

# **Medical Provider Isolation Facility Referral Packet for Providers**

# Provider Referrals to Isolation Facilities

## What is an isolation facility?

Isolation facilities are sites available to people who have tested positive for COVID-19 or who are currently exhibiting symptoms related to COVID-19 after being exposed to a confirmed case and are unable to isolate in their own homes. Isolation facilities are designed to help curb the spread of the disease and preserve our local hospital beds for the most acutely ill people in our communities.

Staying at an isolation facility is voluntary, but individuals **must referred by a medical provider or local public health department** before being permitted to register at the facility.

## Who can be referred to an isolation facility?

To be referred to an isolation facility, an individual must meet the following requirements:

- All** clinical profile requirements
  - Is a confirmed case of COVID-19 or symptomatic individual suspected to be infected with COVID-19.
  - Is considered stable and not in need of hospitalization.
  - Can perform activities of daily living with no assistance.
  - Does not require on-site medical or nursing care.
- One** of the following categories:
  1. Does not have secure housing in which to self-isolate.
  2. Needs to leave their routine living situation in order to protect household members at high-risk for complications from COVID-19.
  3. Is a health care worker or another essential worker.

## How do I refer a patient to an isolation facility?

If you have a patient who meets **all the above** clinical profile requirements and falls into **at least one** of the categories of individuals who are appropriate for referral, call:

### Madison:

608-886-0829 or 608-886-0836

### Milwaukee:

608-886-0830 or 608-575-6681

Be ready to provide the following information:

- Full name and date of birth.
- The requirements you patient meets in order to be referred to the isolate site.
- If applicable, information about the following special circumstances:
  - They require a translator.
  - They have a child or children who need to remain under their care, such as a child or children who have special needs or no other child care services are available.

- They are a minor and require their parent or guardian to accompany them at the isolation facility.
- They have a developmental disability or require a guardian or appointed decision maker to remain with them at all times.

## Occupant Agreement Form

You have been referred by a clinician to self-isolate to protect yourself and others. This is a **voluntary isolation**, and you may check out at any time. It is to protect you, your family, and the community and to help prevent the spread of COVID-19.

If you do not agree to the statements below and follow them during your stay, you may be asked to leave.

I agree to all of the voluntary isolation guidelines below and I acknowledge that if I do not follow them, I may be asked to leave

### Voluntary Isolation Facility Guidelines

- This isolation facility is intended for people who are infected or suspected to be infected with COVID-19. If a medical professional determines that you are no longer ill and that you are no longer contagious, you must leave the isolation facility so you can make space for others individuals who are infected or suspected to be infected with COVID-19.
- No visitors or pets of any kind are allowed in this facility.
- No smoking or vaping in your room or anywhere in the building. If you are caught violating this rule, you agree to pay for the consequent cleaning and/or any damages that may come from it.
- You will remain in your room unless staff authorizes your departure from the room.
- You will stay at the facility at all times. If you leave the facility you will not be allowed to continue your stay. Staff will record any unapproved departure from the facility as “Checked-Out Against Medical Advice (AMA)”.
- No weapons are allowed anywhere within the facility.
- There will be security staff, on-site coordinator, administrative staff, and medical personnel on site.
- Video surveillance will be used in shared spaces of the facility. Video surveillance will not be used inside occupant rooms.
- You may bring laptops, phones, and other games. Internet is provided.
- No alcohol or illegal drugs are allowed.
- You may contact friends or family to drop off clothing or medications.
- You consent to a search of all property coming into the facility.
- You may contact staff by phone for personal items.
- For the duration of your stay, you agree to comply with medical monitoring conducted by facility staff, including wellness check calls every four hours from 6 a.m. to 10 p.m. You also agree that if a wellness check call is not answered at the second try, staff is authorized to perform an in-person wellness check.
- You may call staff during the night and discuss your medical or mental health if there are changes.
- If you or the medical staff determine that you need to be transported to a hospital, an ambulance will be called to transport you to the nearest or most appropriate facility.

- No loud music or disturbances are allowed.
- You will take care of your personal hygiene and cleanliness of the room.
- If your bedding or towels are soiled, place in plastic bags, tie, leave it outside your door and notify front desk. **Do not leave your room.**
- If your trash is full, place in plastic bag, tie, leave it outside your door and notify the front desk. **Do not leave your room.**
- Any items you bring to the isolation facility are your responsibility, and the isolation facility is in no way responsible for lost, missing, stolen, or damaged items.
- You agree that you are not a violent offender nor a sex offender. For the purposes of this facility, a violent offense includes each of the following crimes, or any substantially similar offense to those listed:

<ul style="list-style-type: none"> <li>• Capital murder</li> <li>• Murder</li> <li>• Manslaughter</li> <li>• Criminally negligent homicide</li> <li>• Assault I</li> <li>• Assault II</li> <li>• Compelling street gang membership</li> <li>• Kidnapping I</li> <li>• Kidnapping II</li> <li>• Rape I</li> <li>• Rape II</li> <li>• Sodomy I</li> <li>• Sodomy II</li> <li>• Sexual torture</li> <li>• Sexual abuse I</li> <li>• Enticing a child to enter a vehicle for immoral purposes</li> <li>• Stalking</li> <li>• Aggravated stalking</li> </ul>	<ul style="list-style-type: none"> <li>• Soliciting a child by computer</li> <li>• Domestic violence I</li> <li>• Domestic violence II</li> <li>• Burglary I</li> <li>• Burglary II</li> <li>• Burglary III</li> <li>• Arson I</li> <li>• Criminal possession of explosives</li> <li>• Extortion I</li> <li>• Robbery I</li> <li>• Robbery II</li> <li>• Robbery III</li> <li>• Pharmacy robbery</li> <li>• Terrorist threats</li> <li>• Escape I</li> </ul>	<ul style="list-style-type: none"> <li>• Intimidating a witness</li> <li>• Intimidating a juror</li> <li>• Treason</li> <li>• Discharging a weapon into an occupied building, dwelling, automobile, etc.</li> <li>• Promoting prostitution I</li> <li>• Production of obscene matter involving a minor</li> <li>• Trafficking</li> <li>• Child abuse</li> <li>• Elder abuse</li> <li>• Terrorism</li> <li>• Hindering prosecution for terrorism</li> </ul>
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**Considerations for determining a violent offender:**

1. The offense has as an element, the use, attempted use, or threatened use of a deadly weapon or dangerous instrument or physical force against the person of another.
2. Involves a substantial risk of physical injury against the person of another.
3. The offense is a nonconsensual sex offense.
4. The offense is particularly reprehensible.

5. The offense includes an attempt, conspiracy, or solicitation to commit a violent offense.

I have carefully read and fully understand all the provisions of this form. I am freely, knowingly, and voluntarily signing this form. I hereby release the facility, its employees, volunteers, and officers, as well as any of their assigns or designees on behalf of myself, my family, my estate, and anyone else affiliated or associated with me or representing me, from all liability arising as a result of my stay in the isolation facility to the fullest extent permitted by law. I agree to the Voluntary Isolation Facility Guidelines listed in this document and I realize this **voluntary** stay is to protect me, family, and the community and to help prevent the spread of COVID-19.

Signed \_\_\_\_\_ Date/Time Admitted: \_\_\_\_\_

Signed \_\_\_\_\_ Date/Time Discharged: \_\_\_\_\_

\_\_\_\_ Left prior to the completion of their stay.

# Occupant Preparation Checklist

This document provides essential information for individuals referred to an isolation site by their medical provider. Further information will be given to individuals at check-in.

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## Where do I go?

### Madison

Lowell Center  
610 Langdon St.  
Madison, WI 53703

### Milwaukee

Super 8 Hotel  
5253 Howell Avenue  
Milwaukee, WI 5320

## When should I arrive?

You must arrive at the isolation facility no later than six hours after being referred. You must arrive at the facility by: \_\_\_\_\_

## How long will I be at the facility?

### Length of stay:

You will be staying at the isolation facility for two weeks. Please plan accordingly.

**Arrival date:**

\_\_\_\_\_

**Departure date:**

\_\_\_\_\_



WISCONSIN DEPARTMENT  
of HEALTH SERVICES

## What should I bring?

### Items provided by the American Red Cross:

Personal care kit with:

- Soap
- Shampoo
- Conditioner
- Lotion
- Wash Cloth
- Toothbrush
- Toothpaste
- Razor
- Shaving cream

### Suggested items to pack:

- Two weeks' worth of clothing.** Family or friends can drop off additional clothing if needed.
- Personal toiletries such as: comb or hairbrush, facewash, creams, shampoo, etc.
- Electric razor, hair straightener, etc.
- Prescribed medicines and over the counter drugs/items such as: Aspirin, antacids, Benadryl, eye drops, nasal sprays/wash, lip balm, Tylenol, feminine products, etc.
- Neck-leg-lap cushions, eye mask, ear plugs, headphones.
- Eyeglasses and/or contacts lenses.
- Cell phone, laptop-tablet, electronic games, ear buds-head phones, chargers, batteries, cards, books-magazines, note pads, pens-pencils, etc. **Wi-Fi will be available.**
- Preferred food items to supplement three daily meals.