVID-19, or have been diagnosed with COVID-19.

Quarantine and isolation both mean that I shall not come into contact with other people. I understand it is very important that I comply with this agreement. My health and the health of others depend on it.

I agree to voluntarily go to and remain at the following quarantine and isolation facility:

\_\_\_\_\_ by \_\_\_\_\_  
(Address) (Date and Time)

I understand that this is necessary based on what is known about COVID-19 and how it is spread. I will need to stay in quarantine for 14 days after my last exposure to COVID-19, and if I develop symptoms while I am in quarantine or I am diagnosed with COVID-19, I will need to be isolated until I can discontinue isolation, a minimum of 7 days after my symptoms started, at least 72 hours without fever, and with improvement in my symptoms. The Whatcom County Health Department will determine when I can discontinue isolation and it is safe for me to leave the facility. I understand that the facility is not a residence. I agree to only remain there for the express purpose of quarantine and isolation. I agree to leave the facility when I am told.

Quarantine and isolation are authorized under the authority of **WAC 246-100**.

I have reviewed the attached information, including the RULES of the facility, and I agree to abide by all of these rules. If, in the opinion of facility staff, I do not abide by the rules, I understand that I may be required to leave.

I have been offered enrollment in Sea Mar, and choose to (Initial one) \_\_\_\_\_ Accept \_\_\_\_\_ Decline.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledged by: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



# WHATCOM COUNTY Health Department



Erika Lautenbach, Director  
Greg Stern, M.D., Health Officer

## ACUERDO VOLUNTARIO DE CUARENTENA / AISLAMIENTO

Yo \_\_\_\_\_ Acepto voluntariamente CUARENTENA y/o AISLARME, porque puedo haber estado expuesto al virus COVID-19, tener síntomas de COVID-19 o haber sido diagnosticado con COVID-19.

Cuarentena y aislamiento significan que no entraré en contacto con otras personas. Entiendo que es muy importante que cumpla con este acuerdo. Mi salud y la salud de los demás dependen de ello.

Acepto ir y permanecer voluntariamente en las siguientes instalaciones de cuarentena y aislamiento:

\_\_\_\_\_ by \_\_\_\_\_  
(Domicilio) (Fecha y Hora)

Entiendo que esto es necesario en base a lo que se sabe sobre COVID-19 y cómo se propaga. Tendré que permanecer en cuarentena durante 14 días después de mi última exposición al COVID-19, y si desarrollo síntomas mientras estoy en cuarentena o me diagnostican con COVID-19, tendré que aislarme hasta que pueda interrumpir el aislamiento, un mínimo de 10 días después de que comenzaron mis síntomas, al menos 72 horas sin fiebre y con una mejoría en mis síntomas. El Departamento de Salud del Condado de Whatcom determinará cuándo puedo suspender el aislamiento y es seguro que dejar el centro. Entiendo que la instalación no es una residencia. Estoy de acuerdo en permanecer allí solo con el propósito expreso de cuarentena y aislamiento. Acepto irme del centro cuando me lo indiquen.

La cuarentena y el aislamiento están autorizados bajo la autoridad de **WAC 246-100**.

He revisado la información adjunta, incluidas las REGLAS de la instalación, y estoy de acuerdo en cumplir con todas estas reglas. Si, en opinión del personal del establecimiento, no cumplo con las reglas, entiendo que se me puede pedir que me vaya.

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Reconocido por: \_\_\_\_\_ Nombre: \_\_\_\_\_

Título: \_\_\_\_\_





# Isolation and Quarantine Facility

## Code of Conduct

**Let's All Be Safe!**

### **I will keep myself and those around me safe while in quarantine/isolation by:**

- Remaining in my room as much as possible and maintaining 6 feet of social distance when outdoors
- Only taking smoke breaks in designated areas
- Maintaining social distance (6 feet) and wearing a mask when outside
- Staying on the property (please don't put others at risk! Or yourself at risk of being asked to leave!)
- Not having any visitors on the property
- Telling friends and family how to drop off items they wish to leave for me
- Asking staff how to get help with any medical or behavioral health needs

### **I will behave in a respectful manner by:**

- Honoring my own dignity as a person
- Treating other guests in a way that honors their dignity as persons
- Following directions from staff/security
- Washing hands, cleaning my personal area as asked, bagging and putting out garbage and laundry as asked
- Respecting the privacy, safety, and need to sleep of those around me

### **I will avoid behavior that is hurtful or disrespectful by:**

- Not putting myself or others at risk
- Not hindering the services that the facility provides
- Not violating the law inside the facility
- Honoring quiet time between 10:00 pm and 7:00 am and being sensitive to others who are in isolation or recovery

### **Specific behaviors that will not be tolerated at the Quarantine Isolation Facility:**

#### **Disrespect for staff, volunteers, or facility**

- Arguing with or verbally abusing other guests/staff
- Interfering with the facility's functions or staff's management of those functions
- When my discharge date arrives I will leave as asked by staff and as planned and leave my room in good condition for the next human being who needs it

#### **Violence**

- Provoking a fight or making threats
- Physical fights with other people
- Using or threatening to use a weapon

#### **Drugs**

- Drug dealing



### Harassment

- Teasing or harassing another person -- to include racial, gender, sexual orientation, or disability slurs
- Sexual harassment of staff/volunteers or guests

### Other unacceptable behavior

- Smoking inside the facility or places other than the designated smoking areas
- Severe intoxication, impaired judgement, or other behavior that causes disruption to the facility or its function.

### Other agreements

- Guests must be fully dressed when using the smoking areas
- Guests are not permitted in any part of the facility other than their own room, the smoking area, or on walks about the property. On walks, please respect boundaries between isolation and quarantine wings, wear a mask, and practice social distance (6 feet)
- Take your personal property with you when you leave at discharge. If you leave the isolation/quarantine facility property before you are discharged, your room may not be available when you return
- No weapons allowed on the property, any pocket knives or other weapons are to be turned in to staff upon admission

## Isolation and Quarantine Facility Code of Conduct

### Guest Acknowledgment

As a guest of the Isolation and Quarantine Facility, I understand I am expected to honor the previously listed Code of Conduct and guidelines. I also understand that there will be negative consequences if I do not abide by this Code of Conduct and set of guidelines, which may include discharge.

I acknowledge that my participation in programs and use of the facility is voluntary, and that the staff have the right to refuse services to me and ask me to leave the property.

My signature below indicates that I have read and understood the Code of Conduct for any individual utilizing the Quarantine and Isolation Facility. (I also understand I can ask that this document be read to me.)

---

Name (Please Print)

---

Signature

---

Date

---

Staff Witness

---

Date

Initials \_\_\_\_\_

# Centro de aislamiento y cuarentena

## Código de Conducta

### Cómo Mantener la Seguridad de Todos

#### **Me mantendré a mí mismo y a quienes me rodean seguros mientras esté en cuarentena / aislamiento al:**

- Permanecer en mi habitación tanto como sea posible y mantener 6 pies de distancia social cuando esté al aire libre
- Solo fumar en áreas designadas
- Mantener la distancia social (6 pies) y usar una máscara cuando está afuera
- Quedarse en la propiedad (¡por favor, no ponga a otros en riesgo! ¡O usted mismo corre el riesgo de que se le pida que se vaya!)
- No tener visitantes en la propiedad
- Decirles a amigos y familiares cómo dejar los artículos que desean dejarme
- Preguntarle al personal cómo obtener ayuda con cualquier necesidad médica o de salud del comportamiento.

#### **Me comportaré de manera respetuosa al:**

- Honrar mi propia dignidad como persona
- Tratar a otros huéspedes de una manera que honre su dignidad como personas.
- Seguir instrucciones del personal / seguridad
- Lavarme las manos, limpiar mi área personal según lo solicitado, embolsar y sacar la basura y la ropa según lo solicitado
- Respetar la privacidad, la seguridad y la necesidad de dormir de quienes me rodean.

#### **Evitaré conductas que sean hirientes o irrespetuosas al:**

- No ponerme a mí ni a otros en riesgo
- No interferir con los servicios que brinda el centro
- No violar la ley dentro de las instalaciones del centro.
- Honrar el tiempo de silencio entre las 10:00 p. M. Y las 7:00 a. M.
- Y ser sensible con los demás que están en aislamiento o recuperación

#### **Comportamientos específicos que no serán tolerados en el Centro de aislamiento de cuarentena:**

##### **Falta de respeto por el personal, los voluntarios o las instalaciones.**

- Discutir o abusar verbalmente de otros huéspedes / personal
- Interferir con las funciones del centro o la gestión del personal de esas funciones.
- Cuando llegue mi fecha de alta, me iré según lo solicitado por el personal y según lo planeado, y dejaré mi habitación en buenas condiciones para el próximo ser humano que lo necesite

##### **Violencia**

- Provocar una pelea o hacer amenazas
- Peleas físicas con otras personas
- Usar o amenazar con usar un arma

### **Drogas**

- El tráfico de drogas

### **Acoso**

- Burlarse o acosar a otra persona, para incluir insultos raciales, de género, de orientación sexual o de discapacidad
- Acoso sexual del personal / voluntarios o invitados

### **Otro comportamiento inaceptable**

- Fumar dentro de las instalaciones o lugares que no sean las áreas designadas para fumar.
- Intoxicación severa, juicio deteriorado u otro comportamiento que cause interrupción a la instalación o su función.

### **Otros acuerdos**

- Los huéspedes deben estar completamente vestidos cuando usen las áreas para fumadores
- No se permiten invitados en ninguna parte de las instalaciones que no sean su propia habitación, el área para fumadores o los paseos por la propiedad. En las caminatas, respete los límites entre el aislamiento y las alas de cuarentena, use una máscara y practique la distancia social (6 pies)
- Lleve su propiedad personal con usted cuando salga al alta. Si abandona la propiedad del centro de aislamiento / cuarentena antes de ser dado de alta, es posible que su habitación no esté disponible cuando regrese
- No se permiten armas en la propiedad, las navajas de bolsillo u otras armas deben entregarse al personal al ingresar

## **Código de conducta del centro de aislamiento y cuarentena**

### **Reconocimiento de invitado**

Como invitado del Centro de aislamiento y cuarentena, entiendo que se espera que cumpla con el Código de conducta y las reglas mencionadas anteriormente. También entiendo que habrá consecuencias negativas si no cumplo con este Código de Conducta y este conjunto de reglas, que pueden incluir el alta.

Reconozco que mi participación en los programas y el uso de las instalaciones es voluntaria, y que el personal tiene derecho a rechazarme los servicios y pedirme que abandone la propiedad.

Mi firma a continuación indica que he leído y entendido el Código de conducta para cualquier persona que utilice la Instalación de cuarentena y aislamiento. (También entiendo que puedo pedir que me lean este documento).

---

Nombre (en letra de imprenta)

---

Firma

---

Fecha

---

Testigo del personal

---

Fecha

Iniciales \_\_\_\_\_

**COVID19 Isolation and Quarantine Facility No 1**  
**Authorization to Release/Disclose**  
**Protected Health Information**

Guest Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, authorize Grace/SeaMar and staff of the Isolation and Quarantine Facility and its partner agencies, which includes staff from the following entities:

- Bellingham Police Department
- Cascade Medical Advantage
- Catholic Community Services
- City of Bellingham Assigned Counsel
- Compass Health
- Department of Social and Health Services (Home & Community Services, ALTSA)
- District Court Probation
- DVSAS
- Ideal Option
- Lake Whatcom Treatment Center
- Lighthouse Mission & Drop-In Center
- Lifeline Connections
- Lummi Health and Human Services
- (Tribal Health Clinic, Behavioral Health, Counseling Services)
- Lydia Place
- Northwest Regional Council
- Northwest Youth Services
- Opportunity Council
- (Whatcom Homeless Service Center, Homeless Outreach Team)
- PeaceHealth St. Joseph Medical Center
- Pioneer Human Services
- SeaMar Community Health Clinic
- Sunrise Services
- Sun Community Services
- Unity Care NW
- Whatcom County Emergency Medical Services & Community Health Programs
- Whatcom County Jail
- Whatcom County Municipal Police Departments
- \_\_\_\_\_
- Whatcom County Public Defenders
- Whatcom County Sheriff
- Whatcom County Specialty Courts
- Yakima County Jail
- YWCA
- Whatcom County Health Department
- Whatcom Unified Command
- Community Health Provider (specify) \_\_\_\_\_
- OTHER: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**To communicate with and disclose to one another the following information:**

- Initial and subsequent evaluations of my service needs by partner agencies
- Current and past relevant medical and mental health providers
- Past or present mental health problems or diagnoses and current medications
- Current status Covid-19
- Past or present History & Physicals
- Laboratory Reports
- Immunization Record(s)
- Medication Records
- WCHD information and recommendations
- Community medical provider evaluation and recommendations
- Housing Related Information
- OTHER: \_\_\_\_\_
- \_\_\_\_\_

Please initial next to the following information if you are willing to disclose it:

- Current and past Chemical Dependency Treatment Programs, with dates
- Past or present Chemical Dependency Problems or Diagnoses
- HIV/AIDS Diagnoses and Test Reports
- Sexually Transmitted Disease Information

The purpose of the release/disclosure is to coordinate the following activities: assessment, referral, medical, chemical dependency, mental health, case management, vocational, public health, shelter or housing services.

- My records are protected under Federal 42 and 45 CFR and State confidentiality regulations including 70.02.030, 71.05 and 70.96A RCWs and cannot be disclosed without my written consent unless otherwise provided for in these regulations.
- I may revoke this authorization at any time by submitting a revocation request in writing to: GRACE Program Manager- 800 E. Chestnut St., Bellingham, WA 98225. If I do not, unless I designate a sooner date or unless this authorization is for criminal justice system treatment monitoring, this authorization expires in one year. If I am under the supervision of DOC then this authorization expires at the end of the term of supervision. Any revocation will not take effect if action has already been taken based on the original authorization. Revocation request forms are available on request.
- The recipient of this information, as specified above, may not be required by Federal law to keep the information confidential.
- I understand I have the following rights: 1) to receive a copy of this signed authorization and 2) To refuse to sign this authorization. This authorization allows my various care providers to discuss my needs and develop plans pertaining to my further care. If I refuse to sign this release it will not deny treatment by my individual care providers but will prevent them from coordinating my care. Release of my confidential information to a specific treatment entity not already listed above will require that I sign a separate authorization specific to that program.
- GRACE does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all clients.
- This consent is valid for:

☐ One year or ☐ until \_\_\_\_\_ (date or event).

- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- I understand that records shared under this consent may no longer be protected under the laws that apply to Sea Mar.

A copy of this form is valid to give my permission to share records.

**Signature (Patient or Person Authorized to give authorization)**

**Date**

If signed by person other than patient, please print your name, provide reason, relationship to patient, & description of authority

## **Admission, Room Assignments, Move-in**

**Policy:** At admission each guest will be given a room assignment by Facility staff. Before move-in, facility staff will follow and complete relevant parts of the Move In/Move Out checklist found in the Staffing section of this manual. They will confirm that the room has been cleaned since the last guest left. Staff will place all items specified in procedures in the room before the guest arrives to minimize contact. Staff will escort new guests from the gate to their assigned rooms using Personal Protection Equipment as specified in the Infection Control document. Sea Mar/Grace staff will coordinate the admission decision and time of transport with Bed Control at PeaceHealth SJMC. Sea Mar/Grace staff will also manage the flow and volume of admits based on room and staff availability. They may establish windows of time in which admits can be scheduled (at admit between 8 am and 4 pm).

### **Procedures:**

1. Prior to assigning a room to a new resident, Facility staff will confirm the following are in the room:
  - A welcome packet with instructions, code of conduct, and other information
  - A pre-assembled package with hygiene products
  - Items specified in the Infection Control policy so residents can clean surfaces, wash hands, etc.
  - Telephone for those without (staff will record the phone number in their documentation before placing the phone in the room)
  - Microwave and refrigerator (part of basic equipment at the physical facility)
  - Thermometer
  - Blank log for symptoms
  - Clean linens and a bag for dirty laundry provided by NW Linen per contract with WUC
  - A laminated card with virus information on the wall



## **Pets**

**Policy:** Guests are allowed to bring existing house trained pets, service animals, and emotional support animals excluding chickens/poultry or poisonous animals. Pets are subject to the same behavioral expectations as human beings in terms of lack aggression, social interaction, and social distancing. Pets must be under the control of their owner by leash or voice command at any time they are outside the resident's room.

### **Procedures:**

1. Owners are responsible for bringing or having delivered/dropped off all food and supplies their animal needs during their stay at the facility including leash, food, litter, etc.
2. Owners will only allow their pet to urinate or defecate in designated areas and will pick up and dispose of feces as directed by staff
3. Owners will follow staff direction, any established schedules, and social distancing while outside with their pets
4. Owners will take care of all of the needs of their pet independently
5. Owner are responsible for any damage done by their pet

Last updated: 4-10-20

## **Welcome and Be Safe! Please help by doing the following:**

### **How to Be Safe:**

- Remain in your room as much as possible
- No one except you is allowed in your room
- Cover coughs and sneezes
- Wash hands frequently
- Avoid sharing personal and household items with other
- When outside, sit at the individual table/chair assigned to your room number
- Exercise is encouraged, in your room or outdoors in designated areas. If you walk:
  - Stay 6 feet from all others
  - Wear one of the masks given to you
- Stay in your room when staff drop things off. They will “drop and knock.” Give them a count of 10 before you open your door
- No visitors allowed, but friends and family may drop bags at the gate for you. Staff will drop off unopened bags at your door.

### **Check Texts and Answer Calls:**

- Staff will have your phone number and call or text about food, laundry and garbage pick-up and drop-off
- The Health Department will contact you to check on any symptoms and track the number of days before you can leave
- Your own health and behavioral health providers may text or call to schedule and have telehealth appointments
- Talking to friends and family is a great way to manage the difficult days in isolation or quarantine

### **Ask for Help:**

Staff can help you find help as you need it. This is a difficult time for you and everyone around you. Let them help so you can stay all of your isolation or quarantine days. Call them at 360-594-1396

### **Cleaning to be Well:**

Public health officials recommend everyone in isolation or quarantine do daily general cleaning of high touch surfaces. You will be given supplies including cloths and a spray bottle. Use gloves when cleaning.

**Follow the Code of Conduct:** Read and follow the Code of Conduct

**Earn Incentives:** If you stay until you complete isolation or quarantine you will earn incentives.

## **¡Bienvenido! Por favor ayude a mantener la salud de todos haciendo lo siguiente:**

### **Cómo mantenerse seguro/a:**

- Permanecer en su habitación tanto como sea posible.
- Nadie excepto usted está permitido en su habitación
- Cubra la tos y estornudos
- Lavarse las manos con frecuencia
- Evite compartir artículos personales y del hogar con otros
- Cuando esté afuera, siéntese en la mesa / silla individual asignada a su número de habitación
- Se recomienda hacer ejercicio, en su habitación o al aire libre en áreas designadas. Si caminas
  - Manténgase a 6 pies de todos los demás
  - Use una de las máscaras que le dieron
- Quédese en su habitación cuando los trabajadores dejen las cosas. Ellos "dejan las cosas y tocan". Espere 10 segundos antes de abrir su puerta
- No se permiten visitantes, pero amigos y familiares pueden dejar las maletas en la puerta. Los trabajadores dejarán bolsas sin abrir en su puerta.

### **Consultar textos y responder llamadas:**

- Los trabajadores tendrán su número de teléfono y llamarán o mandarán mensajes de texto sobre la recogida y devolución de alimentos, ropa y basura.
- El Departamento de Salud se comunicará con usted para verificar cualquier síntoma y contabilizar los días antes de que pueda irse
- Sus propios proveedores de salud y salud del comportamiento pueden enviar mensajes de texto o llamar para programar y tener citas de telesalud
- Hablar con amigos y familiares es una excelente manera de manejar los días difíciles de aislamiento o cuarentena.

### **Pedir ayuda:**

Los trabajadores pueden ayudarle a encontrar ayuda cuando la necesite. Este es un momento difícil para usted y para todos los que le rodean. Permíteles que le ayuden para que pueda cumplir todos sus días de aislamiento o cuarentena. Llámelos al 360-594-1396

### **Limpieza para la salud:**

Los funcionarios de salud pública recomiendan que todos los que estén aislados o en cuarentena hagan una limpieza general diaria de las superficies de alto contacto. Se le darán suministros, incluidos paños y una botella con atomizador. Use guantes cuando limpie.

**Siga el Código de conducta:** lea y siga el Código de conducta

**Gane incentivos:** si se queda hasta completar el aislamiento o la cuarentena, ganará incentivos.

## **Bienvenido a la instalación de aislamiento y cuarentena**

Esta nueva instalación contará con personal las 24 horas del día, los 7 días de la semana con personal de seguridad, apoyo, consultas médicas y proveedores de salud mental. A medida que pasa el tiempo asignado en cuarentena o aislamiento, queremos hacer todo lo posible para mantenerlo cómodo, saludable y evitar la propagación de COVID 19. Su estadía aquí es voluntaria, y vamos a tratar de hacerlo lo más cómodo posible, como sea posible para garantizar que tanto usted como nuestra comunidad estén seguros.

El personal de este centro desea que su estadía sea cómoda y segura, y realizaremos controles regulares para asegurarnos de que esté bien. Sin embargo, no somos personal médico y no podemos diagnosticar o evaluar adecuadamente su salud. **Si tiene inquietudes sobre su salud, llame a su proveedor de atención primaria o informe al personal que necesita ayuda para comunicarse con su médico y nosotros podemos ayudarlo.**

**Llame al 360.594.1396 para comunicarse con el personal si tiene preguntas o necesita necesidades adicionales.**

### **Asistencia de apoyo**

Usted ha aceptado permanecer en este centro durante la totalidad de su aislamiento o cuarentena. Como parte de eso, hemos establecido un programa de Asistencia de Soporte que le **brinda \$ 5 por cada 24 horas que permanezca aquí con \$ 10 adicionales el último día de su estadía.** Este dinero será contabilizado por el personal y ellos conocerán el saldo de su "cuenta" en un día determinado.

Este dinero se puede usar de dos maneras:

1. Con el dinero que gana, puede usarlo para comprar artículos de la "despensa" de la instalación
2. Puede ahorrar ese dinero y cuando salga de la instalación con éxito, ese dinero irá en una tarjeta de regalo para que lo lleve consigo
3. Puede gastar algo de dinero en artículos de despensa y salir con su saldo en una tarjeta de regalo al final de su estadía.

Echa un vistazo a la lista de despensa para ver si hay algo que te gustaría comprar con su dinero de "cuenta".

Recibirá lo que quede en su "cuenta" en forma de una tarjeta de crédito Visa al momento del alta y la finalización exitosa de su cuarentena / aislamiento.

Este es un programa de todo o nada. **Si elige irse antes de que se complete su cuarentena o aislamiento, no obtendrá el saldo de su pestaña.** Y si tiene sugerencias sobre lo que debería estar en la lista de la despensa, avísele al personal.

### **Comidas**

Los lunes, miércoles y viernes, recibirá cuatro comidas congeladas, dos para el almuerzo y dos para la cena. Estas comidas serán entregadas en su puerta antes de las 12 pm los lunes, miércoles y viernes. Se proporcionarán todos los utensilios y platos.

Los artículos de desayuno también se proporcionarán y se entregarán a su puerta.

### **Artículos de despensa**

Además de las comidas regulares que proporcionaremos, tiene la opción de gastar dinero de su fondo de incentivos en refrigerios adicionales de la despensa. El personal hará un seguimiento de cuánto dinero ha ganado y cuánto le queda después de haberlo gastado en artículos de despensa.

**Llame al 360.594.1396 para pedirle al personal que le traiga artículos de la despensa.**

Los artículos de la despensa solo se pueden comprar con el dinero ganado en el programa de incentivos. El personal no aceptará efectivo ni ningún otro método de pago.

### **Entregas adicionales**

Si elige pedir alimentos adicionales u otros artículos para ser entregados a la instalación, llame al 360.594.1396 para informar al personal cuándo llegará la entrega y quién entregará los artículos (es decir, Uber Eats, Instacart, un amigo).

### **Fundas de cama**

Reemplazará sus fundas de cama todas las semanas. **Para las 11 am del martes, le pediremos que se haya quitado las sábanas, las fundas de las almohadas, las mantas y las toallas, y que ponga la bolsa de lavandería morada y salga de la puerta de su casa. Necesitarás usar doble bolsa.** El personal vendrá y recogerá ropa de cama sucia y dejará ropa fresca frente a su puerta. El personal no pondrá las sábanas frescas en la cama, tendrá que hacerlo usted mismo.

La ropa de cama no se lavará en el sitio. **No coloque artículos personales en la bolsa de ropa sucia porque no los recuperará.**

### **Lavandería personal**

Una vez a la semana, podrá enviar su ropa personal para que la laven y la devuelvan. El personal le proporcionará una bolsa para guardar su ropa personal..

## **Afuera**

Puede pasar tiempo fuera de su habitación siempre que **mantenga una distancia de 6 pies de otras personas. Cuando salgas de su habitación, siempre debes llevar una máscara. Si no usa una máscara fuera de su habitación, el personal le pedirá que vuelva a entrar y se la ponga. ¡Gracias por estar a salvo!**

Tenemos mesas etiquetadas con su número de habitación fuera de su habitación que puede usar. Utilice solo la mesa con el número de su habitación. También tenemos toldos adicionales instalados en el estacionamiento como áreas designadas para fumar.

Si desea hacer ejercicio, puede caminar por el perímetro de la propiedad pero no salga de la propiedad y siempre mantenga 6 pies entre usted y otras personas.

## **Basura**

Usted será responsable de sacar su propia basura. Lleve su basura en bolsas directamente a la basura verde a lo largo del lado derecho del estacionamiento, cerca de la puerta. Siempre use guantes y una máscara cuando saque la basura. Deje que el personal si necesita más bolsas de basura.

## **WiFi**

WiFi gratuito está incluido en su estancia. Una vez que se establezca, el personal le dará la contraseña.

## **Teléfonos de habitación**

Para comunicarse con una línea externa, **marque 9** y despues el número de teléfono deseado.

**Marque 360.594.1396** para comunicarse con el personal si tiene preguntas o necesidades adicionales.

También puede **marcar 101** en el teléfono del motel para comunicarse con la oficina.



## **Infection Control and Medical Referral at Isolation and Quarantine Facility**

The Facility is for persons without shelter who do not require on-site medical or nursing supervision to safely stay during a quarantine (for exposure to a case or presumed exposure in an outbreak setting) or for isolation (while infectious from confirmed COVID-19 or from presumed infection). Support services are provided, with a harm reduction model of care. The level of COVID-19 isolation and quarantine is based on the guidelines for self-isolation or quarantine at home.

## **Infection Prevention Measures – In General**

### **Guests**

The intention is for the guest to be in isolation/quarantine and follow the DOH guidance for persons with confirmed COVID-19

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>

Guest should be oriented to quarantine/isolation guidelines to include:

1. Remain in room as much as possible.
2. Wash hands frequently with soap and water.
3. Avoid sharing personal and household items with others.
4. Wear a mask whenever leaving the room.
5. When outside, sit at the individual table/chair assigned to your room number.
6. Stay at least 6 feet away from others, including staff and other guests.
7. Guests are responsible to double bag trash and bring to a central disposal area to minimize potential contact with COVID-19 virus for staff.
8. Guests are responsible to double bag linen/laundry and place it outside their door at designated time.
9. Exercise is encouraged either in the room or in an outdoor designated area at designated times to avoid close proximity to others.
10. No one except the guest(s) assigned to the room are allowed inside.

### **Staff**

The goal is to protect staff from infection while working at the isolation facility, and to prevent cross-transmission of virus from one facility to another.

Staff should be oriented to the nature of COVID-19 and review infection prevention guidance carefully. Staff shall:

1. Wear a mask at all times while on site, except while working alone in the office area.

2. Wear gloves while handling items (such as guest laundry bags or trash) that may be contaminated and when cleaning surfaces in common areas.
3. Wash hands frequently with soap and water, including after removing gloves. Use hand sanitizer if wash station is not immediately available.
4. Stay at least 6 feet away from others, including other staff and guests, unless responding to an emergency.
5. Disinfect surfaces regularly in common areas as per Cleaning guidance below.
6. Not enter a guest room unless responding to an emergency.

Staff should be screened on a daily basis prior to coming to work for any signs of illness including:

- Fever (temperature of 100.4 or higher) or
- New onset cough, sore throat, muscle aches, loss of taste or smell

If staff develop symptoms, they should contact their supervisor and primary health care provider for guidance and arrangements for testing.

Staff assigned to work at the isolation facility should not be assigned to work at other congregate facilities during the same shift- it is ok go from the “red Zone” COVID-19 facility to the “Green Zone” clean facility. It is ok to go from the clean zone to the I&Q facility. Staff should wear clean clothes daily.

### **Personal Protective Equipment (PPE)**

PPE measures are taken to block respiratory droplets from staff or guest that can either land on mucus membranes or contaminate surfaces or objects. Current guidance from the Centers for Disease Control and Prevention indicate that surgical or cloth masks are adequate to reduce transmission of COVID-19, when used in conjunction with social distancing. Additional PPE (such as N95 mask, gown, eye protection, and face shield) are only needed for individuals providing direct care or having close contact with guest.

- Masks:
  - Guests will be provided with a supply of surgical masks (approximately 10 per guest, to be replenished if needed) and should be required to wear these masks any time they step out or need to be transported. Guests do not need to wear masks when isolated in their rooms. Used masks shall be put into a lined trash can in the guest’s room.
  - Staff will be provided with surgical masks (at least one per day) and should wear them at all times while on site, but may remove masks while working alone in the office area. A cloth mask is also acceptable. Masks may be hung up on wall in the office while not being worn as long as there is a designated space provided for each staff. Disposable masks can be placed directly into lined trash, followed by hand washing. Cloth masks should be laundered after use in regular wash load.





- **Gloves**
  - A supply of gloves will be provided for staff.
  - Staff shall wear gloves any time they are handling items (such as laundry bags or trash) that may be contaminated and when cleaning high touch surfaces in common areas
  - Staff shall dispose of gloves in a lined trash bag, followed by hand washing.

### **Social distancing**

Social distancing measures are taken to reduce the likelihood of coming in contact with respiratory droplets from an infected person.

- **Minimum 6-foot distance between individuals**
  - Guests (both suspect and confirmed COVID -19 positive) and staff will maintain a minimum of 6 feet distance, with exceptions for contact only when required to respond to an emergency.
  - Regardless of the test status of guests and staff, everyone should be considered to be infectious (either through generating respiratory droplets or by spreading infectious material by contact to surfaces) or susceptible to infection (if in quarantine or if not confirmed to have COVID-19 infection).
- **Distancing and environmental barriers for guest interviews or meetings**
  - Guest interviews or meetings with staff may occur in an outdoor area with both guest and staff wearing masks and maintaining a minimum of 6 feet distance.
  - Interviews may also occur inside a well ventilated room that is large enough to maintain a minimum of 6 feet distance. Room occupancy should be limited to 2 persons unless extenuating circumstances needed for safety; and guest and staff shall wear masks. Barriers such as glass or plastic windows can be an effective solution for reducing exposures and are recommended for inside interview areas.

### **Cleaning**

Environmental cleaning measures are taken to reduce the presence of viral droplets on surfaces.

- **Disinfection supplies**
  - Common EPA-registered household disinfectants Source or a bleach solution of 4 teaspoons bleach per quart of water can be used to disinfect surfaces.
  - Supplies including cloths and a spray bottle with solution should be made available in each guest room and in staff areas for general cleaning of high touch surfaces
- **Guest room cleaning**
  - Guests are responsible to do daily cleaning of their rooms
- **Common area cleaning**
  - Staff shall clean surfaces in common areas including office and shared staff bathroom daily. High-touch surfaces (door handles to public spaces (like hallways and lobbies),

countertops in public spaces, carts, elevator panels, computer keyboard/phones, etc. should be disinfected more frequently (at least 3-4 times daily).

- Contact precautions (gloves) should be used when cleaning potentially contaminated surfaces.

### **Hand washing and other preventive measures**

Handwashing and other hygiene measures are taken to reduce transmission of virus from surfaces to people.

- Staff and guests are encouraged to wash their hands often, including immediately after removing gloves
  - Use soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
  - Key times to wash hands include:
    - After handling any guest items (laundry, trash)
    - After blowing one's nose, coughing, or sneezing
    - After using the restroom
    - Before eating or preparing food
- Staff shall be encouraged not to touch eyes, nose, or mouth with unwashed hands.

## **Staff**

**Purpose:** The staffing plan and the roles and responsibilities are designed to ensure the safety and well-being of all guests, staff, and the community of Whatcom County during the COVID19 public health emergency. There will be three categories of staff: security, operational management and behavioral health staff, and Lighthouse Mission Ministries (LMM) staff. Each will be addressed separately. All will follow the Infection Control policy and procedures at all times while on site. Operational staff will be available for referrals and admissions between 9 am and 4 pm. They will schedule admissions at specific times.

### **Roles and Responsibilities:**

Security. Security staff will be hired under contract. They will be on-site 24/7. See separate Security document and the applicable contract for specifics. If a guest approaches the gate to leave, security staff will radio onsite staff who will talk to the resident.

LMM staff: LMM staff will be provided per contract by the Lighthouse Mission. They will be on-site 24/7 with specific shift hours to be determined in coordination with Sea Mar/GRACE employees who will serve as operational management. No less than one staff person will be on-site during daytime operations and up to two staff during nighttime operations. Staff will receive direct supervision on-site from Sea Mar/GRACE staff; however, formal supervision and human resources support will be provided by the Lighthouse Mission, their employer.

The following duties are representative of expectations:

- Assist with ordering, picking up, receiving delivery and storage of meals and food supplies
- Drop and dash delivery of food, linen, or other supplies at resident doors as requested
- Will not enter guest rooms (see Infection policies for details) and use PPE as specified
- Guests will be asked to take bagged garbage to a central area per Infection Control standards
- Assist with ensuring regular waste disposal of bagged dirty linens left outside the door of individual units per Infection Control standards
- Assist guests with accessing basic supplies such as toilet paper, band aids, and hygiene supplies
- Assist with facilitating communication between guests and their healthcare providers if a guest is unable to accomplish this independently as requested by Sea Mar/GRACE staff

- Guide and direct guests on appropriate behaviors that promote sufficient social distancing, isolation, quarantine, hygiene and sanitation as consistent with Infection Control practices
- Coordinate with Sea Mar/GRACE staff on the use of motivational incentives with guests in an effort to encourage compliance with all infection control practices
- Coordinate with on-site services that may include cleaning of housing units upon discharge of a guest, security practices and concerns, onsite or telehealthcare provision, access/egress of the property/facility, set-up of rooms in preparation for a new guest
- Assist guests as needed with housing unit issues that may include WiFi access, repairs and maintenance, food or laundry services, or communication
- Assist with completing the MoveIn/MoveOut Checklist as requested by operational staff after the unit is cleaned
- Respond to calls from Security staff if a guest is at the gate and wishes to leave. Sea Mar/GRACE staff will provide guidance in how to approach the situation and will be available on-call for consult in emergent or unusual situations when not on site

Operational Management and Behavioral Health Staff: Staff will be provided per contract with Sea Mar and will be GRACE program staff with education and licensure as determined by Sea Mar/GRACE in their hiring process. Bachelor's degree is preferred.

Operational/behavioral health staff will be present on-site between 7 am and 10 pm (long-term goal, this may vary based on census and staff availability and may start between 8 am and 8 pm). On-call back-up roster will be provided to all Sea Mar/GRACE and LMM staff by Malora Christianson. Sea Mar/GRACE staff will provide direct on-site supervision for LMM staff. They will assess and plan behavioral health support as needed as well as a program of incentives designed to support residents in complying with isolation and quarantine requirements. They will use their knowledge of community resources to assist residents with accessing medical and behavioral health intervention as needed and possible. In addition Sea Mar/GRACE staff have the following responsibilities:

- Receive referrals from Bed Control personnel at PeaceHealth St. Joseph Medical Center
- Confirm that the individual being referred meets admission criteria and that an ROI, a Voluntary Isolation/Quarantine form, and a Code of Conduct Agreement Form are signed by each guest before or at admission. Staff will also confirm that there is a primary healthcare provider available to the resident and that WCHD staff have been notified of the admission.



- Work with WCHD on daily check-ins by WCHD staff to track the individual's progress through isolation or quarantine and to provide and update the projected discharge date
- Coordinate transportation and admission to the Facility with bed control, primary care providers, housing services and shelter staff
- If the screening information indicates that an individual is an active drug user, consult with the WCHD's Syringe Services Program (SSP) as a sharps container and needle exchange services are available. MAT may also be available through Cascade Advantage (Monday-Friday call-in).
- Direct LMM staff in confirming the Move In/Move Out Checklist has been completed for each room prior to and after each resident stay (but only after the room has been cleaned)
- Track status of rooms, i.e. empty and cleaned, needing cleaning, set up and ready for resident, or occupied. Direct staff in setting up clean rooms for the next resident
- Coordinate delivery and storage of meals and food supplies as well as delivery of meals to the outside doorways of guest rooms via drop and dash method
- Call meal counts to food suppliers per Whatcom Unified Command (WUC) direction and consistent with the current census as well as potential admissions between delivery days
- Coordinate reminders to guests of the date/time/process for putting bagged dirty linens outside their doors for pick-up per procedures in the Laundry Policy and Procedure document and Infection Control policies and procedures
- Coordinate daily contact by call or text with all guests to check that basic needs are being met and allow an opportunity for the guest to request behavioral health or medical assistance
- Coordinate access to community health and behavioral health services as requested by guests
- Coordinate pick up of purchases made by guests of personal items ordered and paid for by the guest per WUC parameters. Staff will not purchase OTC on behalf of guests but the guest's own purchases will not be searched or monitored during pickup or delivery.
- Coordinate drop and dash delivery of items left at the gate for guests. Drop offs will not be searched
- Be available to go to the entry gate when Security notifies staff that a guest wishes to leave. Provide telephone support to LMM staff if this occurs when Sea Mar/GRACE staff are not on site

## **Employee Pre-Shift Wellness Check-in**

**Policy:** All employees of Sea Mar or the Lighthouse Mission who will work a shift at the Isolation and Quarantine Facility will receive the daily health screening checklist prior to their first shift. They will self-report 30-60 minutes before their shift as described below. This policy does not replace reasonable expectations that an employee give as much notice as possible if they are not able to work their shift.

### **Procedures:**

1. Prior to their first scheduled shift, all employees will receive the following instructions and checklist. They will be instructed to review it and text or email prior to each shift they are scheduled to work.
2. "If you will be reporting to work at the Isolation and Quarantine Facility today, please review this daily health screening checklist for the period since your last day of work:
  - A new fever (100.4 degrees or higher), or a sense of having a fever?
  - Chills?
  - Repeated shaking with chills?
  - A new cough that you cannot attribute to any other health condition?
  - A new sore throat that you cannot attribute to another condition?
  - New muscle aches (myalgias) that you cannot attribute to another health condition or that may have been caused by a specific activity (such as physical exercise)?
  - A new headache that you cannot attribute to any other condition?
  - A new onset loss of sense of taste/smell?

If you have not experienced any of the above symptoms, text or email "No symptoms"  
If you have experienced any of the above symptoms, text or email "Yes, I have one or more symptoms. I will stay home from and call immediately call (or have called) my supervisor."

3. Use phone number: 206-825-0902  
Or email: [MaloraChristensen@seamarchc.org](mailto:MaloraChristensen@seamarchc.org)
4. At this time temperatures will not be taken when employees arrive on site. However, they are encouraged to talk to their supervisor if they begin to experience any of these symptoms during their shift and will have access to an infra-red thermometer at the site. The Facility is trying to reduce the number of items with touch shared between individuals.

### **Documentation**

**Policy:** Facility staff will track necessary information as directed by Sea Mar/Grace staff. This will include information shared with PeaceHealth SJMC Bed control staff, projected discharge date as provided by public health, room status and availability, and coordination of information which needs to be carried over from shift to shift. Facility staff will also provide documentation as described in the Support Assistance document.

### **Procedures:**

Last updated: 4-14-20

## **Support Assistance**

**Policy:** It will advance public safety and health if individuals who need to voluntarily quarantine or isolate themselves complete the full number of days of stay recommended by their healthcare providers. Therefore guests of the COVID19 Isolation and Quarantine Facility No 1 on Byron Street are eligible to receive recognition for their successful compliance with health directives for isolation and/or quarantine. Guests who demonstrate compliance will receive \$5 per day credit on their “account.” Upon successful completion of the isolation or quarantine episode and formal discharge, the guest is eligible to receive their remaining credit in the form of a gift card to a local grocery store. The amount of the gift card will be the amount of their remaining credit dollars, rounded up to the nearest ten, as well as an additional \$10 for transition support.

In lieu of the usual policy and procedure format, this document will reflect the written agreement between Whatcom County and Sea Mar.

- The County will work with Sea Mar to monitor the support assistance program and will modify earned credit limits if necessary, in order to optimize guests’ compliance with infection control behavior guidelines.
- During the guest’s stay at the Facility, s/he can use earned credit to “purchase” items from the commissary. These will include food snack, drinks or possibly other items for use and consumption during the guest’s stay
- Sea Mar will manage the support assistance program. The County will work with Sea Mar to price commissary items at a rate that will serve as effective encouragement for the guest to remain compliant with infection control behaviors
- Accounting for the program will include an up-to-date ledger maintained by Sea Mar staff with de-identified Client ID showing:
  1. Each guest’s earned credit per day
  2. Each guest’s “purchase” against his/her credit
  3. Each guest’s total credit balance
  4. Documentation of gift card issuance(s) and dollar amount of each
  5. Close out of each guest’s “account”
- Additional support assistance may also be provided to guests who have immediate unmet needs, and/or who have successfully completed their stay and are ready for transport back to the community. Transition assistance must be reasonable and necessary to meet a guest’s immediate needs for continued health stabilization and welfare. Allowable items for assistance include but are not limited to:
  1. Clothing
  2. Transportation to include bus passes, taxi fares
  3. Rental Assistance

4. Driver's licenses or government issued ID
  5. Medications
  6. Other as pre-approved by the County
- Upon final closure of Facility operations, financial reconciliation will be completed by Sea Mar, and a final invoice for reimbursement will be issued to the County. The attached form will be completed for these expenditures of Support Assistance.

## **Procedures:**

### **Structure:**

- Daily support assistance amounts of \$5 (amount can be adjusted with agreement between Facility staff, Sea Mar, and Whatcom county) will be credited when approved by Facility staff into a commissary –style account.
- During the guest's stay at the Facility s/he can use earned credit to "purchase" items from the commissary. These will include food snacks, drinks or possibly other items for use and consumption during the guest's stay.
- Sea Mar/Grace staff will manage the program.
- Whatcom County will work with Sea Mar to obtain and price commissary items at a rate that will serve as effective encouragement for the guest
- As possible given donations and staff time, guests may receive random surprise gifts going to all guests who have completed another 24 hour period in isolation and quarantine such as donated cupcakes.

**Documentation:** Sea Mar staff will maintain an up-to-date ledger with de-identified client ID, showing:

- Each guest's earned credit per day
- Each guest's "purchase" against her/her credit
- Each guest's total credit balance
- Documentation of gift card issuance(s) and dollar amount of each
- Close out of each guest's "account"

### **At Discharge:**

- Upon successful completion of the program, the guest is eligible to receive their remaining credit in the form of a gift card to a local grocery store
- The amount of the gift card will be the amount of their remaining credit dollars, rounded up to the nearest ten.

**At final closure of Facility operations:** Upon final closure of facility operations, financial reconciliation will be completed by Sea Mar and a final invoice for reimbursement will be issued to the County per contract.

OTHER COMMENTS:



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Date: \_\_\_\_\_

## **Health Care**

**Policy:** The COVID19 Isolation and Quarantine Facility No 1 does not provide health care of any kind and is not a medical facility. The Facility provides housing and residents are expected to care for themselves as would any individual who is in voluntary isolation or quarantine in their own homes. Staff may, at the request of guests, assist them in contacting their health care providers or other community health resources as listed below. If guest behavior is observed that any reasonable person might consider an urgent or emergent event, then staff might act as any Good Samaritan might act by contacting urgent or emergent medical assistance if the resident is unable to make a request themselves.

Staff will facilitate acquisition of telephones for guests so that they independently may initiate and receive telephonic communication with their health care providers.

### **Resources:**

- Resident's own community health provider
- Resources available to GRACE members such as limited ARNP consult or community paramedics
- Whatcom County Health Department as follows:
  - M-F 8:30 am – 4:30 pm
    - Call 360-778-6100 and ask to speak with a nurse
  - After hours and on weekends for unplanned discharge notification, etc.
    - Call 360-778-6150 and leave a message on the Communicable Disease Line
  - WCHD emergency on-call 24/7
    - Call 360-715-2588 (would be authorized by Facility Operational Manager)
- Publicly available emergency medical services
- Home Health – home health availability and parameters if being worked on by a sub-group including Bed Control staff at SJMC. Contact them for current information
- Pharmacy – see chart of local pharmacy hours and delivery options for guest use

## **Behavioral Health**

**Policy:** The COVID19 Isolation and Quarantine Facility No 1 is not a behavioral health treatment program. Guests may continue to receive existing services or initiate new services via call, text, or telehealth as they would if in isolation or quarantine in their own home. However, information coming from comparable facilities elsewhere indicates the primary reasons people leave isolation or quarantine are depression, anxiety, or an urge to seek drugs. Therefore, staff with behavioral health backgrounds will be on premises from 7 am to 10 pm daily with on-call availability 24/7. These staff will support guests in requesting access to behavioral health services as necessary for their well-being and to promote compliance with isolation and quarantine recommendations. Given this is not a treatment facility, community resources will be listed in lieu of procedures.

### **Community Resources:**

- The guest's pre-existing behavioral health providers
- On-line or telephone self-help groups
- Referral to new behavioral health providers
- Referral to Cascade Advantage (MAT) \*
- Mobile Crisis Outreach Team (MCOT) is available through VOA and has a team that includes Mental Health Professionals (MHPs), Chemical Dependency Professionals (CDPs), and Peer Counselors
- VOA crisis/support line

\*Cascade Advantage services are available to guests at their request. The agency has committed to offering telehealth services and specializes in MAT. In addition the agency will provide Narcan for the site (Narcan training by WCHD). Cascade Advantage schedule and contact information is as below.

CMA main line	360 927 1502 (M-F 8-4:30)
Eric Harry	360 410 4939 (M-F 8-4:30)
Steve Bass	360 739 2200 (M-F 8-4:30)
Scott Elzea	360 410 4014 (M-F 8-4:30)
Natalie Andrews	360 393 2217 (M-T * Peri-Natal Public Health RN, High Risk pregnancy only).

Call to set enrollment appt. (typically same day).

Last updated 4-15-20

## GUEST PHARMACY INFORMATION

<p><b>HAGGEN —</b> (All Haggen's with pharmacies)  <b>Meridian - 360-671-3305</b>  <b>Barkley - 360-715-5321</b>  <a href="https://pharmacy.haggen.com/hgweb/#/home">https://pharmacy.haggen.com/hgweb/#/home</a></p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Delivery (free)</li> <li>• Pick up, curbside</li> <li>• Mail Delivery- (receipt in 2 days to 1 week) (non-controlled meds., possible OTC)</li> </ul> <p><b>Hours:</b>  M-F 8AM-8PM, Sat 9AM-6PM, Sun 10AM-5PM or 6PM</p>	<p><b><u>HOAGLAND's – 360-734-5413</u></b>  <a href="https://www.hoaglandpharmacy.com/">https://www.hoaglandpharmacy.com/</a></p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Free Delivery of prescriptions</li> <li>• Free delivery of Over the Counter (OTC) medications if accompanied by prescription</li> <li>• \$8.00 delivery fee OTC, not with script</li> </ul> <p><b>Hours:</b>  M-F 9AM-6PM, Sat 9AM-5PM. Sun closed</p>
<p><b><u>FRED MEYER – 360-738-4243</u></b>  <a href="https://www.fredmeyer.com/">https://www.fredmeyer.com/</a>  (Lakeway Dr.)</p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Delivery (free)</li> <li>• Drive-up</li> <li>• Walk-up</li> <li>• Delivery for OTC=\$9.95, like grocery</li> <li>• (No inhalers, refrigerated items or controlled substances)</li> </ul> <p><b>Hours:</b>  M-Sat 9AM-7PM, Sun 11AM-6PM</p>	<p><b><u>RX MART – 360-933-1401</u></b>  <a href="https://www.rxmartpharmacy.com/">https://www.rxmartpharmacy.com/</a></p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• No delivery</li> <li>• Curbside pickup at store</li> </ul> <p><b>Hours:</b>  M-F 8AM-7PM, Sat 10AM-5PM, Sun 10AM-3PM</p>
<p><b><u>RITE AIDE – 360-657-4410</u></b>  <a href="https://www.riteaid.com/shop/">https://www.riteaid.com/shop/</a>  (All pharmacies)</p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Free Delivery by Mail</li> <li>• Delivery time is unknown</li> <li>• No OTC, but can ordered online</li> </ul> <p><b>Hours:</b>  M-F 9AM-9PM, Sat 9AM-6PM,  Sun 9AM - 9PM</p>	<p><b><u>WALGREENS – 360-303-3679</u></b>  <a href="https://www.walgreens.com/store/catalog/shopLanding">https://www.walgreens.com/store/catalog/shopLanding</a>  (Samish Way)</p> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• No delivery</li> <li>• Will gather &amp; box items, both OTC and scripts</li> <li>• Pick up Only</li> </ul> <p><b>Hours:</b>  M-F only 9AM-7PM</p>

Scripts= Prescriptions

OTC= Over the Counter Medications

## **Physical Plant**

**Policy:** In response to the COVID-19 public health emergency, Bellingham Motel 6 is being converted into a facility intended to offer a location for individuals for whom voluntary isolation or quarantine has been recommended who do not have another option. This is not a secure facility and is not intended to be used as any type of detention or containment facility that restricts any constitutionally guaranteed freedom of movement. It is also not a medical facility. In order to improve the odds that guests will complete their recommended periods of isolation and quarantine, Wi-Fi and Internet will be provided. Contact: Pacific Security. Richard Dent. [DENT\\_Richard@g6hospitality.com](mailto:DENT_Richard@g6hospitality.com)

### **Procedures:**

1. Up to 60 rooms on two separate floors and 2 wings will be available per contract with Motel 6
2. Cyclone fencing will be installed around the perimeter of the property with primary access point being the established driveway to the South
3. A portable guard shack will be established adjacent to the entry gate for on-site security
4. CCTV cameras will be installed as needed; with a recommendation of 11 minimum which would provide as much coverage as possible, deferring to the company
5. Basic amenities available in each room and to each resident include bed with clean linens, a bathroom used only by the resident(s) of that room, a microwave, and a refrigerator
6. Pets are allowed
7. WCHD personnel will complete a walk-through of the site with the Sea Mar/GRACE operational manager before the site is open to guests. WCHD will help identify areas to be used and how to use them for staff, storage, garbage, clean and dirty linens, etc. in order to follow sound infection control practices

Last updated: 4-15-20



## **Security**

**Policy:** Security personnel will be on-site 24/7 under contract with Pacific Security. They will follow infection control practices as specified in the Infection Control document. Contact information: Bud Tweten, Vice President. 425-330-1341. [bud@parkercorporation.com](mailto:bud@parkercorporation.com)

### **Policies:**

1. Security personnel will be responsible for access control with each resident of the facility being provided ID to verify access into the facility
2. Security personnel will provide a visible deterrent to criminal behavior with routine security patrols around the exterior of the grounds
3. Security personnel will observe and report suspected criminal activity to Whatcom dispatch
4. It will be at the discretion of the responding police agency whether to send officers to the facility based on the nature of the report.
5. If law enforcement is called and responds to calls to this address or surrounding areas it is expected that they will follow CDC Interim Guidance for Emergency Medical Services. Care should be used with all interactions related to this address. Recommended PPE includes:
  - Facemasks (e.g. surgical masks), or respirators (e.g. N95 or greater)
  - Gloves
  - Eye protection
  - All personnel should avoid touching their face while working



## **Security Detail Guidelines-Isolation and Quarantine Facility**

This facility was created to provide housing for people in our community that have come in contact with COVID 19 and don't have the ability to isolate or quarantine themselves. This new facility will be staffed 24/7 with security, support staff, medical consultation and Mental Health Providers. As folks spend their allotted time in quarantine, we want to do everything we can to help them stay put, get healthy and prevent the spread of COVID 19.

As the IQF's security you will be supporting the staff, the guests and the community. Having your presence here protects the property and the health of everyone at the facility.

During your shift here, we ask that you follow these guidelines.

1. Your main task is to watch the front gate. We are trying to regulate who is allowed on the property. If someone pulls up to the gate, identify who they are before letting them in.
  - **If a person comes up to the front gate and they are not staff, service deliveries (NW Linen, Maple Alley Inn, Service Masters, etc.), additional support from the City of Bellingham or Whatcom County, radio the staff and ask if they should be allowed in the facility.**
  - IQF staff should have badges with a red lanyard that identifies them as staff members.
  - Family members or friends of guests shouldn't be let into the facility unless staff tells you otherwise. If they are dropping something off for a guest, radio staff and we can come pick it up at the gate.
  - Guests might also be receiving deliveries from local businesses. Please radio staff and they will come out and get the items for the guest.
  - If you are unsure if a person should be allowed in the facility, radio the IQF staff.
2. **You will always wear a mask when you are outside of the security building.** Please follow social distancing guidelines and maintain a six-foot separation. You do not have to wear a mask when sitting inside the Security area but you will need to put one on when you are opening the gate, doing rounds or around another person.
  - If you see guests not following social distancing guidelines, gently remind them if you feel comfortable doing so or radio staff and let them know.
  - Guests are asked to wear a mask when they are outside of their room. If you see someone outside without a mask, gently remind them that we ask that they wear one outside or radio staff and let them know.
3. It is your responsibility to periodically complete rounds of the facility. Ensuring the property is safe and secure.
4. Information of who is staying at the facility and how the facility is being run, is confidential.
  - If someone comes to the gate asking if someone is staying there, please let them know you cannot confirm or deny who is staying at the facility. And that you'd be happy to take a message and pass it along if possible.
  - If there is a media request, please don't speak on behalf of the facility. Get the person's name and number and pass that information along to onsite staff.
  - If you have any questions about the confidentiality requirements of this position, please let staff know.

5. If a guest asks you for something, feel free to help them or contact staff to help them. If you are uncomfortable or unsure about any request, ask staff and they will help. Always maintain a minimum of 6 ft. between you and other individuals (guests and staff).
6. If you have any concerns about guests or the facility, let staff know.
7. The bathroom in Room 100, has been identified as the restroom for security. If you need more supplies for that bathroom, please just let staff know. Please take out the trash from that area if it becomes full during your shift.

Staff are onsite 24/7. If you have any questions, ask us over the radio, or come find us at the facility. Our office is in rooms 101 and 102.

Thank you for your support!

## **Laundry**

**Policy:** To provide clean linens consistent with infection control practices. Linens will be provided to each room at check-in and once per week including 1 pillowcase, 2 bath towels, 2 hand towels, 2 wash cloths, and 1 bath mat. In addition 1 sheet set and 2 blankets from Motel 6 will be laundered one time per week. Linens will be laundered under an agreement with Northwest Healthcare Linen. Contact person: Driver, Steve Pitzer, cell 360-739-8809. Or 360-739-6505, Kelsey

### **Linens Procedures:**

#### **Northwest Healthcare Linen will:**

1. Come to the Facility once per week on Wednesday to pick up the soiled linens
2. Provide specific soil linen bags, to be used double bagged
3. Provide a cart to use to pick up the soiled linen bags
4. Transport, wash, dry, fold, and package linens
5. Deliver clean linens on Friday

#### **Onsite staff will:**

1. Staff will track linen supply and initiate problem-solving at least 2 days before NW Linen timelines if they believe there will be a shortage
2. Facility staff will leave a set of clean linen in each clean room prior to admit.
3. Send out text reminders to all guests of the day/time when they need to double bag their soiled linens and leave the double bagged linens outside their door for pickup
4. Collect double bagged soiled linens from the outside of each room on the morning of pickup.
5. Drop off packages of clean linens outside resident doors on the same day as pickup of soiled linen
6. Bags of soiled linen are to be placed directly into the carts provided and the carts are to be left at the location agreed upon by facility staff and Northwest Healthcare Linens for pickup.

Last updated: 4-29-20

### **Personal Laundry**

**Policy:** In order to support and encourage guests to remain until they have completed their quarantine or isolation time period, weekly personal laundry services will be available to guests under agreement with Brio Cleaners per written agreement with that company and infection control practices.

Brio Contact information: Primary telephone number: 360-733-9301

Address: 2317 James St, Bellingham, 98225

Owner Contact: Colleen Unema 360-929-3539

### **Procedures:**

1. Staff of the Isolation and Quarantine Facility (IQF) will provide guests with laundry bags on each Thursday afternoon
2. IQF Staff will prompt guests to put personal laundry in a bag, then double bag it and put it outside their door
3. Staff will pick up the bags of personal laundry, following infection control recommendations, write the room number on the bag, then place the bag in the lobby breezeway hallway
4. Brio staff will pick up the bagged laundry at 9am on Friday
5. Brio staff will call IQF staff to notify when laundry is ready for pickup (usually by 9am on Saturday)
6. IQF staff will pick the packaged laundry up at the Brio Cleaners building
7. IQF staff will deliver the packaged laundry to each guests' door

## **Cleaning**

**Policy:** Cleaning consistent with Infection Control parameters will be provided under contract by Service Master Cleaning. The contract is for cleaning services, on a per unit basis, in a COVID19 positive environment to protect the health and safety of the temporary residents and staff. Scope of work includes the information that all units have laminate flooring, no upholstered furniture and have polyester blinds (one side vinyl).

Contact: Sam Roth, owner 360-733-7788, [sam@smcbr.com](mailto:sam@smcbr.com)

### **Procedures:**

#### **Contractor will provide:**

- Initial cleaning of 10 units of 10 recently occupied rooms
- Weekly cleaning of all occupied rooms on an as-needed basis up to the maximum of 60 rooms
- Final cleaning of individual rooms as they are vacated to ready for the next guest
- Weekly cleaning of common areas
- Cleaning in accordance with CDC standards
- And use EPA-registered disinfectants from List N according to label instructions (<http://www.epa.gov/pesticides-registration/list-n-disinfectants-use-against-sars-cov-2> )
- Staff and ensure they have necessary training and wear appropriate PPE for exposure to disinfectants and patients with COVID-19

#### **Services will include but not be limited to:**

- Weekly work scope
  1. Air out rooms for as long as possible
  2. Mop hard floors
  3. Vacuum permanent rug mat at front door
  4. Wipe down all surfaces with approved cleaners
  5. Clean bathroom with approved cleaners
  6. Mist entire room and wet wipe all touch points using List N disinfectant
- Turnover and initial cleaning of 10 units work scope
  1. Full weekly work scope
  2. Shampoo rug mat at front doors
  3. Wipe walls
  4. Clean blinds
- Weekly Common Areas (Guard Shack, Lobby, Outdoor Chairs, Tables and Railings)
  1. Mop hard floors
  2. Wipe surfaces with approved cleaners
  3. Mist and wet wipe touch points using List N disinfectants
  4. Wipe tables, chairs and railings with approved cleaners



## **Food**

**Policy:** The COVID19 Isolation and Quarantine Facility will provide the equivalent of two meals per day 6 days per week prepared by Maple Valley Inn and delivered to the facility frozen on Monday, Wednesday, and Friday by volunteers from the Volunteer Center. Facility staff will provide census counts, receive, store, and distribute meals. All meals would be intended for use with the mini fridge and microwaves currently in the Facility rooms. Breakfast supplies will be provided. Sunday meals will be by donation.

### **Procedures:**

1. Facility staff will receive delivery of the frozen meals and shelf stable milk for breakfast cereal as delivered by Maple Alley Inn on Monday, Wednesday, and Friday as scheduled. Delivery will be made by volunteers from the Volunteer Center and coordinated by Maple Alley Inn. The Maple Alley Inn coordinator, Anne Poulson (360-739-7335 or [anne\\_poulson@oppc.org](mailto:anne_poulson@oppc.org)), will be that agency's primary contact for coordination with facility staff.
2. Facility staff will be asked to call in a projected count every Friday for the next week. They will call to update as the week goes on, keeping in mind that 2 days notice before a delivery day is optimal.
3. Staff will store extra frozen meals in anticipation of admissions in a fridge in an empty room (if this becomes an issue, they may discuss options with WUC).
4. Breakfast cereal and fruit will be supplied by WUC and staff may distribute a box of cereal per week to guests.
5. Facility staff will distribute frozen meals, breakfast supplies and other food to guests along with food items as specified in the Support Assistance Policy and Procedure document
6. All meals will be packaged in disposable materials and guests will be instructed to put packaging in the garbage container in their rooms.
7. All deliveries will be made in a manner consistent with Infection Control Policies and Procedures, the drop and dash method.
8. Sunday lunch procedure is as follows: McDonald's will provide lunch on Sundays. Call Jason Cory (360-389-0800) on Sunday morning by 9:00 with guest count. Identify yourself as the COVID19 Isolation and Quarantine Facility and ask for meals to be ready for pick up by noon (this is flexible if earlier or later is better, see how it goes) from the Samish Way McDonalds. Remind them that the meals must be individually packaged so they can be delivered to each guest separately. (McDonald's has asked that staff try to get a photo of the bags of food for a Facebook post. No photo should include guests.)
9. Sunday dinner will be individually wrapped 2 slice packages of Pizza from Little Caesar's on Lakeway. Facility Staff are to call Pam at the Lakeway store on Sunday morning with the orders (360-647-7749). Facility Staff are to pick up the pizza at the Lakeway Store. For any questions, call the owner Ray (360-303-2293).



## **Garbage**

**Policy:** Regular garbage pick-up from the site will be done by SSC as contracted. Guests will be responsible for taking their own bagged garbage from their room to the totes. Staff may send out text reminders prior to garbage pick-up day.

### **Procedures:**

1. SSC will provide:
  - 6 60 gal totes for the site
  - 4 yd cardboard box
2. Guests are to bag and put their own garbage into cans
3. Staff is to:
  - Supply garbage bags for rooms/guests
  - Space totes 5-6 feet apart on pick-up day for ease of pick-up, see additional notes and image from SSC below\*
  - May text reminders to guests prior to pick-up day
4. Contact person at SSC if there are questions:

Rodd Pemble, *Recycling/Safety Manager*

**Sanitary Service Company Inc.**

21 Bellwether Way Suite 404 • Bellingham, WA 98225

Cell 360-815-1098 • Fax 360-671-0239 • Direct 360-527-9785

[Rodd@ssc-inc.com](mailto:Rodd@ssc-inc.com)

### **\* Notes**

1. Please have the 6 garbage totes along the right side of the parking aisle as shown on the next page, 6' apart so the driver can back the sideload in and grab each in order. **Please stage by 6:30 am every Thursday morning.**
2. Please ask your staff not to move the cardboard container. The driver will roll out, dump, and put back. No styrofoam or plastic, ONLY flattened boxes.
3. If a temp fence is not being placed, leave one empty parking stall next to our containers in case wind blows a toter, it won't immediately hit a parked car. A few concrete parking stop between the stalls would help cordon them off.



Last updated: 4-15-20

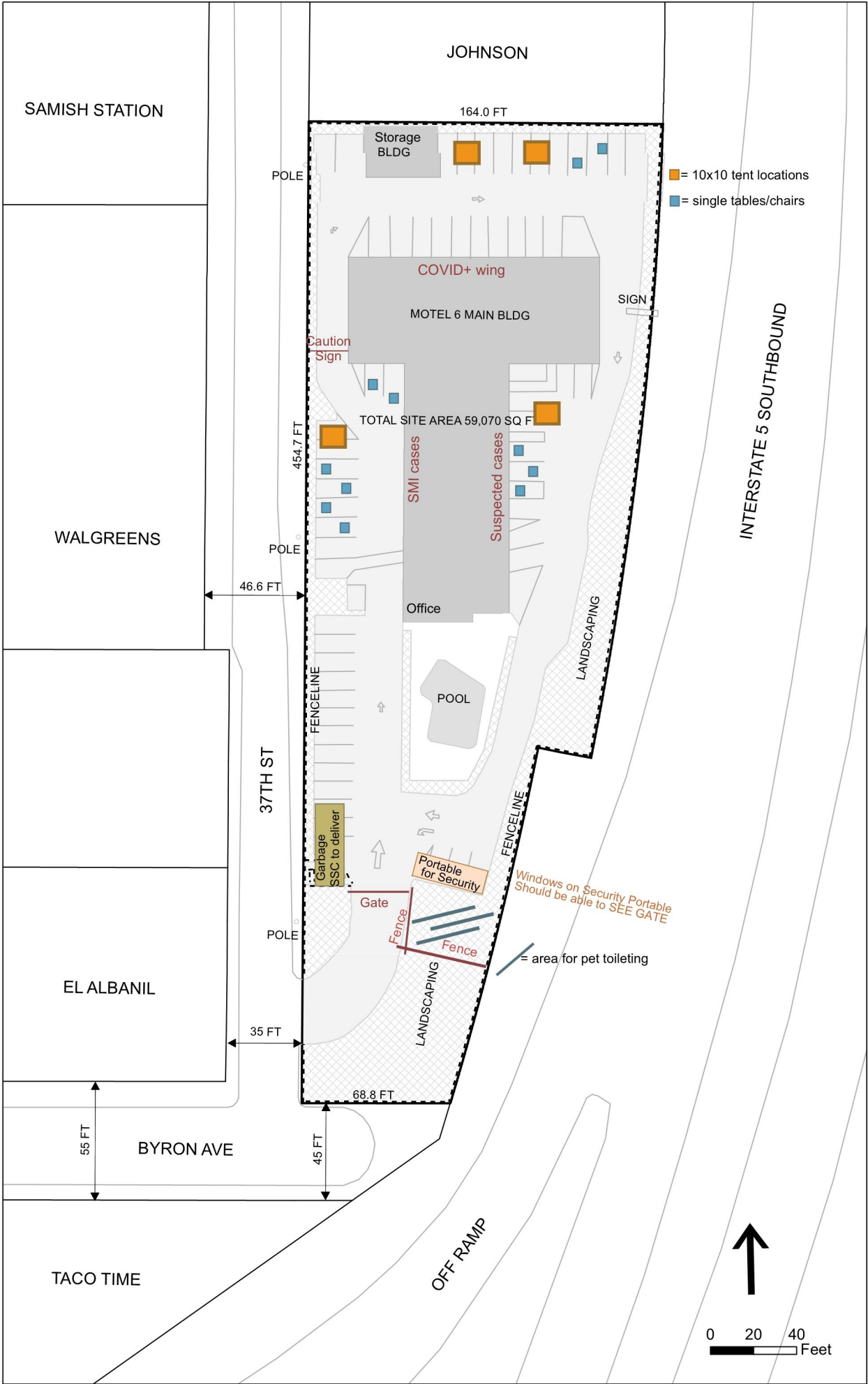
## **Transportation**

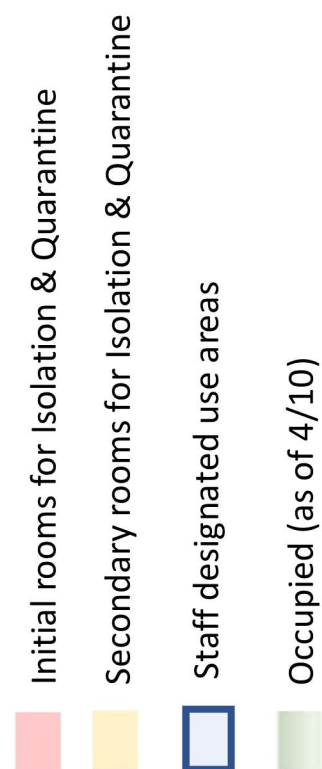
**Policy:** Transportation to the facility will be provided if needed.

### **Procedures:**

1. Bed Control staff from PeaceHealth SJMC will screen and refer. They will also coordinate admission with Facility staff.
2. Bed Control staff will coordinate and schedule transportation via Cabulance form SJMC to the facility. Cabulance services have their own established infection control practices.
3. Bed control staff will assist other community agencies referring an individual to the facility with setting up transportation via Cabulance. They may advise as to available payment mechanisms.

Last updated: 4-15-20





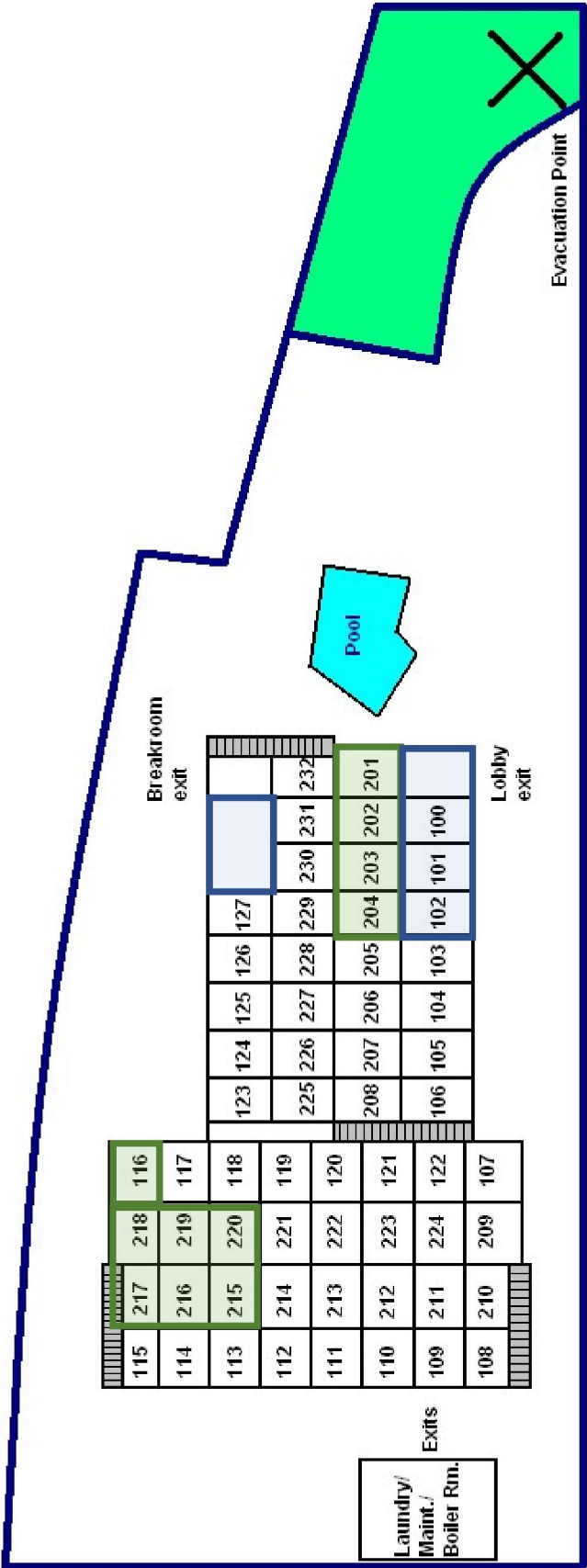








# M6 Room Configuration

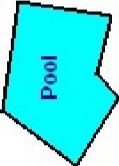


- Staff designated use areas
- M6 designated smoking rooms

Site Details



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Break  
exit

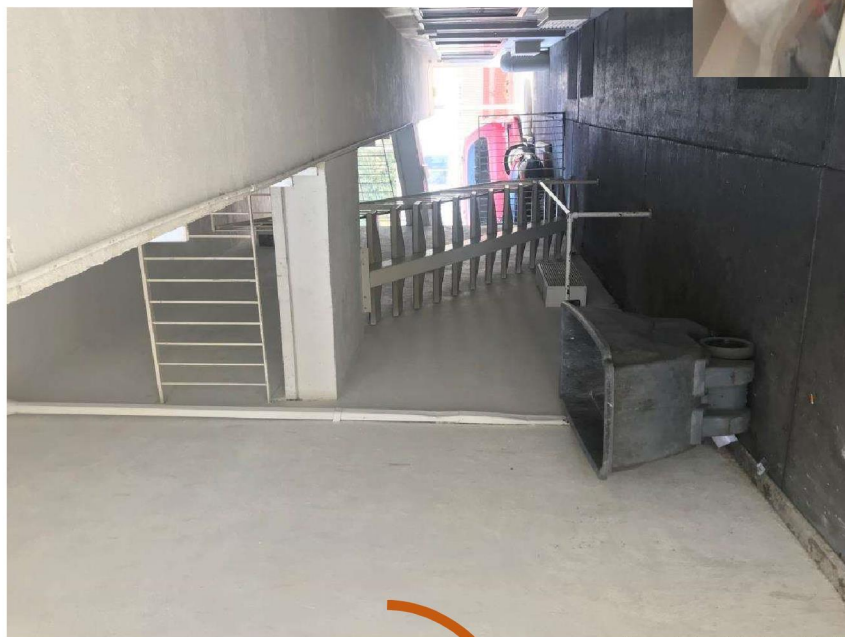
Lobby  
exit



Rooms for staff use / storage (caution: strong smoke odor)



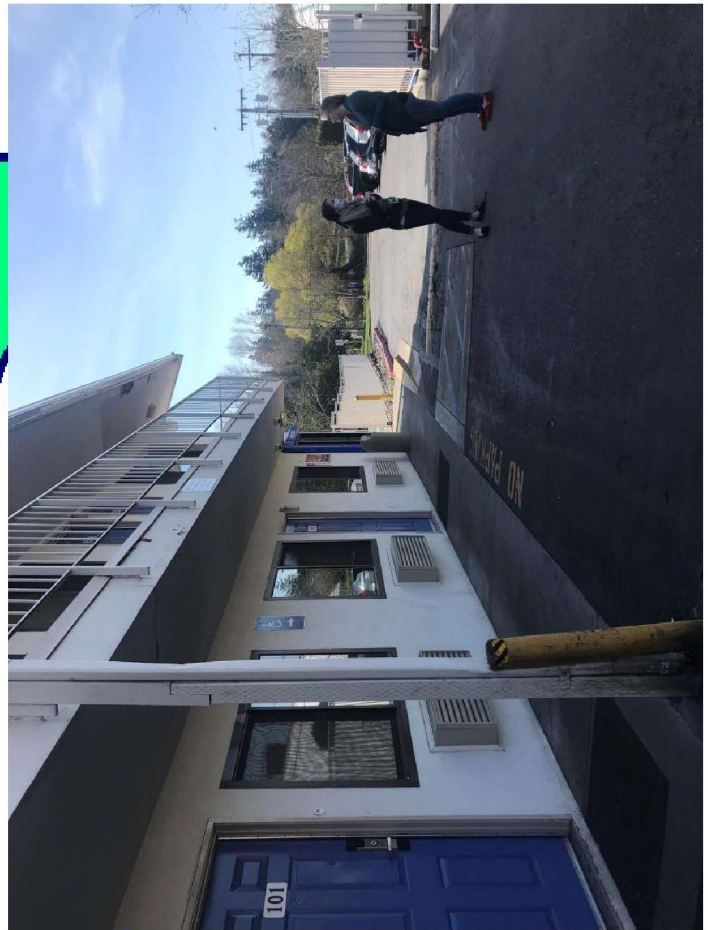
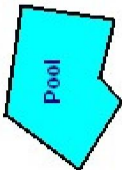
Linen storage room

[illegible]Lobby  
exit

Breezeway & linen closet area



Laundry chute from upstairs in linen storage room





Site Details



Office off left side of breezeway  
(will be closed)

123	124	125	126	127					
225	226	227	228	229	230	231	232		
208	207	206	205	204	203	202	201		
106	105	104	103	102	101	100			

Breakroom  
exit

Lobby  
exit

Corridor area





## About the Coronavirus / COVID-19 Outbreak:

- **COVID-19 is a respiratory illness that may lead to pneumonia or death**
  - People over the age of 60 are at higher risk
  - People with heart or lung conditions or weak immune systems are at higher risk
  - Pregnant women are at higher risk
  - People experiencing homelessness are at higher risk
- **COVID-19 is spread through coughing, sneezing, or touching contaminated surfaces**
  - Wash your hands when you can with soap and warm water. Use hand sanitizer if you can't wash your hands.
  - Cover your cough with your elbow – not your hands!
  - Try not to touch your nose, eyes, or mouth
  - Spread out your camp and try to stay six feet away from other people
- **Stay up to date about this rapidly changing situation**
  - Visit [www.whatcomcounty.us/COVID](http://www.whatcomcounty.us/COVID) for daily news
  - Call the WA Dept. of Health at 1-800-525-0127 and press # for more info
- **Read both sides of this card**



Cover your  
Cough with  
Elbow!



Wash your  
Hands with  
Soap!



Whatcom County  
**HEALTH**  
Department

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## How to take care of a sick person:

- **There is no specific medicine, cure, or vaccine for COVID-19**

- Please follow the advice on the other side of this card to avoid getting or spreading the virus; we need to slow this down!
- Do NOT share drinks, cigarettes, forks, spoons, or anything that touches your face

- **Mild symptoms are the most common result of this illness**

- Symptoms may look like cough, sneezing, sore throat, fever, and aches
- Try to get rest, drink fluids, and use Tylenol/ibuprofen/Advil

- **If someone gets very sick, go for medical help right away!**

- This includes difficulty breathing, pain or pressure in the chest or abdomen, or if they're unable to keep liquids down
- Call a medical provider if you are able to
- An ambulance will come if you call 9-1-1

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- Wash your hands again
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- **Read the other side of this card**



## **Discharge**

**Policy:** Guests will be discharged for three different reasons. The first is based on a public health and medical decision that they have successfully completed voluntary isolation or quarantine. The second is behavioral and would be based on behaviors that create a threat to others at the Facility, non-compliance with safety or isolation/quarantine rules in a way that puts others at the Facility at risk, or due to a pattern of frequent or extended absences from the facility during quarantine/isolation. The third is self-discharge in spite of voluntary agreement to isolate or quarantine.

### **Public Health/Medical:**

- It is expected that public health and medical providers will provide regular updates to Facility staff on projected completion dates for each resident.
- Facility staff will ask residents as appropriate via call, email, or text whether they need information/assistance with plans to return to the community.
- Facility staff may coordinate a time of discharge with the resident after public health officials have decided on the date.
- If the resident does not leave when asked, staff will respond as described below under Behavioral.

### **Behavioral:**

- Lighthouse Mission Ministries, Security, and Sea Mar/GRACE staff will work together to educate, remind, problem-solve, and de-escalate any threat/risk situation or behaviors inconsistent with public health recommendations that might put others at risk.
- Staff may call 911 as appropriate. Often the presence of law enforcement de-escalates a situation and individuals may disengage calmly and return to their rooms.
- If 911 removes an individual from the Facility, the Operational Manager (Malora Christianson) will be informed the next working day so she can follow up and determine whether the individual is discharged.
- The Operational Manager is available for crisis consultation on-call, but notifications are to be made during working hours.
- If a guest continually leaves the Facility, whether for multiple short periods or for extended periods, the Operational Manager will note the patterns, consult with public health officials, and make a decision regarding discharge.

- Once a guest is discharged, if the guest chooses not to physically leave the grounds, all services such as food, linens, etc., will stop. The swipe card for the room door will be de-activated and Security will be notified that the former guest may not re-enter the grounds. Consultation is available through Whatcom Unified Command, the Whatcom County Health Department, and the Homeless Outreach Team if the situation continues.

**Self-discharge:**

- Facility staff will respond to Security notification if a guest is at the gate wanting to leave prior to planned discharge. They will engage as appropriate in motivational interviewing, support, and problem-solving. However, guests are at the Facility on a voluntary basis and will be allowed to leave.
- If a guest self-discharges, they will not be re-admitted unless they go through the Bed Control screening process again.
- If a guest self-discharges, public health officials will be notified M-F 8:30 am – 4:30 pm by calling 360-778-6100 and asking for a nurse or by leaving a message after hours on the non-emergency Communicable Disease Line 360-778-6150.
- If the guest had previously been living at a congregate living or shelter situation, Facility staff will notify the agency that the individual has self-discharged prior to completing recommended isolation and quarantine.

Last updated: 4-16-20

**EXHIBIT "B"**  
(COMPENSATION)

Snohomish Health District will reimburse Whatcom County at a rate of \$200/resident, per day for COVID-related isolation and quarantine at Whatcom County's COVID Temporary Isolation and Quarantine Facility.

Whatcom shall submit invoices on a monthly basis in a format approved by Snohomish Health District. Monthly invoices must be submitted by the 15<sup>th</sup> day of the month, following the month of service. Invoices shall include the number of residents receiving isolation and quarantine. Invoices shall be submitted to:

[accountspayable@snohd.org](mailto:accountspayable@snohd.org)

or

Attn: Accounts Payable  
Snohomish Health District  
3020 Rucker Ave., Ste. 308  
Everett, WA 98201

Payment by Snohomish will be timely if it is made within 30 days of the receipt and acceptance of billing information from Snohomish. Snohomish may withhold payment of an invoice if Whatcom submits it more than 30 days after the expiration of this Agreement.