

# Voluntary Isolation Motel (VIMo) Referral Protocol

## External Partners

### Basic Program Information

The goal of the Voluntary Isolation Motels (VIMos) is to support individuals that are sick or may be sick in physically distancing themselves from other people. Individuals who need support physically distancing from others may include those living in congregate settings, living in a multi-generational household with limited physical space, or other life circumstances that places them at high-risk for infecting others.

Like in any motel, the guest won't necessarily know who they're staying next to, but guests are all people who have either been exposed to COVID-19 or have confirmed or suspected cases of COVID-19. The VIMo provides 3 meals per day. In conjunction with meal service, VIMo staff will conduct 3 wellness checks each day to monitor symptoms. When the guest arrives they will go to the front desk to sign some documents and then staff will direct them to their room.

Discharge dates are determined by public health and based on multiple factors. Individuals who successfully complete their stay at the VIMo are given a medical clearance letter upon exit.

### Admission Criteria

- Must have one or more of the following:
  - Has NEW or WORSENING symptoms to suggest COVID-19 (fever, cough, GI symptoms, loss of smell or taste).
    - Not tested (AMR will be sent to an individual's location with a Rapid Test)
    - Test Pending
  - Confirmed Positive COVID-19 test in the last 10 days
  - In the last 2 weeks, has had more than 15 minutes of close contact with someone they know/can identify who has COVID-19.
  - Recently stayed in a facility where COVID-19 is endemic.
- Must be a Multnomah County resident.
- Must be currently stable enough for a hotel.
- Must be able to perform their own self-care, including toileting, showering, and feeding themselves.

- Has not had a positive COVID-19 test more than 10 and less than 90 days ago. If they have a positive SARS-CoV-2 test 10 - 90 days ago, they are not eligible for VIMo admission because they are considered immune in this time period.
- **Those referred from a hospital site must have been tested for COVID-19.** If you are a health care provider that is testing, you are obliged to test people yourself. If the healthcare setting does not have capacity to test, Multnomah County can provide alternative testing options.
- Agrees to not engage in harm to self or others while in the VIMo.
- Understands that the VIMo is not a medical facility.
- Guest must sign a limited release of health information to include respiratory viral test results and the Guest Agreement upon entry. ([APPENDIX B](#)).

#### **Referrals are accepted from:**

- Congregate shelters, including contracted and community-based partners
- Social Distancing Shelters (SDS)
- Street outreach partners
- Hospitals and health systems
- Multnomah County Communicable Disease
- Community Health Workers
- Case Managers
- Parole Officers
- Note: Self-referrals are not currently accepted. If an individual tries to self-refer, the Referral Specialist will instruct the individual to connect with a Referring Partner to complete the referral.

## **Intake Process**

**Step 1:** Referring partner conducts in-person assessment to determine if there is a need to refer the guest to the VIMo (Refer to the Eligibility and Screening Questions in [APPENDIX A](#)). Mask the sick person and request them to isolate at least 6 feet from others. *If the guest needs immediate medical attention because of their symptoms, seek appropriate medical care.*

**Step 2:** If the referring partner determines the guest needs to be relocated, they contact the **Referral Specialist at 503-318-9262.**

- The Referral Line is: **24 hours / 7 Days a week**

- The partner should follow standard procedures for infection control and caring for a symptomatic guest until the referral is completed.

**Step 3:** The Referral Specialist will ask a series of questions ([APPENDIX A](#)) to determine program eligibility and gather necessary information.

- If the guest has a pending COVID-19 test, is an asymptomatic close contact, or coming from an endemic facility, they can be referred into the VIMo immediately.
- If the guest is symptomatic and has **not** received a COVID-19 test, the Referral Specialist will send AMR to perform a Rapid Test prior to entry. Please note that this is a limited resource. When possible please have guest's obtain a test at a healthcare facility prior to making the referral.
  - The Referral Specialist will send AMR to the individual's location to perform a COVID-19 Rapid Test. AMR is able to arrive in approximately an hour.
  - AMR will communicate the test results to the individual and let the Referral Specialist know if a VIMo stay is needed based on the test results.
    - If a VIMo stay is **not** needed, the Referral Specialist will discontinue the referral and not contact the Referring Partner back.
    - If a VIMo stay is needed, the Referral Specialist will contact the Referring Partner and assist in arranging transportation.

**Step 4:** Referring partner is to arrange transportation to the motel shelter and confirm the transportation plan with the Referral Specialist.

- If the guest has a positive COVID-19 test, and does not have a personal vehicle, then the Referral Specialist can assist in arranging MetroWest transport.

**Step 5:** Guest arrives at the VIMo and checks in at the front desk to sign the guest agreement and other documentation if needed. Staff will then escort the guest to their room.

## Discharge Policy

- Discharge dates are determined by public health and based on multiple factors. Individuals who successfully complete their stay at the VIMo are given a medical clearance letter upon exit. Staff cannot provide guest test results to referring partners unless the guest signs a release of

information form, so guests should hold on to their medical clearance letter if confirmation is needed.

- Individuals who self-exit prior to the discharge date determined by public health are not given a letter. Staff will not be able to confirm that those guests are non-contagious.
- Referring partners are responsible for the discharge planning and care of the guest upon their exit from the VIMo. Multnomah County does not have additional shelter capacity. Entry to our congregate shelter environments has not changed. Partners should call 211 for the most up to date information.

## **Guest Guidelines**

- Guests are allowed one companion, with an exception for families with children under 18. This companion is someone who is already their partner/companion, not someone they invite to join them for the hotel stay. Intent here is to balance exposing others with the need for a support person to be allowed to join them and assist in their care.
- Guests are allowed to bring their companion animals, as long as they are able to care for the animal's needs. Pets must be on a leash while outside the guest's room and during wellness checks.
- No visitors are allowed.
- Guest agrees to follow procedures that help minimize the spread of the disease (honor system), including:
  - Guest will self-mask when they exit the room and when interacting with staff.
  - Guests will remain in their room as much as possible.
  - Guests will avoid congregating and will maintain at least 6 foot distance from other people at all times.
  - Guests will place laundry in a bag outside the room every 5 days and hotel staff will launder.
  - Guests will place trash cans outside the room every 5 days and hotel staff will empty trash.
  - See full Guest Agreement document attached ([APPENDIX B](#)).

## APPENDIX A: VIMo Eligibility & Screening Questions

1. Why is the guest being referred?
  - a. Known close contact
  - b. Lab confirmed positive COVID in last 10 days
  - c. Endemic facility exposure
  - d. COVID symptoms not tested
  - e. COVID symptoms test pending
  - f. Asymptomatic Partner / Household Member of Guest
  - g. Other (Open Text)

*Note: If more than one, pick the first one in the list that describes the condition.*

2. Is the guest stable enough for a hotel right now? (yes/no)
3. Is the guest able to self-care, including toileting, showering, and feeding themselves? If the guest has activity of daily living needs that require one-on-one assistance they are too high acuity for the VIMo. (yes/no)

*Note: If the guest needs support with activities of daily living, is an Adult, and a positive COVID test, then the guest should be referred to: Pacific Health and Rehab - 14145 SW 105 Ave. Tigard, OR - (503) 639.1144.*

4. Does the guest need memory care support for dementia? If the guest needs memory care, they are too high acuity for the VIMo. (Yes/No)

*Note: If the Guest needs Memory Care Support for Dementia, is an Adult, and has a positive COVID test, then the guest should be referred to: Emerson House Memory Care - 3577 SE Division, Portland, OR - (971) 357.2690.*

### Client Information

5. Legal Last Name
6. Legal First Name
7. Legal Middle Name or Initial
8. Preferred name
9. Birth date: MM/DD/YYYY
10. Phone number
11. Email Address
12. How many people will be staying in the guest's room?

*Note: Guests are allowed one companion, with an exception for families with children under 18. This companion is someone who is already their partner/companion, not*

*someone they invite to join them for the hotel stay. Intent here is to balance exposing others with the need for a support person to be allowed to join them and assist in their care.*

13. Home address

- a. street number street name
- b. city
- c. state
- d. zip

14. Current Location (If different than address; needed for ride coordination)

15. Race

- a. Alaskan Native
- b. American Indian
- c. Asian
- d. Black/African American
- e. Native Hawaiian
- f. Pacific Islander
- g. White
- h. Patient refused
- i. Unknown
- j. Other (Open Text)

16. Ethnicity

- a. Hispanic
- b. Non-Hispanic
- c. Patient refused
- d. Unknown

17. Sex

- a. Male
- b. Female
- c. Patient refused
- d. Unknown

18. Does the guest need an interpreter / translator (Blind, Deaf, or Non-English Speaker)? No

- a. Yes, Blind
- b. Yes, Deaf
- c. Yes, Blind/Deaf
- d. Yes, non-English Speaker

19. Primary language

**Referent Information**

20. Referent Name

21. Referent Agency

22. Referent's Phone Number

23. Referent Email address

24. Has this individual lived in a congregate setting in the last 7 days? (yes/no)
25. If yes, what is the name of that facility?
26. At discharge, will this person return to current housing? (yes/no - discharge support needed)
27. If no, who is the right person for us to speak to about discharge planning? (Name, agency, phone, email).
28. Has the guest had a positive test more than 10 and less than 90 days ago?

*Note: If they have a positive SARS-CoV-2 test 10 - 90 days ago, they are not eligible for VIMo admission because they are considered immune in this time period.*

- a. Yes (End Referral) - Go to Logistics Section
- b. No - Go to COVID-19 Testing (Last 10 Days)

### **COVID-19 Testing (Last 10 Days)**

29. Has the guest been tested for COVID-19?
  - a. Yes - Go to COVID-19 Testing Follow-Up Questions
  - b. No - Go to Contact with Case (Triage)

### **COVID-19 Testing Follow-Up Questions**

29a. Most recent covid test date

29d. Type of test performed?

- a. Rapid Test
- b. Laboratory Test
- c. Unknown

29e. Most recent covid test result

- a. Positive
- b. Negative
- c. Indeterminant
- d. Unsatisfactory
- e. Pending
- f. N/a

29f. Name of Healthcare System that administered the COVID-19 Test

### **Contact with Case (Triage)**

30. In the last 2 weeks, has this person had more than 15 minutes of close contact with someone they know/can identify who has COVID-19?
  - a. Yes- Go to Contact with Case Follow-Up Questions

- b. No- Go to Endemic Facility (Triage)

### **Contact with Case Follow-Up Questions**

- 30a. Name of case if known?
- 30b. Name of physical location of case (shelter name or private home or workplace name or encampment location, etc)
- 30c. Date of last exposure to case
- 30d. (If being referred by Multnomah County CD Staff) Outbreak number if known (xxxxx)

### **Endemic Facility (Triage)**

- 31. Has the guest spent time in a facility where COVID-19 is endemic in the last 14 days?

*Description: An infection is said to be endemic in a population when that infection is constantly maintained at a baseline level in a geographic area without external inputs. COVID-19 is endemic in some Correctional Facilities in Oregon.*

- a. Yes- Go to Endemic Facility Follow-Up Questions
- b. No- Go to Symptom (Triage)

### **Endemic Facility Follow-Up Questions**

- 31a. What was the last date that the person was in the facility?

### **Symptom (Triage)**

- 32. Does the guest have any NEW or WORSENING Symptoms to suggest COVID-19? (fever, cough, GI symptoms, loss of smell or taste)
  - a. Yes- Go to Symptom Follow-Up Questions
  - b. No- Go to Influenza Triage
  - c. Unknown- Go to Influenza Triage

### **Symptom Follow-Up Questions**

- 32a. What NEW and/or WORSENING symptoms does the guest currently have?
- 32b. What day did the guest begin having NEW and/or WORSENING symptoms?
- 33. Does the individual have new or worse loose or liquidy diarrhea that has occurred at least three times in the past day **without new or worse cough or work of breathing**?
  - a. Yes- Go to Diarrhea Follow-Up Questions
  - b. No- Go to Influenza Triage



### Diarrhea Follow-Up Questions

33a. Does the guest have bloody diarrhea, crampy abdominal pain / tenesmus and/or high fever without prominent respiratory symptoms. (yes/no)

*Definition: Tenesmus refers to cramping rectal pain. Tenesmus gives you the feeling that you need to have a bowel movement, even if you've already had one.*

33b. Has the guest been diagnosed with Shigella? (yes/no/unknown)

33c. Has the guest had contact with a known Shigella case? (yes/no/unknown)

33d. Has the guest been tested for Shigella in the last 2 week via stool culture? (yes/no)

### Influenza Triage

34. Has the guest received an influenza test?

- a. Yes- Go to Influenza Follow-Up Questions
- b. No- Go to Behavioral Health Questions
- c. Unknown- Go to Behavioral Health Questions

### Influenza Follow-Up Questions

34a. What were the results?

- a. Positive
- b. Negative
- c. Pending

### Behavioral Health Questions

35. Are they in danger of hurting themselves or others in any way right now? (yes/no)

*If yes: The Multnomah County Crisis Line (503-988-4888) will follow up with the individual.*

36. Is the guest in recovery? (yes/no)

37. Is the guest receiving any drug or alcohol treatment? If so, what kind and where from?

38. Does the guest anticipate any withdrawal symptoms from lack of access to substances? If so, do they have a plan to stay well during their stay?

39. While the staff are unable to enter the room, they can provide additional life safety related check-ins over the phone or from outside the room. Currently, check ins occur at 8am, 12 noon, and 6 pm. Does the guest need additional check-ins at 10am and 3pm for life safety?

- a. Yes - Go to Check-in Follow Up Questions
- b. No - Go to Logistics Information

**Life Safety Check-in Follow-up Question**

39a. Purpose of more frequent check-ins.

- Remind guest to take medication
- General check of guests safety

**Logistics Information**

40. Would the client require a first floor room (no elevator available)?
41. Does the guest have pets or a service animal? If so, what kind of pet?
42. Does this guest have anyone who may be visiting that is providing supportive services (case manager, nurse, probation officer, other)? If yes, we can ask the guest to sign a release of information (ROI). Is an ROI needed? (yes/no)
43. Does the guest have any dietary allergies or restrictions?
44. What is the partner's plan to transport the guest to the motel shelter?
45. What is the guest's anticipated arrival date?
46. What is the approximate time the guest will arrive at the motel shelter?

## **APPENDIX B: Multnomah County Voluntary Isolation Motel (VIMo) Guest Agreement**

**Purpose** This document (guest agreement) sets forth certain rules and limitations governing the provision of space through the Motel Shelter Program described in this document. FOR PURPOSES OF THIS DOCUMENT, YOU, THE PERSON NAMED ABOVE, ARE A “GUEST” AND YOUR USE OF THIS SPACE IS GOVERNED AND LIMITED BY, AND SUBJECT TO, THIS GUEST AGREEMENT

**Program Overview** Multnomah County opened the Motel Shelter Program (Program) to provide a safe place to self-isolate and recover for people experiencing homelessness who exhibit symptoms of viral respiratory illness. This program offers a short-term, temporary space for Guests to stay while they recover from these symptoms. The Motel Shelter Program is not transitional, rental, nor permanent housing, and no tenancy or other exclusive property interest in the space is established, intended, or expected. The details of exiting the Program are provided below with the general expectation being that Guests will return to their previous location and that Program staff (Staff) are unable to connect Guests to other resources or programs.

Staff will provide three meals a day, help address your questions or concerns, and do regular Guest wellness checks, including at-room checks in accordance with Staff’s schedule. Staff cannot provide other services such as case management, medication management or medical care. The Program is staffed 24/7 and staff will rotate frequently throughout the day and night.

### **Approximate Daily Schedule**

- 8:00 AM - Breakfast
- 12:00 PM - Lunch
- 6:00 PM - Dinner
- 9:00 PM - Final Wellness Check with knock on the door (other checks and room inspections will occur in Staff’s discretion and in accordance with Staff’s schedule)

**Expectations for your Stay** All Guests and their companions must comply with the following expectations; failure to comply with these expectations may result in Guests being exited from the Program and required to leave the Program property:

## **Community Commitments**

- All Guests have the right to be treated with dignity and respect, and are expected to treat others with dignity and respect. This includes respect for physical safety and well-being.
- Do not engage in violence or intimidation of any kind. This includes hate-speech, derogatory comments and/or oppressive language.
- Treat the motel property with respect. Do not alter or damage the rooms or their contents. Assist in keeping the building and grounds clean and free of trash and debris.

## **General Safety Guidelines**

- Guests are expected to be in Program rooms as much as possible during their stay.
- Call the staff desk if you need to speak with Staff or require assistance. Staff will address your concern as soon as possible.
- Guests must wear a mask when opening the external door to the Program room or whenever outside of the Program room.
- Guests are expected to practice social distancing by staying 6 feet away from other Guests and staff.
- Staff will deliver food to the door of your room at meal time to support self-isolation and comply with social distancing.
- Staff will conduct in-room wellness checks and room inspections throughout the day and evening in accordance with Staff's schedule. All guests are expected to comply with wellness checks and report any symptoms they are experiencing on a daily basis. If guests report feeling feverish, staff will assist guests in taking their temperature using a thermometer.
- During wellness checks, please answer the room phone and reply to knocks on the door to confirm your presence. If there is no answer after multiple knocks and/or phone calls, staff will enter the room to check on Guests.
- Guests are prohibited from entering the Program rooms of other Guests and from allowing other Guests into Program rooms.
- Guests are not permitted to have visitors. Please note that anyone not referred to the Voluntary Isolation Motel program with the guest at the time of intake would be considered a visitor, and therefore not permitted in the VIMo program.
- Guests may not light anything on fire (including cigarettes, incense, candles, stoves, etc.) inside the Program rooms.
- Guests may not have weapons in or around the Program property. If you have a knife with a blade of six inches or less, you must provide it to Staff who will store

- it for you; all other weapons must be stored off site.

### **COVID-19 Testing**

- Guests who have not already been tested for COVID-19 will be offered and expected to comply with testing on-site.
- Testing will be available on-site on a weekly basis and guests will be notified the night before as well as the morning of. Failure to comply with testing expectations will be considered non-compliance with program expectations and may result in an exit from the program.
- A medical professional will reach out to you directly to share your results. Non-medical Staff will not have access to your results and you do not have to share your results with anyone.

### **Leaving the Property**

- Guests must notify Staff when coming and going from the Program property. Before leaving the Program property, you are expected to check in with a Staff member to identify where you are going and when you will be back. You are also expected to notify a Staff member upon your return.
- As a safety precaution, if a Guest does not check in to the property within 2 hours of the anticipated return time for such Guest or after a missed wellness check or room inspection, the Guest's room key will be deactivated and that Guest will need to check in with Staff to reactivate it.
- If Guests leave the Program property for more than 24 consecutive hours, such Guest may be removed from the Program and required to leave the Program property.

### **Room Provision and Maintenance**

- Program rooms shall be assigned to Guests by Staff; continuing use of a room is not guaranteed to Guests beyond a daily basis; and Staff may re-assign Guest to a different room as necessary for Program operations.
- Staff may enter rooms in accordance with Staff schedule for wellness check and other room inspections, including inspections for compliance with this guest agreement
- Program rooms are provided to Guests free of charge; Guests may be charged for the cost of property damage caused by an act or omission of Guest.
- Guests are expected to keep their designated Program rooms clean and undamaged.
- Guests may have limited personal belongings in Program rooms, and are not allowed to bring any furniture, appliances, or large electronics into Program rooms or otherwise onto the Program property.

- Guests cannot smoke in Program rooms, but can smoke in designated smoking areas on the Program property. Guests are expected to keep a 6 foot distance from other Guests and Staff while smoking.
- Guests must tie up their garbage and place it outside their designated Program room on a daily basis for collection by Staff.
- Guests shall remove their linens (bed sheets and bath towels) from their designated Program room by placing the linens in a plastic bag (provided by Staff) outside the Program room door on a weekly basis as specified by Staff. Staff will provide clean, replacement linens; Guests are responsible for making the bed with the clean, replacement linens and restocking the bathroom with the clean, replacement towels.
  - Please note: There is a bed cover on each mattress for health and safety reasons. Do not remove the bed cover.
- Guests can request to have their personal clothing laundered. Do NOT mix your personal clothing with the Program room linens (towels and bedding); and do NOT include shoes or trash with personal clothing when sending it to be laundered.
  - Items to be laundered shall be placed in plastic bags provided by Staff outside the Program room door on a schedule specified by Staff
  - Please note: the program is not responsible for any damaged or lost items in the laundry, and may not be able to control for any sensitivities to the laundry detergent.
- If a Guest has a pet or companion animal, Guests are responsible for taking care of and picking up after the pet or companion animal. Let staff know if you need supplies, food or veterinary care for your pet or companion animal. Staff will do their best to connect Guests to available resources.
- Guests are responsible for immediately notifying Staff about any safety or maintenance issues in Program rooms. This includes, but is not limited to, plumbing issues, damaged property, and pests (bed bugs, flea, lice, mice, roaches, etc.).

### **Termination from the Program**

- Guests will be excluded from the Program and the Program property if Guests: damage property, steal, and/or harass or assault other Guests or Staff.
- Any failure by Guest to comply with this guest agreement is cause for removal of Guest from the Program and the Program property

### **Program Exit**

- On-site staff will do regular Wellness Checks, including in-room checks, each day to check on Guests and monitor your respiratory symptoms in accordance with such staff's schedule.

- On-site staff, in consultation with a team of communicable disease staff, will determine when a Guest is “cleared to leave the Program”; whether or not medically cleared, Guests may leave the Program at any time at their discretion.
- A staff member will notify Guest when cleared to leave and help coordinate with Guest’s referring partner to exit the Program. Guests shall work cooperatively with all staff to exit the Program promptly after being notified that Guest is cleared to leave (typically same day). Program rooms are not available to individuals that were previously Guests but have been cleared.
- At exit, the general expectation is that Guests will return to their previous location. Staff are unable to connect you to other resources or programs. Please continue to work with the organization that referred you to the motel shelter to access needed resources and services.

**Guest Certification**

By signing below, I, the Guest named on Page 1 of this document, certify that I was given the opportunity to ask all questions about the meaning of each and every provision of this guest agreement and that I understand and voluntarily agree to each and every provision of this guest agreement and the expectations that arise from it.

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

Printed Name of Guest \_\_\_\_\_ Room # \_\_\_\_\_

**Staff Certification**

By signing below, I, Program Staff, certify that I provided Guest the opportunity to ask all questions about the meaning of each and every provision of this guest agreement and that I answered all such questions to the best of my ability and it appeared to me that, at the time of signing this guest agreement, Guest understood and voluntarily agreed to each and every provision of this guest agreement and the expectations that arise from them.

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