

# COVID-19 Group Isolation Center Referral Process

## Note:

This Isolation Center is for adults over 18 who have tested positive for COVID 19. Those who have not been tested, who have tested negative, or who are medically fragile are not eligible for this center.

**Note :** Due to other families living on the extended campsite, no guests with sexual offender registration status can stay on site, and this status must be confirmed prior to submitting this form.

1. Obtain verbal consent from the individual to contact and share information with the Isolation Center referral staff.
  - a. Inform the individual that the isolation center will be determined based on test results and medical recommendations. Therefore, the individual must agree that outreach or shelter staff/volunteers, and their healthcare provider can share such information with site staff for the duration of their stay.
  - b. Be sure to go over the entire guest portion of the form with the individual to ensure that they fully understand what they are agreeing to.
2. Review the *COVID-19: Medical Isolation Participant Agreement/ Referral Form* with the individual and ask them to sign.
3. Scan and email the *Medical Isolation Participant Agreement/Referral Form* to GKCCEH: [admin@gkcceh.org](mailto:admin@gkcceh.org) with the subject line *Isolation Forms*.
4. Call (816) 296 -6005 to let them know you have submitted a referral form and wish to secure an isolation center room for an individual who has received a confirmed positive COVID -19 test result.
  - a. Basic information will be passed to the call taker who will then coordinate with the isolation center to arrange for a room. Once room details are secure, the call taker will reach out to the referring staff.
  - b. The time between a referral being made and arrangements for an isolation room will be no longer than 30 minutes, in most cases.

Please note: Arrangements will be made in coordination with the isolation space's daily medical visits (at 9am and 6 pm approximately) to ensure the individual is able to be seen as quickly as possible by a medical professional. Please be prepared to isolate individuals until they are able to be taken to the isolation center.

- c. **Confirm with incoming guest that they have no weapons, illegal items or anything that will be considered a safety risk before transporting to Center. Explain to client that they will not be able to enter the facility with weapons or illegal items.**
- d. Transportation for the individual will be arranged, if needed, during the call.
  - i. If transportation is provided, the individual must wash their hands thoroughly before they leave, and wear a mask for the duration of the transport and intake at the isolation center until they enter their room.

### ***COVID-19: Medical Isolation Participant Agreement/Referral Form***

This agreement is between GKCCEH, The Salvation Army, Jackson County and the person listed below:

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

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

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Best way to contact the guest (cell phone, email): \_\_\_\_\_

**Special considerations (including religious, dietary, allergies, triggers, safety concerns, etc.):**

\_\_\_\_\_

\_\_\_\_\_

Most Recent Healthcare Provider: \_\_\_\_\_

Healthcare Provider Contact Information: \_\_\_\_\_

**In case of emergency,** please contact the individual below:

Name (First & Last): \_\_\_\_\_

Contact Information: \_\_\_\_\_

**All guests who have been provided with the opportunity to stay at the center must adhere to the following rules. Anyone unable to comply will create a safety plan and discharge plan with staff.**

- Family, friends, or guests will not be able to visit or otherwise access the property. Guests found associating with any outside guests will be asked to exit
- If a guest exits the property (i.e. goes beyond the areas noted as accessible for guests), they will be unable to return to the property for the safety of other guests
- Guests can only bring in enough items to fill one under the bed tote. All other items will be stored away.
  - Any items considered to be a safety risk will be taken away at the beginning of the stay, and given back at exit, when considered safe.
  - Clients coming in with weapons (particularly guns), illegal items, or anything the staff consider to be a safety risk will be exited, along with the items in question, but in most cases will be able to re-enter (without items in question) at a later, scheduled time.
- For health safety, guests will need to practice social distancing at all times
  - Guests may visit the front outside area.
  - Guests will be asked to move to their rooms when staff do rounds, cleaning, or pass out meals to allow for increased health safety.
- Wash hands often with soap and water for at least 20 seconds.
- Cover cough or sneeze with a tissue and throw the tissue in the trash.
- Alert staff if symptoms are increasing or if guest has other health issues.
- Participants must allow housekeeping staff to clean the room on a regular basis when the staff performs their cleaning rounds.
- Guests must keep their rooms clean and orderly.

- Guests must not cause damage to or vandalize their room and are responsible to cover costs of damaged items, should they incur. (Normal wear and tear and medically-related damage excluded.)
- Disorderly Conduct will result in immediate cancellation of your stay. This includes but is not limited to:
  - Threats, acts of violence, and/or compromising the safety of others
  - Engaging in illegal activities
  - Dismantling of security systems or fire alarms
  - Theft
  - Bringing weapons or weapon-like items on the property

I consent to my medical information, and any other necessary information to provide care may be shared with my referring outreach/shelter staff, isolation space staff and healthcare providers, for the duration of my stay.

I understand that once I have reached the medical benchmarks and can be in a public setting without risk of transmission of COVID-19, I will be expected to make an exit plan with staff (generally within 24 hours) and will exit the facility. Further, I understand if staff notes I must exit, that I will do so, and will not return to property.

I have read or have been read, understand, and agree to abide by the rules and expectations.

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

Print Guest Name: \_\_\_\_\_

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**For Staff Use Only:**

Referring Shelter/Outreach Program: \_\_\_\_\_

Referring Staff Member Name (First and Last, Printed): \_\_\_\_\_

Callback Phone #: \_\_\_\_\_

Supervisor on Duty (Name): \_\_\_\_\_

Supervisor on Duty (Phone #): \_\_\_\_\_

I have reviewed the Participant Agreement with the guest and obtained a signed agreement, which I am enclosing with this referral.

Referring Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Referring Staff Name: \_\_\_\_\_