



**Isolation & Quarantine Referral Information for Health Care Providers**  
**May 26, 2020**

Snohomish County health care providers:

If you identify someone who:

- has tested positive for COVID-19 or has test results pending
- does not need hospitalization
- cannot isolate themselves in a safe/secure environment

you can refer the person to Snohomish County's Isolation/Quarantine Facility at the Angel of the Winds Arena in Everett.

**The process is very easy (see attached Referral Flyer), but must start with a call to the Facility (425-238-3439).** Facility staff will ask the questions on the Q&I Site Referral Form (attached), but you do not need to send the form.

Thank you for helping us to protect the entire community.

**Attached:**

- Isolation and Quarantine Referral Flyer
- Isolation and Quarantine Referral Form

# Snohomish County

## Isolation/Quarantine Facility Referral Protocol



The **Isolation/Quarantine Facility (IQF)** at Angel of the Winds Area is available for **individuals with no sheltering options permitting self isolation** and:

- Need to **quarantine** for up to 14 days since **exposure to someone who tested positive for COVID-19**,
- Need to **isolate due to fever and/or other symptoms** consistent with COVID-19, OR
- Need to **isolate due to testing positive for COVID-19**.



**If your patient has symptoms of or tested positive for COVID-19 and does not need to be hospitalized, you may refer them to the IQF.**

- 1. Call the I/Q Facility (425-238-3439) to provide information about potential referral including:**
  - Client name & date of birth,
  - If tested (when, results, lab used),
  - Symptoms with onset dates,
  - Other medical problems (esp. mental health or substance abuse),
  - Current medications,
  - Allergies, and
  - Withdrawal risk (substance & time of last use).
- 2. Site Coordinators will consult with the Snohomish Health Officer to confirm approval for admission.**
- 3. If the patient meets criteria and health officer approval or order is issued, the IQF staff will call you to initiate the transfer. **PRIOR TO TRANSFER, please CONFIRM testing has been done and they have a 14-day supply of their medications and include first dose of suboxone if indicated.****
- 4. Call Northwest Ambulance to arrange a cabulance to transport patient to Angel of the Winds Arena (2000 Broadway Everett, WA 98201).**

Snohomish County Isolation and Quarantine Facility | 24/7 On-Duty Site Coordinators

425-238-3439 | [iandqsite@snoco.org](mailto:iandqsite@snoco.org)

### Quarantine and Isolation Site Referral Form

Healthcare professional calls the Quarantine/Isolation Site Manager at 425-238-3439 to provide the following information:

Today's date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has the client been tested for COVID-19? Yes No If yes, test date \_\_\_\_\_

If yes, are there results on hand? (fax copy to 425-322-2762) Yes No

If pending, to what lab was the test sent? \_\_\_\_\_

Current Symptoms:

Symptoms	Yes	No	Date of Onset
Fever – temperature:	Yes	No	
Cough	Yes	No	
Shortness of Breath	Yes	No	
Chills	Yes	No	
Headache	Yes	No	
Muscle Aches	Yes	No	
Sore Throat	Yes	No	
Loss of smell or taste	Yes	No	
GI distress (including diarrhea)	Yes	No	

Other medical problems:

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Known medications (attach med list if not enough room):

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Known allergies: \_\_\_\_\_

Is the individual at risk of withdrawal from opiates, benzodiazepines, or alcohol? Yes No

If so, what substance(s) and time of last use:

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Name of person filling out form: \_\_\_\_\_

Signature: \_\_\_\_\_

Organization and contact information: \_\_\_\_\_