

COVID-19 Guidance for Developing a Plan for those Requiring Housing during Quarantine/Isolation

Note: we are actively working to address questions as they arise. This document will be updated periodically.

What population is this guidance intended to serve?

- People requiring quarantine or isolation who live in a congregate setting and including, but not exclusive to, Homeless shelters, Domestic Violence shelters, Group Homes, Rehabilitation Facilities.
- People requiring quarantine or isolation who are health care workers and first responders that have been exposed and do not wish to expose their family and have no other means of quarantining or isolating.
- People requiring quarantine or isolation who reside with someone who is medically fragile and cannot return home.
- Individuals visiting the state who need to be quarantined or isolated, but their current lodging has evicted or rejected them.
- Homeless Individuals

What is DHEC's role?

- DHEC will work collaboratively to meet the needs of the public. "Preparedness, response, recovery, and mitigation are general responsibilities of all levels of government working together to provide a system to meet the needs of the public." ([South Carolina EOP, Page 3 Section VII A, Paragraph 3](#)). DHEC's role is outlined below.
- DHEC's Regional Epidemiologists, as they are aware, will notify the county of an individual requiring quarantine or isolation who requires housing assistance. The notification process is described in more detail below.
- DHEC's Central and Regional offices will provide CDC guidance, best practices, situation-specific guidance, and referrals to appropriate partners. DHEC will also provide guidance on how to adapt existing infectious protocols to the COVID-19 Pandemic. If your county has questions, please reach out to your Region Health Director or ACC-Plans@dhec.sc.gov, and we will work to address the issue.
- DHEC will work to fill resource gaps that the counties may have in executing their plans. Examples of resource gaps that DHEC can assist with are: addressing coordinating resources to support local execution, vendor identification (lodging, feeding, and transportation).
- DHEC will allocate the funds it received for housing the indigent population to each county largely based on total population. DHEC will execute simple contracts with each county so that they may invoice DHEC for the amount up to their allocation for costs associated with housing this population.

How will I be notified if a person in my county needs assistance?

- DHEC’s Regional Epidemiologists will notify the county of all individuals requiring quarantine or isolation who requires housing assistance when they become aware of a case.
- South Carolina Hospital Association (SCHA) has asked that hospitals reach out to the county EM’s directly. A regional epidemiologist at DHEC will notify the counties about these cases but it is possible that the hospitals will reach out first.
- On their own accord, other health care facilities, shelters, etc. may reach out to the county EM’s directly. A regional epidemiologist a DHEC will notify the counties about these cases but it possible that these facilities may reach out first.

How is this effort different than the tiered facility efforts from the SCNG / SCEMD? Is this the same as the Tier 1 facilities in SCNG / SCEMD’s plan?

- The SCNG / SCEMD Plan is for a medical surge situation. DHEC individual assistance is for situations and circumstances outside of medical surge.
- The planning efforts out of SCEMD and the SCNG are being developed to address medical surge and have an affiliated healthcare provider.
- This plan addresses individuals that need to be isolated or quarantined and need assistance due to their personal living situation. DHEC’s planning efforts for sheltered populations offer individual assistance and direct coordination with the counties to individuals that require assistance outside of the healthcare structure.

Planning Considerations for Counties

- The South Carolina EOP states that “Local and tribal governments will manage disasters/emergencies utilizing resources within their jurisdictions” ([Page 2, Section V, Paragraph D](#)). DHEC aims to facilitate this process by providing planning guidance. The following guidance can be considered as part of the planning and may not be necessary in all cases. Below please find a list of planning considerations for the counties.

Overall Coordination:

- [County Selected Central Coordinating Agency] to provide coordination point for all services in conjunction with County EMD.
- Coordinate with local VOADs and NGOs to identify needs and resources.

Outreach and Education (it may be best when there are known population concentrations):

- [Local organization] coordinating to develop education and outreach planning.
- Identify resources to assist with disease control [suggestion may be to develop a hygiene pack to distribute, allocation of handwash stations]
- Provide information in shelters and feeding operations conducted in the county (NGOs and VOADs).

Transportation:

- The county may seek contracts with local vendors or use available local transport resources.
- If there is an issue with local availability of transport, counties can make a request through Palmetto for assistance and assignment of other resources.
- The request will be routed to DHEC’s Bureau of Emergency Medical Services who will arrange transport.
- Counties can use their allocation for lodging of specific vulnerable populations for transportation costs by using the established invoicing processes.

Lodging:

- The county should seek contracts with local establishments.
- If there are no establishments within a county that can be identified, the county should either look to another county for mutual aid or request assistance via Palmetto.
- After exhausting all local or resourcing requests, DHEC may be able provide housing using one of its established contracts. There are not facilities in every county.

Monitoring:

- Once placed in a hotel individual may need to be monitored daily.
- The local plan should identify an individual who can call or visit each person being housed and utilize the “NON-CONGREGATE SHELTERING – MONITORING” form in the appendix.
- The “NON-CONGREGATE SHELTERING – MONITORING” form also provides instructions on how to end the quarantine or isolation period.

Food Planning:

- Local NGOs/VOADs to support feeding via the use of local food banks and community partners.
- If no services can be identified, a request should be made via Palmetto for assistance.

Healthcare Planning:

- The county should work with local resources or partners to provide home health care for those already receiving services.
- Transportation for follow-up visits needed as part of aftercare should be coordinated with the provider using transportation methods from above.
- If no services can be identified, a request should be made via Palmetto for assistance.

Wrap-Around Services:

- Any other services identified in the process should be requested by local NGO/VOAD partners in the community.
- If no services can be identified, a request should be made via Palmetto for assistance.

Security:

- Security of the individual is not required. If it is determined that security is required to monitor for any reason, it needs to be identified and coordinated by the county.
- If no services can be identified, a request should be made via Palmetto for assistance.

Request Processes

- DHEC acknowledges that each community is best at identifying their needs and resources. The South Carolina EOP states “Emergency operations will be initiated at the lowest level able to effectively respond to the situation.” ([Page 3, Section VII A, Paragraph 4](#)). Counties should develop and resource their plans; however, if a county identifies a resource gap, it should be submitted through normal channels. Submit a resource request to SCEMD through Palmetto. SCEMD will rout the requests to the appropriate ESF.
- When DHEC receives a request, the Regional Health Director, or designee, will reach out to the county.

Funding

- DHEC is allocating state funds to help support the counties in addressing the lodging of specific vulnerable populations. Each county will receive an amount largely based on an

allocation formula includes \$5,000 for each county, plus an additional amount based on percent of total population. No county will be allocated less than \$8,260. DHEC will enter into a simple contract with each county. Counties can then submit an invoice(s) to DHEC to access the funding up to their total allocation amount.

- Invoices must include the dollar amount by category and plan for spending the resources. Invoices also must be on county letterhead, signed by the proper authority, and include the address for mailing the check as well as a contact name and phone number. Detailed documentation on actual expenditures must be maintained on file and made available on request. The county must prove that no duplicate expenditures have been claimed.

The Role of ESF 6

- The American Red Cross continues its mission-essential function to respond to natural and manmade disasters while operating in the COVID-19 environment. Disaster Action Teams continue to respond to local disasters on a daily basis utilizing augmented procedures to ensure the safety of the workforce and clients. ARC also maintain readiness to open emergency disaster-related shelters for fires, floods, and hurricanes utilizing augmented procedures, including working with public health to conduct appropriate screenings and provide adequate isolation options within these particular shelters.
- When requested and authorized, the American Red Cross may provide material resources for COVID-19 related congregate facilities, including homeless shelters, isolation facilities, and quarantine facilities per our internal doctrine and approval process. Any requests for support must be submitted through Palmetto to ESF6. At this time, it is the policy of the American Red Cross that the ARC will not open, operate, or manage housing, isolation centers, and quarantine centers specific for COVID-19 nor will provide staff to work in these centers. Additionally, the American Red Cross disaster workforce will not execute service delivery requiring direct contact with individual confirmed or suspected of having contracted the COVID-19.
- As resources are needed from DSS, counties should contact DSS through their assigned DSS Mass Care lead.

Frequently Asked Questions

What is non-congregate sheltering?

- Non-congregate sheltering fills the same basic needs as congregate sheltering with the additional consideration that individuals must practice social distancing. It can also be referred to as alternative housing or lodging.

How is non-congregate sheltering different from medical needs sheltering?

- Non-congregate shelters are not intended to provide medical care. These individuals are able to provide for their own baseline needs and do not need specialized medical care, while individuals in medical care shelters need frequent medical assistance at their baseline.

How long do people need to remain in Isolation/ Quarantine?

- Positive cases would need housing until they complete their isolation period (at least 7 days since the onset of their illness, at least 3 days since the last fever, and an overall improvement in symptoms). Persons under investigation (PUI) would need housing until their results come back negative or completion of the isolation period, if positive. Close contacts of confirmed cases would need housing until 14 days after their last contact with the case or completion of the isolation period if they become a confirmed case.

Do people transporting these individuals need to wear N95s? If so, will DHEC help with fit testing?

- If an individual is a PUI and they are being transported, no matter the medium (van, police car, ambulance), anyone within 6 ft of the PUI for more than 5-10 mins will need to wear an N95. In addition, efforts to isolate the driver from the passenger compartment should be made, as well as creating a negative pressure environment (front windows up, back windows down, etc.).
- DHEC does not have the capability to assist with N95 fit testing.

How should counties handle individuals who need medical care while residing in non-congregate housing? (medication administration; dietary requirements; activities of daily living (ADLs); mental health and/or substance abuse treatment etc.)

- We are assuming these are otherwise self-sufficient individuals who can take care of daily needs. Whatever means they utilized previously to manage these needs can continue. If they need additional assistance, other arrangements may need to be made, such as hospitalization, nursing facility, or another community resource.

Are there any specific physical plant requirements for facilities being used for non-congregate housing? (HVAC considerations; ingress/egress; etc.)

- The main concern is ingress/egress. For example, they do not need to pass through lobby areas at the facilities as they may come into contact with others. Ideally, they should have a room that opens to the outside. Other considerations may be for a room that is adjacent to an exit that does not feed the main lobby area. However, if the individual must pass in the lobby, they may do so wearing a mask.

Are there any special cleaning requirements after removing an individual from non-congregate housing?

- Cleaning procedures are not very different from standard cleaning that needs to be done. An EPA registered disinfectant should be used. Avoid shaking linens.
- Follow the [CDC guidelines for cleaning](#).

What is local/county law enforcement's role with individuals not complying with quarantine and/or isolation orders?

- DHEC is currently not taking enforcement actions. Local law enforcement is empowered to act within their discretion.

Who will be the DHEC point of contact for any issues that may arise?

- County Emergency Managers and County Administrators should reach out the their DHEC Regional Health Director.

What is the role of the ACC in this process?

- The ACC will provide policies, guidance, and work to fill resource gaps that exceed the capability of the regions.

Why is the quarantine/isolation for this pandemic not being handled in the same manner as other infectious diseases, e.g., TB?

- This pandemic is caused by a novel (new) virus and is unlike other infectious diseases such as tuberculosis (TB). COVID-19 and TB are very different diseases. TB is caused by bacteria and has a long incubation period and slow-developing course, while COVID-19 is caused by a virus, and has a short incubation period and briefer, finite course. Tuberculosis can be treated with antibiotics, while there is no specific treatment for COVID-19.

Guidance Documents

Please reference our other Guidance documents or email ACC-Plans@DHEC.gov:

Applicable State Plans

- [South Carolinas Infectious Disease Plan](#)
- [South Carolinas Pandemic Influenza Plan](#)

Federal Guidance

- [Approaches to Sheltering for COVID-19 Homeless Response,](#)
- [Protecting Health and Wellbeing of People in Encampments During an Infectious Disease Outbreak,](#)
- [Clients for Respiratory Infection Symptoms at Entry to Homeless Shelters](#)
- [Guidance for Homeless Shelters](#)
- [Experiencing Unsheltered Homelessness](#)
- [Cleaning and Disinfection Recommendations](#)

Appendix- Forms

NON-CONGREGATE SHELTERING – MONITORING

1. How many days ago did your COVID-19 symptoms begin? _____
2. Are you still having fever (temp $\geq 100.5^{\circ}\text{F}$) (if no thermometer, ask if feeling feverish or having shaking chills)?

_____ Yes - How high (if known)? _____ $^{\circ}\text{F}$
_____ No - If no, when was last fever? _____

3. Is your cough or shortness of breath/ difficulty breathing better, worse, or about the same?

_____ Better

- Worse
- About the same

4. Do you have any new medical problems or symptoms that you have not had before?

- Yes - What? _____
- No

If the person has **emergency warning signs** for COVID-19, get **medical attention immediately**.
Emergency warning signs include*:

- Worsening in trouble breathing
- Worse or new persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult a medical provider for any other symptoms that are severe or concerning.

If medical attention is needed, **call 911** and **tell the dispatcher** that the individual is a confirmed or suspected **case of COVID-19** so that those responding can wear appropriate PPE.

Notify regional Epi office if the person is being **transported for medical care** or when the following conditions have been met for **release from isolation**:

- The person's symptoms began at least 7 days ago (Q1) **and**
- It has been at least 72 hours since the person last had a fever (and confirm they have not taken Tylenol or ibuprofen during that time) (Q2) **and**
- Their cough or shortness of breath are better (Q3).