**Quarantine Protocol Template**

**Transition House Residents Information**

1. All residents who have flu-like symptoms will:
	* Be quarantined in their room to protect others.
	* Be required to be tested at a local testing facility.
	* Be asked to provide informed consent to have dedicated staff monitor their health i.e. by taking residents temperature
	* Continue to assess their health by:
		+ Calling 811 or use symptom assessment <https://bc.thrive.health/> .
		+ Transition House staff will act on the side of caution, and ask residents to self- isolate if unsure.
2. All residents who have flu-like symptoms will:
	* If possible, utilize one designated bathroom that will be accessible only for symptomatic residents.
* Not have access to common areas. If the resident needs to pass through common areas they will be required to wear a mask.
* Not have access to the kitchen. Staff will deliver food outside their door (easily prepared food, slow cooker food, restaurant take-out if needed and possible). Gloves will be worn when picking up used dishes and putting them in the dishwasher.
* Be provided with snack foods that they can keep in their room, other needs such as a carafe of tea or coffee, and a jug of water.
* Be asked to follow disinfection procedures of their own living spaces/bedroom.
* Will provide clothing and linen to staff to launder separately
* Keep their medications in their room.
* Be offered activities for entertainment (e.g. DVD’s and a DVD player, jigsaw puzzle, books, art supplies, etc.). When the items are returned, they will be sanitized thoroughly with cleaner.
* Smoke in the designated smoking area when no one else is using it.
* Be supported to explore other safe options for their shelter, where they can safely self-isolate in greater comfort.
* Will not take any nights away during their stay at the Transition House

Symptomatic residents who cannot manage within these guidelines will be supported to find another option (may be provided with a hotel room if available, or explore other possible options).

Resident signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff initial: \_\_\_\_\_\_\_\_\_\_\_

Reviewed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COPY GIVEN TO RESIDENT 🞎**