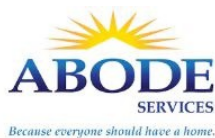




OPERATION COMFORT: ALAMEDA COUNTY EMERGENCY HOTEL SHELTER HANDBOOK



Alameda County
Health Care Services Agency



Alameda County
Social Services
Agency

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REFERRAL CRITERIA

Referrals are accepted to Operation Comfort Alameda County (OCAC) on a county-wide basis.

Current residential status must be one of the following:

- Living on the street/places not meant for habitation
- Emergency shelter
- Transitional housing program for individuals experiencing homelessness
- Exiting a health care or other institution with no identified residence at time of discharge
- In a congregate living situation (in the last 90 days) with no way to self-isolate AND homeless prior to entry

AND

Current clinical status is at least one of the following:

- Positive COVID-19 test
- Recent contact with someone who has a verified positive COVID-19 test
- Suspected case based on:
 - Signs and symptoms checklist and/or
 - Pending test results (awaiting laboratory confirmation)
- In a high-risk group:
 - Age 65 and older; or
 - Individuals who have one or more of the following health conditions:
 - **Blood disorders** (e.g., sickle cell disease or on blood thinners)
 - **Chronic kidney disease defined by their doctor:** Patient has been told to avoid or reduce the dose of medications because of kidney disease or is under treatment for kidney disease including receiving dialysis
 - **Chronic liver disease as defined by their doctor** (e.g., cirrhosis, chronic hepatitis): Patient has been told to avoid or reduce the dose of medications because of liver disease or is under treatment for liver disease
 - **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and receiving treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
 - **Current or recent pregnancy** in the last two weeks
 - **Endocrine disorders** (e.g., diabetes mellitus)
 - **Metabolic disorders** (e.g., inherited metabolic disorders and mitochondrial disorders)

- **Heart disease** (e.g., congenital heart disease, congestive heart failure, coronary artery disease)
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen; or
- **Neurological, neurologic, and neurodevelopment conditions** (including disorders of the brain, spinal cord, peripheral nerve, and muscle—e.g., cerebral palsy, epilepsy [seizure disorders]; impairment due to stroke; intellectual disability; moderate to severe developmental delay; muscular dystrophy; and spinal cord injury]
- **Body weight** greater than 270

Referral Exclusionary Criteria

Individuals meeting any of the following criteria should NOT be referred to OC AC:

- Does not abide by program agreements to protect the health and safety of community;
- Demonstrates active suicidal ideation;
- Has an active restraining order, protective order, or other court order preventing the referred guest from being within a certain distance of a person or population currently sheltered at the hotel;
- Walk-ins or self-referrals; or
- Unaccompanied minors

Procedure for walk-ins and self-referrals:

Guests who walk in or self-refer to OCAC or an agency/organization not approved as a referring agency will be redirected to a Housing Resource Center (HRC) in the Coordinated Entry System (CES) in Alameda County to be assessed for their eligibility for entry into OCAC, as well as receive a CES assessment if Homeless Management Information System (HMIS) records show that they have not already been assessed through CES. Guests found to be eligible by HRC's for OCAC will be referred through the process described below. Those who are not eligible will be connected to other resources through the HRC.

DESIGNATED REFERRING AGENCIES IN ALAMEDA COUNTY

- All hospitals including psychiatric hospitals
- All shelters
- Housing Resource Centers in the Coordinated Entry System
- Homeless outreach providers
- Transitional housing facilities for homeless people
- Congregate living facilities for people who are homeless, where residents are not able to self-isolate

See attached list of approved referral agencies. This list will be updated over time.

GENERAL REFERRAL PROCESS

Referral Criteria for Operation Comfort (Target Population #1)

In addition to the referral criteria above for Pathway #1 (people who are COVID-19 positive, suspected, or have verified exposure), the general referral process described above will be followed. Pathway #1 referrals can only be made by designated agencies and referral agencies must verify the residential status of the guest (per criteria listed above) AND verify their clinical status as one of the following:

- Positive COVID-19 test
- Recent documented exposure with someone who has a verified positive COVID-19 test
- Suspected case based on signs and symptoms checklist
- Suspected case with pending test results (awaiting laboratory confirmation)

Referral Process for Operation Comfort (Target Population #1)

The general referral process for Operation Comfort Alameda County (OCAC) will be completed online as follows:

1. Referring agency will complete screening form via Google Forms to assess for eligibility which will be electronically transmitted to Abode Intake Specialist and screening clinician.
2. Referring agency staff will review the Referral Information and Agreement Document with guest and submit referral information via online referral system to Abode Intake Specialist.
3. Abode Intake Specialist will determine if referral is homeless and if rules have been reviewed with guest and if guest agrees to rules. If yes, they confirm eligibility in Welcome MAT and send the approval electronically through data base to clinician. If denied at this step, Abode will call and inform referring agency. Approvals and denials and reasons for approval/denial will be documented in online system.
4. Both the Medical Team and Abode's Intake team check the database every 15 minutes for incoming referrals.
5. If a referral arrives, the screening clinician will complete online medical screening form for guest (and any other household members, if applicable) to establish eligibility and will confirm information, typically via telephone call with single contact from referring agency. If denied, at this step, clinician will call and inform referring agency, and records the denial in Welcome MAT. Approvals and denials and reasons for approval/denial will be documented in online system. Medical screening form includes information about mental health and substance use needs.

6. When an approval arrives, the Abode Intake Specialist confirms room availability and contacts referring agency by phone to coordinate transport.
7. Based on availability and pathway group, the guest will be offered placement at the hotel.
8. If eligible based on screening, Alameda County Health Care Services Agency (HCSA) staff will check relevant database sources (HMIS, Clinicians Gateway, EPIC and the Community Health Record) to get additional information.
9. Abode Intake Specialist alerts on-site nurse and transportation for transfer of guest. Transportation transfers are more fully discussed below.
10. Referral and intake staff are scheduled to work between 8 am – 8 pm, 7 days/week.
11. Referrals must be received no later than 7 pm on a given day for consideration for intake on the day of referral.
12. Referrals received after 7 pm will not get processed until the next intake day.

See Appendix [X] for the Referral Packet containing the fax cover sheet template and the Alameda County Screening and Referral form.

Referral Criteria for Safer Ground (Target Population #2)

For Safer Ground (people who are high-risk and no current COVID-19 history), individuals will be referred by designated Alameda County Health Care Services Agency (HCSA) Home Stretch staff using an existing list of homeless individuals with disabilities on a Permanent Supportive Housing (PSH) Target list. Individuals on this list have completed Alameda County’s Continuum of Care Coordinated Entry System (CES) standardized assessment and have been prioritized for PSH based on their health care needs, housing history, and barriers to getting and keeping housing without support. To be referred to COVID-19 emergency housing resources, individuals must ALSO fall into one or more of the following “high-risk” group categories:

- Age 65 and older; or
- Individuals who have one or more of the following specific health conditions:
 - **Blood disorders** (e.g., sickle cell disease or on blood thinners);
 - **Chronic kidney disease as defined by their doctor.** Patient has been told to avoid or reduce the dose of medications because of kidney disease, or is under treatment for kidney disease, including receiving dialysis;
 - **Chronic liver disease as defined by their doctor.** (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because of liver disease or is under treatment for liver disease;
 - **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and receiving treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS);
 - **Current pregnancy last trimester;**
 - **Endocrine disorders** (e.g., diabetes mellitus);

- **Metabolic disorders** (e.g., as inherited metabolic disorders and mitochondrial disorders);
- **Heart disease** (e.g., congenital heart disease, congestive heart failure and coronary artery disease);
- **Lung disease including asthma or chronic obstructive pulmonary disease** (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen; or
- **Neurological, neurologic, and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury]

In addition to the above criteria for target population #2, OC:AC may at its discretion, and space allowing, periodically accept referrals to Safer Ground of residents from congregate and transitional shelters that are unable to provide sufficient space at the shelter for social distancing of residents, prioritizing residents who meet the criteria above for target population #2, or otherwise have been identified as more medically vulnerable residents.

Referral Process for Safer Ground (Target Population #2)

For Safer Ground, the referral process will include the following:

1. HCSA Home Stretch staff will identify group of potentially eligible individuals for referral to the site using By Name List.
2. Home Stretch staff will conduct outreach to shelters, service providers, and regional housing resource centers (HRCs) to contact potentially eligible individuals and offer them this residential opportunity.
3. Providers will verify guest interest and willingness to take the opportunity.
4. For any guest interested, Referring Provider completes the referral through Google Forms, including evidence of eligibility, which generates a referral in the Sales Force (Welcome MAT) system.
5. Home Stretch staff checks Welcome MAT and completes approval, which pushes the referral to Abode's Intake Specialist.
6. Abode reviews the referral and checks the By Name List. If the guest is not on the By Name List, Abode informs the Referring Agency that the person is not eligible. If they are on the list, they contact the Referring Agency to perform screening, gathering information about ambulatory status, pets, ADLs, and SI/HI, and set up Intake Appointment and support transport coordination.
7. Home Stretch staff will help coordinate transportation and connection with Abode Intake Specialist for guest intakes for individuals to become guests at site, reminding guests of limitations on belongings.

BELONGINGS AND STORAGE

Operation Comfort

Operation Comfort Guests are allowed to bring a maximum of one (1) 64-gallon bag of belongings. Items should be limited to unsoiled personal belongings—e.g., clothing, medications, religious items, legal identification, vital papers, and other small personal items. No furniture or other large items will be accepted. These limits do not apply to or include necessary medical equipment, such as walkers, wheelchairs, oxygen tanks, external medical devices, or other similar equipment.

The hotel operator does not assume responsibility for guests' personal belongings. The referring agency is responsible for coordinating storage of any items beyond the 64-gallon personal belongings cited above, according to each City's property storage policies for homeless encampment intervention. If needed, additional items that the guest brings beyond the 64-gallon limit can be labeled and placed in storage until the guest is discharged.

To maintain a safe and welcoming environment for everyone, weapons (including concealed weapons), except for sharps/knives 2 inches or shorter, are not allowed. Security personnel will screen all guests and personal belongings at intake and any time a guest returns to the hotel after leaving the premises.

In order to prevent bed bugs, upon arrival to the hotel shelter site, all guests must put all belongings, including clothing and linens (brought from outside the hotel) in the bed bug oven before bringing items into their room or alcove. Items that may be destroyed, such as medication and identification, may be exempt from the bed bug oven.

Additionally, all new or used clothing that is brought into the hotel during guest's stay must be washed and put in the dryer for 40 minutes. If guests notice bites on themselves or their children, they must notify staff immediately.

Any items left after a guest's discharge will be bagged, labeled and stored securely for at least 5 days. If items are not claimed within this time-frame, they may be disposed of and are no longer the responsibility of Operation Comfort. Operation Comfort staff may under certain circumstances allow a storage period longer than 5 days at their discretion, if the guest contacts OC within the 5 days following discharge and reaches an agreement upon a designated timeframe for recovery of items.

Safer Ground

Safer Ground Guests are encouraged to limit belongings to one 64-gallon bag of belongings. Items should be limited to unsoiled personal belongings—e.g., clothing, medications, religious items, legal identification, vital papers, and other small personal items. These limits do not apply to or include necessary medical equipment, such as walkers, wheelchairs, oxygen tanks,

external medical devices, or other similar equipment. The hotel operator does not assume responsibility for guests' personal belongings.

If a guest arrives with more than what fits into a 64-gallon bag, Abode's Intake staff will work with them to determine how their belongings should be handled. This can include discarding some items; arranging for off-site storage (with friends/family and/or referring agency) to the degree possible; and, if storage space permits, bagging, labeling, and storing guest belongings onsite. Abode staff can, on a case-by-case basis, permit guests to bring additional belongings into their units, within reasonable limits.

Guests cannot bring furniture or large items into the rooms.

To maintain a safe and welcoming environment for everyone, weapons (including concealed weapons), except for sharps/knives 2 inches or shorter, are not allowed. Security personnel will screen all guests and personal belongings at intake and any time a guest returns to the hotel after leaving the premises.

In order to prevent bed bugs, upon arrival to the hotel shelter site, all guests must put all belongings, including clothing and linens (brought from outside the hotel) in the bed bug oven before bringing items into their room or alcove. Items that may be destroyed, such as medication and identification, may be exempt from the bed bug oven.

Additionally, all new or used clothing that is brought into the hotel during guest's stay must be washed and put in the dryer for 40 minutes. If guests notice bites on themselves or their children, they must notify staff immediately.

Abode staff will conduct weekly room checks for all Safer Ground guests, to ensure that rooms are clean, habitable, and not cluttered. These checks are scheduled in advance, in consultation with guests, during normal business hours. All room checks must be conducted in a reasonable manner with due regard for the safety, health, wellbeing and privacy of the resident and his/her belongings.

If a room is found to be in unacceptable conditions (e.g. evidence of hoarding, garbage, food, or other belongings that may lead to unsafe or unhealthy conditions), Abode staff will work with the guest to address the situation and the guest will receive a verbal warning of being out of compliance with the Participant Agreement.

If a resident is found to be in possession of prohibited items (e.g. weapon greater than 2", extra furniture), Abode staff will work with the guest to remove the item(s) and the guest will receive a verbal warning of being out of compliance with the Participant Agreement. Depending upon the item, Abode staff may make arrangements to dispose of the item(s) or have them stored until the guest exits Safer Ground.

Any items left after a guest's discharge will be bagged, labeled and stored securely for at least 14 days. If items are not claimed within this time-frame, they may be disposed of and are no

longer the responsibility of OC:AC. OC:AC staff may under certain circumstances allow a storage period longer than 5 days at their discretion, if the guest contacts OC:AC within the 5 days following discharge and reaches an agreement upon a designated timeframe for recovery of items.

PRESENCE OF MINOR CHILDREN

- No unaccompanied minors allowed.
- Minor children who arrive with a family member or guardian must be supervised at all times by their parent/guardian.
- Program staff will provide developmentally appropriate information on early care and education programs for parents with children aged 18 and younger.
- As feasible, program staff will assist in connecting school-aged children to online learning or education services, as provided by their school, during school closures.

COMPANION ANIMALS

A guest is allowed one (1) pet, which must be under the owner's verbal control and must be non-threatening. Guests may be asked to restrain pets with a leash or kennel during the intake process and when taking the pet out for a walk. Guests will be asked to use designated pet areas for walking and allowing pets to go to the bathroom, and to pick up any waste afterwards using doggie bags provided by staff.

During intake, the guest should inform staff of food and/or supplies needed for their pet. For guests of Safer Ground, any pet that is not current on vaccinations or requires veterinary attention will receive support from Abode staff to ensure that the pet receives the vaccinations or other veterinary care needed.

PARTNERS / IN HOME SUPPORTIVE SERVICES (IHSS) OR OTHER HOME CARE WORKER

No general visitors are allowed on the property at any time. A partner or caregiver who has already been in contact with the eligible guest and who provides on-going support with their daily living activities is able to come on site to provide support services. Such services must be coordinated with, and authorized by, on-site support staff during admission.

Individuals identified as needing such services during the intake process, who are not already connected to caregiver services, will be supported in connecting to the Functional Assessment Service Team (FAST). FAST members will work in collaboration with on-site staff to identify guests' function and access needs, and request resources.

TRANSPORTATION PROTOCOLS

Transportation to hotels will be provided between 8:00 am and 7:00 pm, Monday through Friday. Protocols may differ between sites.

PRIOR TO LAUNCHING

1. Ensure all individuals in Transport Teams have received the following:
 - Negative 2-step TB test OR QuantiFERON test (within the last year, and updated yearly)
 - Recent Flu shot (between November 2019 and present)

2. Provide training to transport teams on:
 - Use of Personal Protective Equipment (PPE)
 - Hand hygiene practice
 - Decontamination practices
 - How to handle guest belongings
 - Hand-off procedures
 - Communication procedures
 - Intake and documentation process

3. Prepare vehicles as follows:
 - Install plastic seat covers
 - Stock with cleaning and disinfecting supplies based on EPA guidance
 - Designate a space in the shuttle for guests' belongings
 - Confirm that at least one vehicle is wheelchair accessible

4. Ensure that transport team consists of:
 - One (1) driver
 - When additional support is needed for individuals being transported, the referring agency and admission team will identify an appropriate person to accompany the household and transport team.

5. Establish and perform cleaning and sanitizing procedures for vehicle:
 - Clean car surfaces with soap and water solution including fronts and backs of seats, arm rests, console, seat belts, windows, etc.
 - Disinfect with solution recommended for the specific material
 - Initiate bed bug cleaning protocols or precautions

TRANSPORT WORKFLOW

Referring Provider/Facility/Encampment/Shelter Pick-Up

It is the responsibility of the Referring Agency to prepare guest to be transported including when feasible:

- Providing medication, durable medical equipment, clothing, pet food/supplies (if applicable), and other essential items. Guests are limited to one (1) 64-gallon bag of belongings. No furniture or other large items will be allowed. The Referring Agency is responsible for supporting guests in defining essential items, and preparing and bagging belongings.
- Developing a plan for items that will not be transported, including safe-keeping or transportation of those items to another location pursuant to relevant city policies on storage.
- Screening the belongings for bed bugs and removing any items that are infested (for cleaning or disposal, as appropriate).
- Screening pets for infestations and addressing identified issues as much as possible.
- Screening for prohibited items.

Prior to Transport

The preparations differ depending on where the guest will be placed.

Operation Comfort. Drivers transporting guests to Operation Comfort must make the following preparations prior to transport:

- Eye protection, N-95 mask, and gloves must be worn whenever staff are within six (6) feet of a patient, while the guest is in the van, and during post-trip cleaning. Facemasks are an acceptable alternative to N95 masks until the supply chain is restored.
- Gowns are recommended.
- The driver should provide a standard face mask for all guests transported via the shuttle. No more than four (4) guests should be on a shuttle at a time.
- Wash hands with soap and water for 20 seconds before and after each trip. If soap and water are not available, use recommended alcohol-based hand sanitizer.
- Vehicles used for transport of persons infected with COVID-19 must have dividers that separate the driver and passenger (taxis, non-emergency ambulances) or be large vans to ensure social distancing procedures are adhered to – i.e., six (6) feet between the driver and guest.
- Transport workers should avoid touching their eyes, nose, and mouth with unwashed hands, and should avoid close contact with people who are sick.
- If the guest's belongings are not bagged, the driver will provide the guest with a plastic storage bag.

- The guest will secure their own items in the bag. The driver will ensure the bag is secure and store it in the back of the shuttle.

Safer Ground. Drivers transporting guests to Safer Ground must make the following preparations prior to transport:

- Wash hands with soap and water for 20 seconds before and after each trip. If soap and water are not available, use recommended alcohol-based hand sanitizer.
- Vehicles used for transport must ensure that social distancing procedures are adhered to – i.e., six (6) feet) between the driver and patients. There should be no more than four (4) people in the vehicle or fewer if that is what is needed to maintain appropriate distance.
- Transport workers should avoid touching their eyes, nose, and mouth with unwashed hands, and should avoid close contact with people who are sick.

For all guests being transported, the referring agency – not the transport team – is responsible for developing a plan for the guest’s belongings that are not being transported and will support the guest in defining “essential items” that fit within the limit on transportable belongings.

During Transport

The following protocols apply for drivers transporting guests to Operation Comfort:

- Before transporting an individual or household, the driver must confirm the identity of the individual/household with the referring agency. (Verbal confirmation is acceptable; photo ID is not required.)
- When additional support is needed for individuals being transported, the admission team will identify an appropriate person to accompany the individual/household and Transport Team. The accompanying staff person will support guests during transport (e.g., ensure they don’t move seats, support pet’s needs, make sure belongings don’t fall, etc.)
- The driver must communicate the estimated time of arrival to the medical admissions staff, as well as any delays, changes in route, or other incidents.
- The following precautions should be taken during transport:
 - Passengers should wear surgical masks during transport (to or from)
 - The driver should open outside-air vents in the driver compartment when transporting guests.
 - The driver must wear the PPE identified above, and change gloves between rides and if they become torn or contaminated.
 - The driver must wash their hands after each transport with soap and water according to the CDC standards.
 - The driver must cover their mouth with a tissue when they cough and/or sneeze and dispose of the tissue immediately.

- On arrival, after the guest is released to the facility, the Transport Team should wash hands again. Mask and eye protection should be kept in a large plastic zip-lock bag with staff's name written on it. Mask can be removed and reused until it is wet. Put mask back on as another guest is approaching the van. Used PPE should be discarded in accordance with routine procedures and in coordination with the Medical Receiving Team.

The following protocols apply for drivers transporting guests to Safer Ground:

- Before transporting an individual or household, the driver must confirm the identity of the household with the referring agency. (Verbal confirmation is acceptable; photo ID is not required.)
- No more than four (4) people should be transported to the Safer Ground per trip, or fewer if that is what is required to maintain appropriate distance between people.
- When additional support is needed for individuals being transported, the admission team will identify an appropriate person to accompany the household and Transport Team. The accompanying staff person will support guests during transport (e.g., ensuring they don't move seats, support pet needs, make sure belongings don't fall, etc.)
- The driver must communicate the estimated time of arrival to the medical admissions staff, as well as any delays, changes in route, or other incidents.
- The following precautions should be taken during transport:
 - Passengers should wear surgical masks during transport for those being transported to or from Safer Ground.
 - The driver should open outside-air vents in the driver compartment when transporting guests.
 - The driver must wash their hands after each transport with soap and water according to the CDC standards.
 - The driver must cover their mouth with a tissue when they cough and/or sneeze and dispose of the tissue immediately.
 - On arrival, after the guest is released to the hotel, Transport Team should wash hands again.

After Transport

The protocols differ depending on where the guest will be placed.

After transporting guests to Operation Comfort:

- The transport team is responsible for cleaning vehicle after every transport. Cleaning should include routine cleaning and disinfection procedures using EPA-registered hospital grade disinfectant on any surfaces that guests may have come in contact with.

- When cleaning the vehicle, transport team members should wear disposable gowns and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- After transporting the guest, the rear doors of the transport vehicle should be left open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the guest to the receiving facility and complete all documentation should provide sufficient time for air changes.
- Clean frequently-touched surfaces and objects including door handles and seat belts, before transporting another guest. Wear disposable gloves during cleaning and then dispose after each use.

After transporting guests to Safer Ground:

- The Transport Team is responsible for cleaning the vehicle after every transport. Cleaning should include routine cleaning and disinfection procedures of any surfaces that guests may have come in contact with, using EPA-registered hospital grade disinfectant.
- After transporting the guest, leave the rear doors of the transport vehicle open to allow sufficient time for air changes to remove potentially infectious particles. The time to complete transfer of the guest to the receiving facility and complete all documentation should provide sufficient air changes.
- Clean frequently-touched surfaces and objects, including door handles and seat belts, before transporting another guest. Wear disposable gloves during cleaning and dispose after each use.

ADMISSIONS

ADMISSION PROCESS

Admitting Guests into Operation Comfort

Prior to arrival at the hotel:

1. The Medical Receiving Team will have completed a phone screening with the Referring Agency and approved the guest for admission. This will include brief screening for mental health and substance use needs.
2. The Medical Receiving Team will notify Abode Intake Coordinator of the pending arrival.
3. The Abode Intake Coordinator with feedback from the Medical Receiving Team will determine which room the person will be moving into and instruct the hotel staff to prepare the room.
4. The Abode Intake Coordinator will contact LAZ (transport contractor) at one of the contact numbers below to arrange a pickup.
 - a. Kevin Macharia: 510-725-1769 (Coordinator – call him first)
 - b. Anthony Hamilton: 510-301-4215

- c. If LAZ cannot be reached, the Abode Intake Coordinator should contact Scott Transou, Alameda County General Services Agency, at 510-387-3384.
5. Abode Intake Coordinator will coordinate closely with the LAZ dispatcher or (ideally) driver to ensure successful pickup. This may include, but is not limited to:
 - a. Providing information about the number of passengers, ambulatory status, and if they have pets.
 - b. Ensuring that outreach workers stay with the individuals referred by the outreach team to make a successful hand-off to the driver, that the guests have the contact information of the referring agency, and that guests are reminded of limitations on belongings that they can bring.
 - c. Clear communication about location, particularly in encampments or other places without clear street addresses.
 - d. Working closely with referring agencies to provide accurate ETAs for pickup, and ensuring that hotel staff, security, and nursing staff are informed.
 - e. Remaining available and in contact with the driver and referring agency if any challenges arise during transport.
6. Abode will also have received the Referral Packet from the Referring Agency via Welcome MAT database. That referral packet contains:
 - a. Screening Form
 - b. Evidence of Eligibility
 - c. Other Pertinent Medical Information, as determined by Referring Agency

Upon arrival at the hotel:

1. The Security guard at the booth notifies the team via walkie talkie that the guest has arrived.
2. Transport staff ensures disembarking guest connects with Security guard and Abode Shelter Monitor at hotel entrance.
3. Security and Abode Shelter Monitor greet the guest, explain the screening procedure, and escort them to the Intake Tent.
4. Security will wand the guest to check for weapons. All blades greater than two-inches in length will be secured and placed in the storage trailer.
5. Abode will provide support, while Security screens the guests items and places items in the bed bug heater.
6. Abode Shelter Monitor escorts the guest to Medical Intake inside the hotel for Intake.

Medical Intake will consist of:

1. Identifying food and other allergies, and medical conditions.
2. If the guest would be supported by a referral to Child Protective Services or Adult Protective Services, the Medical Receiving Team will make this information available.
3. Review of any mental health history and needs assessment information obtained from the referral process paperwork or relevant client databases, and the development of a

Mental Health Monitoring Plan by mental health staff for the guest if it is determined that they have a need for mental health support.

4. Upon completion, Medical staff will escort the guest to Abode Intake

The Abode Intake Specialist will complete the guest Intake for the guest and any household members, which consists of:

1. Orientation and completion of intake forms, including:
 - a. Release of Information
 - b. Referral Information and Participation Agreement
 - c. Guest Grievance Policy
 - d. Meal and Break Schedule
2. Securing copy of ID, if available (not required – only if available)
3. Providing hygiene bag, pet supplies (if needed), snack, and clothing.
4. Notifying the Shelter Monitor that guest is ready for next step.

The Abode Shelter Monitor will take the following steps:

1. Escort guest back to the tent to retrieve belongings and store extra bags (if needed), then escort them to their assigned room.
2. Inform guest about key and entry/admissions protocols, and how to access unit. (Guests will not have keys. If they leave their room, they will need to call the Front Desk, who will connect them to an Abode staff person with a master key.)
3. Orient the guest to the facilities, explaining how meals are provided, how to ask for help, when/how to take breaks for isolation, how to request additional privileges, etc.

Admitting Guests into Safer Ground

Prior to arrival at the hotel:

1. The Intake Specialist will have received the Referral Packet from the Homestretch. That referral packet contains:
 - a. Referral information completed by the referring provider. The referring provider completes the referral through Google Forms and Abode staff can access the information in the Salesforce database.
 - b. Evidence of Eligibility
2. The Abode Intake Specialist will determine which room the person will be moving into and instruct the hotel staff to prepare the room.
3. The Intake Specialist will contact LAZ at one of the contact numbers below to arrange a pickup.
 - a. Kevin Macharia: 510-725-1769 (Coordinator – contact him first)
 - b. Anthony Hamilton: 510-301-4215
 - c. If LAZ cannot be reached, Intake Coordinator should contact Scott Transou: 510-387-3384

4. Coordinate closely with the LAZ dispatcher or (ideally) driver to ensure successful pickup. This may include (but is not limited to):
 - a. Providing information about the number of passengers, ambulatory status, and if they have pets.
 - b. Ensuring that outreach workers stay with the individuals referred by the outreach team to make a successful hand-off to the driver, and that guests are reminded of limitations on the belongings that they can bring.
 - c. Clear communication about location, particularly in encampments or other places without clear street addresses.
 - d. Working closely with referring agencies to provide accurate ETAs for pickup, and ensuring that hotel staff, security, and nursing staff are informed.
 - e. Remaining available and in contact with the driver and referring agency if any challenges arise during transport.

Upon arrival at the hotel:

1. The Security guard at the booth notifies the team via walkie talkie that the guest has arrived.
2. Transport staff ensures disembarking guest connects with Security guard and Abode Shelter Monitor at hotel entrance.
3. Security and Abode Shelter Monitor greet the guest, explain the screening procedure, and escort them to the Intake Tent.
4. Security will wand the guest to check for weapons. All blades greater than two-inches in length will be secured and placed in the storage trailer.
5. Abode will provide support, while Security screens the guests items and places items in the bed bug heater.
6. Abode Shelter Monitor escorts the guest to Medical Intake inside the hotel for Intake.

Medical Intake will consist of:

1. Identifying food and other allergies, and medical conditions.
2. If the guest would be supported by a referral to Child Protective Services or Adult Protective Services, the Medical Receiving Team will make this information available.
3. Review of any mental health history and needs assessment information obtained from the referral process paperwork or relevant client databases, and the development of a Mental Health Monitoring Plan by mental health staff for the guest if it is determined that they have a need for mental health support.
4. Upon completion, Medical staff will escort the guest to Abode Intake.

The Abode Intake Specialist will complete the guest Intake for the guest and any household members, which consists of:

1. Orientation and completion of intake forms, including:
 - a. Release of Information
 - b. Referral Information and Participation Agreement
 - c. Guest Grievance Policy

2. Securing copy of ID, if available (not required – only if available)
3. Providing room key, hygiene bag, pet supplies (if needed), snack, and clothing.
4. Assigning a Housing Navigator to the guest, who will reach out to guest within 2 business days of arrival at hotel.
5. Notifying the Shelter Monitor that the guest is ready for next step.

The Abode Shelter Monitor will take the following steps:

1. Escort guest back to the tent to retrieve belongings and store extra bags (if needed), then escort them to their assigned room.
2. Orient the guest to the facilities, explaining how meals are provided, housekeeping/garbage, how to ask for help, when/how to take breaks for isolation, how to request additional privileges, etc.

ROOM ASSIGNMENTS

Designated sections of each hotel shall be separated for target populations to maintain safety of all guests, and facilitate better support of guests. To the extent possible, each hotel shall have a dedicated section for:

1. Families with children
2. Guests receiving onsite support with substance abuse management or withdrawal
3. Self-identified women, if feasible

MEDICAL MONITORING

Medical Monitoring at Operation Comfort: Alameda County

1. Guest will be oriented on the need to self-report any concern with their health or the need for medical care. Guests are expected to call their primary care provider or 911 if they are experiencing a medical emergency. In some cases, the nurse/medical screening staff on-site may be able to provide assistance.
2. Medical and behavioral health monitoring will be conducted via telehealth (audio or audio/video).
3. The guest's Community Health Worker (CHW)/Navigator will be notified so that they can be available to join to support the patient during the monitoring visits.
4. In-person, face-to-face services will be limited to:
 - a. Nursing assessment on entry and every question must be answered.
 - b. Twice daily monitoring check by CHW/Navigator
5. Staff should never enter a guest's room unless there is a medical emergency. Guests are expected to call their primary care provider or 911 if they are experiencing a medical emergency.

6. In the event that staff must enter a guest's room, the guest should vacate the room prior to staff entering. Any person entering the guest's room must wear full personal protective equipment.
7. The guest should wear a surgical mask **at all times** when interacting with all staff and whenever outside their rooms.
8. Everything guest touches must be sterilized (including chairs, etc.) before anyone else touches them.
9. At intake, the Nurse should complete nursing assessment and basic care plan:
 - a. Care plan to include: administration of Tylenol and ibuprofen if needed, arrangement or referral for IHSS/care giver services, arrangement for pharmacy refills, substance use follow-up needed, etc.
10. Ongoing monitoring:
 - a. Twice daily checks should be conducted for most people including once daily temperature check. Those with underlying conditions should have more frequent checks determined by intake assessment and ongoing evaluation of the guest's symptoms.
 - b. Ensure that people know that they are responsible for taking their own medications correctly.
 - c. Ongoing SUD will be evaluated at intake by the RN and monitored throughout the stay:
 - i. Opioid withdrawal can look a lot like an infection or other illness; individuals usually know when they're "dope sick."
 - ii. Alcohol withdrawal is potentially deadly (unlike opioid withdrawal, which is just uncomfortable). This **MUST** be avoided, either by benzos or EtOH replacement.
 - d. On-call RN/MD should be notified when symptoms or presentation are concerning to the guest's CHW.
 - i. RN/MD will determine escalation need.
 - ii. Script for questions to ask:
 1. "Are you feeling feverish this morning (evening)?"
 2. "Is your fever getting worse?"
 3. "Are you coughing this morning (evening)?"
 4. "Is your cough getting worse?"
 5. "Are you having trouble breathing this morning (evening)?"
 6. "Is your trouble breathing getting worse?"
11. Medications required for pre-existing conditions or COVID-19 symptoms treatment will be kept with the guest who will self-administer as directed by their prescriber.

Medical Monitoring for Safer Ground Guests:

Guests of Safer Ground will have daily wellness checks by Shelter Monitors, including temperature and any symptoms. Any guest who develops COVID-like symptoms (e.g., fever, cough, shortness of breath, diarrhea) will be moved to Operation Comfort for isolation and medical attention.

If someone experiences a medical or psychiatric emergency, staff on duty should call 9-1-1.

WITHDRAWAL PROTOCOLS AND MEDICATION SUPPORT

Alameda County Behavioral Health (ACBH) will be available to respond to behavioral health crises. Naloxone/Narcan will be available on site and staff will be trained in its use. Connection to Suboxone services will be made available. Nicotine replacement therapy (NRT) will be made available.

Alameda County (HCSA/ACBH) Pharmacist Consultation:

Pharmacist	Availability	Contact No.
Seth Gomez, PharmD, BCPP	M-F	415-535-3364
Debbie Pardo, PharmD, BCPP	Back-up: PRN	510-917-1087

Medical and Psychiatric Medication Support:

Table 1: Available Providers for Hotel Staff				
Provider	Specialty	Availability	Contact No.	Comments
TBD				
TBD				
TBD				
TBD				

Community Pharmacy Support:

Pharmacy	Business Hours	Contact No.
Midtown Pharmacy Address: 2173 Harbor Bay Parkway, Alameda, CA 94502	M-F 9am-6pm	510-864-4199

Alameda County has identified a local community pharmacy to support pharmacy dispensing and delivery services for guests in quarantine at a hotel who are:

- Started on new medication during quarantine
- Running out of medication and need a refill

Midtown Pharmacy will deliver medications to the hotel site(s):

- M-F between 10-5pm
- Most deliveries will occur the next business day

Notes for all prescribers and referring providers:

Providers referring guests from hospitals or medical facilities including clinics should transmit discharge or maintenance prescriptions with sufficient supply (30 days for maintenance medication) to Midtown Pharmacy for delivery to the hotel site unless alternative delivery mechanisms are pre-determined.

All prescriptions generated for a quarantined guest and sent to Midtown Pharmacy will also require notice of the guest's quarantine placement. This can be done by indicating "**COVID-19 Quarantine Operation Comfort**" in the comments section of each prescription.

Provide insurance information to prevent delays in processing and delivery.

Sufficient Medication Supply and Refill Needs

Recommend guests enter quarantine status with 30 days of medications if possible unless treatment course is shorter.

1. Medication needs and storage:
 - a. All current medications will be assessed for sufficient supply including the supplies needed to self-administer medication (e.g. inhaler spacers, syringes, lancets, etc).
 - b. Nursing intake should also assess the guest's anticipated medication needs during quarantine and plan accordingly.
 - c. All prescription medications intended for self-administration, including those requiring refrigeration, shall be stored with the guest in their hotel room for self-administration.
 - d. Medications requiring supervised administration or clinician administration (e.g. injectables, LAIs) shall be coordinated with their prescribers.
 - e. Medication needs may surface during a guest's quarantine. Nursing staff shall use judgement in determining if presenting problems can be adequately treated with OTC medication vs connecting guest to a provider.
2. Uninsured guests: [needs language]
3. Addressing insufficient medication quantities or emerging symptoms:

Table 1: Scenario Based Protocol	
Guest Scenario	Protocol
Arrives with insufficient supply (<15 days) of medical or psychiatric medication	<ul style="list-style-type: none"> Intake clinician should assess for available refills (may need to contact pharmacy). If refills are available, then these refills may need to be transferred to Midtown Pharmacy for delivery to hotel site. Call Midtown Pharmacy and request for Midtown staff to contact the guest's pharmacy and "transfer" the needed prescriptions and then deliver to the hotel site. See "notes for all prescribers and referring providers" for additional details to provide Midtown Pharmacy staff. If refills are not available, then attempt to contact the guest's original prescriber; if contacting this prescriber is not possible or available then contact the appropriate telemedicine provider
Arrives with insufficient amount (<15 days) of methadone for opioid use disorder	<p>Monday-Friday</p> <ul style="list-style-type: none"> Contact the guest's opioid treatment program to coordinate treatment and explain the guest's quarantine status. See table 2 for a list of NTPs and contact information.
Arrives with insufficient amount (<15 days) of medication assisted treatment for opioid, alcohol, or tobacco use disorders (excluding methadone)	<p>Monday-Friday:</p> <ul style="list-style-type: none"> Contact a tele-medicine provider All telemedicine providers are prepared to evaluate and prescribe to persons needing medication assisted treatment except methadone. <p>Monday-Friday (possibly weekends):</p> <ul style="list-style-type: none"> Nurse or guest can call AHS Substance Use Navigator 510-545-2765 to schedule an appointment with an AHS provider (same-day appointment possible). The guest may also call from their personal phone or hotel room.
<p>Emerging substance withdrawal symptoms or who anticipate onset of withdrawal symptoms during quarantine</p> <p>Example: -guests run out of cigarettes -abruptly stopping alcohol -no access to illicit opioids</p>	<p>Withdrawal from nicotine or nicotine cravings</p> <ul style="list-style-type: none"> Offer nicotine patches or lozenges onsite (OTC) See section on nicotine dependence <p>Withdrawal from alcohol</p> <ul style="list-style-type: none"> Offer alcohol per the alcohol management guidance Alternatively, may connect with telemedicine provider to evaluate and consider benzodiazepines <p>Withdrawal from opioids</p> <p>Monday-Friday:</p> <ul style="list-style-type: none"> Nurse or guest calls AHS Substance Use Navigator 510-545-2765 to schedule an appointment with an AHS provider <p>Weekends:</p> <ul style="list-style-type: none"> Contact a tele-psychiatry provider

Table 1: Scenario Based Protocol	
Guest Scenario	Protocol
Other emerging symptom(s)	-Nursing staff may offer OTC medication if appropriate -Nursing staff facilitates connection to a telemedicine provider

Table 2: OTP/NTP Program Information		
Opioid Treatment Provider (OTP/NTP)	Address & Contact Information	Business Hours
B.A.A.R.T	1124 International Blvd, Oakland, CA 94606 Phone: 510-533-0800 www.baartprograms.com	Hours of Operation: M-F 5AM-2PM Weekend & Holidays: 6:45-10:45AM Medication hours: MTWF 5AM-1PM, Th 5AM-12PM, Weekend & Holidays 7AM-10:30AM
B.A.T.S.	2975 Sacramento Street, Berkeley, CA 94702 Phone: 510-644-0200 www.batsrecovery.org	Hours of Operation: M-F 5:30-11:45AM Weekend 5:30-9AM County Holidays 7-9AM
H.A.A.R.T- Hayward	20094 Mission Blvd, Hayward, CA 94541 Phone: 510-727-9755 www.haarthayward.org	Hours of Operation: M-F 8:30AM-3PM Medication hours: 6AM-12PM, Weekends 7:30-9:30AM
H.A.A.R.T. Oakland	10850 MacArthur Blvd Suite 200, Oakland, CA 94605 Phone: 510-875-2300 www.haartoakland.org	Hours of operation: Medication hours: M-F 6AM-12PM Weekend 7:30- 10AM Counseling: M-F 6AM-3PM Holidays: Closed
Lifeline Treatment Services, Inc	10429 International Blvd, Oakland, CA 94603 Phone: 510-777-8448 www.americanhealthservices.org	Hours of operation: M-F 6AM-2:30PM, Medication hours M-F 6AM-1:30PM Weekends & Holidays 8-11:15AM
MedMark	795 Flecher Lane, Hayward, CA 94544 www.medmarkhayward.com	Hours of operation: M-F 5AM-1:30PM, Medication hours M-F 5AM-1:30PM, Weekends & Holidays 8-10:30AM
West Oakland Health Council	700 Adeline Steet, Oakland, CA 94607 Phone: 510-835-9610 x 2155 www.westoaklandhealth.org/care-and-services/integratedbehavioral-health/	Hours of operation: M-F 7:30AM-4:30PM Medication hours for M-F 7:45-11:45AM

Table 2: OTP/NTP Program Information		
Opioid Treatment Provider (OTP/NTP)	Address & Contact Information	Business Hours
		Weekends and Holidays 7:30-11:30AM Medication Hours for Weekends and Holidays 7:45-9:45AM

Over-the-Counter Medications

Over-the-counter (OTC) medications are available at the designated medication storage site with the following guidelines:

- OTC medications are provided to guests for self-administration
- OTC medications are distributed on demand by RN or outreach workers when RN is not available
- OTC medications distributed to guests shall be documented on the “Daily Check-In Outreach Monitoring Form”
- Outreach workers or RN must check the monitoring form prior to distributing OTC medications to avoid delivering excessive amounts
- Outreach workers or RN may supply guests with 1-3 days of medication for future dosing when symptoms are expected to persist
- Any unused OTC medications by a guest becomes the property of the guest and shall not be returned to hotel OTC stock

The following table lists available OTC medications and related information:

Medications	Indications (reason to give to guest)	Amount to Provide Guest	Frequency	Typical OTC Dosing for Adults Emphasize Instructions w/ guest
Acetaminophen 500mg	Headaches, aches	6 pills	daily	1 pill every 4-6 hours as needed for headache or aches Do not exceed 8 units per 24 hours
**Ibuprofen 200mg	Headaches, aches	4 pills	daily	1-2 pills every 4-6 hours as needed for headache or aches Do not exceed 6 units per 24 hours
Guaifenesin 400mg	Loosen mucus-cough	10 pills	2 days	1 pill every 4-6 hours as need for phlegm Do not exceed 6 units per 24 hours
Dextromethorphan 15mg	Cough suppressant	10 pills	daily	1-2 pills every 6-8 hours as needed for cough
Famotidine 20mg	Acid reflux	10 pills	5 days	1 pill daily or twice daily as needed for acid reflux
Diphenhydramine 50mg	Sleep aid, allergies	3 pills	3 days	Sleep aid: 1 pill at bedtime as needed for sleep Allergy: 1 pill every 6-8 hours as needed for allergies

Medications	Indications (reason to give to guest)	Amount to Provide Guest	Frequency	Typical OTC Dosing for Adults Emphasize Instructions w/ guest
Doxylamine 25mg	Sleep aid	3 pills	3 days	1 pill daily at bedtime as needed for sleep
Loperamide 2mg	Diarrhea	10 pills	3 days	2 pills after the first loose stool; 1 unit after each subsequent loose stool; but not to exceed 4 pills per 24 hours
Miralax 17gram packets	Constipation	7 packets	7 days	17 grams (1 packet) each day. Mix with 8 ounces of water, soda before drinking
Nicotine 21mg Patches	Nicotine craving	7 patches	7 days	Apply 1 patch on arm or upper back each day Rotate application each day. Remove at bedtime if you experience bothersome dreams
Nicotine 4mg Lozenge	Nicotine craving	30 pieces	3 days	Gum: chew and park 1 gum every 1-2 hours as needed for cravings (do not swallow) Lozenge: let dissolve slowly in mouth. 1 piece every 1-2 hours as needed for cravings (do not chew, bite or swallow)
Hydrocortisone Cream 1%	Itching associated with irritation or rash	1 tube (28 grams)	Daily	Apply to affected area(s) 3-4 times per day

** There is low evidence that NSAIDS such as ibuprofen may worsen symptoms caused by coronavirus. Until other information becomes available it is recommended to avoid ibuprofen in persons where alternatives such as acetaminophen are appropriate and available.

Medication Support Services

- Current medications and anticipated meds screened at intake by RN
- For guests who arrive without adequate supply of medications, the following will occur:
 - RN verifies if refill exists at the guest's Pharmacy
 - RN calls Midtown Pharmacy and asks Midtown staff to call the guest's pharmacy and have the prescriptions transferred
 - If no medication refills available, RN must coordinate with prescriber through telemedicine to send prescriptions to Midtown Pharmacy. Prescribers will need to provide insurance information as available and the COVID-19 QUARANTINE [Insert hotel name] so the pharmacy knows who to contact with questions and where to deliver.
- For new medications that need to be started during quarantine, the will RN facilitate a telemedicine encounter with the provider to authorize Rx as above. Insurance information should be provided to Midtown Pharmacy as available.

SUBSTANCE DEPENDENCE

Safer Ground Substance Use

Consistent with the principles of harm reduction, guests will receive education, support, and coaching in regard to adhering to shelter-in-place guidelines and minimizing the harm associated with substance use, in order to protect their health and the health of the community.

For details of our Harm Reduction policy, see Appendix [X].

Operation Comfort

Alcohol Dependence

It is the intent of this policy to outline the management of alcohol for people in quarantine or self-isolation to keep guests at or near baseline consumption and to avoid an early exit or emergency room visits due to alcohol withdrawal or complications. This policy applies to all Alameda County employees and contracted management, clinical and non-clinical staff involved with management of supplies, guest assessments, or delivery of materials to individuals in quarantine status; and also to individuals or guests who are in quarantine who plan on continuing the consumption of alcohol throughout any part of their duration in quarantine or self-isolation.

Alcohol Supply Management

1. All alcohol products intended for consumption shall be stored behind a locked/secure door
2. Stock is managed by Abode.
3. Stock will include common liquors available as 50ml “miniature” bottles and 12oz beer(s)
4. Each 50ml miniature bottle and each 12-ounce beer is considered a *standard drink*

Alcohol Screening

Any person who reduces or discontinues alcohol consumption after chronic use is at risk for alcohol withdrawal symptoms.

- A. Nursing intake will include an alcohol consumption assessment to identify persons at moderate-high risk of alcohol withdrawal vs low risk.
 1. Questions to ask guest upon intake
 - a. Do you currently drink alcohol?
 - b. How much and how often?
 - c. Have you had seizures or “DTs” when you stopped?
 - d. Have you ever had withdrawal symptoms when you stopped? What kind?
 2. Moderate-high risk persons are current alcohol consumers PLUS one of the following:
 - a. Consumption of 4 or more standard drinks on most days
 - b. History of withdrawal seizures from benzodiazepines or alcohol
 - c. History of delirium tremens
 - d. Subjective report of experience of alcohol withdrawal symptoms

3. Low risk persons:
 - a. Absence of any withdrawal history
 - b. Consumes less than 4 standard drinks daily
- B. Nursing staff will initiate/pre-populate the appropriate alcohol delivery log for low risk (blue log) and moderate to high risk (yellow log) guests (examples in Appendix A)
 1. For guests at moderate to high risk of withdrawal, RN shall estimate the guest’s baseline use, in standard drinks, on the delivery log
 - a. Standard drink definitions¹:
 - i. 1 standard drink = 12-ounce beer = 9-ounce malt liquor = 5-ounce wine = 1.5-ounce (a “shot”) distilled spirit (e.g. vodka, rum, tequila, whiskey)
 - ii. Distilled spirits:
 1. ½ pint of distilled spirits = 4.5 standard drinks
 2. 1 pint of distilled spirits = 8.5 standard drinks
 3. A “fifth” of distilled spirits = 17 standard drinks
 - iii. Wine
 1. 1 table wine bottle = 5 standard drinks
 2. 1 3 Liter box wine = 20 standard drinks

Serving Alcohol

1. General serving provisions:
 - A. Alcoholic products will be provided to guests 21 and over.
 - B. Alcoholic products should be consumed at the facility.
 - C. Abode staff shall deliver the alcoholic product(s) directly to the end user/guest.
 - D. Abode staff will distribute or make available alcoholic products during the three. scheduled breaks or upon request by the guest.
2. Serving quantity and frequency
 - A. Use the following table to identify the amounts and frequency of alcohol that may be distributed to a guest based on their self-reported alcohol use upon intake.

Self-reported daily consumption	Max Amount & Frequency	Daily limit*
1-3 standard drinks	1-2 standard drinks every 1 hour	3 drinks/day
4-6 standard drinks	2 standard drinks every 2-4 hours	6 drinks/day
7-10 standard drinks	3 standard drinks every 2-4 hours	10 drinks/day
11-15 standard drinks	3 standard drinks every 2-4 hours	15 drinks/day
16-20 standard drinks	4 standard drinks every 2-4 hours	20 drinks/day
>20 standard drinks	Consult provider	

*May periodically provide 1 or 2 additional standard drinks (exceeding max) if delivering additional drinks avoids risk of elopement or early exit and enhances comfort unless the person is intoxicated and presenting with behavioral challenges

Documentation and monitoring

1. Moderate-high risk guests may require more frequent wellness checks

2. Abode staff shall maintain an alcohol delivery log for each person consuming alcohol at the facility
3. Abode staff shall check the alcohol delivery log prior to each delivery to avoid excessive alcohol distribution
4. Abode staff shall document the date, time, and quantity of standard drinks distributed on the log in real-time
5. Managing difficult situations:
 - i. Consult RN and/or supervisor if guest appears too intoxicated or presenting with other behavioral concern at any time. Consider using the alcohol intoxication scale to objectively support further action (Appendix B) such as:
 - a. Performing additional safety assessment(s)
 - b. Withhold additional standard drinks for 1 or more hours
 - c. Increase frequency of wellness checks
 - d. With consultation, the team may decide to reduce total daily limits of alcohol
 - ii. Guest complains of withdrawal discomfort
 1. Provide additional drinks if they have not exceeded their limits
 2. If the guest has exceeded their limits then contact RN withdrawal symptoms (Appendix C- CIWA-Ar) and provided additional standard drinks where necessary
 - a. If CIWA Score <5; no recommendation for additional standard drinks
 - b. If CIWA Score 5-14 and no medical risk established; recommend 1 additional standard drinks
 - c. If CIWA Score >15 and no severe medical risk established; provide 2 standard drinks and consult a provider

Note: If CIWA >5 – increase the frequency of wellness checks until withdrawal symptoms are well managed (e.g.: every 1-3 hours)
 3. RN shall consult a provider for any guest with withdrawal symptoms that may require additional medical or pharmacological support

- Example dosing of medications for alcohol withdrawal:

<i>BENZODIAZEPINE</i>	<i>DOSAGE</i>
LONG-ACTING	
<ul style="list-style-type: none"> • Diazepam (Valium) 	<ul style="list-style-type: none"> • 10 mg every six hours for four doses, followed by 5 mg every six hours for eight doses
<ul style="list-style-type: none"> • Chlordiazepoxide (Librium) 	<ul style="list-style-type: none"> • 50 mg every six hours for four doses, followed by 25 mg every six hours for eight doses

SHORT-ACTING	
<ul style="list-style-type: none"> • Lorazepam (Ativan) 	<ul style="list-style-type: none"> • 2 mg every six hours for four doses, followed by 1 mg every six hours for eight doses
<ul style="list-style-type: none"> • Oxazepam 	<ul style="list-style-type: none"> • 30 mg every six hours for four doses, followed by 15 mg every six hours for eight doses

Quarantine Exit

- All precautions shall be taken to avoid dangerous activities for persons consuming alcohol beverages on day of exit (e.g. driving, riding a bicycle)
- Staff may not provide additional alcohol products to persons “to go” upon exiting quarantine for any reason

NICOTINE DEPENDENCE

- **Procurement/Storage**
 - HCSA procures nicotine replacement treatment (NRT): patch, gum, lozenge
 - NRT is stored with OTC medications
- **Who:** Offer to all current tobacco smokers throughout their quarantine
- **How much:**
 - **Patch:**
 - 21mg patch x 14 if ≥ 10 cigarettes/day
 - 14mg patch x 14 if < 10 cigarettes/day
 - **Lozenge/Gum:**
 - 4mg gum/lozenge x 100 if first cigarette w/in 30 minutes of waking
 - 2mg gum/lozenge x 100 if first cigarette greater than 30 minutes of waking
 - **Instructions:**
 - Patch: apply 1/day (remove at night if nightmares)
 - Gum: chew and park 1 gum every 1-2 hours prn cravings (do not swallow)
 - Lozenge: let dissolve slowly in mouth. 1 piece every 1-2 hours prn cravings (do not chew, bite or swallow)

OPIOID DEPENDENCE/WITHDRAWAL

- Assessed at intake by RN
- Current Methadone User:
 - If linked to a NTP, coordinate continuation of care (methadone) with NTP site
 - If street acquired, consider Suboxone or other opioids
- Current Suboxone User:
 - RN coordinates with prescriber to continue care

- Current heroin/other opioid user
 - Encourage use of Suboxone (example protocol attached with highlights below)
 - RN coordinates with prescriber to start Suboxone
- Protocol:
 - Assess presence of withdrawal symptoms (COWS-attached)
 - Assess for recent opioid use and presence of IVDU complications (cellulitis, abscesses)
- Provide kick-pack to start within 24 hours of last opioid use
 - See attachment for symptom triggered medications (Appendix [X])
 - Example: clonidine 0.2mg q8H x 48 hours; ondansetron 8mg Q8H x 48 hours (assuming starting suboxone; if not starting suboxone then after 48 hours may change to PRN for the remainder of the quarantine.)
 - Other symptom triggered withdrawal management is below:

Symptoms	Treatment Option	Sig:
<input type="checkbox"/> Headache <input type="checkbox"/> Myalgia <input type="checkbox"/> Arthralgia	Ibuprofen: <input type="checkbox"/> 400mg tabs <input type="checkbox"/> 600mg tabs <input type="checkbox"/> 800mg tabs	<input type="checkbox"/> 1 tab PO Q8H PRN <input type="checkbox"/> 1 tab PO Q6H PRN
	<input type="checkbox"/> APAP ^a 500mg tabs	<input type="checkbox"/> 1 tab PO Q6H PRN <input type="checkbox"/> 2 tabs PO Q8H PRN
<input type="checkbox"/> Muscle Spasms	<input type="checkbox"/> Methocarbamol ^a 500mg tabs:	<input type="checkbox"/> 2 tabs PO Q8H PRN
<input type="checkbox"/> Anxiety <input type="checkbox"/> Lacrimation <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Piloerection <input type="checkbox"/> Palpitations <input type="checkbox"/> Sleep disturbance	Clonidine: <input type="checkbox"/> 0.1mg tabs <input type="checkbox"/> 0.2mg tabs <input type="checkbox"/> 0.3mg tabs	<input type="checkbox"/> 1 tablet PO Q8H PRN <input type="checkbox"/> 1 tablet PO Q6H PRN <input type="checkbox"/> 1 tablet PO Q4H PRN <input type="checkbox"/> 1 tablet PO QHS PRN
	<input type="checkbox"/> Hydroxyzine 50mg tabs: (anxiety or rhinorrhea only)	<input type="checkbox"/> 1 tab PO Q8H PRN <input type="checkbox"/> 2 tab PO Q8H PRN
	<input type="checkbox"/> Trazodone 50mg tabs: (insomnia only)	<input type="checkbox"/> 1 tab PO QHS PRN <input type="checkbox"/> 2 tab PO QHS PRN
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Loperamide ^a 2mg tabs:	<input type="checkbox"/> 2 tabs PO one time, then 1 tab PO after each loose stool (NTE 16mg/24h)
	<input type="checkbox"/> Bismuth Subsalicylate 262mg tabs:	<input type="checkbox"/> 2 tabs PO QID PRN <input type="checkbox"/> 2 tabs PO Q4H PRN
<input type="checkbox"/> Constipation	<input type="checkbox"/> Docusate: 100mg caps	<input type="checkbox"/> 1 cap po daily <input type="checkbox"/> 2 caps po daily
<input type="checkbox"/> N/V	<input type="checkbox"/> Promethazine 25mg tabs:	<input type="checkbox"/> 1 tab PO QID PRN <input type="checkbox"/> 1 tab PO Q4H PRN
	<input type="checkbox"/> Prochlorperazine 10mg tabs:	<input type="checkbox"/> 1 tab PO TID PRN <input type="checkbox"/> 1 tab PO QID PRN
	<input type="checkbox"/> Ondansetron ^b 4mg tabs:	<input type="checkbox"/> 1 tab PO TID PRN <input type="checkbox"/> 1 tab PO QID PRN

- Decision to start Suboxone in a non-methadone user:
 - Start >12 hours after last opioid use
- Decision to start Suboxone in a methadone user:
 - Consult experienced providers
 - Consider short acting opioids for duration of quarantine
- Example Buprenorphine dosing:

- While various induction dosing strategies exists, ACHCH has experience and promotes a simplified regimen: Buprenorphine 8/2mg film 1 film BID
- The strength of the formulation may be lower if the clinician determines that the guest’s opioid tolerance is lower.
- Other Buprenorphine dosing strategies:

Table 3: Typical Dosing			
	Day	Instructions	Typical Dose Range (mg of buprenorphine)
Home Induction*#	Day 1	Buprenorphine 8/2mg films: 0.5 film SL BID	6-12
	Day 2	Buprenorphine 8/2mg films: 1 film SL BID	8-16
	Day 3-7	Buprenorphine 8/2mg films: 1 film SL BID	8-24 (clinical max dose 24mg/day)
Stabilization and Maintenance	Day >7	Individualize treatment Adjust buprenorphine frequency, schedule, or doses by 2-4mg/day as clinically needed to control target symptoms.	8-20 FDA max dose of 32mg/day is used in rare occasions.
<p>*Initial prescription will be written as Suboxone 8/2mg film SL 0.5 film BID x 1 day then increase to 1 film BID. Deviations from this initial prescription warrant prior approval by the DATA waived clinician. The dose will be titrated during follow up by the clinician’s discretion and additional prescriptions may be authorized.</p> <p>#The strength of the formulation initially authorized may be lower (e.g. 2/0.5mg film or 4/1mg film) if the client’s opioid tolerance is lower.</p>			

CANNABIS DEPENDENCE

- Procurement/Storage
 - Staff can accept deliveries of legal cannabis products from a delivery service on behalf of a guest.
 - A copy of the guest’s ID may be kept with the nurse to accept delivered products on behalf of the guest.
 - Staff shall re-deliver the products directly to guest as soon as possible and not store in general medication area.

TRANSPORT FOR MEDICAL NEEDS

- Transport will not be allowed or provided for individuals under quarantine or isolation orders. These individuals will only leave the facility via EMS for medical emergencies.
- Transport will be arranged to/from appointments for guests not under quarantine or isolation orders, with providers in the community as needed, for example:
 - COVID-19 positive screening
 - Scheduled Injectables (non-initiating)
 - STI symptomology and treatment
 - Behavior health scheduled long-acting anti-psychotic injectables
 - Scheduled Sublocade
 - Scheduled depo-provera
 - Scheduled treatment course medications (e.g., Hepatitis C, latent tuberculosis)
 - Scheduled wound care
 - Medical Emergencies - Dizziness, lightheadedness, loss of consciousness, altered mental status, seizure, chest pain, unstable vitals

- Potential disabling injuries – inability to walk, potential broken bones, lacerations/tendon/ligament injuries
- Guest with high risk for non-COVID-19 related hospital admission or readmission
 - Recent hospital discharged
 - Chronic medical disease – CHF, COPD, cirrhosis

PUBLIC BENEFITS ELIGIBILITY SCREENING

Application Assistance and Pre-Screening

- Within 48 hours of arrival, Abode program staff will conduct a pre-screening for guest need for public assistance: General Assistance, CalWORKs, CalFresh, and Medi-Cal.
 - If guests are interested in applying for public benefits, Abode staff will assist guests with online applications through My Benefits CalWIN (<https://www.mybenefitscalwin.org/>).
 - If the online application is not available, Abode staff can assist the guest with the paper application. The application should be scanned and emailed to [need email address]
- Abode staff will notify SSA of newly screened guests by submitting a completed Public Benefits Screening Guest Log via email to [need email address]. The log will indicate whether their application has been completed online or on paper, or whether they are already a recipient of public assistance.
- Babatunde Iroko will be the primary point of contact for SSA public benefits eligibility screening and technical support
 - Email: biroko@acgov.org
 - Phone: 510-639-1190

Application Processing

- All applications submitted received by 5pm will maintain same date of application. Applications received after 5pm will receive a next day application date (if application is submitted after 5pm of Friday/weekend, date of application is Monday).
- SSA eligibility workers will process the application and respond appropriately.
- If the guest does not receive a response within a week, Abode staff may email biroko@acgov.org with inquiries.
- Applicants with questions about their case may contact the SSA Customer Services Call Center at (510) 263-2420.

Telephone Appointments

- If the guest is unable to provide a phone number at which they may be reached, then Abode staff will arrange for the guest's use of a phone for the appointment, and provide this number to SSA staff on the Public Benefits Screening Guest Log.

- Telephone appointment times for Abode guests are: 9:00am, 10:30am, 1:30pm, and 3:00pm. Appointments are scheduled on the 3rd day after the BCW app is submitted. SSA staff will confirm individual appointment times with Abode staff and hotel guests.
- Homeless guests without a permanent mailing address may use the SSA Enterprise office address as their mailing address: 8477 Enterprise Way Oakland, CA 94621. Guests should not use the address of the hotel site, since the hotel stay is temporary.

HOUSING PLAN

A housing plan will be developed in consultation with the Housing Navigator for each guest within 7 days of admission. The Housing Navigator will assist with their discharge plan. If the guest stays at the hotel for less than 7 days and will not be transferred to the other hotel, the Housing Navigator must ensure that their Housing Plan is completed before discharge.

ACCESSIBILITY

Program documentation will be provided in forms accessible to hearing-impaired and sight-impaired individuals, upon request.

Program materials will be available for guests in the Medi-Cal threshold languages: English, Spanish, Arabic, Cambodian, Cantonese, Dari, Farsi, Korean, Mandarin, Tagalog, Vietnamese

MEALS

Meals and snacks shall be delivered to hotel guests in their rooms. Staff providing meals will practice safety procedures as necessary. Meals will be delivered to guest rooms by food service staff on the schedule below. Food service staff will knock on the guest door and leave food at door. Upon initial determination of any specific dietary needs or food allergies by RN during Admissions, the specific details will be provided to any respective nutritional support services, carefully ensuring any necessary HIPAA requirements are adhered to.

Meals will be provided at the following times:

- Breakfast: 8:00 am
- Lunch: 12:30 pm
- Dinner: 6:30 pm

Snacks will be provided by the hotel. Abode staff will develop and implement a process to make snacks available to all guests.

MENTAL HEALTH

Mental Health Counseling and Support

Guests are screened by mental health professionals at referral and intake for mental health, including checking relevant databases for mental health history. For guests identified at intake

as needing mental health support, Abode and mental health staff will create a Mental Health Monitoring Plan for regular mental health check-in's and counseling by mental health professionals during the guest's stay at the hotel. They will also provide information about mental health resources available to them, including a handout listing the County's Behavioral Health Care Services. Mental health services received onsite can include telepsychiatry, and other telephonic resources for crisis support and peer support. Designated mental health professionals will communicate with individuals who need behavioral health care support for any identified issues and compliance with program requirements.

Peer/Social Support

Peer/Social Support Staff will develop and implement a phone- and videoconferencing-centered engagement plan to keep all hotel guests socially engaged and supported throughout their stay at the hotel. Peer/Social Support staff will introduce themselves to all guests during or shortly after the intake process, and review the forms of social support available to them. Activities in the engagement plan can include but not be limited to: Group welcome and introduction of new guests over videoconferencing, opportunities for peer chat groups or yoga/movement sessions facilitated through videoconferencing, regular one-on-one social check-in's from peer/social support staff, advance notice/reminders of scheduled room release, weekly guest meet-up's through videoconferencing, etc.

If the guest has personal relationships within their own social network or personal safety net with whom they wish to maintain communication during their hotel stay, Abode staff will work with the guest and their identified support network to establish avenues for regular communication via phone and videoconferencing. Abode staff should collect contact information for selected safety net contacts in addition to emergency contacts during intake.

Guest Welcoming and Relationship-Building Protocols

Abode and ACBH will develop and implement a protocol for all intake staff to welcome new guests to the hotel, including by-name introductions of all staff involved in the intake process, overview of forms of mental health and social support available, and points of contact to access this support. Abode staff will develop strategies to build positive, trusting and caring relationships with guests.

Mental Health Support and De-escalation Before Law Enforcement Intervention

If the guest is communicating or acting in a way that indicates that they are experiencing a mental health crisis, a behavioral health professional will work with Abode staff to attempt to engage the guest and de-escalate the situation before law enforcement engages the guest.

ISOLATION AND QUARANTINE PROTOCOLS

Quarantine Protocols at Operation Comfort

Guests of Operation Comfort cannot leave the property or have any visitors. Non-medical staff will check-in twice a day with each guest to monitor symptoms. Medical staff will be consulted as needed.

Guests will have three scheduled 20-minute "breaks" a day to take a walk, take pets outside, and smoke in designated smoking area. Break times will be posted in guests' rooms.

Abode staff will educate guests about hand washing, social distancing, and other steps they should take at all times, including during any trips they may take outside of the premises. Staff will remind guests to take as few trips outside of the hotel as possible to minimize the risk of exposure or transmission of COVID-19.

Elopements and Refusals to Isolate

Guests of Operation Comfort are there because they are acutely sick and therefore potentially infectious to others. The Alameda County Health Officer's order of March 16, 2020 has the force of law and can be enforced by local police if necessary, including detention or arrest if indicated to protect the health of the community.

The Referral Information and Participation Agreement signed by the guest before entering states very clearly that they are agreeing to:

- Stay in their room and **not to leave for any reason until medically cleared**, and
- Not to have any visitors in the room.

If a guest does not adhere to the isolation/quarantine order, the following are progressive consequences that will be initiated by Abode staff:

- If a hotel guest (including household members) is seen leaving the room, allowing someone into their room, or refuses to maintain required social distance, they will be verbally warned and reminded of the agreement. The visitors will be asked to leave. Staff will document the warning and contact individual's case manager or referring agency for support with program requirements compliance.
- If this happens again, they will be given a written warning that they have violated the order and will be reminded of the agreement and told that they will lose certain privileges. Staff will document the warning and contact individual's case manager or referring agency for support with program requirements compliance.
- If there is a third infraction, law enforcement will be called if they do not voluntarily leave upon request by Abode staff. Unless circumstance make this infeasible, the final decision to ask a guest to leave should be made and carried out by a supervisor. If the guest chooses to leave, the guest's former living situation (e.g., shelter or congregate living situation) will be notified that the guest left the isolation location against medical orders and they should not be allowed to return.
 - Before calling law enforcement, staff must first assess whether the guest is experiencing a mental health crisis. If the guest is communicating or acting in a

way that indicates that they are experiencing a mental health crisis, a behavioral health professional will attempt to engage the guest and de-escalate the situation before law enforcement engages the guest.

If a guest at Operation Comfort leaves the premises, Abode staff will first notify the referring agency to seek assistance with re-engaging the individual, engaging outreach teams as needed. If the guest does not return within 72 hours, they will be considered to have abandoned the program and their unit will be offered to someone else.

If a guest who departed Operation Comfort wishes to return, they will need to meet the eligibility criteria and be re-referred. They cannot return more than three times.

Sheltering in Place/Social Distancing at Safer Ground

Guests residing at Safer Ground are there in order to protect their own health and contribute to “flattening the curve” by allowing them to maintain social distance. They are subject to the same Alameda County Health Officer order as all Alameda County residents and should be inside their rooms or outside their rooms but maintain 6 feet social distance from any other person. Essential errands to doctors, pharmacies, shopping for necessities, etc. are permitted for this group.

Guests will receive education, training, and support in order to comply with sheltering in place guidelines.

If a guest does not adhere to the Referral Information and Participation Agreement requirements, the following are progressive consequences:

- If a hotel guest (including household members) allows someone into their room or refuses to maintain social distance requirements, they will be verbally warned and reminded of the agreement. The visitors will be asked to leave. Staff will document the warning.
- If this happens again, they will be given a written warning that they have violated the order and will be reminded of the agreement and told that they will lose certain privileges. Staff will document the warning.
- If there is a third infraction, the guest (including household members) will be asked to leave.

If a guest at Safer Ground leaves the premises, Abode staff will first notify the referring agency to seek assistance with re-engaging the individual, engaging outreach teams as needed. If the person does not return within 72 hours, they will be considered to have abandoned the program and their unit will be offered to someone else.

If a guest who departed wishes to return, they will need to meet the eligibility criteria and be re-referred. They cannot return more than three times.

WORKER SAFETY & PROTECTIVE GEAR

All staff working on site or directly with guests (hotel, security, transportation, Abode, HCSA) will receive training prior to working at the hotels. Personal Protective Equipment (PPE) (gloves, gowns, goggles, face shields, masks, and respirator) will be provided to all staff working directly on-site, or transporting guests, as needed.

The type of personal protective equipment (PPE) provided is dependent on the staff role. PPE guidance from the federal Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) is updated regularly. As such, the PPE expectations and the provision of PPE will be based on the most recent guidance and is subject to change.

Additionally, PPE distribution will

Role/function	TYPES OF PPE
Medical admission staff	N95 masks, eye protection/face masks; gowns; gloves
Admin admission staff	gloves and surgical mask
Program management	gloves and surgical mask
Operations support	gloves and surgical mask
Front desk staff	gloves
Peer support	gloves and surgical mask
CHW / Housing navigator	gloves and surgical mask
Transportation	gloves and surgical mask
Security	gloves and surgical mask
Janitorial Staff (hotel)	N95 masks, eye protection/face masks; gown; gloves;

All staff must remain vigilant to the shortage of PPE supplies and will be trained on how to protect and reuse gear.

PPE Inventory Management

OC:AC staff will track and maintain an inventory of all PPE, including a projection of quantities of all PPE required for full capacity service of 393 rooms, total quantity of all PPE needed to serve current guests while following safety protocols, total quantity in stock, and total quantity needed for each expansion of additional guests. PPE quantities should be assessed before each expansion of a new group of referrals is authorized, and medical staff should advise on whether changes to PPE safety protocols would need to be made due to shortage of PPE for the number

of guests to be served. Both medical and non-medical staff should consider the PPE supply in decisions to accept each successive round of guest referrals.

FACILITY SANITATION

Sanitation of Rooms Between Guest Departure and Arrival

In addition to standard room cleaning procedures usually followed by the hotel provider between guest departures and arrivals, hotel staff will take the following additional cleaning measure for room cleaning between guests:

- Wash all sheets, linens and covers, and all other textiles that can reasonably to laundered.
- Clean all non-textile surfaces with an approved cleaner and disinfectant, including, windows, mirrors, floors, doors, doorways, handles, shelves, appliances, desktops, countertops, etc.
- Allow 3 hours to pass after deep cleaning with the room vacant before a new guest is checked into the room.

Sanitation of Guest Rooms During Guest Stays

Guests will be provided cleaning supplies at the beginning of their stay to maintain cleanliness of their own rooms, and informed of their responsibility to maintain cleanliness of their rooms. Hotel staff will not enter the guest rooms during guest stays. Meals will be left for guests outside of their door according to the established meals schedule, and guests should leave dishes and uneaten food outside of their doors for collection, along with any bagged trash and recycling that needs to be disposed of. Any towels and linens that the guest would like to be laundered may be left outside their door within an established laundry pickup schedule every 3 days, to be exchanged for a clean set of towels and linens.

Sanitation of common areas

Hotel janitorial staff will sanitize common areas of the hotel per CDC guidelines and additional guidance that may be provided by the Alameda County Environmental Health Department.

Sanitation and safe food handling in kitchen facilities

In addition to standard safe food handling practices in kitchen facilities, hotel staff will be trained in and regularly practice additional food handling protocols per CDC guidelines to prevent the spread of COVID-19 and additional guidance that may be provided by the Alameda County Environmental Health Department.

Approved cleaning chemicals and supplies

Cleaning chemicals and supplies used by hotel staff and guests for proper sanitation will meet the latest guidelines provided by the federal Environmental Protection Agency, CDC and the World Health Organization.

Monitoring visits by Alameda County Environmental Health Department

The Alameda County Environmental Health Department may conduct regular unannounced monitoring visits to observe cleaning and food handling practices, and will report any violations of protocols to hotel staff, and provide refresher training to all staff on appropriate protocols as needed.

SITE SECURITY

Security services at the hotel sites will be provided by contract. Security staff will maintain the safety of hotel guests and all staff by:

- Ensuring that only registered guests and authorized staff enter the premises, including assisting authorized staff with enforcing the “no visitors” policy for guests
- Screening for weapons and other contraband materials of all guests during intake and anytime guests return to the premises after leaving. Security staff should confiscate any discovered contraband and turn over to authorized staff for secure storage.
- Reporting to Abode and County staff any activities that violate established rules and regulations, such that the health and safety of guests and/or staff would be put at risk
- Working with appropriate staff, including mental health staff, to de-escalate potentially violent, harmful or disruptive situations with guests while protecting the safety of all guests
- Promptly reporting any life-threatening situations to law enforcement for intervention
- Maintaining a respectful and caring approach to communicating with guests, consistent with all OC:AC staff

Abode program staff will establish and maintain an ongoing relationship with Oakland Police Department to support program operations as needed.

NOTIFICATION OF RULES AND SERVICES TO GUESTS

The following information will be posted on the doors of all guests, as well as available at the front desk for review:

- No visitors policy
- Meal schedule
- Laundry pick up schedule
- Room release schedule
- Contact information for key Abode and hotel staff, including emergency contact information

- Guest Rights & Responsibilities
- Grievance Policy
- Any information the peer/support team would like to share with guests (e.g. regular video meet-up times for guests, etc.)

DISCHARGE PLAN

When isolation period is complete and guest is medically cleared, unsheltered guests will work with case managers, housing navigators, the guest's referring agency and/or a local Housing Resource Center in the Coordinated Entry System, as appropriate, to identify temporary, transitional or permanent housing destinations post-discharge. The guest will be connected to housing support services and other support services that they may receive after discharge. Guests will be given an exit date at least three days prior to discharge in order to support discharge planning. A calendaring system will track each guest's stay informing staff when it appropriate to provide a 3-day warning for check out and to guide the checkout process.

If a guest came from a shelter environment, the referring agency is expected to hold the bed so that the guest can return to the shelter once medical isolation is no longer required. Transportation back to the community will be provided at time of check out.

DOCUMENTATION OF DISCHARGE

The following must be recorded in the same online system used for program referrals and admission of guests:

1. All guest discharges and discharge reasons, including dates/times of discharge
2. All violations of program agreements that lead to warnings to guests of potential discharge, including dates/times of violations
3. Health status and health conditions of the client at the time of discharge, including mental health
4. The name, address and contact information for their post-discharge destination
5. Names of medical and non-medical personnel authorizing discharge. All guest discharge decisions must be reviewed and approved by both medical and Abode staff, regardless of the reason for discharge (medical or non-medical). Either entity may defer to the other for the final decision, but both entities must review each decision for consideration of both the safety of the community and the health and well-being of the guest, and contribute their medical or non-medical knowledge of the guest to the decision.
6. The guest's Housing Plan completed with a Housing Navigator during their stay.
7. Notes on any personal property of the guest that remain on the premises, and how and when they will be recovered by the guest
8. Notes on any follow-up actions needed on unresolved activities or referrals made to the client during their stay, for example, where to pick up their EBT card if it was approved

but will not be available until after discharge, interviews and appointments scheduled during their stay that will take place post-discharge, etc.

DISCHARGE FOR NON-PANDEMIC REASONS

Guests who violate program agreements and place the community at risk during the shelter-in-place order may be discharged following progressive warnings. Such violations include but are not limited to:

1. Possession of a weapon at the facility
2. Assault or other violent behavior
3. Theft
4. Destruction of property
5. Restraining order precludes continued residence
6. Guest behavior endangers health or safety of guests or staff
7. Repeated interference with the rights of other guests to peaceful enjoyment of the facility
8. Guest is absent from their room for 72 hours without appropriate notification of shelter staff regarding absence
9. Note that Guests with lice or scabies or exhibiting symptoms of TB should be allowed to stay in shelter and sent to a health care provider for treatment as soon as possible. Precautions should be taken to avoid spread as feasible. Noncompliance with treatment or containment measures that endangers other guests may be cause for discharge.
- 10. Individual requires care and supervision to manage their activities of daily living (feeding, toileting, selecting proper attire, grooming, maintaining continence, putting on clothes, bathing, walking and transferring) without appropriate supports available on-site. Individuals discharged due to care and supervision needs cannot be discharged to the streets.**
11. If a guest is exhibiting symptoms of TB and does not comply with testing and treatment recommendations

DISCHARGE REASONS

1. All shelters must provide a written copy of the procedure for filing a grievance to the guest when a guest is involuntary discharged. If it is infeasible to provide the procedure at the time of discharge (e.g. the guest is being removed by law enforcement) this requirement may be waived; however, if the guest returns subsequently to the facility, the grievance procedure must be provided.
2. If a guest may be denied future readmission as a result of the circumstances of discharge, the guest must be informed of the reason, the conditions for lifting the restriction and right to appeal, including whom to contact regarding an appeal and information about the appeal process.
3. Unless the guest poses an immediate threat to the health and safety of other guests and/or staff members, shelters should avoid discharging guests at night.

4. Unless the guest poses an immediate threat to the health and safety of other guests and/or staff members, involuntary discharges must be approved by a supervisor and documented.

FOR ACUTELY ILL GUESTS

Acutely ill guests will be given the option of remaining in the hotel, or transferring to another hotel, as long as rooms are available. Guests will be discharged from hotel to eligible housing opportunities, as they become available. Note that a guest from target population #1 can transition to target population #2 if their symptoms improve during isolation.

FOR CHRONICALLY ILL GUESTS

Guests who are in an at-risk category (e.g., elderly, pregnant, compromised immune system) will be given the option of remaining in the hotel, or transferring to another hotel, as long as rooms are available. Guests will be discharged from hotel to eligible housing opportunities, as they become available. Note that a guest from target population #2 can transition to target population #1 if they develop symptoms during isolation.

FOR PROGRESSIVELY ILL GUESTS

Guests that become progressively ill, beyond the extent they can be cared for at the hotel will be transported by emergency personnel to a hospital. Their belongings will be packed and plans will be made to either store them in the storage shed or have them transported to the admitting hospital.

GRIEVANCE PROCEDURES AND GUEST INPUT

Guest Input:

OC:AC will provide opportunities for guests to provide feedback on programs and activities, to inform program planning and implementation to improve positive outcomes for guests. Guests may share feedback in the following ways:

- 1) Contact a peer/social support staff who can listen to and document their feedback in a Guest Concerns log.
- 2) Participate in a weekly guest video/audioconference open to any hotel guests

Abode staff will facilitate these activities and tracking of and response to feedback from guests. Abode staff will share feedback to the OC:AC planning and operation team to improve program operations.

Grievance Procedure:

Guests will follow procedures outlined in the Guest Grievance Policy outlined in their intake packet to file formal grievances that they cannot resolve in dialogue with Abode staff.

Due to the need to maintain community-wide safety during a pandemic, an appeals process is not available at OC:AC for decisions related to admissions and discharge.

FACILITY STAFFING PLAN

The staffing plan is different for target population.

OPERATION COMFORT: COVID- 100 beds			
Role/function	Credential / qualification	hours	FTE
Pre-screening—first contact Receive calls requesting information. Need to be available on the phone, answer basic questions, what's the criteria, re-direct to a different phone number or resource.		TBD	
Screening & approval via phone Receive referral make sure it's appropriate. May need to research, hope to have access to med records to see test status, and other screening HMIS, CHR, Epic to verify info <i>Need process to handle overnight for shelters-send to hospital</i>	RN or higher, with data capacity	8-8 7 days/wk	2 per shift
Administrative support for Screening Receive referrals, look people up (note that Abode has access to HMIS, CHR, Clinician's Gateway. Clinical staff should have access to Epic); print out relevant info they find about the guest and send to clinician	Experience w/population; organized; data capacity	8-8 7 days/wk	2 per shift
Admissions team on site			
Medical admission: Triage, medical review. Allergy, meds risk factors vitals, etc. clear medical. Determine exit criteria re COVID <ul style="list-style-type: none"> • Destination determination • return to previous state • Go to Safer Ground, PSH transition • pos, Quarantine 14 days, then d/c • Symptomatic pending If not positive, keep until symptoms resolve • Asymptomatic, Close contact confirmed • Work with Abode staff to assign rooms 	RN or higher	8-8 7 days/wk	Ratio 1:50
Administrative support for Admission Admin admission: register, sign, program agreements, intake process, tracking beds, make sure they get CES assessment, manage flows; track rooms	Experience w/population; organized; data capacity	8-8 7 days	Start with 1 and grow Depends on # of admissions
Program manager: relations, liaison, communications among all staff. Training for hotel staff. Supervise Abode staff	Person is identified	Flex	1 FTE

OPERATION COMFORT: COVID- 100 beds			
Role/function	Credential / qualification	hours	FTE
Operations support Listening, watching the space, policy, connect to medical support, enforce policies, document and provide updates	exp w shelter. Organized. Data capacity	24/7 Day shift	2 per day shift 1 swing 1 overnight
Behavioral Health consultation and support via telemedicine	BH clinician		
Front desk staff - comm w hotel staff, facilities coordination, comm w guests, problem solving, deliveries		24/7	
Peer support - on-line, social support, entertainment; Coordinate with Care Connect Consumer Fellows.	Care Connect consumer fellows		Start with 1 FTE, ramp up to 2 FTE in a few days
CHW / Housing navigator	CHW	8am-4pm 9am-5pm 10am-6pm M-F	3 FTE
Pharmacy consult	Pharmd - Seth Gomez D. Pardo	On call consults	On call consults
SS eligibility technicians via phone			
Security via GSA Contract		24/7	3-4 per site/shift
Janitorial Staff	Hotel staff	24/7	
OPERATION COMFORT: COVID- 100 beds			
Role/function	Credential / qualification	hours	FTE
Pre-screening—first contact Receive calls requesting information. Need to be available on the phone, answer basic questions, what’s the criteria, re-direct to a different phone number or resource.		TBD	

OPERATION COMFORT: COVID- 100 beds			
Role/function	Credential / qualification	hours	FTE
<p>Screening & approval via phone Receive referral make sure it's appropriate. May need to research, hope to have access to med records to see test status, and other screening HMIS, CHR, Epic to verify info <i>Need process to handle overnight for shelters-send to hospital</i></p>	RN or higher, with data capacity	8-8 7 days/wk	2 per shift
<p>Administrative support for Screening Receive referrals, look people up (note that Abode has access to HMIS, CHR, Clinician's Gateway. Clinical staff should have access to Epic); print out relevant info they find about the guest and send to clinician</p>	Experience w/population; organized; data capacity	8-8 7 days/wk	2 per shift
Admissions team on site			
<p>Medical admission: Triage, medical review. Allergy, meds risk factors vitals, etc. clear medical. Determine exit criteria re COVID</p> <ul style="list-style-type: none"> • Destination determination • return to previous state • Go to Safer Ground, PSH transition • pos, Quarantine 14 days, then d/c • Symptomatic pending If not positive, keep until symptoms resolve • Asymptomatic, Close contact confirmed • Work with Abode staff to assign rooms 	RN or higher	8-8 7 days/wk	Ratio 1:50
<p>Administrative support for Admission Admin admission: register, sign, program agreements, intake process, tracking beds, make sure they get CES assessment, manage flows; track rooms</p>	Experience w/population; organized; data capacity	8-8 7 days	Start with 1 and grow Depends on # of admissions
<p>Program manager: relations, liaison, communications among all staff. Training for hotel staff. Supervise Abode staff</p>	Person is identified	Flex	1 FTE
<p>Operations support Listening, watching the space, policy, connect to medical support, enforce policies, document and provide updates</p>	exp w shelter. Organized. Data capacity	24/7 Day shift	2 per day shift 1 swing 1 overnight
<p>Front desk staff - comm w hotel staff, facilities coordination, comm w guests, problem solving, deliveries</p>		24/7	

OPERATION COMFORT: COVID- 100 beds			
Role/function	Credential / qualification	hours	FTE
Peer support - on-line, social support, entertainment; Coordinate with Care Connect Consumer Fellows.	Care Connect consumer fellows		Start with 1 FTE, ramp up to 2 FTE in a few days
CHW / Housing navigator	CHW	8am-4pm 9am-5pm 10am-6pm M-F	3 FTE
Pharmacy consult	Pharmd - Seth Gomez D. Pardo	On call consults	On call consults
SS eligibility technician via phone			
Security via GSA Contract		24/7	3-4 per site/shift
Janitorial Staff	Hotel staff	24/7	

OPERATION SAFER GROUND: not acutely ill, fragile, and on Permanent Supportive Housing (PSH) list – 290 beds

Role/function	Credential / qualification	hours	FTE
Screening & approval via on phone; starts w/ Homestretch			
Admissions team on site			
Medical admission: Triage, medical review. Allergy, meds risk factors vitals, etc. clear medical. <ul style="list-style-type: none"> Assign regions w/in hotel determined according to medical needs Medical planning Medical monitoring 	RN or higher	8-8 7 days	Ratio 1:50 Start with 1 and grow
Behavioral Health consultation and support via telemedicine	BH clinician		
Admin admission - register, give key, sign, program agreements, intake process, tracking beds, make sure CES assessment is updated, manage flows; track rooms. Liaison with medical admission	Exp w pop. Organized. Data capacity	8-8 7 days	Start with 2 & grow; Depends on admits #s
Program manager: relations, liaison, comms among all staff. Training for hotel staff. Supervise abode staff	Shared at both hotel sites	Flex	1 FTE
Operations support Listening, watching the space, policy, connect to medical support, enforce policies, update	exp w shelter Organized. Data capacity	24/7 Day shift	2 per day shift 1 swing 1 overnight
Front desk staff - comm w hotel staff, facilities coordination, comm w guests, problem solving, deliveries		24/7	
Peer support - on-line, social support, entertainment We'll need to figure out how to make it work. start w consumer fellows			Start with 1 FTE, ramp up to 2 FTE in a few days
CHW /paramedic Symptom screening, temp checks 2x day <i>if they have an existing strong navigator - continue to work with them - have to work remotely</i>	CHW	Start with 3 FTE, ramp up to 9 FTE 8am-4pm 9am-5pm 10am-6pm	1:25

OPERATION SAFER GROUND: not acutely ill, fragile, and on Permanent Supportive Housing (PSH) list – 290 beds

Role/function	Credential / qualification	hours	FTE
		M-F	
Housing Navigator			
Pharmacy consult	Pharmd - Seth Gomez D. Pardo	On call consults	On call consults
SS eligibility technicians via phone		24/7	3-4 per site/shift
Security via GSA Contract	Hotel staff	24/7	

STAFF TRAINING AND PREREQUISITES

All staff will receive personal protection equipment (PPE) training adapted to the scope of their role. Other training, primarily for program staff, are listed below.

	Training Subject	Brief Description	Abode	Hotel	Security	Transport	Medical
1.	Personal Protective Equipment (PPE)	Information on proper selection and use of PPE to keep trainees, guests and the community safe while working in this higher risk environment. We aim to prevent the spread of Covid-19.	X	X	X	X	
2.	Program Overview	Orientation to program, people served, and rules and regulations for guests.	X	X	X		
3.	Homelessness 101	Basic overview of homelessness, including demographics, causal factors, and other descriptive information.	X	X	X		
4.	Harm Reduction 101	The objective of this unit is to introduce staff to the principles of Harm Reduction	X				

	Training Subject	Brief Description	Abode	Hotel	Security	Transport	Medical
		and its connection to housing.					
5.	Harm Reduction 102	Introduction to Harm Reduction history and therapeutic practices.	X				
6.	Mandated Reporter 101		X				
7.	Mandated Reporter 102		X				
8.	Confidentiality and ROIs	Ensure guest information is kept as confidential as possible and that agency Release of Information documents are used appropriately.	X				
9.	Strength Based Perspective	Overview for a useful way to approach guests that emphasizes their strengths and helps to connect those strengths with their ability to take care of themselves.	X				
10.	Stages of Change	How to recognize when your guest is ready to engage in services.	X				
11.	Suicide Assessment and Safety Planning	Learn the risk factors of what to look for, how to assess a guest experiencing suicidal thoughts, and how to conduct a suicide assessment follow up.	X				
12.	De-escalation Strategies	Indications of aggression, basic de-escalation techniques, and follow-up in the event of an incident.	X	X	X		
13.	L.E.A.P. Communication Technique	Working with our guests, especially those living with mental illness, can be challenging. L.E.A.P. is a communication and motivation technique that can be applied in many roles at Abode Services.	X				

TB Testing:

All staff on site, including Abode staff, medical staff, hotel staff, security, and transportation staff must have a documented TB test completed within the last 12 months, and if follow-up testing is required, must comply with those requirements.

ONGOING COUNTY SUPPORT

Decision-making:

HCSA and SSA will collectively review and approve changes and expansions in program operations before implementing changes.

Stakeholder engagement:

The OC:AC planning and operations team will directly engage key stakeholders, including service providers, system administrators and advocates for homeless Alameda County residents; disaster response, public health, mental health and medical professionals; local, state and federal agencies; legislators; and local community organizations and businesses to inform policy and program decisions. The basis of decisions regarding OC:AC program and policy implementation must include an analysis of larger impact on parallel and overlapping efforts and systems in place or in development to serve homeless and vulnerable Alameda County residents.

Monitoring of operations:

Throughout the operation of OC:AC, the following partners will lead guidance and monitoring of program operations in the following areas, and will communicate with all partners if they need to transition monitoring to a different entity:

HCSA: Medical and mental health operations

HCSA: HMIS and other guest data management

ACHCH/HCSA and SSA: Operation Comfort Shelter operations

ACHCH/HCSA and SSA: County-wide Shelter/homeless systems coordination

SSA: EOC and OES coordination

SSA: CDSS coordination

HCSA: CDC coordination

All: funding and expansion strategy

Reporting:

- Abode staff will complete a daily Guest Activities/Incidents Log documenting any notable activities or incidents that occurred throughout the day, the names of guests and staff involved, date and time of incidents, and the resolution reached or pending resolution needed.
- Before signing out of their shift each day, all Abode staff will document any notable successes, challenges, or requests for support in the Successes, Challenges and Requests

for Support Log. They may verify that they have none to report if that is the case, but this must be completed and signed each day as part of the signing out process.

- The Abode program manager will review staff logs and follow up as appropriate. Staff may include feedback from hotel, security, transportation and medical staff in their reports—reports do not need to only be regarding incidents with which they are directly involved. The Abode program manager may also log incidents and issues that are brought to their attention in the staff logs or the Guest Concerns Log.
- ☐ The Abode program manager will provide daily reports to the OC:AC planning and operations team on all referrals, intakes and discharges, as well as notable guest activities or incidents, and staff successes and challenges from the day. To minimize additional labor for reporting, this data should be documented in the online client data management system throughout daily operations, and exportable for daily summary reports. This data will be entered by staff throughout the day in the online system in the form of the following logs:

Name of Log/Report	Responsible entity for data entry
Guest referrals log, including approvals and denials, and signed referral packets	Referrals intake team
Guest intake log, including medical and mental health screenings, and signed admissions packets	Admissions intake team
Mental Health Monitoring Plan for any guests for whom one was created	Mental health staff on the admissions intake team
Medical Monitoring Log	Nurses and CHW's
Guest Activities and Incidents Log	Abode staff
Staff Successes, Challenges and Requests for Support Log	Abode staff
Guest Concerns Log	Completed by Abode staff on behalf of guests who provide feedback
Public Benefits Screening Guest Log	Abode staff providing public benefits application assistance to guests
Guest Calendar Tracking	Abode program manager, with feedback from Abode staff, Housing Navigator and medical staff
Discharge Log	Abode program manager, with feedback from Abode staff, Housing Navigator and medical staff