Northeast Florida Continuum of Care, FL-510, COVID-19 Shelter Protocol

Our primary focus is on the health and well-being of the population we serve, our staff members, partner agencies, and stakeholders. As a team, we have developed the protocols below focused on safely continuing essential services to those experiencing homelessness in our community.

Given the fluid nature of this event, our plans are evolving, and will continue to evolve and be modified as needed to best support the community.

1. **Screening to occur as needed.** This screening could include staff and volunteers before they enter the shelter/facility.

   Symptoms common to COVID-19 include but are not limited to 1) fever, 2) cough and 3) shortness of breath and can appear 2 to 14 days after exposure.

2. **Person experiencing homelessness has symptoms and is in severe respiratory distress, call 911**

3. **Person experiencing homelessness (sheltered or unsheltered) and is COVID Positive**

   Community priority for Person(s) experiencing homelessness is:
   - i. COVID-positive/medically stable in hospital
   - ii. COVID-positive/sheltered
   - iii. COVID-positive/unsheltered

   **LOCAL HOSPITAL:** If a Person/Client presents at a local Hospital and is determined as homeless, the Hospital will provide immediate response to the medical condition.

   **PLEASE NOTE**
   - Patient must be homeless (living on the street) prior to hospitalization.
   - Patient must test covid positive within the last 72 hours prior to referral.
   - Capacity is limited. Please allow up to 24 hours for a reply and confirmation of space availability.
   - Complete the Person Under Investigation (PUI) Form and fax to DOH at 904.253.1851

   Once stabilized and Patient is deemed MEDICALLY STABLE:
   - 1. Hospital will contact Changing Homelessness via online referral portal.
   - 2. Hospital must confirm proof of positive test within 72 hours of admission and have completed and attached the “Safe to Release” document upon submission. Patients MUST come to facility with 14-day supply of medications in hand
   - 3. If there is space available, you will receive instructions

Changing Homelessness, Shelter Task Force | February 7, 2022
• For example: "Please transport client to 1234 Main Street no later than 3pm. There will be a staff member waiting to retrieve them from the vehicle. Please review rules with the individual"

4. Coordinate transportation and confirm via email with the shelter coordinator.
   • If a room is not available or person refuses, contact DOH for direction, 904.253.1850.

5. Guidelines outlining the program are stated in the referral. Please review with anyone who is being referred.

If a room is not available or person refuses, contact DOH for direction, 904.253.1850.

COMMUNITY REFERRALS (LOCAL UNSHELTERED OR SHELTERED)

PLEASE NOTE
• Patient must be homeless (living on the street) prior to hospitalization.
• Patient must test covid positive within the last 72 hours prior to referral.
• Capacity is limited. Please allow up to 24 hours for a reply and confirmation of space availability.
• Complete the Person Under Investigation (PUI) Form and fax to DOH at 904.253.1851

1. Community partners will contact Changing Homelessness via online referral portal.
2. Providers must confirm proof of positive test within 72 hours of referral. Tests are to come from the hospital, shelter, or clinic. A link to the suggested testing sites are provided in the referral.
3. If there is space available, you will receive instructions.
   • For example: "Please transport client to 1234 Main Street no later than 3pm. There will be a staff member waiting to retrieve them from the vehicle. Please review rules with the individual"
4. Coordinate transportation and confirm via email with the shelter coordinator.
   • If a room is not available or person refuses, contact DOH for direction, 904.253.1850
5. Guidelines outlining the program are stated in the referral. Please review with anyone who is being referred.

COVID Respite Staff on-site will:
• Input of Patient/Client data into HMIS
• Provide site check-in/welcome kit for Client
• Arrange for food
• Conduct check ins throughout the day
• Escalate emergency transportation request
Emergency Shelter Protocol Agreement

1. __________________________  __________________________  ____________
   Name                      Agency                       Date

2. __________________________  __________________________  ____________
   Name                      Agency                       Date

3. __________________________  __________________________  ____________
   Name                      Agency                       Date

4. __________________________  __________________________  ____________
   Name                      Agency                       Date

5. __________________________  __________________________  ____________
   Name                      Agency                       Date

6. __________________________  __________________________  ____________
   Name                      Agency                       Date

7. __________________________  __________________________  ____________
   Name                      Agency                       Date

8. __________________________  __________________________  ____________
   Name                      Agency                       Date

9. __________________________  __________________________  ____________
   Name                      Agency                       Date

10. __________________________  __________________________  ____________
    Name                      Agency                       Date
Attachment 1: HMIS Client Agreement | 12.2020
Attachment 2: ISO Referral Form