

**Coronavirus Disease 2019 (COVID-19)
Alternate Housing Plan**

Interim Guidance

State of Illinois COVID-19 Alternate Housing Unit

I. INTRODUCTION

The Alternate Housing Plan was developed for the provision of guidance for the establishment of a comprehensive alternate housing facility designed to provide essential services. Alternate housing will be utilized to limit the spread of COVID-19 within communities, and are not intended to support the relocation of long-term care facilities or hospitals, although these efforts may be supported by some of the strategies detailed herein. While this plan focuses on supporting alternate housing, some of these considerations may provide limited guidance for isolation of individuals with minor illness not requiring medical intervention.

The State Emergency Operations Center's Alternate Housing Unit identified essential services required for the successful implementation of an alternate housing facility. The guidance in this Alternate Housing Plan will assist the State of Illinois in the development and operational management of alternate housing operations within the State.

This plan anticipates that alternate housing will be established at the local level through collaboration with local partners. If resource needs of a locally managed alternate housing facility are unable to be met, the State will consider opening a State-run alternate housing facility. Site selection of a State-run alternate housing facility will be based on the anticipated capacity and where locations with that capacity are available.

II. SITUATION

The threat from COVID-19 in Illinois requires planning for large-scale alternate housing to minimize community spread and the (re)introduction of infection into communities. As this situation evolves and new guidance is released, this plan may be adapted and expanded to meet changing associated needs.

The Centers for Disease Control and Prevention (CDC) defines alternate housing as “separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick.” (US Department of Health and Human Services)

If self-quarantining within their own home is not a viable option (ex., co-habitation with a high-risk individual), it is the assumption that individuals will require assistance from their local jurisdiction for housing and provisions for the duration of their alternate housing.

Alternate housing are not intended for individuals who are currently symptomatic or require extensive medical care or assistance. Alternate housing may be implemented for the following:

- a. Persons who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals);
- b. Persons who have been exposed to COVID-19 and do not require hospitalization; and

- c. Asymptomatic high-risk persons needing social distancing as a precautionary measure, such as people over 65 or with certain underlying health conditions (e.g., respiratory, heart disease, compromised immunities, chronic disease).

III. ASSUMPTIONS

This is an evolving pandemic that has warranted several states to declare a state of emergency.

The following are assumptions related to the COVID-19 pandemic:

- A. Individuals will require local support while under alternate housing;
- B. Local resources will reach surge capacity at local alternate housing and require state agency resources;
- C. There will be shortages of PPE and medical supplies for alternate housing facility staff;
- D. Illinois will experience clusters of affected communities / cities / regions;
- E. There will be enough healthy individuals to staff the local alternate housing;
- F. Sick employees will remain at home until they recover and are no longer contagious;
- G. Antiviral medication and vaccines will not be available;
- H. Individuals will be capable of caring for themselves while in alternate housing and will not have significant impairments requiring higher levels of care; and
- I. The plan assumes a maximum of fourteen (14) days in alternate housing for each individual or family, or as directed by the local health department.

IV. AGENCY COORDINATION ROLES AND RESPONSIBILITIES

The following list identifies key state partners to coordinate agency resources and staff in the event an alternate housing facility is expanded to consolidate the operational efforts to be run at the state level. As other factors / complications arise, other state agencies may also be engaged, based on regulatory authorities and responsibilities. The list of local and state agencies will be updated as needed.

A. Illinois Department of Public Health (IDPH)

Provide guidance on public health orders and policy.

B. Illinois Emergency Management Agency (IEMA)

- i. Provide state-allocated resource coordination.
- ii. Development of support service contracts.
- iii. Ordering of additional supplies / resources
- iv. Support with communications needs / radios.

C. Emergency Medical Services (EMS)

Coordinate transportation of individuals with local EMS

V. COMPREHENSIVE RESOURCES (Shelter Requirements)

A. Alternate Housing

Alternate housing will be utilized for individuals who need to be monitored for potential COVID-19 infection. Alternate housing will be self-contained and provide comprehensive services for essential living considerations. Alternate housing are not intended as relocation options for long-term care facilities, hospitals, or acute care centers.

Each alternate housing facility will provide separate living quarters with personal bathroom facilities for each individual or family group to prevent pathogen spread and reduce the possibility of further infection within the alternate housing facility.

Alternate housing will implement mobility considerations for safety and ease of access to each the facility and individual living quarters. If an individual requires a service animal, each alternate housing facility will determine the best way to support this need, as the Americans with Disabilities Act specifies that an individual cannot be separated from a service animal. If an individual becomes symptomatic and requires isolation and further medical monitoring, facility staff should follow the procedures outlined in *Appendix II: Isolation Process*.

Before each new resident occupies a room, local health representatives will facilitate cleaning in accordance with the attached CDC COVID-19 cleaning guidance and using US EPA approved cleaning products found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. While occupying the facility, it will be the individual's or family's responsibility to maintain their own living quarters, as there will not be daily house-cleaning services.

County health representatives may elect to use CDC temperature and general wellness screening for all staff and volunteers.

B. Food

Alternate housing will query individuals about their dietary needs during intake process.

Residents will be provided with three (3) meals a day for the duration of their alternate housing stay. In a State-run facility, regional and state partners would be resources for food services and utilized as contracted vendors.

When delivering food, alternate housing staff should place food outside the door of the resident, knock to announce the availability of food, and move to the next destination. There should be no face-to-face interaction between alternate housing staff and residents. Consider the use of disposable food containers to eliminate the need to collect the dishes and eating utensils.

C. Transportation to alternate housing facility

The most effective way for individuals to arrive at the alternate housing facility is by privately-owned vehicle. In the event that private transportation to the alternate housing facility is not available, transportation will be provided by the local county.

D. Communication:

Communication throughout the alternate housing facility is imperative to minimize the necessity for face-to-face interaction between staff and alternate housing residents. Each alternate housing facility will implement a system to communicate to individuals through one of the following messaging systems:

- i. Land-line telephone; or
- ii. Cellular telephone (occupant-owned).

The type and means of communication will vary within each alternate housing facility. Facility managers should, at a minimum, ensure that a means of mass communication is implemented for the exchange of pertinent information between alternate housing staff and residents.

E. Support Services

The following list of support services will be provided at each alternate housing facility. This list is subject to change as COVID-19 response expands.

- i. Laundry: An individual requiring alternate housing services will be required to bring a personal supply of clothing for fourteen (14) days.
If laundry services are required, the facility manager will arrange laundry services.
- ii. Cleaning: While occupying an individual living quarter at an alternate housing facility, residents will be required to maintain their own areas.

Upon discharge in good health, a resident's living space shall be cleaned before the next occupant is allowed in the space. Cleaning should be in accordance with CDC guidance for general cleaning. Services for cleaning can be facilitated through local jurisdictions' administration agency for development of janitorial and cleaning contracts.

If an individual should become symptomatic while occupying the alternate housing facility, the living quarters should be decontaminated in accordance with CDC sanitation and decontamination guidance outlined in ***Appendix II: Isolation Process***.

- iii. Sanitation services: Each alternate housing facility will determine a means for garbage removal that addresses guidance from the IDPH and Illinois Environmental Protection Agency (ILEPA). Local jurisdictions should first utilize city / county garbage services.

If an alternate housing facility has onsite staff to handle removal of trash and garbage, this will be the preferred method.

- iv. Translation services: If an individual utilizing the alternate housing facility requires translation services, it will be up to the State to provide a translator. This service will vary dependent on each alternate housing facility's location and jurisdictional capability.

F. Personal Protective Equipment (PPE)

- i. The facility manager should arrange for supply of the alternate housing facility with PPE in accordance with current procurement plans and protocol. If available, medical PPE provided will include, but is not limited to:
 - a. N95 disposable respirators;
 - b. Goggles/ face shield;
 - c. Disposable gowns; and
 - d. Disposable gloves.
- ii. Just-in-time training for the donning and doffing of PPE will be provided.

G. Medical Care

- i. Individuals should be practicing self-monitoring on a daily basis.

Medical monitoring can be executed in the following ways:

- a. Residents of the alternate housing facility may self-monitor and report to the local health department.
 - b. If medical care is needed, occupants should contact their personal health care providers or utilize telemedicine. In an emergency, call 911.
- ii. Medication pickup and delivery

Under most circumstances, individuals are expected to bring a full fourteen (14) day supply of required medications necessary for their health maintenance.

In the event an individual entering an alternate housing facility would need prescriptions filled / delivered, local health department staff will work with facility staff and identified partners for the delivery of these medications.

All volunteers will coordinate with the alternate housing facility staff to facilitate a secure hand-off at the exclusion line so as not to enter an alternate housing zone.

- iii. Counseling Telehealth:

IDPH will identify counselors to provide mental health wellness checks via telehealth services for all alternate housing individuals. When requested, state agency resources are

available through telehealth counselors.

H. Facility security:

Security will be provided at alternate housing for facility safety and enforcement of the exclusion line.

I. Family/Visitor Procedures

Residents are not permitted to have visitors. Support services such as counseling should be conducted remotely using available technology.

Interim Guidance

APPENDIX I: PUBLIC HEALTH GUIDANCE FOR ALTERNATE HOUSING

This appendix provides public health guidance for alternate housing facility staff. As we know, this is an evolving pandemic with new data and information produced frequently. COVID-19 occurs through respiratory droplets, person-to-person contact (within about 6 feet), and from surfaces that have been contaminated with the virus.

Current science suggests that SARS-CoV-2 may remain viable for hours to days on a variety of surface types. Frequent cleaning and disinfection of surfaces is the best practice to prevent transmission of COVID-19 and other viral respiratory illness in a home or alternate housing facility.

It is the intent of this appendix to provide the most current and accurate guidance available for the protection of alternate housing staff, occupants, volunteers, and service providers. This list of public health guidance is subject to change as the data and science evolves around this pandemic.

CONTENTS

DOCUMENT INTRODUCTION.....	1
LAUNDERING LINEN AND CLOTHING	1
DISINFECTING/ CLEANING FOR COVID-19	3
DISPOSAL OF WASTE AND TRASH	3
FOOD SAFETY AND COVID-19	4
MEDICAL MONITOR & INFECTION CONTROL.....	5
RELEASE FROM ALTERNATE HOUSING	5

LAUNDERING LINEN AND CLOTHING

Guidance for general household laundering (*Interim Recommendations for US Households with Suspected / Confirmed Coronavirus Disease 2019*)

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

Clothing, towels, linens and other items that go in the laundry

Wear disposable gloves when handling dirty laundry and then discard the gloves after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes.

- If no gloves are used when handling dirty laundry, be sure to wash hands immediately afterwards with soap and water for at least 20 seconds.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and then dry the items completely. Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can also be laundered.
- Thoroughly wash hands immediately after gloves are removed.

Soiled linens or clothing

- Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
- Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

More on laundry, specifically for caregiver-type contact can be found in the Centers for Disease Control and Prevention (CDC) webpage titled “Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities”

At: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

DISINFECTION/CLEANING COVID-19

It is recommended that alternate housing follow the CDC guidance for cleaning and disinfecting for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

The CDC defines cleaning and disinfecting for household settings and general public as:

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

DISPOSAL OF WASTE AND TRASH

If an individual is healthy with no signs and symptoms, special considerations for handling trash are not necessary. Alternate housing should provide a dedicated trash can in each living quarter with a liner for every alternate housing individual.

Cleaning staff should use gloves when removing garbage bags, handling, and disposing of trash. Immediately wash hands after disposal of trash and gloves. When necessary, local jurisdictions will provide county-specific guidance regarding trash disposal.

FOOD SAFETY AND COVID-19

Illinois Department of Public Health (IDPH) follows guidance in accordance with the CDC and Food and Drug Administration (FDA) for information regarding food safety and the COVID-19. Additional information can be found here: <https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 through food. At this time the FDA is not aware of reports where human illness has suggested COVID-19 was transmitted through food or food packaging. However, it is always important to follow good hygiene practices (i.e., wash hands and surfaces often, separate raw meat from other foods, cook to the right temperature, and refrigerate foods promptly) when handling or preparing food.

COVID-19 MEDICAL MONITORING & INFECTION CONTROL

Alternate housing should implement a process to obtain and record individual medical assessments. Current information on clinical presentation suggests cases of COVID-19 vary in severity from asymptomatic infection to mild illness to severe or fatal illness. Individuals at alternate housing should be medically stable and not require hospitalization. Alternate housing staff should follow the CDC guidance for persons with COVID-19 under home isolation for a comprehensive list of clinical observations to monitor.

Patients may not initially require hospitalization. However, clinical signs and symptoms may worsen with progression to lower respiratory tract disease in the second week of illness; all individuals should be monitored closely. If an individual becomes symptomatic, alternate housing staff should follow the guidelines in *Appendix II: Isolation Process*.

Medical assessment procedure and availability will vary at each alternate housing facility under the discretionary management of the locals and alternate housing staff. If alternate housing staff have the capacity to conduct medical assessments for alternate housing individuals, then the alternate housing staff should follow the CDC guidelines for proper infection control and PPE measures. (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>)

RELEASING PATIENTS FROM COVID-19 ALTERNATE HOUSING

Release from the alternate housing facility can occur 14 days after the alternate housing resident's last contact with a confirmed case of COVID-19 or 14 days after return from an area with a COVID-19 related travel notice (if the alternate housing resident does not exhibit any symptoms). If an alternate housing resident begins exhibiting symptoms while in the facility, staff should follow the guidance in *Appendix II: Isolation Procedures for Alternate Housing Facility*.

In the event of staffing shortages, Health Care Providers / First Responders, and other Essential Personnel may be released before the 14-day period. This will occur in consultation with the engaged health department, upon confirmation of the staffing need. IDPH is available for consultation as needed.

IDPH will, to the extent practical, provide linkage to local health and human services partners to support successful transition home, or to a home if pre-incident homeless.

APPENDIX 2: ISOLATION PROCEDURES FOR ALTERNATE HOUSING

This appendix identifies public health considerations and guidance that an alternate housing facility should implement if an individual becomes symptomatic during the 14-day stay. Public health will ensure access to standard operating procedures or guidelines for each alternate housing facility that include but are not limited to:

- Identifying and describing a process for medically monitoring a symptomatic individual.
- How to keep symptomatic individuals isolated from other alternate housing individuals.
- When transport from the alternate housing facility to a medical facility will be necessary.
- Which support agency will provide the transportation.

Additionally, it will be the responsibility of public health to ensure that testing is conducted for the individual who becomes symptomatic, either while at their alternate housing facility or a medical facility.

The following considerations within this appendix will provide alternate housing the necessary guidance on isolation procedures for a symptomatic COVID-19 individual at their location.

CONTENTS

APPENDIX INTRODUCTION	1
CONSIDERATIONS FOR A SYMPTOMATIC INDIVIDUAL	1
PPE CONSIDERATIONS	2
TRANSPORTATION CONSIDERATIONS	3
DECONTAMINATION OF LIVING QUARTERS	3
DISCONTINUATION OF ISOLATION	4

CONSIDERATIONS FOR A SYMPTOMATIC INDIVIDUAL

COVID-19 symptoms may appear 2-14 days after exposure.

- Fever
- Cough

- Shortness of breath

If signs and symptoms of COVID-19 are identified in an alternate housing resident, the following isolation guidelines should be implemented.

Seek medical attention if the follow signs and symptoms present:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Persons at alternate housing exhibiting any signs or symptoms should remain confined to their alternate housing living quarters and be monitored for worsening conditions. The alternate housing facility staff will contact the local department and the individual's healthcare provider to determine a necessity for testing.

The alternate housing facility and local health department will assess the severity of the individual's condition to determine potential relocation and transportation needs.

PERSONAL PROTECTIVE EQUIPMENT (PPE) CONSIDERATIONS

Alternate housing staff should have the individual wear a facemask when being cared for by staff or while around other individuals or family members.

Medical personnel and alternate housing staff members who care for a symptomatic individual should utilize the following PPE:

- Gloves
- Facemask (if the symptomatic individual is unable to don a mask due to difficulty breathing)
- Eye Protection (goggles, or a disposable face shield should be worn upon entry to care areas of symptomatic individuals)
- Gowns
 - Gowns should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities.

Upon exiting the room of a symptomatic individual, health care provider (HCP) should immediately wash their hands with soap and water for at least 20 seconds. If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol. HCP should avoid touching their eyes, nose, and mouth at all times. Guidance for properly removing PPE can be viewed at the following weblink: <https://www.youtube.com/watch?v=dyLEd9cng5U>.

If the alternate housing facility has no PPE available for medical assessments of a newly symptomatic individual, all attempts should be made by the alternate housing facility to acquire PPE, if the individual is to remain onsite. Alternate housing will monitor the situation on a case-by-case scenario. If a medical assessment team is present onsite and able to assess and meet the needs of the symptomatic individual without conducting face to face contact, then this process should be utilized and implemented. When an alternate housing facility can no longer meet the needs of a symptomatic patient, then transportation requirements will need to be assessed and considered for additional definitive medical care.

TRANSPORTATION CONSIDERATIONS

Transportation from an alternate housing facility for further medical care, or transportation to an isolation facility, will be at the discretion of the engaged health department. The health department will coordinate transportation needs through their local resources.

While it would be preferable for the individual to self-transport, there may be conditions where the individual will require transportation. In this case, every consideration should be made to separate the driver from the symptomatic individual. If a vehicle with a driver and passenger partition cannot be acquired, the driver should be provided the appropriate PPE for transport.

DECONTAMINATION OF LIVING QUARTERS

Once the symptomatic individual has been relocated, the alternate housing living quarters will need to be thoroughly cleaned and disinfected. If able, isolated individuals should clean high-touch surfaces in their isolation area (“sick room” and bathroom) every day; and alternate housing facility staff should clean and disinfect high-touch surfaces in other areas of the living space.

- Clean and disinfect: Routinely clean high-touch surfaces in the “sick room” and bathroom. Staff should clean and disinfect surfaces in common areas, but not inhabited bedrooms and bathrooms.
- If staff need to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis or as PPE availability allows. Staff should wear a mask and wait as long as possible after the isolated individual has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, light switches, and bedside tables.

- Clean and disinfect any areas that may have blood, stool, or body fluids on them.
- Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant as recommended by CDC guidance.

- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of effective disinfectants can be found [here](#).

DISCONTINUATION OF ISOLATION PROCEDURES

Discontinuation of isolation procedures will follow guidelines for the discontinuation of transmission-based precautions which will be determined through either a test-based or a non-test-based strategy as defined in the guidance below:

Non-Test-Based Strategy; for non-hospitalized patients and patients who are not severely immunocompromised, a non-test-based strategy is recommended to preserve testing supplies.

- At least three (3) days or 72 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least seven (7) days have passed since symptoms first appeared.

Test-Based Strategy; recommended for patients who are severely immunocompromised or being transferred to a healthcare facility.

- Resolution of fever without fever-reducing medications **and**
- Improvement in respiratory systems (cough, shortness of breath...) **and**
- A total of two negative specimens: Negative test results from an FDA EUA COVID-19 molecular assay for detection of SARS-CoV-2 NA from at least two consecutive nasopharyngeal swab specimens collected more than 24 hours apart.

Updates to CDC's recommendations for discontinuation of transmission-based precautions can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

ATTACHMENT I: ALTERNATE HOUSING INTAKE FORMS

Initial Intake and Assessment Tool (If multiple family members, all must be screened)			
AFTER ASSESSMENT: Referred to Alternate Housing Facility? Yes / No			
<u>Interviewer Information</u> Date/Time: _____ Local Health Department: _____ City/County: _____ Interviewer Name: _____ Health Dept. Phone: _____			
<u>Client Information</u> 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.	
3. <u>Observation by the Screener:</u> 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	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 866-583-8443	
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. <i>Observation by the Screener: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?</i>	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
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.	
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 appropriate.	
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			
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		
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>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
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 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." <u>Have you been thinking about how you might kill yourself?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
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>		
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> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Over a year ago? months? Between three months and a year ago? Within the last three </div>		

For inquiries and training information contact: Kelly Posner, Ph.D.
 New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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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>Owner to bring these minimum supplies:</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) <p>If pet has veterinary prescriptions (medication or food), how many days of your pet's prescriptions do you have? Please list any supplies not accessible to you at this time:</p>		

EMERGENCY INFORMATION		
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.		
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.

ATTACHMENT 2: EMERGENCY CONTACTS

Contact	Name	Number <small>(indicate at least 2 phone numbers for each contact as applicable)</small>
Local Emergency Response System		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 (first responders)		
Police or Sheriff's Department (first responders)		
Ambulance Service		
Local Hospital/Emergency Room		
Local Health Department		
State Health Department		
Local Red Cross or VOAD Office		
Area Agency on Aging		
Local Electrical Power Provider		
Local Water Department		
Local Natural/Propane Gas Supplier		

(Include both emergency reporting number and business office number)

Other Contacts (alarm system, insurance co., locksmith, sprinkler, church, IDPH, etc.)		

Interim Guidance

ATTACHMENT 3: ALTERNATE HOUSING CHECKLIST

Emergency Planning Checklist	
Registration	
Document all occupants upon arrival	
Identify occupants with access and functional needs	
Institute sign in/sign out policy, if appropriate	
Provide rules for the alternate housing at registration	
Health Care Service	
Ensure first aid supplies are available	
Arrange for medical emergency contacts and procedures	
Implement basic sanitary practices (clean high-touch surfaces, hand sanitizers, handwashing, etc.)	
Arrange for transfer to appropriate facility for individuals who require medical attention or isolation	
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	
Provide for transportation of supplies to alternate 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	
Arrange for translation services for occupants, as needed	
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.)	
Animal Services	
Ensure residents were able to arrange for offsite care for pets	
Facility Maintenance and Equipment	
Provide maintenance services to alternate housing facility, if necessary	
Identify a secure site for storage of supplies	

ATTACHMENT 4: FACILITY RULES

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. Alcohol is allowed, as long as you bring it with you initially-- you will not be allowed to make trips to the store or to any other off-site location during your stay.
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. 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.
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 at no cost. 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.

Heading to an Alternate Housing Site?

In order to help plan for your stay at an Alternate Housing Site (AHS), the State has developed this fact sheet to guide your packing and preparation.

Mission of Alternate Housing Site:

The mission of the alternate housing plan is to quarantine those who have been exposed but are asymptomatic into a non-congregate facility for 14 days to prevent the spread of Covid-19.

What does isolation and quarantine mean?

- **Isolation** separates sick people who are ill with a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
- <https://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html>

Checking in at the AHS location:

- Provide photo ID
- Provide room reservation number issued by the LHD
- Sign Isolation/quarantine agreement
- Sign medical release of information

What to expect while in isolation/quarantine: (needs more discussion)

- Food service provided / Guests are recommended to bring their favorite snacks
- Laundry services / Guests will be given laundry schedule upon check in
- WiFi, phone and cable services
- LHD will monitor temperature and symptoms (same as being at home)
- On site security

Heading to an Alternate Housing Site?

What is NOT allowed while in isolation:

- Roaming around or using hotel facilities
- Exercise rooms and pools will be closed
- Visitors
- Smoking in rooms
- Mail/package deliveries
- Pets (service animals exempt) – arrangements for pets to be cared for at a boarding facility need to be made.

Make sure to bring a 14-day supply of the following items with you:

All your prescription and over the counter medications

All your personal medical equipment

All personal aid items (including but not limited to glasses, dentures, hearing aids)

Personal hygiene products / toiletries

Chargers for your personal electronic devices

Clothing (laundry services will be available)

Money or Debit/Credit card for miscellaneous food services / needs

*If your children are isolating with you, consider:

- Toys that can be washed/disinfected easily
- Pack-n-play or portable crib for infants

If you have a SERVICE ANIMAL, bring appropriate care items, including but not limited to the following:

Pet food

Crate/cage

Leash

Food/water bowls

Dog waste bags/litterbox

Heading to an Alternate Housing Site?

If you have a pet, you must make arrangements with a boarding facility or with family / friends to care for them

- Service animals are allowed
- <https://ag.state.il.us/rights/servanimals.html>

Frequently Asked Questions:

I was just released from the hospital and someone at home is showing symptoms. I don't want this again, what should I do? **Contact your LHD.**

I am over 65 and have COPD. I live with my family and they are not practicing social distancing and I am afraid. What should I do? **Contact your LHD.**

My husband is still working and is around a lot of people every day. I am afraid he will bring CoVid-19 home to me and our young children. What should I do? **Contact your LHD.**

Where do I go if I think I have been exposed? My clinic is closed. **Contact your LHD.**

How do I qualify for alternate housing and how much does it cost? **Contact your LHD. There is no cost if approved by the LHD.**

What do I bring with me if I am going to alternate housing? **Enough supplies and clothes for two weeks i.e. medicine and toiletries.**

Can my service animal come with me? **Yes**

Can I leave to go to work if I am in alternate housing? **No, depending on the LHD's assessment you will be in isolation / quarantine for up to two weeks.**

Heading to an Alternate Housing Site?

I am on a special diet. Will this be provided at an alternative housing facility? **Dietary needs should be discussed with your LHD.**

My car is broken, how do I get to an alternate housing facility? **Transportation should be coordinated with your LHD.**

Will I be allowed to go outside because I smoke? **If possible, accommodations will be made, dependent upon current operational and public health needs at your facility.**

How long will I have to be in an alternate housing facility? **Expect to stay up to 14 days; your LHD will determine the total length of stay.**

What happens to me if I get sick while I am in an alternate housing facility? **Contact your LHD. EMS will be notified for medical emergencies during the stay at an AHS.**

DRAFT Alternate Housing Path from Screening to Checkout

Local Public Health Authority

- Screened by local health department [Intake Screening Documents]
- Client provided with information on available social and ancillary services
- Food service / Dietary needs assessed
- Remind clients they are responsible to bring enough medication and personal supplies for two weeks.
- Transportation arrangements should be made if the client cannot provide their own transportation. State and Local EMA will work to establish local services.
- Local health department approves stay at Alternate Housing Site (AHS).
- LHD will obtain the required ROI consent and Isolation/Quarantine Agreement.
- LHD will contact the hotel and obtain a reservation confirmation number.
- LHD will provide the confirmation number to the client.
- Onsite Facility Manager will track and report daily to the SEOC (occupancy rate / admissions & discharges)

Travel to Alternate Housing Facility

- Client drives to alternate housing facility using their own Vehicle
- Other [County arranges for transit of residents to a state leased hotel]

Check-in

- Client will provide the confirmation number upon check in to the Facility manager.
- Facility manager will review their screening information with the client and discuss:
 - Any ancillary services required (prescription needs, interpreters, etc.)
 - Dietary restrictions & allergies
 - Briefed on the ground rules at facility
- Clients failing to comply with self-quarantine measures during their stay will be escorted off the AHS by the onsite facility manager, hotel security, and or LHD.
- Client will be given a room key
- The Hotel will not authorize any rooms without a valid confirmation number.

Ongoing

- Laundry / trash will be placed outside the door by the client as instructed during check in
- Clean linens will be dropped off outside the hotel room door, as needed
- Meals will be dropped off in front of their hotel room door
- Client will monitor daily temperatures / symptoms throughout their stay and report to the LHD (same process as if they were at home and working with their LHD).

Check-out

- If symptoms emerge, the client will notify their LHD representative immediately.
- If asymptomatic, discharge after a maximum stay of 14 days upon LHD approval.
- If symptomatic, discharge approval determined by their LHD.
- LHD will confirm end of stay with the client and contact the SEOC AHS Task Force of the check out date (notify SEOC AHS Task Force at least one day before check out)
- Any changes to the length of stay at the AHS must be authorized by the LHD (in coordination with the SEOC AHS Task Force).
- Contracted cleaning of room and linens prior to reassignment

Caring for Your Service Animal if you are positive for COVID-19

Public Health Recommendations

This information is taken from the following resources:

AVMA: SARS-CoV-2 in Animals, Including Pets

<https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/sars-cov-2-animals-including-pets>

CDC: If You Have Animals

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html>

Based on available evidence, it appears dogs and cats are not readily infected with SARS-CoV. There is no evidence that any animal naturally infected can spread SARS-CoV-2 to other pets or people. However, out of an abundance of caution, if you are ill with COVID-19 you should restrict contact with pets and other animals, just as you would with other people. Therefore, you may consider asking a family member or friend to care for your pets while you are isolated/quarantined. If this is not possible, then you should limit interaction and contact with your pets and follow the guidance below:

- Wear a facemask while caring for your pet. A cloth mask is acceptable.
- Do not pet, share food, kiss, hug or sleep with your pet.
- Wear gloves when caring for your animal if they are available.
- Wash your hands before and after contact with your pet.
- Do not share dishes, drinking glasses, eating utensils, towels or bedding with your pet.

Pet Illness:

If your pet becomes ill, please do the following:

- Call your regular veterinarian and arrange for exam (veterinarian will inform you if telehealth, on-site or third-party transportation is needed).
- If you do not have a regular veterinarian, you can call any local veterinarian and arrange for exam.

OWNER

INFORMATION FOR OWNERS OF SERVICE ANIMALS

INALTERNATIVE HOUSING

If you are bringing a service animal to the shelter for isolation/quarantine, please follow this guidance to ensure your pet's health, safety and comfort during this stay.

Prior To Arrival

Bring these minimum supplies:

DCrate/Cage

DCollar

Dleash/halter

DFood (14-day supply)

DFood & Water Bowls

DSmall Waste Bags (dogs, yard waste pick-up)

D+/- absorbent (pee) pads if needed

Didentification tags

DVeterinary records and vet contact information (proof of rabies vaccination)

Make these arrangements:

While we know that it is best for pets to remain in with their owners, we also know that it is important to prepare for unexpected events. Every pet owner must make the following arrangements if you are unable to care for your pet due to worsening illness, hospitalization or death.

Emergency Pet Caretaker - contact family and friends to identify someone who can care for your pet if you cannot. This information be written on the intake form when you arrive. If there is more than one emergency pet caretaker, please write on additional paper and give to staff.

Emergency Shelter Arrangements - if you cannot identify someone to care for your pet in your absence, a local shelter or kennel may be willing to care for them until your return. This information be written on the intake form when you arrive. If there is more than one emergency pet caretaker, please write on additional paper and give to staff.

ALTERNATIVE HOUSING PET OWNER FORM-OWNER USE
Last Revision: 4/11/2020 2:39 PM

COPY TO:
OWNER

REQUEST FOR COMMUNICATION OF PROTECTED HEALTH INFORMATION VIA UNENCRYPTED EMAIL

NOTICE TO PATIENTS:

By completing this form you are verifying that you have requested that _____ communicate to you by unencrypted email which is considered unsecure. As such, therefore there is no guarantee of privacy when sending information via email. Please make note of the following risks of use of unencrypted email:

- Email can be copied, circulated, forwarded, and stored in electronic files
- Email, whether accidentally or intentionally, can be broadcast worldwide immediately and received by many unintended recipients
- Email is easier to falsify than handwritten or signed documents
- Backup copies of email may exist even after you have deleted your own copy
- Employers and online services may have a right to archive and inspect emails transmitted through their systems
- Passwords providing access to email can be stolen and misused, or host systems can be compromised, leading to unauthorized disclosure of personal information
- Email can be intercepted, altered, forwarded, or used without written authorization or detection

I agree to and acknowledge the following:

I understand that the office with which I communicate will read and respond to email communications as promptly as possible; however, a specific turnaround time is not guaranteed. Thus, I will not use email for medical emergencies or other time-sensitive matters.

I acknowledge that some or all information sent or received via email, may concern my diagnosis and/or treatment. It may be made part of my medical record and forwarded internally to other office employees as necessary for treatment, payment or other business purposes.

I understand that some or all information obtained during the screening process, intake process, and my stay at the alternate care facility may be shared via unencrypted email, fax or paper copy, as medically necessary, with other medical providers.

I understand that communication via unencrypted email is not secure and, therefore, the office cannot guarantee the confidentiality of any protected health information sent this way. I understand it is my responsibility to protect passwords to email accounts and that the office or its representatives are not liable for breaches of confidentiality caused by a third party or myself.

I understand that I may, at any time, revoke my consent for these email communications by providing written notification to the office or clinical practice which communicates to me.

I hereby acknowledge that I have read and fully understand the information in this request form for Communication of Protected Health Information Via Unencrypted Email.

First Name	Middle Name	Last Name	Email
Street Address	City	State	Zip Code
Date of Birth(month/day/4 digit year)	Sex	Telephone number(s)	
Verbal Consent _____		Date	

Signature of patient

Signature of personal representative of patient (if authorized to opt-out on behalf of patient)

If personal representative signed, check a box below to describe the relationship of the personal representative to the patient.

Parent of minor patient Guardian of patient Other, explain: _____

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

Facility Layout Guidance

Facilities should be evaluated for a basic plan to separate COVID-19-positive/exposed individuals from asymptomatic, high-risk individuals. Facility Managers should use this guidance to direct room assignment procedures and manage traffic flow for minimal contact between occupants and staff.

If available, floor plans should be reviewed for possible floor/wing designations for the different populations to be housed in the facility.

When possible, the following considerations should be evaluated for optimal isolation between populations:

1. Ground floor should be reserved for assignment of individuals with conditions limiting ability to quickly exit the building during an emergency and those with service animals that need to be taken outside.
2. Ground floor should be divided into separate wings for COVID-19-positive/exposed and asymptomatic, high-risk individuals
3. If a facility has multiple elevators (including a service elevator) that can be used for guest transport, the elevators should be designated for use by either COVID-19 positive/exposed **or** asymptomatic, high-risk individuals.
4. For facilities with only one elevator, the Facility Manager should develop a plan for staff to thoroughly disinfect walls, handrails, buttons, and mop the floor, if possible, after each use. Use of an elevator should be limited to one individual or a single room's occupants at a time.
5. When possible, each floor above ground level should be designated for use by either COVID-19-positive/exposed **or** asymptomatic, high-risk individuals.
6. Floors that must house both COVID-19-positive/exposed and asymptomatic high-risk individuals should be separated into wings to provide the maximum degree of separation. This should take into account locations of elevators and stairwells that the individuals in each wing would be directed to use.

Alternate Housing
Facility Daily Reporting

Descriptions for Reporting Questions

1. General Information:
 - a. Enter the date when the report is being completed
 - b. Alternate housing facility address
 - c. Phone number of Facility Manager or designee
2. Staff:
 - a. Enter number of medical staff for each shift
 - b. Enter number of non-medical staff for each shift
3. Alternate Housing Population:
 - a. Enter number of individuals reported in previous day's report, broken out by age group
 - b. Enter number of individuals present at 12 PM, broken out by age group
 - c. Enter number of individuals
 - i. Who checked in
 - ii. Who checked out
4. Food:
 - a. Enter number of meals provided by vendor, per meal
 - b. List any special meals and amounts
5. Operations / Logistics:
 - a. Review inventory and provide numbers for immediate use tomorrow
 - b. Total quantity needed, not available in shelter
6. Notes: Enter high-level notes. Notes in this field do not replace notifications to Regional Facility Manager.
7. Final Instructions:
 - a. Enter name and contact information of individual preparing the report.

Email to Alternate.Housing@Illinois.gov,

Alternate Housing
Facility Daily Reporting

Alternate Housing Daily Report

Date: _____ Facility Manager: _____ Phone Number: _____

Facility Address: _____

STAFF REPORTED ON SITE		
	Shift 1	Shift 2
Non-Medical Staff		
Medical Staff		
Volunteers	# of Volunteers: _____	# of Total Volunteer Hours: _____

RESIDENTS REPORTED ON SITE				
	0-3 Yrs. Old	4-17 Yrs. Old	18-64 Yrs. Old	65+ Yrs. Old
Yesterday				
12 PM Today				

CHANGES IN HOUSING NUMBERS	
Number of New Residents Since 12 PM (Noon) Yesterday	
Number of Residents Who Have Left Since 12 PM Yesterday	

MEALS PROVIDED			
	Total	Generic (non-specialty)	Specialty (quantity + description)
Breakfast	[should equal generic + specialty]		
Lunch			
Dinner			
Other/Notes			

	Hand Sanitizer	Non-Contact Thermometer	Wheelchairs	Walkers	Elevated Commodes	Sweatpants, sweatshirts, socks, pajamas	Oxygen tanks/ storage/racks or liquid O2 tanks	Cases of Infant / Baby Formula	Pack and Play / Cribs	Hygiene Kits / Comfort Kits
# Have										
# Available for Immediate Use										
# Needed, not Available										
Notes:										

Name: _____ Contact Information: _____

Signature: _____