

ALTERNATE HOUSING PLAN TEMPLATE V3

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A Note from IEMA

On Monday, March 9, 2020, Illinois Governor J.B. Pritzker announced a state of emergency decree in response to the novel coronavirus (Covid-19) threat. The disaster proclamation is “an operational procedure” in part allowing the federal government to reimburse costs related to the state’s response and making State Disaster Relief Fund dollars available. The State began communicating with all county Emergency Management Agencies (EMAs) to plan for county alternate housing for (25) persons, specifically those that were presumed COVID-negative. A template was provided to the EMA and the counties were instructed to acquire the county’s local health department (LHD) public health order to be eligible for FEMA reimbursement. On March 30, 2020, Federal Emergency Management Agency (FEMA) issued funding authorization to provide for non-congregate sheltering (i.e., alternate housing). However, the authorization was for those populations of COVID-positive individuals that no longer require care, COVID-exposed individuals requiring quarantine and sensitive populations (i.e., those over 65 or with underlying health conditions).

On April 12, 2020, the Illinois Department of Public Health issued an Order which further expanded the categories of persons to be housed to include first responders, healthcare workers and “asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as homeless or disadvantaged individuals in communities with multiple instances of community spread of COVID-19.” The letter further clarified that alternate housing is not intended for individuals whose symptoms require extensive medical care or assistance, but can be implemented for those tested positive.

As of June 2020, data available to the State of Illinois indicates two primary categories of persons comprised the bulk of alternate housing needs. First responders, long-term care providers and healthcare workers were nearly 90% of all housing requests submitted to the State. Homeless, COVID-positive persons were the second category of persons requiring housing, although they represented only a handful of requests per county (with the exception of large congregate homeless shelters which are addressed below). Therefore, revisions to the alternate housing planning template have been made to focus on these populations, the relative number of requests they represent, and additional considerations that may impact a county’s residents.

Both FEMA and the Centers for Disease Control and Prevention (CDC) have assembled interim guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19). This interim guidance is intended to support response to COVID-19 by local and state health departments, homelessness service systems, housing authorities, emergency planners, healthcare facilities, and homeless outreach services. CDC guidance indicates that “depending on resources and staff availability, housing options that have individual rooms (such as hotels/motels) and separate bathrooms should be considered for the overflow, quarantine, and protective housing sites. In addition, plan for how to connect clients to housing opportunities after they have completed their stay in these temporary sites.” Refer to <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html> (CDC Interim Guidance).

Sheltering persons experiencing homelessness may require additional considerations. Contacting your local Illinois Department of Human Services representative is advised for connections to local assistance programs and transitional programs. Per the CDC, “Planning and response to COVID-19 transmission among people experiencing homelessness requires a “whole community” approach, which means involving partners in the response plan development, with clearly outlined roles and responsibilities.” which outlines some of the activities and key partners to consider for a whole-community approach (CDC Interim

Guidance). The May 2020 FEMA guidance on Planning Considerations for Disaster Housing is available here <https://www.fema.gov/media-library/assets/documents/188426>.

Please note that the additional considerations mentioned above require close coordination and discussion among community stakeholders.

Cost Reimbursement

On March 30, 2020, the FEMA authorized the reimbursement of costs associated with non-congregate sheltering (NCS) related to COVID-19. On April 5, 2020, FEMA extended this authorization to local government jurisdictions. On May 6, 2020, FEMA extended the authorization until June 4 with distinct criteria required for reimbursement. Specifically, eligible emergency protective measures taken to respond to the referenced COVID-19 emergency, at the direction or guidance of state, local, tribal, and territorial public health officials, may be reimbursed under Category B of FEMA's Public Assistance (PA) program if reasonable and necessary to save lives, protect improved property, or public health and safety, and/or lessen or avert the threat of catastrophes.

This approval is subject to and conditioned by the following: FEMA will reimburse costs associated with the sheltering of individuals to include those who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals); those who have been exposed to COVID-19 and do not require hospitalization; and asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease). Sheltering specific populations in non-congregate shelters should be determined by a public health official's direction or in accordance with the direction or guidance of health officials by the appropriate state or local entities.

Of note, this approval does not include the reimbursement of costs for the sheltering of asymptomatic individuals that are not among the populations specifically identified in the previous paragraph, without additional state or local public health official's direction or guidance. IDPH's April 12, 2020, public health order did serve to broaden the scope of persons eligible for housing as previously discussed. The FEMA authorization letter does not approve or obligate specific funding, but rather is approval of specific activities in advance of the grant formulation and reimbursement process. Funding requests will be subject to all elements of Public Assistance program eligibility guidance.

The State and local jurisdictions engaging in shelter missions and planning to seek FEMA reimbursement must follow FEMA's Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in its contracts for sheltering and related services, such as food, security, wrap around services, and care for those with disabilities or access and functional needs.

FEMA will not approve PA funding that duplicates funding by another federal agency, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention. Therefore, it is critical to reach out to the IDHS regional contacts to ensure any applicable programs or funding avenues are not being overlooked or duplicated. FEMA also specified that any future extension requests must include, at a minimum, the number of individuals being sheltered by each local provider, average length of stay, underlying need/condition requiring emergency NCS, types of wrap-around services being provided, and average cost per individual. In addition, in preparation for a potential transition of non-congregate sheltering of homeless individuals to HUD, information must be provided separately for that population.

I. Introduction

Purpose

Based on lessons learned over the first few months of the COVID-19 pandemic, revisions to the county alternate housing plans are recommended. Counties should continue to revise plans as new information about the needs surrounding COVID-19 arises. Recommendations to counties on housing first responders and healthcare workers are listed below. Due to the fact they require additional wraparound services and social service considerations, distinctly different recommendations to house homeless populations are also identified. These should be carefully coordinated with Continuums of Care, DHS offices, and Community Action Agencies, which may have additional resources. It is the intent of IEMA's Director that each accredited jurisdiction establish a revised alternate housing plan that considers the planning basis below. Finally, counties will continue to need to plan for housing COVID-positive and COVID-exposed persons at the county level. The solutions employed, the scope of those requiring housing, and the economic feasibility will vary greatly.

Program Sustainability

Several different funding efforts and resources have emerged since the start of this pandemic. The Inter-Agency Working Group on Homelessness, Illinois Department of Human Services, and the provisions of the CARES Act provide resources to facilitate implementation of the county plans. It is imperative that plans include a viable means of funding and that regional coordinators facilitate timely review and guidance in order to meet the emergent needs of the population.

Long term sustainability of both the state and county alternate housing plans is necessary to meet the needs of the public. IEMA, IDHS and IDPH will work with local governments to identify sheltering solutions that do not require significant expenditures of capital and resources to operate. This may range from rental properties, cabins, empty dormitories, RVs to government owned facilities. Governmental bodies should also take care to ensure the resources employed are reasonable for the magnitude of the need. Procuring and operating a hotel may not be appropriate for a small number of persons requiring shelter and could compromise reimbursement.

II. Planning Recommendations

- A. The Continuums of Care maintain estimates of homeless populations on a county by county basis. The County should include in their alternate housing plan, capacity for housing up to 10% of this population (minimum planning basis of 2 persons). Contact information for Continuums of Care: <https://www.hud.gov/states/illinois/homeless/contincareorgs>
- B. Counties should determine the number of first responders and healthcare workers employed within their jurisdiction. Although the needs may vary greatly by county, as an initial planning basis counties should identify alternate housing for 5% of the population employed as police and fire, EMS, and long term care workers. The housing needs for these populations are generally much less expansive and may consist of a simple hotel room without additional

Alternate Housing Plan Template

wraparound services. Provide the list of guest expectations to these workers prior to their use so everyone understands the nature of alternate housing (e.g. required to remain in room, spouses cannot stay as well, etc.).

- C. Coordinate with the local health department to identify triggers for early outbreak identification and the appropriate actions to mitigate increased transmission in long term care, congregate housing facilities/shelters, and other congregate work environments (i.e., food processing). Alternate housing plans should be evaluated for potential accommodation of congregate workers, should the need arise.
- D. Coordinate with the Department of Human Services to identify any large congregate homeless shelters that may require non-congregate sheltering. This may be best accomplished through a modification of the facility. Any population that requires medical, mental health, or other care needs is likely not appropriate for an alternate housing site which are typically unassisted living environments. Therefore, discussion with shelter managers as well as the Inter-Agency Working Group on Homelessness needs to identify appropriate solutions in the event of an outbreak.
- E. Coordinate with the local health department and the Department of Human Services to initiate discussion with long term care, intermediate care, assisted living and mental health facilities within your county to determine how COVID-positive wards could be established. Establish plans for alternate housing of staff as well as contingency plans for additional staff. Conversations on appropriate facility arrangements and staffing should be directed to the Illinois Department of Human Services and the Illinois Department of Public Health, Bureau of Long Term Care.
- F. It is imperative to include all public safety partners in the development of this plan, especially the local health department. Examine the impacts to local EMS, fire and police in areas where alternate housing sites are placed. Early stakeholder communication with the alternate housing site owners/operators, the municipality and elected officials is critical. Moreover, clearly identify the categories of persons that an alternate housing site will serve (i.e., COVID-positive, sensitive populations, first responders, or any mixture thereof).
- G. Continue close coordination and planning links with local emergency response organizations to ensure the ability to provide quality care to residents of this jurisdiction during significant infectious disease events.

III. Facility Considerations

When planning for alternate housing of individuals, the following considerations should be evaluated:

Non-congregate sheltering facilities that will be housing COVID-positive persons, or those exposed in quarantine, may require a substantial amount of wraparound services. If exploring the use of a hotel, experience to date indicates these facilities generally cannot be leased on a per-room basis. Additionally, facility staff may be unwilling to continue work, and significant staffing requirements may be necessary. Due to significant costs associated with procuring a facility of this nature, it may benefit neighboring counties to provide mutual aid and collaboratively operate an isolation/quarantine facility. Individuals under isolation/quarantine will require food service,

laundry services, trash pickup and daily wellness checks to be performed by the referring health department. Therefore, proximity to and the ease by which these services can be provided at the alternate housing site should be taken into consideration as well. Counties will have the best understanding of how many persons in this category require housing and what the resulting housing solution will look like. However, the current number of requests received indicate dedicating a single rental house, cabin, RV or government building to this purpose may meet the needs for the majority of counties.

Housing of asymptomatic first responders and healthcare workers between shifts, or respite housing, generally does not require the extensive wraparound services listed above. The State as well as several counties have successfully employed direct-billed rental of individual rooms. Vacant college dormitories have also been utilized. A county may wish to consider the proximity of these facilities to healthcare and long-term care facilities and discuss room-by-room direct-bill arrangements with hotel owners in advance. For site recommendations, see **Annex J**.

IV. Data Tracking and Reporting

FEMA has established reporting metrics in order for counties and accredited jurisdictions to be reimbursed for costs associated with non-congregate sheltering. Specifically, any local jurisdictions seeking FEMA reimbursement for non-congregate sheltering (Alternate Housing) must implement “tracking mechanisms to provide sufficient data and documentation to establish the eligibility of costs for which it is requesting PA funding (including the need for non-congregate sheltering of each individual, length of stay, and costs).” Please refer to the most recent FEMA re-authorization letter for specifics on data counties should be tracking for submission and justification of accrued alternate housing expenses, which can be located here: <http://althousing.iema.illinois.gov/>.

Counties should ensure data tracking duties are assigned and adequate documentation is maintained to facilitate reimbursement.

V. JURISDICTION SHELTER PLAN TEMPLATE

The following document serves as a template to assist your jurisdiction in planning and preparing to meet the needs of your residents in the event of a significant infectious disease event requiring alternate housing for individuals in one of the following categories:

- Persons who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals);
- Persons who have been exposed to COVID-19 and do not require hospitalization; and
- Asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as homeless or disadvantaged individuals in communities with multiple instances of community spread of COVID-19, healthcare workers serving patients or caring for persons who have tested positive for COVID-19, first responders having regular contact and personal interactions with members of the public in communities with multiple instances of community spread of COVID-19, and/or people over 65 or with certain underlying health conditions (e.g. respiratory, compromised immunities, chronic disease)

CDC guidance recommends non-congregate sheltering for this pandemic, and as a result this template will focus solely on the use of those facilities for alternate housing. Note the categories of persons housed may necessitate very different facilities and wraparound services. Please review the section titled, "Facility Considerations" and any requirements established through reimbursement criteria. Once completed, this template should be shared with local emergency preparedness and government agencies to assure your local first responders are aware of your plans.

A. Jurisdictional Information

EMA/ESDA Organization: _____

Address, City, State and Zip: _____

Phone Number: (____) _____ **Fax:** (____) _____

Cell Phone Number: (____) _____ **E-mail:** _____

Local Health Department Organization: _____

Address, City, State and Zip: _____

Phone Number: (____) _____ **Fax:** (____) _____

Cell Phone Number: (____) _____ **E-mail:** _____

Responsible Party for Conducting Daily Wellness Checks of Sheltered Persons

Name and Agency: _____

Address, City, State and Zip: _____

Phone Number: (____) _____ **Fax:** (____) _____

Cell Phone Number: (____) _____ **E-mail:** _____

Local Continuum of Care Point of Contact

Name: _____

Address, City, State and Zip: _____

Phone Number: (____) _____ Fax: (____) _____

Cell Phone Number: (____) _____ E-mail: _____

Local Community Action Agency Contact

Name: _____

Address, City, State and Zip: _____

Phone Number: (____) _____ Fax: (____) _____

Cell Phone Number: (____) _____ E-mail: _____

B. Planning Criteria for Facility Capacity

A. Recommended Minimum Planning Basis for Homeless Populations:

- a. **List the Congregate Homeless Shelter(s) within your jurisdiction** (also listed in the DHS Resource Guide located at <http://althousing.iema.illinois.gov>):

_____ **Contact:** _____
_____ **Contact:** _____
_____ **Contact:** _____

Contact these facilities and discuss how non-congregate sheltering could be accomplished in the event of an outbreak. Appropriate guidance is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>

- b. **Estimated Homeless Populations within your jurisdiction** (the following website estimates populations based on available HUD data. The local Continuum of Care may also have updated data available):

<http://illinois.maps.arcgis.com/apps/MapSeries/index.html?appid=62e74e569c49478aa279dbdc5ad123b3>

Estimated Homeless Population _____ x 0.1 = _____. *This Number is the minimum amount of COVID (+) persons recommended for the jurisdiction to plan to house (minimum of 2 persons).*

B. Recommended Minimum Planning Basis for First Responders, Health Care Workers and Long Term Care (LTC) Facilities:

- a. Estimate the number of EMS Personnel employed by the jurisdiction: _____
- b. Estimate the number of Fire and Police employed by the jurisdiction: _____
- c. Estimate the number of healthcare workers employed by the jurisdiction: _____
- d. Estimate the number of long term care workers employed by the jurisdiction: _____

Sum the four numbers above _____ x 0.05 = _____. This is the recommended planning basis for respite (between shift) sheltering.

C. Recommended Planning Basis for Large Workplaces:

Local jurisdictions should work between emergency planners and local public health officials to identify those work settings (other than long term care or healthcare facilities) that, if disrupted due to an outbreak of COVID-19, would cause significant disruption both from an economic or social perspective as well as the ability to prevent disease transmission (for instance, critical infrastructure workforces comprised of commuters from multiple surrounding communities). Discuss methods with these facilities to reduce transmission, including screening, modified production environments and use of PPE:

_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____

D. Recommend Planning Basis for Long-Term Care, Intermediate Care, Assisted Living and Mental Health Facilities:

List below long-term care, intermediate care, assisted living and mental health facilities within your jurisdiction. Discuss how COVID-positive patients could be isolated and safely housed/cared for (possibly establishing COVID (+) wards). Conversations on appropriate facility arrangements and staffing should be directed to the Illinois Department of Human Services and the Illinois Department of Public Health, Bureau of Long-Term Care.

_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____

E. Identify Social Support Services (Possibly through Volunteer and Community Organizations After Disasters):

Alternate Housing facilities, as previously discussed, are an unassisted living environment. Intake screening guidance generally precludes use by those that require mental health, medical care or any other form of assistance. Nonetheless, persons with those needs may still require non-congregate sheltering. Guidance is available from the Inter-Agency Working Group on Homelessness which may assist in identifying the relevant support agencies and non-congregate shelter solutions for these populations.

Owner of Alternate Housing Facility/Facilities for Respite Housing

(First responders, health care workers and long-term care workers)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone Number: (____) _____ **Fax:** (____) _____

Cell Phone Number: (____) _____ **E-mail:** _____

Building Access

Emergency vehicles will have access at: _____

Support agency vehicles will have access at: _____

Delivery vehicles will have access at: _____

Does the location have a site safety plan? _____

Owner of Alternate Housing Facility/Facilities for COVID (+) Persons Requiring Isolation

(If different than above)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone Number: (____) _____ **Fax:** (____) _____

Cell Phone Number: (____) _____ **E-mail:** _____

Building Access

Emergency vehicles will have access at: _____

Support agency vehicles will have access at: _____

Delivery vehicles will have access at: _____

Does the location have a site safety plan? _____

Owner of Alternate Housing Facility/Facilities for COVID (+) Persons Requiring Isolation

(If different than above)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone Number: (____) _____ **Fax:** (____) _____

Cell Phone Number: (____) _____ **E-mail:** _____

Building Access

Emergency vehicles will have access at: _____

Support agency vehicles will have access at: _____

Delivery vehicles will have access at: _____

Does the location have a site safety plan? _____

It will be the responsibility of the Chief Elected Official/Designee to declare a disaster and implement emergency or alternative housing policies and procedures.

The alternative housing plan could be implemented under the following circumstances:

C. Emergency Response Roles

Each role listed has specific duties to perform should the Alternative Housing Plan be implemented. Although there are specific personnel that would be best to fill a position, they may not necessarily be on site when a disaster might occur; therefore, each job does not necessarily require a specific person to fill the position.

The recommended structure, Incident Command System (ICS), is outlined in the National Response Plan. An organizational structure should be prepared for each alternate housing facility. ICS positions are an example, but jurisdictions can substitute a preferred structure as they deem appropriate, such as American Red Cross shelter structure.

In addition, one person may need to take responsibility for the functions of more than one job until relieved. The main priority is to begin the functions until additional or more qualified personnel are available to fulfill these duties. In the event the emergency occurs on off-shifts or weekends, designate which staff will hold key roles until the designated personnel arrive on site.

Additionally, if your organization owns or manages more than one alternative housing facility, you must identify responsible personnel for each facility.

Insert your Organizational Chart to outline the Chain of Command with lines of authority for functional responsibilities and communication. (Depending on the size of the organization some individuals may have more than one function). **Ensure 24/7 contact information is listed.**

[YOUR ORG CHART HERE]

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Designate an Alternate Housing Coordinator – Facilitates conversations with partner organizations, agencies, and public officials, and manages the alternate housing operations.

Name: _____

Phone Number: (____) _____ **Cell Phone Number:** (____) _____

E-mail: _____

Identify other roles appropriate to the organization

D. Emergency Resource Call List

Outline the plan for contacting managers, staff, necessary emergency resources, and outside agencies such as the local public health department, fire department, and key businesses/resources. Modify the call list based on your jurisdiction’s public safety network.

Contact	Name	Number (indicate at least 2 phone numbers for each contact as applicable)
Local Emergency Response		911
Internal Contacts:		
Chief Elected Official		
EMA Coordinator/Director		
Incident Commander		
Deputy Incident Commander		
Planning Section Chief		
Operations Section Chief		
Logistics Section Chief		
EOC		
External Contacts:		
Fire Department		
Police or Sheriff’s Department		
Local Hospital/Emergency Room		
Local Health Department		
State Health Department		
Local Red Cross /COAD/ VOAD Office		Support wrap around services and assistance for qualifying impacted individuals
Area Agency on Aging Link to Offices		Support for impacted individuals 65+ and adult protective services
Local Community Action Agency Link to Offices		Provide assistance to qualifying impacted individuals and referrals
Continuum of Care Link to Offices		Provide housing assistance to qualifying impacted individuals
Local Department of Human Services Office		Provide assistance and referrals for qualifying impacted individuals
IDHS Homeless Services	Michael Steward (312)919-9475 Eva Sanchez-Jones (312)579-7956 Angela Campo (217)361-4445	Provide Emergency and Transitional Housing, Supportive Housing Program, Homeless Prevention
Local Electrical Power Provider		Include emergency reporting number and business office number

Local Water Department		Include emergency reporting number and business office number
Local Natural/Propane Gas Supplier		Include emergency reporting number and business office number

Other emergency contacts and community resources may be added to the call list including: cleaning company; fire alarm system; insurance company; locksmith; plumbing company; snow removal; sprinkler system; water softener distributor; local church; public health clinic; and other hospitals.

E. Communication Plan and Resources

The Alternate Housing Plan should include a 24-hour, 7-day per week communications network with internal and external components.

Additionally, traditional communication systems may not function, so the jurisdiction should identify mechanisms for alternate communications as back-up.

Consider use of phone calls, regular conference calls, shared drive (such as Google Drive or Sharepoint), or a combination (such as Microsoft Teams) for communication between agencies, the designated alternate housing coordinator, and EOC.

Methods of communications between involved parties and EOC:

1. _____
2. _____
3. _____
4. _____
5. _____

F. Alternate Housing Implementation Checklist

Your jurisdiction should identify key checklist items and assign responsibility to an individual, department, or partner agency. In some cases, a written agreement should be obtained to support these arrangements. The checklist below should be utilized to ensure the housing plan is ready to be implemented.

Emergency Planning Checklist	Individual/Department Assignment, or Partner Agency	Written Agreement?
Coalition Building (<i>Identification of personnel, programs and funding to facilitate the housing plan</i>)		
Engage the local Continuum of Care		
Engage the local Community Action Agency		
Engage the local Department of Human Services Office		
Coordinate between the EMA and local health department.		
Engage the Regional Healthcare Coalition		
Facility Identification		
Facility identified for isolation of COVID (+) individuals.		
Facility identified for quarantine of at-risk populations		
Facility identified for respite housing of first responders, health care workers		
Ensure the local elected officials, police/ fire, and EMS are informed of any facilities situated within their jurisdiction.		
Identify what staffing and services will be provided by the facility.		
Ensure the facility is identified in the Alternate Housing Plan. For isolation/ quarantine, a jurisdiction may want to consider the following (in order of increasing cost effectiveness) Private Residence, Local Unit of Government Owned Building, Established Shelter, College or School Spaces, Houses of Worship, Public Housing, Rental Property, Shopping Mall or Retail Center, Sports Arena or Gym, Theatre and Entertainment Venue, Private Sector Office Building, Hotel or Motel		

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Intake & Check-in		
Establish process to document all occupants upon arrival		
Identify occupants with access and functional needs		
Institute sign in/sign out policy, if appropriate		
Establish reporting process to ensure LHD, EMA, and Regional IEMA Office receive occupant status updates daily		
Food Services		
Provide catered or fast food, if necessary		
Provide food from an institutional supplier or nonprofit, if necessary, including special dietary needs		
Runners to knock/drop food items		
Health Care Service		
Ensure first aid supplies are available		
Arrange for medical emergency contacts and communicate relevant procedures		
Arrange for County Public Health Department regular temperature and health status checks		
Implement basic sanitary practices (clean high-touch surfaces, hand sanitizers, handwashing, etc.)		
Arrange for transfer to appropriate facility for individuals who require medical attention		
Ensure occupants have or are able to obtain current medications		
Ensure occupants are able to access maintenance or replacement for current medical equipment		
Identify and document all health incidents and actions taken		
Arrange for potential mental health counseling requirements		
Transportation		
Ensure transportation methods are available for those with access or functional needs		

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Provide for transportation of supplies to alternative housing as needed		
Information Services		
Provide a mechanism for distributing messages to occupants		
Ensure occupants have means for personal communication (internet access, email, phone, etc.)		
Ensure communication methods are available for occupants requiring translation or with functional needs		
Social and Personal Needs		
Ensure occupants bring or are able to access sufficient clothing for their stay		
Ensure occupants have access to laundry equipment or services, as needed		
Ensure occupants bring or are able to access basic hygiene items (soap, toothbrush, etc.)		
Runners to knock/drop or pick up trash/laundry, as needed		
Animal Services		
Ensure residents are able to arrange for offsite care for pets, if they are unable to bring them to alternative housing site		
Safety and Security		
Provide rules for the alternative housing at registration		
Inspect facility for basic safety		
Facility Maintenance and Equipment		
Provide maintenance services to alternate housing facility, if necessary		
Identify a secure site for storage of supplies		
Other:		

G. Contact List: Suppliers

Develop procedures to ensure that food, water, and other supplies including materials for hand washing and sanitizing are available. At minimum, a three-day supply of medical supplies, food, and water, and medications should be kept on hand in the setting.

Food/Water

Name of Supplier: _____

Supplier Address: _____

Supplier Phone Number: _____

Alternate Supplier: _____

Supplier Address: _____

Supplier Phone Number: _____

Medical Equipment/Supplies

Name of Supplier: _____

Supplier Address: _____

Supplier Phone Number: _____

Alternate Supplier: _____

Supplier Address: _____

Supplier Phone Number: _____

Ambulance Company

Name of Company: _____

Company Address: _____

Company Phone Number: _____

Alternate Company: _____

Company Address: _____

Company Phone Number: _____

Wrap Around Service Vendors:

Name of Company: _____

Service Provided: _____

Company Address: _____

Company Phone Number: _____

Alternate Housing Plan Template

Name of Company: _____

Service Provided: _____

Company Address: _____

Company Phone Number: _____

Name of Company: _____

Service Provided: _____

Company Address: _____

Company Phone Number: _____

Emergency Power Plan

In the event that power to the facility is disrupted, does your jurisdiction have access to an emergency generator to provide back-up power?

If an emergency generator is not available one can be obtained from:

Name of Supplier: _____

Supplier Address: _____

Supplier Phone Number: _____

Alternate Supplier: _____

Supplier Address: _____

Supplier Phone Number: _____

H. Transfer Planning

Initial methods for transporting occupants with medical emergencies are in place between the following alternative housing locations and hospitals:

Name of Alternate Housing Location: _____
Address: _____
Contact Person: _____
Phone: _____

Name of Hospital: _____
Address: _____
Contact Person: _____
Phone: _____

Jurisdictions should also plan for transitioning occupants back to a shelter or their place of residence, in particular for those who require assistance for access or functional needs.

A template transportation annex (**Annex H**) is attached for consideration by counties. Reliance on EMS resources for transit to Alternate Housing sites may not be appropriate. In order to identify the appropriate resources for transportation, it may be useful to review the intake flowcharts.

I. Security/Safety Issues

Building Access

Emergency vehicles will have access at: _____

Support agency vehicles will have access at: _____

Delivery vehicles will have access at: _____

Does the location have a site safety plan? _____

VI. Plan for Updating the Alternate Housing Plan

This alternate housing plan will be reviewed and updated every six months by the following staff:

Disaster Plan Review Schedule	
Date	Responsible Personnel

Annex A: Facility Evacuation Procedure

Purpose: To evacuate all facility residents to safety in the event of a disaster.

Procedure: In the event it becomes necessary to evacuate the entire building, or part of a building, the following procedure will be followed:

1. For the purpose of an emergency, the facility resident will be evacuated the same as typical hotel residents will be evacuated.
2. Facility personnel should direct staff to evacuate these tenants.
3. Facility staff should knock on the occupant door and notify the tenants on what to do. If no one answers the door, go on to the next room and report to the Administrator anyone who was not present.
4. A designated person will notify family members what has transpired and where the facility residents are located.

Annex B: Severe Weather Policy and Procedure

Purpose: The purpose of a Severe Weather Policy and Procedures is to educate and inform staff of weather conditions that warrant their attention.

It is the community's responsibility to keep the residents and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure their safety.

Definitions: *Watch* -- Means that conditions are favorable for a thunderstorm or tornado to develop.

Warning -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

Procedure:

1. Account for all residents and staff. Make sure everyone is inside.
2. Close all windows and pull all curtains.
3. Keep all residents away from windows.

If there is a tornado warning, further precautions need to be taken:

4. Gather residents in hallways behind fire doors, or in the bathroom.
5. Gather flash lights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.
6. Stay calm and provide reassurance to the residents. Keep them as comfortable as possible.

Annex C: Winter Storm Safety Precautions

Purpose: The purpose of these winter storm safety precautions is to inform staff of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

1. Keep posted on all area weather bulletins and relay to others.
2. Have portable radio available. Make sure extra batteries are available.
3. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
4. Make sure emergency food supplies and equipment are on hand.
5. Make sure emergency supply of water is available.
6. Make sure emergency power supply is operable.
7. Make sure heating system is operable.
8. Have extra blankets available and keep residents as warm as possible.
9. Make sure adequate staff is available.
10. Keep flashlights handy, and extra batteries available.

Annex D: Guest Expectations: First Responder and Healthcare Workers

First Responder and Healthcare Workers Lodging Guidelines

1. **[INSERT BILLING INFORMATION SUCH AS:** The room is direct-billed, but a credit card is required at check in for any incidental charges imposed during the stay.]
2. **[INSERT LENGTH OF STAY INFORMATION SUCH AS:** The room has been acquired for an initial period of 7 days. Any requests to extend the stay beyond the initial 7 days will be submitted to the EMA by the health department for evaluation.]
3. Residents are responsible for their own meals, laundry and any other services required.
4. Daily wellness checks are required as part of the Alternate Housing Program. Residents are expected to contact their local health department at a time specified via phone or email, throughout the duration of the stay, to confirm they are safe and well.
5. The guest must comply with CDC guidelines for social distancing. The guest must stay at least six (6) feet from other people at all times.
6. When outside your room or in contact with facility staff or other occupants, a face mask must be worn for the protection of all occupants and staff.
7. Residents should perform daily self-screening and monitor for symptoms of COVID-19. Residents who experience any of the following must notify the local health department:
 - A. Feel unwell and have respiratory symptoms.
 - B. A temperature of 100.4°F or greater.
 - C. The resident has no fever, but has another singular primary COVID-19 symptom (shortness of breath or cough) that is not attributed to a known cause (asthma, COPD, chronic sinusitis, etc.).
 - D. The resident has no fever, but has more than one of the less common COVID-19 symptoms (muscle pain, headache, sore throat, diarrhea, new loss of taste or smell, chills, and fatigue).
 - E. The resident is tested for COVID-19 and confirmed positive.

Signature

Date

Annex E: Guest Expectations: Quarantine/Isolation

Quarantine/Isolation Guest Lodging Guidelines

1. Occupants must comply with all facility rules and direction of Facility Management staff.
2. Residents are not allowed to leave the premises. If they leave the premises, they will not be allowed to continue their stay at the facility.
3. No weapons or non-prescribed drugs allowed on the premises.
4. Social distancing will be practiced per the governor's order. You must stay at least six (6) feet from other people at all times.
5. If for some reason, the guest must exit their room or interact with facility staff or other occupants, a face mask must be worn for the protection of all occupants and staff.
6. No smoking inside the facility. If you must take an outside break (whether or not you are a smoker), you must ask the front desk.
7. All of your meals will be provided. If you wish to purchase your own food, you must pre-pay with a restaurant that practices no-contact food delivery. Give the restaurant your room number and your food will be dropped off in the hotel lobby for our staff to bring to your room.
8. There will be no lounging in common areas of the facility and no congregating with anyone who is not registered to your room.
9. Children – Parents are responsible for keeping track of and controlling the actions of their children. Do not leave children unattended.
10. Be respectful and courteous to others at all times. Loud, boisterous and disruptive behavior is not permitted. Quiet hours are enforced between the posted hours at your facility (e.g., 10:00 p.m. to 6:00 a.m.).
11. Immediately report all health or safety concerns to facility staff.
12. No pets/animals allowed, except for service animals which must be pre-approved during the registration process. Call the front desk when you need to take your service animal outside.
13. No shipments or mail items will be accepted if not medically necessary.
14. No visitors allowed.

Signature

Date

Annex F: Voluntary Quarantine Form

Voluntary Quarantine Form

I _____ voluntarily agree to quarantine at this alternate housing facility for up to 14 days to prevent the spread of the COVID-19 virus. By signing this form, I agree to the following provisions:

- I will follow all rules explained to me during intake.
- I will stay confined to my room at all times unless permitted by facility staff.
- I will maintain social distancing while housed at this facility.
- I will self-administer a daily test of my temperature using the thermometer supplied to me at intake.
- I will monitor my symptoms for changes in my condition and call my primary care physician or emergency medical services if the symptoms worsen.
- I will clean my assigned room using the supplies provided in order to promote a healthy environment.
- I understand that if I choose to leave or cannot adhere to the rules then I am free to leave this alternate care facility and return to my residence.
- I understand that noncompliance with the rules will result in eviction from the alternate housing facility.
- I will be responsible for any damages caused during my stay.
- I understand that visitors are not allowed throughout the duration of the stay.
- I understand that an interpreter will be provided upon request.

Signature of the resident

Date

Signature of the Facility Manager

Date

Annex G: Local Health Department Medical Screening Tool

ATTACHMENT 1

DO NOT SUBMIT THIS FORM TO THE STATE SEOC

Initial Intake and Assessment Tool

(If multiple family members, all must be screened)

AFTER ASSESSMENT: Referred to Alternate Housing Facility? Yes / No

Interviewer Information

Date/Time: _____ Local Health Department: _____ City/County: _____

Interviewer Name: _____ Health Dept. Phone: _____

Client Information

Family Last Name: _____ Family Contact Number: _____

Does the family need language assistance / interpreter? Yes / No (If yes, identify interpreter)

Primary language spoken in home: _____

Home Address: _____

Names/ages/genders of all family members present: _____

Emergency Contact Name: _____ Relationship to Client: _____

Emergency Contact Primary Phone: _____ Emergency Contact Secondary Phone: _____

INITIAL SCREENING	Circle	Actions to be taken	Include ONLY name of affected family member
If individual is a limited English speaker, is there an adult with you who speaks English?	YES / NO	If yes, name(s) of family member(s) who speak English.	
1. Do you need assistance hearing me?	YES / NO	If Yes, answer following questions	
Will you need assistance with understanding or answering these questions?	YES / NO	If yes ask the next two questions. If No, skip next two questions.	
Do you use a hearing aid and do you have it with you? Is the hearing aid working? Ensure you bring batteries with you.	YES / NO	If no, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
2. Are you a Veteran, homeless, first responder or healthcare worker?	YES / NO	If yes, please list which one.	

Alternate Housing Plan Template

3. Observation by the Screener: Do you observe a bruise or patterned mark anywhere on the child, specifically on the trunk, ears, and/or neck? Question for the Caregiver with the child: Has your child ever been harmed by someone caring for him/her? Have you ever seen a bruise or patterned mark anywhere on your child's body and more specifically on the trunk, ears and neck?	YES / NO	If yes, any of these questions should require clarifying questions and/or report to the DCFS hotline (1-800-25-ABUSE)	
4. Is minor in foster care/DCFS custody and being treated medically?	YES / NO	If yes the DCFS Guardian will need to be contacted. That hotline is 800-828-2179 Monday through Friday from 8:30 a.m. to 4:30 p.m. and after hours at 866-503-0184.	
5. Do you have a medical or mental health concern or need right now ?	YES / NO	If Yes, refer to PCM or in house social worker immediately. If life threatening, call 911.	
6. Observation by the Screener: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/ NO	If yes, conduct abbreviated Columbia Suicide questions or PHQ9 (for children). If life threatening, call 911.	PHQ9 Link: https://www.mdcalc.com/phq-9-patient-health-questionnaire-9 Columbia: http://cssrs.columbia.edu/ec-ssrs/
7. Do you have a history of seeing people/things or hearing voices?	YES/ NO	If Yes, refer to in house social worker, consider completing the diamond schizophrenia screening	
8. Are you having any thoughts of harming self (i.e. suicide) or others (homicide)?	YES/ NO	If Yes , conduct abbreviated Columbia Suicide questions. Refer to in house social worker. If have plan and intent call 911.	
9. Do you have an alcohol or substance dependency?	YES/ NO		
10. Do you take medications on a daily basis or use special medical equipment or supplies? If yes, do your medications require refrigeration? Ensure they have 14 day supply to bring. Bring equipment and supplies with them.	YES / NO	If yes, ensure mini fridge is located in hotel room.	
11. Do you normally need a caregiver, personal assistant, or service animal? If yes, what care do they provide for you?	YES / NO	If yes, go to Section F "Activities of Daily Living". Will your service animal be coming with you? If yes, go to page 4. If No, skip next question.	
Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If yes, circle which one.	
12. Do you have any severe environmental, food, or medication allergies?	YES / NO		
13. Do you have any dietary restrictions?	YES / NO	If yes, list	
Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If yes, refer to PCM for health related issues. For Mental Health issues conduct in-depth screening.	
STOP HERE!	REFER to: PCM Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/> Interviewer Initial _____		
A. MEDICAL	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If yes, list reason.	
Are you currently having symptoms related to COVID-19 (fever, chills, cough, shortness of breath, muscle aches, etc)?	YES / NO	If yes list symptoms.	

Alternate Housing Plan Template

Have you been tested for COVID-19? When?	YES / NO	If yes, have they gotten results yet?	
Do you have a high risk pre-existing medical condition (i.e. COPD, diabetes, cardiovascular disease, chronic renal disease, liver disease, etc)?	YES / NO	If Yes, list medical condition.	
If female, are you currently pregnant?	YES / NO	If yes, please specify delivery location / due date	
Are you a smoker? Advise that they will not be allowed to smoke in rooms.	YES / NO		
B. LEGAL HISTORY	Circle	Actions to be taken	Comments
Do you have a past record of arrests, misdemeanors, felony, prison/jail, probation, sex offender?	YES / NO		
Are you currently on probation, parole, or on the lifetime sex offender registry?	YES / NO		
B. VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If no, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If yes, ask next question. If no, skip the next question.	
Do you have your white cane with you?	YES / NO	If no, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If yes, collaborate with hotel manager.	
C. ACTIVITIES OF DAILY LIVING	Circle	Actions to be taken	Comments
Do you utilize equipment such as a C-pap or Bi-pap machine, or something similar, necessitating distilled water?		If yes, notify facility manager to ensure distilled water on-site.	
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If no, consult hotel manager to determine if general population hotel is	
Do you need help moving around or getting in and out of bed?	YES / NO	If yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If no, skip the next question. If yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	Must bring with them.	
D. NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures? Ensure you bring with you.	YES / NO		
Are you on any special diet?	YES / NO	If yes, list special diet and notify feeding staff.	
IMPORTANT! INTERVIEWER EVALUATION			

Alternate Housing Plan Template

Do you have any other needs that we haven't addressed?	List:	
NAME OF LOCAL PUBLIC HEALTH REP	Signature:	Date:
NAME OF PERSON COLLECTING INFORMATION:	Signature:	Date:

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Instructions: Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>		
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've <i>thought about killing myself</i>" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u></p>		
<p>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</p>		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "<i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.</i>" <u>Have you been thinking about how you might kill yourself?</u></p>		
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some</u> intent to act on such thoughts, as opposed to "<i>I have the thoughts but I definitely will not do anything about them.</i>" <u>Have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		
<p>6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>How long ago did you do any of these?</u> Over a year ago? Between three months and a year ago? Within the last three months?</p>		

Alternate Housing Plan Template

Service Animal Intake

Owner Information	Answer	Comments
Name		
Shelter Location		
Phone		
Email		
Pet Information	Answer	Comments
Name		
Species		
Breed		
Color/Markings		
Gender (circle one)	Male/Female	
Spayed/Neutered? (circle one)	Yes/No	
Identification (circle all that apply & list number in column, may have multiple)	ID Tag Rabies Tag Microchip Tattoo	
Health Issues? (circle one and explain)	Yes/No	
Medications? (circle one and explain)	Yes/No	Medication Type and Frequency:
Special Diet? (circle one and explain)	Yes/No	Diet:
Behavioral Concerns? (circle all that apply one and explain)	Aggressive Fear Biting General Fear/Timid Separation Anxiety Will run if escapes	
Crate Trained? (circle one)	Yes/No	
Veterinarian Information	Answer	Comments
Clinic Name		
Primary Veterinarian Name		
Phone Number		
Email (if known)		
Date of Last Exam		
Date of last RABIES vaccine		Type: 1-year/3-year (circle one)
<p><u>Owner to bring these minimum supplies:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Service Animal Vest <input type="checkbox"/> Crate/Cage <input type="checkbox"/> Collar & Identification tabs <input type="checkbox"/> Leash/halter <input type="checkbox"/> Food (14-day supply) <input type="checkbox"/> Food & Water Bowls <input type="checkbox"/> Small Waste Bags (dogs, yard waste pick-up) <input type="checkbox"/> +/- Absorbent (pee) Pads (if needed) <input type="checkbox"/> Pet Bedding <input type="checkbox"/> Vet medications including flea/tick <input type="checkbox"/> Veterinary records and vet contact information (proof of rabies vaccination) 		

Alternate Housing Plan Template

<p>If pet has veterinary prescriptions (medication or food), how many days of your pet’s prescriptions do you have?</p> <p>Please list any supplies not accessible to you at this time:</p>		
<p>EMERGENCY INFORMATION</p>		
<p>If you can no longer care for your pet and you are unavailable to provide this information to us, this information will be used to assist in determining immediate care for him/her.</p>		
Information	Answer	Comments
Do you have someone to care for your pet if you are unable? (circle one)	Yes/No	IF YES, go to Section A If NO, go to Section B
Section A: Emergency Pet Care Friend/Family	Answer	Comments
Contact Name		
Contact Address		
Contact Phone		
Contact Email		
Can they Pick Up Pets? (Circle one, if yes circle in second column. If no, consider plan for transportation)	Yes/No	How Quickly? <12 hours >12 hours
Section B: Emergency Pet Care Shelter/Kennel	Answer	Comments
Shelter/Kennel Name		
Shelter/Kennel Address		
Shelter/Kennel Phone		
Shelter/Kennel Email		

Initial Each Below:

____ I, the pet owner, am responsible for the care of their pet for the duration of their stay in this facility. The pet must always be supervised and properly restrained (collar and leash/halter) whenever they are outside of their personal area. Dogs will be walked in designated areas.

____ I, the animal owner, am responsible for requesting veterinary care if needed. I acknowledge that I am responsible for all veterinary care or expenses which may be incurred in the necessary treatment of my animals.

____ (If applicable) The owner of a dog or cat agrees to 1-yr rabies vaccine plus tag if pet is not currently vaccinated against rabies (approved vaccines in Illinois are a 1-year or 3-year vaccine; currently vaccinated would mean either within 12 months or 36 months of the last administered rabies vaccine, respectively). This is in accordance with the Illinois Animal Control Act 510 ILCS 5, Section 8 (a) and (b).

____ If I, the animal owner, am unable to care for my pet and cannot verbally arrange or consent to transfer, I grant the alternative housing staff permission to contact the emergency pet care friend/family that I have listed for transfer. If there is no emergency pet care friend/family contact or they cannot/decline to care for the pets, then the pet emergency shelter/kennel facility will be contacted for transfer. All paperwork will be copied, and a copy given to the person/facility where the pet(s) is/are transferred to. At the time of transfer, alternative housing is relieved of any responsibility for the care of the animals.

____ In the event that the pet owner is deceased and has not given written instructions to alternative housing, animal shelter or kennel, the pets be relinquished to animal control to complete the recommended 14 days isolation

____ I have received a copy of “Information for Owners of Companion/Service Animals in Alternative Housing and will comply with all guidance within these two documents.

Owner Signature

Print

Date

Veterinary Care and Treatment Guidance:

If a pet owners states that they are *concerned their pet is ill or may need to be seen by a veterinarian*, please use this matrix to decide how this can be accomplished in an efficient and safe manner.

PET **HAS** HAD AN EXAM IN THE PAST 12 MONTHS:

- Telehealth; have the owner contact their veterinarian and request a telehealth appointment.
- If the veterinarian determines that the pet needs to be seen, coordination must take place for on-site exam (outside) or transport by third-party to the veterinarian. If veterinarian uses telehealth and prescribes medication, coordination will be needed for third-party pick up
- If veterinarian is not available or cannot see the pet, then move to Option B/C/D below.
- Owner will need to address invoice and payment options with any method of exam utilized.

PET **HAS NOT** HAD AN EXAM IN THE PAST 12 MONTHS:

- The following options should be used, IN ORDER:
Option A: Owner contacts their veterinarian; coordination must take place for on-site exam (outside) or transport by third-party to the veterinarian.
Option B: Owner can call a veterinary clinic of their choice and coordinate on-site or transportation by third party to veterinarian.
Option C: If owner needs assistance, shelter staff contacts county/local animal control veterinarian; coordination must take place for on-site exam (outside) or transport by third-party to veterinarian.
Option D: If owner needs assistance, shelter staff contacts local contract veterinarian (if one exists) or local veterinarian; coordination must take place for on-site exam (outside) or transport by third-party to veterinarian.
- Telehealth; if the pet has not had an exam within 12 months, this is only an option if the State Veterinarian, State Public Health Veterinarian, and the Illinois Department of Financial and Professional Regulation approve. Contact Sandra Gilmore, DVM prior to moving forward (sandy.gilmore@illinois.gov or 217-299-7223) and she will coordinate a call with all parties.
- Owner will need to address invoice and payment options with any method of exam utilized.

Annex H: Transport Plan

Purpose

This plan is for the transportation of civilians affected by COVID-19. This plan is specific to transport to and from Alternate Housing Facilities. This will involve EMS services, county resources and public and private alternate transportation modes. Suggested Personal Protective Equipment (PPE), transport guidance and decontamination procedures for transport vehicles are included.

Situation

Alternate Housing Sites are utilized to limit the spread of COVID-19 in the community. This is accomplished by sheltering individuals who are unable to quarantine at home. The preferred method of transport to an Alternate Housing Site is a privately-owned vehicle. When transportation in a privately-owned vehicle is not available, transportation will be arranged by the county.

Definitions:

Alternate Housing Sites (AHS) - locations throughout the state to house patients or civilians that cannot quarantine in their home.

Decontamination - the process of removing or neutralizing contaminants that have accumulated on personnel and equipment.

Public Transportation - buses, trains and other forms of transportation that charge set fares, run on fixed routes and are available to the public.

Personal Protective Equipment (PPE) - Equipment worn to prevent exposure to hazardous substances (chemicals, infectious agents, particles)

Safety

Employers should educate transportation workers to recognize the signs and symptoms of COVID-19. Workers should perform daily self-screening beginning the first time they transport a passenger until 14 days after the last time they transported a passenger. Each worker should be instructed that the following symptoms need to be reported to their supervisor: fever of 100.4°F or higher, cough, difficulty breathing, or shortness of breath. Drivers should wear appropriate PPE while transporting passengers.

Public Transportation to Alternate Housing Site (AHS)

If a member from the general public needs alternate housing provisions, this will be coordinated through the local county health department for approval. If all means of personal transportation have been exhausted, the county will organize transportation to one of the Alternate Housing Sites.

Transportation from an Hospital to AHS

When it is deemed necessary to move a patient out of a hospital and the patient is not able to return to their regular place of residency, an AHS may be utilized. The first choice will be for the patient to use a personal vehicle. If a personal vehicle is not available, the county health department will arrange a means of transportation to the AHS.

Transportation from an AHS to Hospital

If a resident needs medical care while at one of the designated AHS, the local 911 system will be utilized.

Personal Protective Equipment Recommendations for Transporting Passengers

When transporting a known COVID-19 positive passenger, drivers should wear an N-95 respirator or facemask as well as gloves and eye protection. The passenger being transported should wear a face mask or cloth face covering. If the status of the passenger is unknown, the minimum PPE requirement

for both the driver and passenger(s) is a face mask or cloth face covering. Social distancing should be observed, to the extent practicable, at all times. When passengers are boarding the vehicle, the driver should exit and maintain at least 6 feet from passengers. No additional passengers should be picked up during transport unless it has been approved by the local health department. Drivers should practice regular hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol base hand sanitizer, containing at least 60% alcohol. Workers should have a supply of hand sanitizer for personal use in the vehicle since hand washing facilities may not be accessible.

Recommended Decontamination Procedures for Non-EMS Transport Vehicles

1. Decontamination of vehicles should be performed at the beginning and end of each shift as well as between passengers.
2. Individuals should wear disposable gloves compatible with the products being used as well as any other PPE required according to the product manufacturer's instructions. The use of a disposable gown is also recommended, if available.
3. All windows and doors should remain open when cleaning the vehicle.
4. Any surfaces that are dirty should first be cleaned with detergent or soap and water.
5. All surfaces should be disinfected with EPA-approved disinfectant in accordance with manufacturer's recommendations.
 - a. Surfaces include but are not limited to the following:
 - i. All surfaces within the driver's compartment including but not limited to:
 - Steering wheel, gear shift, turn signal, key fob, seat belt or starter button
 - ii. All surfaces within the passenger compartment including but not limited to:
 - Plastic and/or metal such as seatbacks, armrests, tray tables, air vents, lights, wheelchair lift controls
 - Adjacent walls and windows, grab bars and poles
 - Upholstery on seating and back rest surfaces
 - b. For soft surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, disinfect using products that are EPA-approved and that are suitable for the surface.
 - c. Ensure that the surface is covered with the disinfectant for the full contact time recommended by the manufacturer.
6. After the vehicle has been cleaned and disinfected, gloves and other disposable PPE or cleaning equipment should be removed and disposed. Any reusable PPE or cleaning equipment must be properly cleaned and decontaminated after use.
7. If a disposable gown was not worn, clothes worn during decontamination of the vehicles should be laundered using warmest appropriate water setting and dry completely. Hands should be washed immediately after handling unwashed laundry.
8. Wash hands immediately after removal of PPE for 20 seconds with soap and water or an alcohol based sanitizer with at least 60% alcohol if soap and water are not available.

Transportation FAQs

Who is responsible for transportation to and from alternate housing sites?

When a county refers an individual to an alternate housing site, the county takes on the responsibility to coordinate transportation to and from the alternate housing sites by leveraging the individual's access to transportation and county resources.

What are some methods of individual transportation?

When referring an individual to alternate housing, discuss their accessibility to various methods of transportation, including but not limited to the following:

- Personal vehicle
- Friends/family

Precautions should be taken to limit exposure travelling to and from alternate housing sites under quarantine and isolation. Individuals who have completed their quarantine or isolation can also consider the following:

- Public transport
- Uber/Lyft/taxi

What if an individual doesn't have access to transportation?

If an individual doesn't have access to transportation, the referring county may leverage their resources to provide transportation. Potential transportation options include but are not limited to the following:

- Local government resources for van, bus, "turtle top"
 - park districts – school – transportation district or others available
- Private/Nonprofit resources for van, bus, "turtle top"
 - Senior centers, extended care, car dealerships, rehabilitation centers, etc.

What if our county doesn't have access to sufficient transportation?

If a county has exhausted their transportation options, the referring county may request state assistance through WebEOC and in discussion with SEOC.

Note, if procured through the state, need minimum of 10-14 day lead time.

What if a first responder or medical worker is staying at an AHS and needs transportation to and from work?

Coordinate transportation between the county and local municipalities. Whether it be a shuttle service, government vehicle, etc., the county is responsible for the transportation of workers in their jurisdiction.

How do we decontaminate vehicles post use?

Please reference the decontamination of transportation section above. For additional guidance on decontamination and PPE usage, please see the Center for Disease Control (CDC) website:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Transport Requirements and Guidelines Human Resources

EMS IDPH Transport Requirements and Guidelines 041020

For Non-Emergency Transports Only Physician Certification Statement (PCS) for Ambulance Transport

IMPORTANT: A patient is only eligible for ambulance transportation if, at the time of transport, he or she is **unable** to travel **safely** in a personal vehicle, taxi, or wheelchair van. Ambulance transport requests that are for the patient's preference, or because assistance is needed at the origin or destination (to navigate stairs and/or to assist or lift the patient), and/or because another provider with the appropriate type of service is not immediately available **does not meet criteria** and **will not be eligible for reimbursement**. Service must be to the nearest available appropriate provider/facility.

FACILITY REPRESENTATIVE - COMPLETE THIS FORM AND PROVIDE IT TO THE APPROPRIATE AMBULANCE SERVICE REPRESENTATIVE

PATIENT INFORMATION: Name: _____ Date of Birth: _____

TRANSPORT INFORMATION: Type: Discharge to Home or Nursing Facility Direct Admit to Hospital Appointment

ORIGINATING FACILITY (Spell out - no abbreviations):

City: _____ State: _____ Zip: _____

DESTINATION (Spell out - no abbreviations):

City: _____ State: _____ Zip: _____

Name: _____

State of Illinois

Department of Human Services

CERTIFICATION. I certify that the above information is true and correct based on my evaluation of this patient at or just prior to the time of transport, and represent that the patient requires transport by ambulance

and that other forms of transport are contraindicated. I understand that this information will be used by the Centers for Medicare and Medicaid Services (CMS), the Illinois Department of Healthcare and Family Services and other payers to support the determination of medical necessity for ambulance services. I also certify that I am a representative of the facility initiating this order and that our institution has furnished care

or other services to the above named patient in the past. In the event you are unable to obtain the signature of the patient or another authorized representative, my signature below is made on behalf of the patient

pursuant to 42 CFR §424.36(b)(4).

Printed Name of Licensed Medical Professional _____

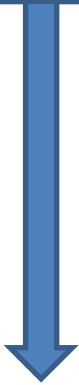




Signature of Licensed Medical Professional _____ Date
Signed _____

All fields on this form are mandatory and must be legible.


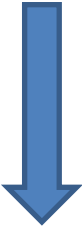

Annex I: Intake Flow Chart

Housing a Client

Alternate Housing- COVID 19

WORKFLOW ITEM	ACTION REQUIRED
<p>Individual(s) Identified with Alternate Housing Need</p> 	<p>Individual is in need of housing and falls in one of the following categories:</p> <ul style="list-style-type: none"> • Persons who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals) • Persons who have been exposed to COVID-19 and do not require hospitalization; and • Asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as homeless or disadvantaged individuals in communities with multiple instances of community spread of COVID-19, healthcare workers serving patients or caring for persons who have tested positive for COVID-19, first responders having regular contact and personal interactions with members of the public in communities with multiple instances of community spread of COVID-19, and/or people over 65 or with certain underlying health conditions (e.g. respiratory, compromised immunities, chronic disease) <p><i>Local health department contact information:</i> http://www.idph.state.il.us/LHDMap/HealthRegions.aspx</p>
<p>Individual Screened by Local Health Department</p> 	<ul style="list-style-type: none"> • Certify that the individual falls into one of the qualifying categories above • Identify any conditions such as mental health, other medical needs, etc., that could exceed the available alternate housing resources • If the individual is not excluded, identify accommodations that will be provided by the county upon placement in Alternate Housing
<p>Local Health Dept. Approves Referral to Alternate Housing</p> 	<ul style="list-style-type: none"> • LHD will obtain a signed <ul style="list-style-type: none"> • ROI consent and • Isolation/Quarantine Agreement or First Responder/Healthcare Worker Agreement • County LHD and EMA initiate alternate housing placement
<p>County Assesses Housing Capacity</p> 	<ul style="list-style-type: none"> • County assesses whether its Alternate Housing Plan capacity (e.g. 25 persons) has been exceeded • If county capacity is exceeded, county evaluates other potential sources for housing • If additional technical support is needed, county contacts the State for assistance
<p>Individual Assigned to Alternate Housing</p> 	<ul style="list-style-type: none"> • Client provided with information on available social and ancillary services, if applicable • Coordinate arrival and length of stay with county-designated alternate housing coordinator

Alternate Housing Plan Template

<p style="text-align: center;">Transportation</p> 	<ul style="list-style-type: none"> • Individual seeking housing is encouraged to provide their own transportation • Transportation arrangements should be made if the client will be in quarantine or isolation and cannot provide their own transportation. Local EMA will work to establish services
<p style="text-align: center;">Check-In</p> 	<ul style="list-style-type: none"> • Client will provide housing referral information/proof upon check-in to the county-designated alternate housing coordinator • County-designated alternate housing coordinator will review their screening information with the client and discuss, if applicable: <ul style="list-style-type: none"> • Any ancillary services required (prescription needs, interpreters, etc.) • Dietary restrictions & allergies • Ground rules at facility
<p style="text-align: center;">Ongoing</p> 	<ul style="list-style-type: none"> • If meals are provided, they will be dropped off in front of their door. (Drop & knock) • Client will monitor daily temperatures / symptoms throughout their stay and report to the local health department • The county-designated alternate housing coordinator will track resources/needs and report daily to the appropriate county department(s) • If symptoms emerge, the client will notify their LHD representative immediately. In case of emergency, call 911
<p style="text-align: center;">Check-Out</p>	<ul style="list-style-type: none"> • If asymptomatic, discharge after the appropriate stay outlined in County Plan • If symptomatic, discharge approval determined by the LHD • LHD will confirm end of stay with the client • Any changes to the length of stay at the alternate housing site must be authorized by the LHD • Cleaning of room and linens prior to room reassignment

Annex J: Recommended Alternate Housing Facility Requirements

Recommended basic facility requirements

In general, the following basic facility requirements should be present for an alternate housing site:

- Meets all local code requirements for a public facility (including ADA)
- Functioning telephone system
- Electricity
- Heating, ventilating, and air conditioning (HVAC)
- Single pass (non-recirculating) ventilation for each room or isolation area
- Potable water
- Waste and sewage disposal (septic tank, community sewage line)
- Multiple rooms for housing each asymptomatic individual and Person Under Investigation (PUI) separately (i.e., non-congregate sheltering)
- Separate quarters with separate bathroom facilities for each individual or family group are preferred
- Mattress covers are recommended to facilitate cleaning in accordance with CDC and OSHA guidelines without the added cost of mattress replacement

Infection control requirements

- No close congregation for social or dining activities
- Food should be individually packaged and delivered
- Communicate with staff about COVID-19 preparedness and the facility's plan
- Educate and train staff on proper hand hygiene, cleaning and disinfection, and donning and doffing of PPE
- Communicate with occupants and their family about facility policies, including updates
- Guidance is available on proper handling of laundry from both CDC and IDPH.
- A set of guest expectations is available and should be communicated to all guests at intake.
- Garbage should be bagged and left outside by the door of each of the quarters for routine pickup. Special handling is not required.
- Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE
- Each residential space and all common areas for staff members must have supplies of alcohol-based hand rubs (ideally inside and outside each room), tissues, sinks with soap and water, and paper towels
- DO NOT stockpile extra supplies; maintain adequate supply levels
- Establish agreed upon cleaning criteria in advance with facility ownership based upon available CDC and IDPH guidance documents.

Communications

- Intercom announcements, group text messaging or similar remote methods should be used to share information instead of physical gatherings
- Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE
- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection

Access considerations

- Ability to control access to the facility and to each room
- Proximity to hospital
- Parking space
- Ease of access for delivery of food and medical and other supplies
- Handicap accessibility
- Assess capability and identity of EMS resources

Space requirements

- Administrative offices
- Laundry facilities (on- or off-site)
- Meal preparation (on- or off-site)

Social support resources

- Television and radio
- Reading materials
- Internet access
- Transitional housing programs for homeless populations (contact IDHS)

Additional considerations include:

- Rooms and corridors that are amenable to disinfection
- Facilities for accommodating staff
- Ability to support appropriate infection control measures*
 - Wash your hands often with soap and water for at least 20 seconds. Using an alcohol-based sanitizer that contains at least 60% alcohol if soap and water are not available.
 - Avoid touching your eyes, nose, and mouth with unwashed hands
 - Avoid close contact with people who are sick
 - Stay home when you are sick
 - Cover your cough or sneeze with a flexed elbow or tissue, then throw the tissue in the trash
 - Clean and disinfect frequently touched objects and surfaces
- Availability of food services and supplies
- Ability to provide an environment that supports the social and psychological well-being of occupants
- Ability to support appropriate medical care, including emergency procedures
- Ability to adequately monitor the health status of facility staff