



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

Isolation Facility at A Safe Haven Now Accepting Hospital and Shelter Referrals for COVID-19

April 13, 2020

Summary and Action Items:

- As of 4/11/20, A Safe Haven is now among CDPH Isolation Facility options to accept referrals from hospitals and shelters with expanded admission criteria compared to previously available facilities.
- Shelter staff may now refer patients who meet confirmed or probable case definition identified on symptom screening and interview to the new facility by submitting an [online intake form](#) posted at www.chicagohan.org/COVID-19.
- CDPH continues to recommend a minimum isolation period of **at least 7 days from symptom onset and at least 72 hours from the last fever** (whichever is longer) for any confirmed or probable COVID-19 cases.
- Individual facilities may choose to maintain transitional precautions beyond the minimum isolation period based on the ability to maintain adequate social distancing and hygiene as recommended for all clients during current widespread COVID-19 community transmission.

Background: In general, COVID-19 patients can be safely discharged back home or to a congregate shelter without precautions if it has been at least 7 days from symptom onset or at least 72 hours after recovery, whichever is longer. Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingered cough (as determined by the treating physician) should not prevent a case from being released from isolation. CDPH continues to recommend a “*Non-test based strategy*” to clear individuals returning to congregate settings (other than long-term care facilities) as described in CDC’s [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#).

For those clients requiring isolation to complete the minimum isolation period, as of 4/11/20, A Safe Haven Isolation Facility is now accepting referrals using the same intake process with expanded admission criteria compared to previous options. Hospitals and Shelters should submit an [online Q/I facility intake form](#) if they are seeking to discharge or transfer patients meeting confirmed or probable case definition prior to completion of the recommended isolation period or to cohort them from COVID-19 negative clients.

COVID-19 Case Definitions

- **Confirmed:** A confirmed case is a person with laboratory confirmation of COVID-19 infection.
- **Probable:** A probable case is a person under investigation (PUI) with absent, pending, or inconclusive results for COVID-19 who has had close contact of a known COVID-19 positive case within the 14 days prior to symptom onset.
 - Close contact is defined as within ≤ 6 feet for 10 minutes or more but for certain high-risk settings, the threshold may be lowered depending on ability of the client to give an accurate history (e.g. symptomatic client at a shelter who overlapped in time with a known positive case during the 14 days prior to symptom onset even if close contact cannot be defined by history).
- **Suspect:** A suspect case is a person under investigation (PUI) with COVID-19 tests pending.

Transfer Criteria from Shelter or Hospital to A Safe Haven Isolation Facility (4/11/20):

- Meets confirmed or probable COVID-19 case definition
- Cannot remain or return to a congregate setting

Exclusion Criteria for A Safe Haven Isolation Facility (4/11/20):

- Signs or symptoms of severe disease such as a temperature >103°F, Oxygen saturation <92% on room air, respiratory rate of >30 breaths per minute, increased work of breathing/respiratory distress
- Use of supplemental oxygen to maintain O2 saturation above 92%
- Blood glucose readings >300 mg/dL
- Uncontrolled and symptomatic hypertension
- Pregnancy beyond 20.0 weeks gestational age
- Receiving hemodialysis or chemotherapy
- Alcohol withdrawal risk (history of alcohol use disorder or alcohol dependence and recent last drink)
- Opioid withdrawal AND disinterest in medications for opioid use disorder (MOUD)/medication assisted therapy (MAT)
- Severe uncontrolled psychosis (patients currently taking antipsychotic medications and stable are NOT excluded)
- Disorientation
- Active suicidal/homicidal ideation
- Current infestations such as scabies, bedbugs, or scabies; must complete treatment prior for consideration
- Tobacco use with unwillingness to use nicotine replacement therapy while at isolation facility
- Personality disorders that challenge the person's ability to abide by the rules of hotel and support staff
- Unwillingness or inability to stay at the isolation or quarantine facility through completion of the isolation or quarantine period

Q/I Facility Intake Requests

Hospitals and Shelters should submit the patient's History and Physical note and [online Q/I facility intake form](#) if they are seeking to discharge or transfer patients meeting confirmed or probable case definition prior to completion of the recommended isolation period or to cohort them from COVID-19 negative clients. Leaving any field blank will result in delay in processing.

Please contact CoronavirusSocialWork@cityofchicago.org, if you have not received a response within 4 hours or with any additional concerns. NOTE: Careful attention should be paid by hospital discharge planners and shelter staff to investigate and communicate high-risk medical or psychiatric conditions, security concerns, criminal history, and need for wrap-around support services prior to filling out the intake form to allow for placement of the individual to the correct housing option. Including such information in the referral form will increase the response time for referrals made.

Shelter, Emergency Department (ED), Hospital Discharge Referral Responsibilities

1. Assign a case manager or discharge planner liaison (**COVID Facility Liaison**) to staff each hospital unit, ED shift and shelter shift.
2. Complete the [Quarantine/Isolation Facility Intake Form](#). CDPH will attempt to arrange same day transport for those requests received and approved before 4:00pm.
3. Hospitals must provide transportation to isolation facility for patients approved on Saturdays and Sundays.
4. COVID Facility Liaison attempts to collect the best contact information for the individual (if any) as well as the individual's emergency contact(s) and **ensures patient is discharged with a 14-day supply of any medications and other personal necessities.**

CDPH Referral Responsibilities

1. CDPH Social Work member reviews intake form and determines eligibility with clinical consult to determine whether the patient meets criteria for referral to a Q/I facility. CDPH Social Work member calls Facility COVID Liaison listed as Facility Contact on intake form to confirm receipt, assign a case number, and give an estimated time of response.
2. CDPH Social Work member will call the COVID Facility Liaison to provide final determination and arrange transport if patient meets criteria.
3. CDPH Social Work member will arrange **same day transport for those requests approved between 8:00am to 4:00pm**. Transport requests approved after 4:00pm will be arranged the following morning and the facility will be asked to hold the patient overnight.
4. CDPH reserves the right to deny referrals if any concerns arise based on the patient's history that would interfere with being able to house the individual safely at the available Q/I facilities. Facilities may also be asked to hold certain clients awaiting placement depending on available housing options.

Receiving Patients Back from Isolation Facilities

After the minimum isolation period has been completed, clients may return to the congregate facility and CDPH recommends following CDC recommendations for how to prevent COVID-19 disease during widespread community transmission: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>. Individual facilities may choose to maintain transitional precautions beyond the minimum isolation period based on the ability to maintain adequate social distancing and hygiene as recommended for all clients during current widespread COVID-19 community transmission. Additional measures could include the following:

- Continue to implement social distancing measures and encourage recovering clients to wear a [cloth face covering](#) in common areas where social distancing is challenging until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Continue to keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe.

CDPH medical director consultation is available for individual cases, but in general, clients should not be prevented from returning to the referring facility if they have completed the minimum isolation period described above which is intended to minimize risk of transmission for a range of disease severity associated with COVID-19.