

HENRY McMASTER, Governor
BRYAN P. STIRLING, Director

June 9, 2020

Mr. Edward R. Tallon, Sr.
Chairman, Corrections Oversight Committee
South Carolina House of Representatives
Post Office Box 11867
Columbia, South Carolina 29211

Re: Additional Law Changes/COVID

Dear Chairman Tallon:

Please see additional law recommendations for the committee's consideration. Also, please see attached operating procedures related to COVID as well current agency statistics. SCDC will be happy to discuss in further detail any questions the members may have during the upcoming meeting.

Sincerely,

A handwritten signature in black ink that reads "Bryan P. Stirling". The signature is written in a cursive, flowing style.

Bryan P. Stirling

Attachments

cc: The Honorable Wm. Weston J. Newton
The Honorable Joseph H. Jefferson, Jr.
The Honorable Robert Q. Williams
The Honorable Chandra E. Dillard
The Honorable Gary E. Clary
The Honorable Jeffrey E. "Jeff" Johnson
The Honorable Micajah P. "Micah" Caskey, IV

South Carolina Department of Corrections (SCDC) COVID-19 Action Plan

SCDC manages a statewide correctional system involving 21 prisons located throughout the state, which are of various security levels and specialized missions. SCDC has been planning for coronavirus (COVID-19) since February 2020. Phase One activities included guidance from the Medical Services Division regarding description of the disease, where the infection was occurring and best practices to mitigate transmission. An agency task force was working in conjunction with subject matter experts from the Governor's Office, S.C. Department of Health and Environmental Control, Emergency Management Division and other state agencies. SCDC's planning is structured using the Incident Command System (ICS) framework.

As a result of these ongoing efforts, SCDC, after coordination with DHEC and the Governor's Office is implementing Phase Two of our COVID-19 response. Effective immediately, the following measures are being deployed by the SCDC in order to mitigate the spread of COVID-19, acknowledging the state will have more confirmed cases in the coming weeks. These measures are being implemented to ensure the safety of our inmates and the continued effective operations of the state prison system and to ensure that staff remain healthy and available for duty.

VISITATION: Visitation will be suspended for 30 days, at which time the suspension will be reevaluated. To ensure inmates maintain social ties, SCDC and GTL will allow for two free calls per week between March 17, 2020 through April 13, 2020.

LEGAL VISITS: Access to legal counsel remains a paramount requirement in the SCDC but like visitation, the SCDC is mitigating the risk of exposure created by external visitors. Attorneys seeking an in-person visit with their client or a confidential call should contact the institution (<http://www.doc.sc.gov/institutions/institutions.html>) or contact the Office of General Counsel at (803) 896-8508 to arrange. The attorney will need to undergo screening using the same procedures as staff and complete an Attestation of No Known Illness form (SCDC Form M-217). Attorneys should also maintain social distancing of 6' from their client.

INMATE MOVEMENT: All inmate facility transfers will be suspended, unless medically necessary, for 30 days, at which time the suspension will be reevaluated or by the approval of the Deputy Director for Operations. Admission of new inmates will continue; however, such inmates will be screened, checked for exposure and isolated or quarantined as deemed appropriate. For more information on isolation and quarantine, please visit the following link: <https://www.cdc.gov/quarantine/index.html>.

WORK RELEASE AND LABOR CREWS: All work release and labor crews will be suspended for 14 days and then will be reevaluated. The work crew exceptions are as follows: Goodman crews for Facilities Management, Support Services and Transportation and Camille Graham crew for Headquarters and Recruiting.

OFFICIAL STAFF TRAVEL: Official staff travel will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions may be approved by the Director of SCDC.

TRAINING: All staff training, and meetings are suspended through March 31, 2020 and will be reassessed at that time. Please take this opportunity to complete your on-line training.

STAFF HIRING: Staff hiring initiatives will continue. Interviews may be conducted by telephone or via video conference.

CONTRACTORS: Essential contractor access to SCDC facilities will continue; however, contractors who require access will be screened using the same procedures as staff prior to entry and will have limited access to the inmate population.

VENDORS: Essential vendors access to SCDC facilities will continue; however, vendors who require access will be screened using the same procedures as staff prior to entry and will have limited access to the inmate population.

INSTITUTIONAL MAINTENANCE: Institutional maintenance needs will be evaluated on a case by case basis and will focus on essential functions.

VOLUNTEERS: Volunteer visits will be suspended for 14 days, at which time the suspension will be reevaluated. Exceptions will be approved by the Deputy Director for Operations.

SCREENING OF STAFF: Enhanced health screening of staff will be implemented statewide. Such screening includes self-reporting and temperature checks for the next 30 days, at which time the process will be reevaluated. Please see attached information from SCDC Office of Human Resources as well as an attachment from the S.C. Department of Administration State Office of Human Resources, regarding human resource updates. (SEE ATTACHMENT BELOW)

SCREENING OF INMATES: The SCDC maintains an infectious disease management program as a matter of routine. To address the specific issues involving COVID-19, the SCDC uses the following practices:

- All newly-arriving SCDC inmates are being screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are quarantined.
- Symptomatic inmates with exposure risk factors are isolated and tested for COVID-19 per SCDC health authority protocols.

TOURS: Tours will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions will be approved by the Deputy Director of the Operations.

MODIFIED OPERATIONS: For the next 30 days, the SCDC will implement statewide modified operations to maximize social distancing and limit group gatherings in our facilities. For example, depending on the facility's population and physical layout, the institution may implement staggered meal times, recreation, etc. These modifications will be reevaluated in 30 days.

***Please note that this action plan will be reevaluated as needed.**

2019 Novel Coronavirus-HR Update

To help slow the spread of COVID-19 in our state and protect the health and safety of South Carolina's citizens, Governor McMaster directed South Carolina agencies effective Monday, March 16, 2020, to engage in additional proactive measures to help safeguard the health and safety of their workplaces by maximizing telecommuting flexibilities to eligible workers within populations that the Centers for Disease Control and Prevention (CDC) has identified as being at higher risk for serious complications from COVID-19 and CDC-identified special populations.

CDC and DHEC identified high risk and special populations include the following individuals:

- Older adults;
- People who have serious chronic medical conditions like heart disease, diabetes, and lung disease;
- People with compromised immune systems; and
- Pregnant women

Agencies should also extend telecommuting flexibilities more broadly to accommodate state and local responses to COVID-19, including, but not limited to, extending telework flexibilities for employees affected by school closures.

Agencies are also encouraged to authorize use of sick and/or annual leave for employees who are in CDC higher risk or special populations and are not telework eligible. HR has the ability to advance up to 15 days of leave, if needed.

Agencies should not require certification by a medical professional that an individual is within the CDC and DHEC higher risk or special populations and may accept self-identification by employees that they are in one of these populations. This self-identification may be made verbally or be required in writing.

It is imperative that you, the Warden or Division Director, notify Headquarters HR if you have an employee who will be telecommuting.

The memorandum from the Department of Administration is attached for your review.

Thank you,
Jessica T. Lovelace, Assistant Deputy Director, Administration

MEMORANDUM

TO: Agency Directors

FROM: Marcia Adams, Executive Director

SUBJECT: 2019 Novel Coronavirus

DATE: March 14, 2020

On Friday, March 13, 2020, President Donald Trump declared a national emergency due to the 2019 Novel Coronavirus (COVID-19). Governor Henry McMaster also declared a state of emergency for the State of South Carolina.

To help slow the spread of COVID-19 in our state and protect the health and safety of South Carolina's citizens, Governor McMaster directs South Carolina agencies and higher education institutions (collectively "agencies") effective Monday, March 16, 2020, to engage in additional proactive measures to help safeguard the health and safety of their workplaces by maximizing telecommuting flexibilities to eligible workers within populations that the Centers for Disease Control and Prevention (CDC) has identified as being at higher risk for serious complications from COVID-19 and CDC-identified special populations.

CDC and DHEC identified high risk and special populations include the following individuals:

- Older adults;
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Agencies should also extend telecommuting flexibilities more broadly to accommodate state and local responses to COVID-19, including, but not limited to, extending telework flexibilities for employees affected by school closures. Agencies are also encouraged to authorize use of sick and/or annual leave for



employees who are in CDC higher risk or special populations and are not telework eligible.

Even if employees are in CDC higher risk or special populations, state employees who are designated as essential, or mission-critical to the state's response to COVID-19, or are necessary to the continuity of operations of state government, may be directed to report to work as needed within the sole discretion of the Agency Head or his/her designee.

Agencies with questions regarding telecommuting should consult DSHR's guidance on it (https://www.admin.sc.gov/dshr/model_policies).

In response to the evolving situation concerning COVID-19, the Governor has also directed agencies to postpone all non-essential travel, as defined by the Agency Head or his/her designee, until further notice.

The Department of Administration will continue to closely monitor developments related to COVID-19 and provide additional guidance as needed. If you have questions regarding telecommuting or travel, please contact Karen Wingo, Director of the Division of State Human Resources (803-422-8645) or me.



COVID-19 INFORMATION

Assigned Locations	Staff*	Staff Cleared	Offenders	Offenders Cleared
Allendale	15	9	29	26
Broad River	18	16	0	0
Camille Graham	4	3	0	0
Evans	8	0	33	6
Goodman	1	1	0	0
Kershaw	1	0	0	0
Kirkland	8	8	40	36
Leath	0	0	0	0
Lee	4	3	0	0
Lieber	0	0	0	0
Livesay	1	1	0	0
MacDougall	0	0	0	0
Manning	1	1	0	0
McCormick	2	2	0	0
Palmer	0	0	0	0
Perry	4	0	0	0
Ridgeland	0	0	0	0
Trenton	1	1	0	0
Turbeville	3	0	0	0
Tyger River	1	1	0	0
Wateree River	2	2	0	0
Non-Institutional	8	6	0	0
Staff				
Total Confirmed	82	54	102	68
Cases				

NOTE: This information is current as of 9:44 PM on June 8, 2020

**Staff information is self-reported*

COVID-19 FAQs

Updated April 24, 2020

SCDC is working closely with the S.C. Department of Health and Environmental Control and Gov. Henry McMaster's office to take every precaution to protect and prepare our staff and inmate population against the public health threat posed from COVID-19.

The agency began preparations in February when we first learned about the virus. SCDC suspended visitation, volunteer visits and work-release details to limit the possibility that someone would introduce the virus into an institution.

SCDC understands there are questions about how inmates and staff are being kept safe during this state of emergency.

Have any inmates or staff tested positive for COVID-19? Yes. You can find details of that here: <http://www.doc.sc.gov/covid.html>

If an inmate gets sick, what happens? If an inmate develops flu-like symptoms, he/she is masked, separated from the general population and given a flu test. If that is negative, SCDC follows SC DHEC guidelines on whether to test him/her for COVID-19. If he/she is tested, SCDC isolates him/her from the general population until test results come back.

What is happening to inmates who test positive for COVID-19? Health care professionals are caring for him/her. If his/her symptoms are more serious than our medical staff can treat, he/she will be taken to the hospital.

What about inmates and staff who were in close contact with someone who tests positive? Those individuals will receive contact tracing by SCDC, in accordance with CDC and DHEC guidelines. Any need for isolation or quarantine will be determined by health professionals accordingly.

How are you making sure staff members aren't sick when they come to work? SCDC has a screening tool for everyone who enters an institution that includes questions about exposure, health, travel and social interactions. They also get their temperature taken. Staff members who have traveled to areas considered to be at high risk are sent home for monitoring before they are allowed to return to work. Anyone with a temperature exceeding 100.4 degrees or answers yes to any of the screening questions is sent home and instructed to call the Infectious Disease Department and they will be evaluated to determine when they can return the office/institution.

How are you making sure inmates are protected and their living areas are clean? Inmates are cleaning their cells and living areas every two hours. There is plenty of soap, sanitizer and cleaning supplies for them to use. Inmates' hands are also being sprayed with disinfectant by the officers. Inmates and staff have two masks each, one to wear and one to wash.

How are inmates reacting to this situation? The majority of the inmate population is responding appropriately as no one wants to get sick. Most inmates are wearing their masks, keeping their area sanitized and honoring social distancing as much as possible. The inmates are concerned about their families and understand that restricted access into our facilities helps them and staff stay safe and healthy.

Are inmates with health conditions or short sentences being released early? SCDC has no statutory or other authority for releasing inmates based upon the COVID-19 pandemic. SCDC is charged by statute with enforcing the sentences of the courts, and we have no power to shorten or amend an inmate's sentence. SCDC is working hard to keep medically fragile inmates away from the general population.

When will we be able to visit again? Visitation is currently suspended through May 31 and will be reassessed to determine if an extension is needed. If visitation needs to be extended for the protection of inmates and staff because of the public health emergency, SCDC will communicate it to inmates and their families.

Are any special arrangements being made for inmates to communicate with family? SCDC is asking our telephone provider, GTL, to extend its free call program.

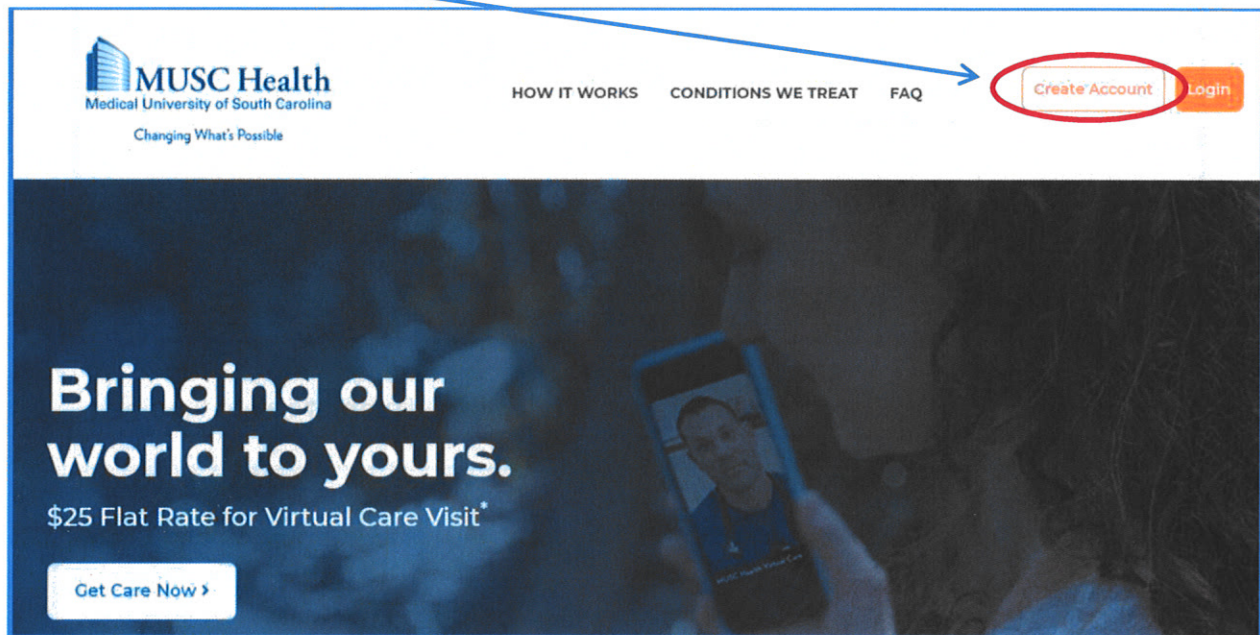
What are the inmates doing while the institutions are closed? Inmates are still following their daily routines as much as possible. That means time out of their cells, going to recreation, medical visits and sick call, work and the cafeteria. SCDC is encouraging and working to keep appropriate social distances. SCDC's Palmetto Unified School District is conducting digital remote classes for inmates enrolled in our GED program.

Are legal visits continuing? Yes. However, attorneys are asked to postpone any visits that are not considered emergencies and to use phone calls as much as possible. If it is necessary for an attorney to visit their client during this time, the attorney will be subjected to the same screening as staff.

Are inmates be released as usual? Yes. SCDC is working with inmates who are scheduled for release to make sure they understand the health risk that exists in our state. SCDC will have a staging area for families to pick up their loved ones that lessens the possibility of close contact with others. Inmates housed at the Columbia Broad River complex will be brought by van to the SCDC recruiting office parking lot and released to their families there. For inmates who do not have transportation home, SCDC will make arrangements to have them delivered to their hometown.

Steps to create a MUSC Health Virtual Care account

1. Navigate to [musc.care](https://musccare.com)
 - This will launch MUSC Health Virtual Care.
 - Follow the directions below, clicking as directed within the application.
2. Click **Create Account**



3. The following screen will appear. Click **Create Account** again.

The screenshot shows a login page titled "Log in". It features two input fields: "Email address" and "Password". To the right of the "Password" field is a link that says "Forgot password?". At the bottom left is a "LOG IN" button. At the bottom right is a "Create account" link, which is circled in red. A blue arrow points from the "Create account" link to the "Create Account" button in the banner from the previous screenshot.

4. Next, if you are a part of one of the available groups, select the appropriate circle and click **Continue**. (If you have the State Health Plan please click the indicated circle as seen below; otherwise, we are MUSC Business Partners and you will need to provide the code: COVID19 if visiting for COVID testing)

Are you a member of any of these groups? (Optional)

For patients who receive MUSC Health Virtual Care through their insurance plan, employer, or other group, please select your group.

- MUSC Business Partners
- MUSC Employees, Students, & Dependents
- MUSC Health Alliance ACO (Select Medicare patients only)
- SCMA Members' Insurance Trust Members
- State Health Plan ←
- None of these groups apply to me

CONTINUE

5. The next screen prompts you for your demographic information. **Complete** all of the fields.

Account Setup

Personal Information

Legal First Name *

Legal Last Name *

Sex *

Male Female

Birth Date (MM/DD/YYYY) *

Contact Information

Address Line 1 *

Address Line 2

City *

State *

Zip Code *

Phone *

Send text message updates about diagnosis and prescription status. Standard messaging rates may apply.

6. You will also be prompted to complete your account information.
- Check the Agree to the Terms of Service & Privacy Policy box, and click **Create Account** to complete the process.

Account Information

Email *

Password *

Password Confirmation *

Your password must be at least 8 characters long and contain one capital letter, one lowercase letter and one number

Legal agreements

I agree to the MUSC Health Virtual Care [Terms of Service](#) and [Privacy Policy](#).

CREATE ACCOUNT Cancel

7. A confirmation email will be generated and sent to the email used for registration. Check your email and click on the link of the confirmation to confirm you MUSC Virtual Health account.

Please Confirm Your Account



Hi Brenda!

Please confirm your MUSC Health Virtual Care account email through the following link:

CONFIRM MY ACCOUNT

CUSTOMER SUPPORT, TREATMENT PLAN OR PRESCRIPTION QUESTIONS:

Please call MUSC Health Virtual Care support at (843) 491-1269.

Thank you for using MUSC Health Virtual Care,
The MUSC Health Virtual Care Team

Having trouble with the link? Copy & paste the following into your browser.
https://muscvirtualcare.zipnosis.com/patient/confirmation?confirmation_token=PeuQBtwSaeJ_XB7qVcPT

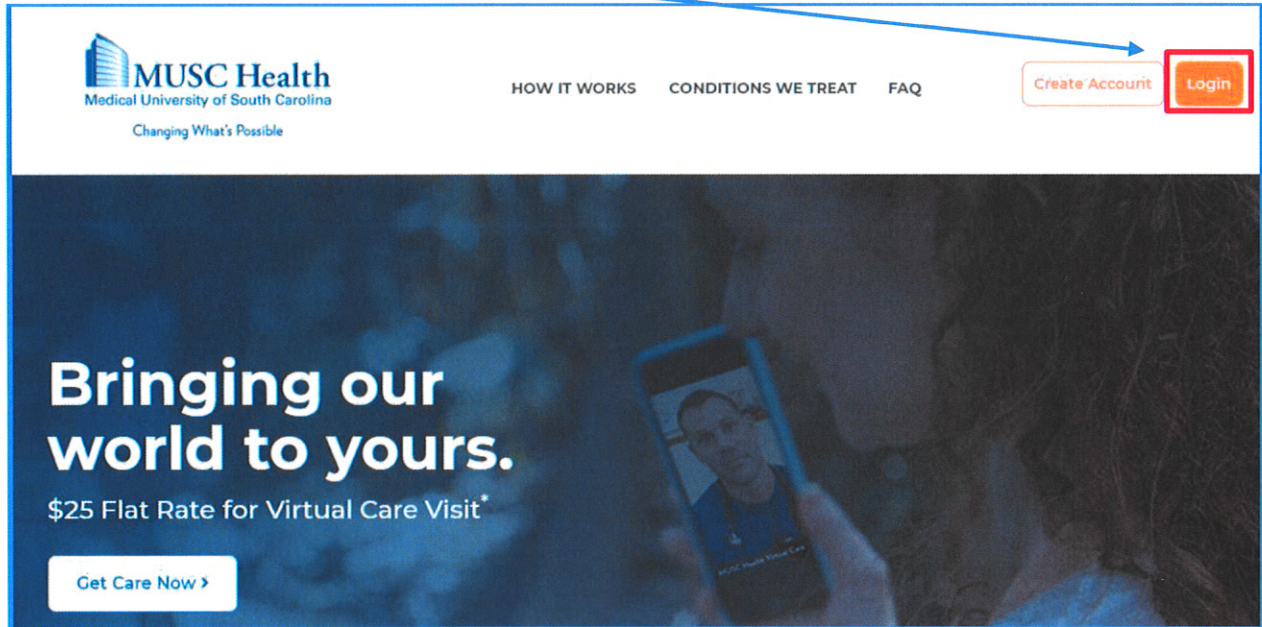
[Terms of Service](#) | [Privacy Policy](#) | [FAQ](#) | Customer Support - (843) 491-1269

Your account has now been created! You are now ready to start your visit!

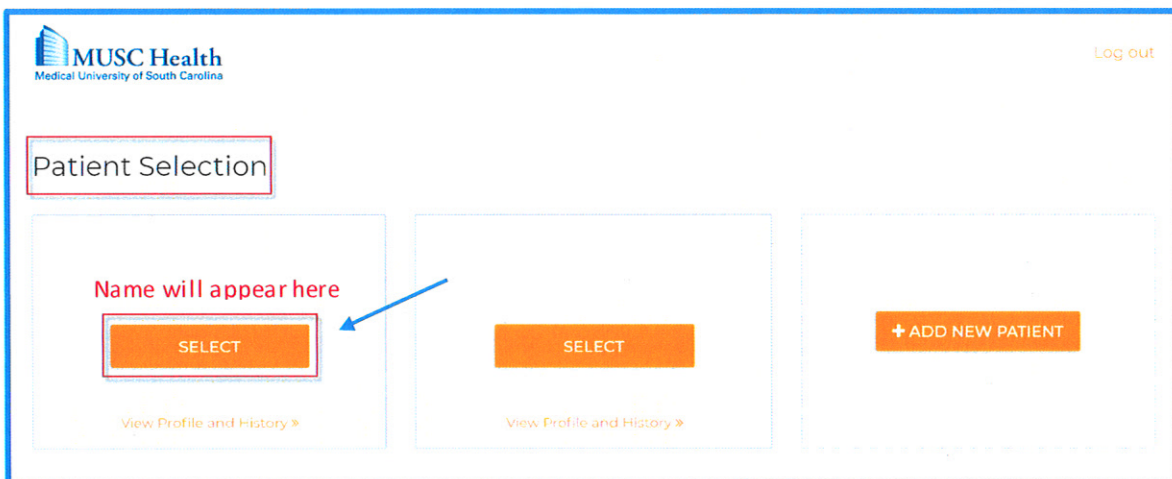
Please call **843-792-1892** with any questions or concerns related to setting up your account.

Steps to Complete a COVID-19 Online Screening in MUSC Health Virtual Care

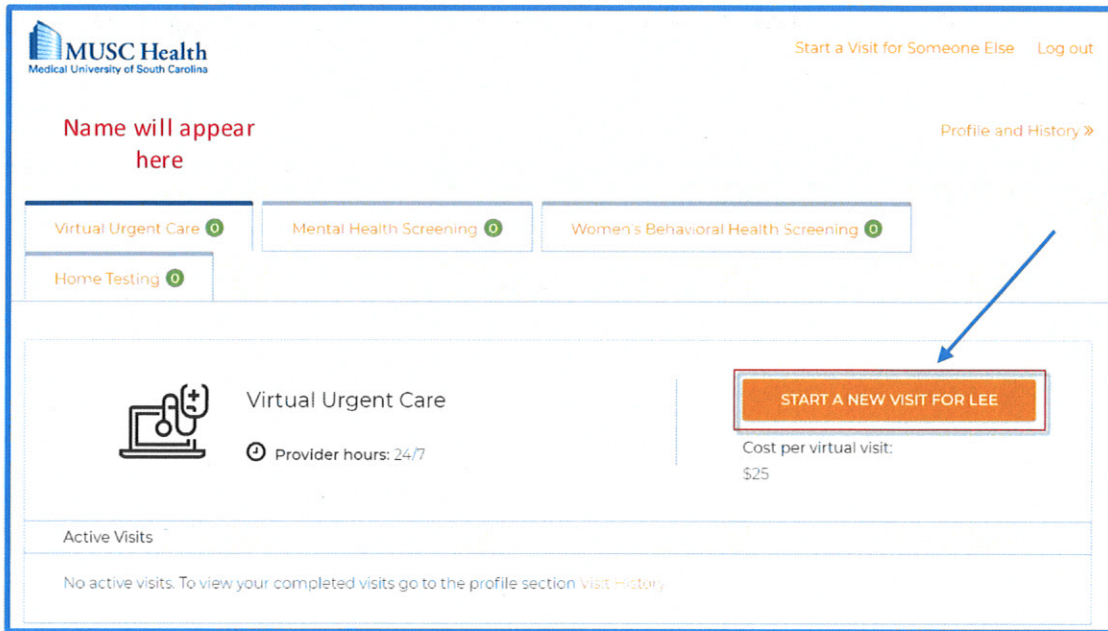
1. **Navigate to [musc.care](https://musccare.com)**
 - This will launch MUSC Health Virtual Care.
 - **Login.**



2. **Select the appropriate patient for the virtual visit.**

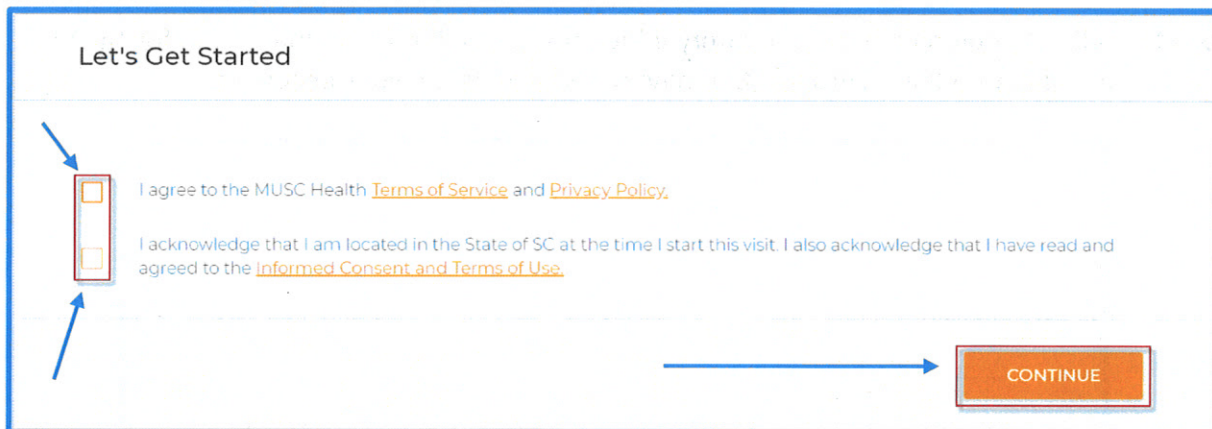


3. Select "Start a New Visit".



4. Agree to the MUSC Health Terms of Service and Privacy Policy and **acknowledge** the Informed Consent and Terms of Use.

- Click **Continue**.



5. **Indicate** if you have a serious health problem.

- If you are completing a MUSC Health Virtual Urgent Care encounter for COVID-19 screening, select **“No”**. Online COVID-19 screening is available for patients regardless of serious health conditions.
- Click **continue**.

Do you have a serious health problem?

You should not use MUSC Health Virtual Care for a serious health problem. Some examples of serious health issues are:

- Chest Pain
- Excessive bleeding
- If you have certain immune disorders or are currently undergoing chemotherapy
- If you had a recent surgery or hospitalization (within the last 14 days)

IF YOU ARE HERE FOR ONLINE COVID-19 SCREENING, PLEASE SELECT "NO" BELOW. ONLINE COVID-19 SCREENING IS AVAILABLE FOR PATIENTS REGARDLESS OF SERIOUS HEALTH CONDITIONS.

Do you have a serious health problem?

Yes No

CONTINUE

6. **Select** COVID-19 (Coronavirus), Respiratory Infections, and Allergies as the reason for the visit.

- Click **select** on the COVID-19 (Coronavirus) Visit to begin your encounter.

What is the reason for this visit?

COVID-19 (Coronavirus), Respiratory infections, and Allergies

Women's health

Eye, ear, and mouth problems

COVID-19 (Coronavirus) Visit
Evaluation of possible COVID-19 (Coronavirus) by a healthcare provider

Cold, Sinus Infection, or Influenza (Flu)
Stuffy or runny nose, cough, sore throat, headache, fever, muscle aches

Hay Fever/Allergies
Stuffy or runny nose, sneezing, eye redness or itchiness of the eyes, ears, nose, or throat caused by allergies

SELECT

SELECT

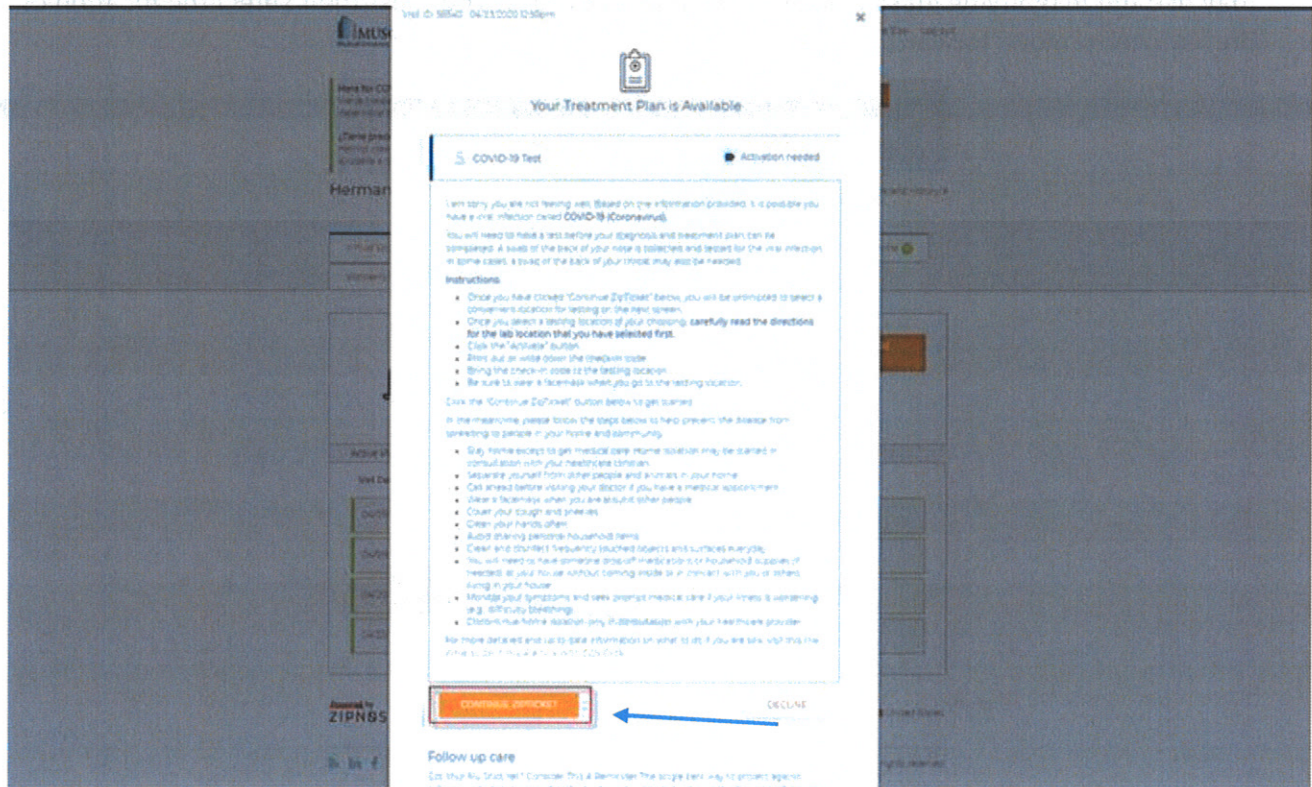
SELECT

7. Once you complete your encounter, **route** to the provider for review.

- Following the provider's review and assessment, you will receive an email informing you that the encounter summary is available via the musc.care portal.

- Closely follow any instructions you receive from the provider.

8. Once provider has reviewed the encounter, they will issue a ZipTicket. You will need to login to your MUSC account to access your summary and ZipTicket.



- Once you click "Continue ZipTicket" as indicated above. You will be routed to a screen to select a location for your testing. The locations that appear will be sites within 60 minutes of your location. You may use the magnifying glass to search for other locations. You must then select the location of preference to move forward.

The screenshot shows the MUSC Health website interface. At the top, there is a navigation bar with the MUSC Health logo, a 'Training' button, and links for 'Start a Visit for Someone Else', 'Dashboard', and 'Log out'. Below the navigation bar is a map of Columbia, SC, with a magnifying glass icon highlighted in the top left corner. Below the map, there is a section titled 'Locations near you' with a note: 'Your ZipTicket is not yet active. Once you have chosen your location you must click the Select Location button next to it to continue.' A table lists the details for 'Doctors Care Cayce':

Doctors Care Cayce	Phone	Hours
Address 977 Knox Abbott Drive Cayce, SC	1-803-758-2596	Monday - Saturday 9am - 5pm

A blue arrow points from the magnifying glass icon on the map to the 'SELECT LOCATION' button in the table. Below the table, there is a 'Powered by ZIPNØSIS' logo and a footer with links for 'Accessibility', 'Terms of Service', 'Privacy Policy', 'FAQ', and 'Click here for help', along with a US flag and 'United States' text.

10. Once you select the location of your testing, you will need to click “Activate” on the next screen (shown below)

Activate ZipTicket

COVID-19 Test

Directions for Doctors Care Cayce

Please do not go straight to the testing center. You will receive a call within 24 hours to schedule an appointment. An appointment is REQUIRED for testing.

Address [Change](#)
977 Knox Abbott Drive
Cayce, SC 29203

Phone
1 (803) 758-2596

Hours
Monday - Saturday, 10am - 1pm

ACTIVATE



11. Once you activate, you can retrieve your ZipTicket for specimen collection site instructions. You should follow the instructions carefully.



Your Treatment Plan is Available

Dear Herman,

Instructions for Doctors Care Cayce

Please do not go straight to the testing center. You will receive a call within 24 hours to schedule an appointment. An appointment is REQUIRED for testing.

COVID-19 Test Result

I am sorry you are not feeling well. Based on the information provided, it is possible you have a viral infection called COVID-19 (Coronavirus).

Your ZipTicket is now active.

Carefully read the directions on your printable ticket before doing anything else.

If you have already completed your testing, your healthcare provider will contact you with your test results when available, and talk to you about what to do next.

In the meantime, please follow the steps below to help prevent the disease from spreading to people in your home and community:

- Stay home except to get medical care. Home isolation may be started in consultation with your healthcare clinician.
- Separate yourself from other people and animals in your home.
- Call ahead before visiting your doctor if you have a medical appointment.
- Wear a facemask when you are around other people.
- Cover your cough and sneezes.
- Clean your hands often.
- Avoid sharing personal household items.
- Clean and disinfect frequently touched objects and surfaces everyday.
- You will need to have someone drop off medications or household supplies (if needed) at your house without coming inside or in contact with you or others living in your house.
- Monitor your symptoms and seek prompt medical care if your illness is worsening (e.g. difficulty breathing).
- Discontinue home isolation only in consultation with your healthcare provider.

For more detailed and up to date information on what to do if you are sick, visit this link: [What to Do if You Are Sick With Coronavirus Disease 2019 \(COVID-19\)](#)

LAB DETAILS ←

Follow up care

Got Your Flu Shot Yet? Consider This A Reminder The single best way to protect against influenza is to get vaccinated each year because protection against the flu wears off over time. In addition, the flu strains in the vaccine often change from year-to-year in order to match the flu viruses expected to be circulating in the community. For more information please call 843-792-7000.

Quarantine areas are subject to change at any time. DO NOT TRAVEL

Travel Quarantine Areas – 6/9/20

- **All International Travel**
- **All Cruise Ships**
- **Within the US**
 - **States:**
 - Alabama
 - Arizona
 - California
 - Colorado
 - Connecticut
 - DC
 - Delaware
 - Florida
 - Georgia
 - Illinois
 - Indiana
 - Iowa
 - Louisiana
 - Massachusetts
 - Maryland
 - Michigan
 - Minnesota
 - Mississippi
 - New York
 - New Jersey
 - North Carolina
 - Ohio
 - Pennsylvania
 - Rhode Island
 - Tennessee
 - Texas
 - Virginia
 - Washington
 - **Counties:**
 - **Arkansas:** Crittenden, Garland, Jefferson, Lincoln, Pulaski, Washington, Benton, St. Francis, Craighead, Faulkner, Pope, Saline, Sevier, Union, Yell
 - **Idaho** - Ada, Blaine, Canyon, Twin Falls, Jerome
 - **Kansas** – Seward, Ford, Sedgwick, Johnson, Wyandotte, Leavenworth, Lyon, Finney, Shawnee
 - **Kentucky** – Jefferson, Warren, Kenton, Fayette, Hopkins, Daviess, Boone, Graves, Muhlenberg, Butler, Campbell, Shelby, Ohio, Logan, Grayson, Bullitt, Christian, Henderson, Hardin
 - **Maine** – Androscoggin, Cumberland, Kennebec, York, Penobscot
 - **Missouri** – Franklin, St. Louis, St. Charles, Kansas City, Jackson, Jefferson, Saline, Buchanan, Boone, Clay, Greene, Scott
 - **Nebraska** – Dakota, Douglas, Hall, Dawson, Lancaster, Adams, Colfax, Platte, Madison, Sarpy, Saline, Dodge, Buffalo
 - **New Hampshire** – Hillsborough, Merrimack, Rockingham, Strafford
 - **New Mexico** – San Juan, McKinley, Sandoval, Bernalillo, Dona Ana, Santa Fe, Cibola
 - **Nevada** – Clark, Washoe
 - **North Dakota:** Cass, Grand Forks, Burleigh
 - **Oregon** – Clackamas, Marion, Multnomah, Washington, Linn, Deschutes, Umatilla
 - **Oklahoma** – Oklahoma, Tulsa, Cleveland, Washington, Wagoner, Texas, Comanche, Canadian, Caddo, McClain, Delaware
 - **South Dakota** – Minnehaha, Lincoln, Brown, Beadle, Pennington
 - **Utah** - Salt Lake, Summit, Utah, Davis, Wasatch, Weber-Morgan, Southwest Utah, San Juan, Bear River, Tooele
 - **West Virginia:** Berkeley, Jackson, Kanawha, Monongalia, Jefferson, Monongalia, Randolph
 - **Wisconsin** – Milwaukee, Dane, Waukesha, Brown, Kenosha, Racine, Rock, Walworth, Outagamie, Ozaukee, Washington, Dodge, Eau Claire, Fond du Lac, Jefferson, Winnebago

Emergency Paid Sick Leave – Request Form

1.) Name:

2.) SCEIS/Employee Number:

Date of Requested Leave	Number of Leave Hours Requested

• Reason Leave is Being Taken (check one):

- Reason One: The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Two: The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Three: The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis. (Leave provided at regular rate of pay up to \$511.00 per day.)
- Reason Four: The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in reason 1. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- Reason Five: The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)
- Reason Six: The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. (Leave provided at two-thirds the employees’ regular rate of pay to \$200.00 per day.)

Required Documentation: Documentation supporting the need and reason for leave should be attached to this form.

Note: Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

Employee Signature

Date

Emergency Family and Medical Leave Expansion Act Leave – Request Form

1.) Name:

2.) SCEIS/Employee Number:

Date of Requested Leave	Number of Leave Hours Requested

Required Documentation: Documentation supporting the need and reason for leave should be attached to this form.

Note: Emergency Paid Sick Leave can be used during the first 10 days of EFMLA to provide payment during the initial 10 days of EFMLA which is not paid.

This form should only be used for leave requested under the EFMLA. Leave taken under other provisions of the FMLA should be requested in accordance with the FMLA procedure.

Employee Signature

Date

**Emergency Paid Sick Leave and Emergency Family and Medical Leave Expansion Act (EFMLA) Leave
Supplemental Leave – Request Form**

1.) Name:

2.) SCEIS/Employee Number:

The pay provided under the Emergency Paid Sick Leave Act and EFMLA may be less than an employee's normal rate of pay because of limitations on the pay rate which will be paid under these leave types or daily or aggregate limits. In this situation, employees may use available accrued leave (i.e. sick leave, annual leave and compensatory time) to augment leave taken pursuant to the Emergency Paid Sick Leave Act and EFMLA to increase the pay received up to their regular salary rate. Leave can only be taken which is available to the employee as of the date the Emergency Paid Sick Leave or EFMLA leave is taken. Employees may check their leave balances by through SCEIS Central.

Would you like to use accrued leave to augment leave taken pursuant to the Emergency Paid Sick Leave Act or the Emergency Family and Medical Leave Expansion Act to increase your paid leave up to your regular salary rate?

- Yes
- No

If you answered yes to the question above, you must indicate which leave types will be used.

It is recommended that leave be applied in the following order in the amount necessary to bring the employee's pay up to their regular rate of pay until that leave type is exhausted and then moving on to the next leave type.

1. Sick Leave (including advanced sick leave)
2. Compensatory Time (including holiday compensatory time)
3. Annual Leave

Would you like your leave applied in this way?

- Yes
- No

If you answered no to the question above, you must indicate the amount and type of leave you would like to take. You may not take leave beyond the amount which results in your regular rate of pay.

For assistance in calculating this amount please contact your human resources office.

Employee Signature

Date

Families First Coronavirus Response Act – Employee Guidance

On March 18, 2020, the “Families First Coronavirus Response Act” (FFCRA or Act) was signed into law. The FFCRA contains two different paid leave types related to the 2019 novel coronavirus (COVID-19) that apply to South Carolina state government agencies and institutions:

- **Emergency Family and Medical Leave Expansion Act (EFMLA):** Expands the federal Family and Medical Leave Act to provide leave for employees who are unable to work, including work-from-home, as a result of having to care for a minor child due to a COVID-19 related closure of a school or child care center.
- **Emergency Paid Sick Leave Act:** Provides up to 80 hours of paid sick leave for employees for six qualifying reasons related to COVID-19.

Both paid leave provisions take effect April 1, 2020, and both expire Dec. 31, 2020.

Emergency Family and Medical Leave Expansion Act

The EFMLA amends and expands the federal Family and Medical Leave Act (FMLA), on a temporary basis, to provide qualifying employees 12 weeks of leave if the employee is unable to work, including work-from-home, due to the need to care for the employee’s child (under 18 years of age) if the child’s school or place of care is closed or the child care provider is unavailable due to a public health emergency.

- **Who is eligible to take EFMLA?** Employees are eligible to take leave under the EFMLA Act if they have been employed at least 30 calendar days. This includes employees in non-FTE and non-leave accruing positions. If the employee worked as a temporary, time-limited or temporary grant employee and was then transitioned to an FTE position, the total time worked in both positions should be added to determine if the 30-day timeframe has been met. The FFCRA permits employers to exclude an employee who is a health care provider or an emergency responder taking Emergency Paid Sick Leave and EFMLA leave. (See definition of health care provider and emergency responder under General Information.)
- **Is EFMLA leave paid or unpaid?** The first 10 workdays of the 12 workweeks of leave provided under the EFMLA are unpaid, but in accordance with standard FMLA administration, employees may use any paid leave available concurrently with EFMLA leave during this 10-day period. After the first 10 workdays, paid leave must be provided for the remaining leave taken under the EFMLA. This includes leave taken by employees who do not currently earn leave including temporary, temporary grant and time-limited employees. The Emergency Family and Medical Leave Expansion Act requires you to pay an employee for hours the employee would have been normally scheduled to work even, if that is more than 40 hours in a week.

- **Is the leave paid at the employees' regular rate of pay?** The paid leave provided to eligible employees is calculated at two-thirds of an employee's regular rate of pay and should be based on the number of hours the employee would otherwise be normally scheduled to work. Paid leave under the EFMLA is capped at \$200 per day and \$10,000 in the aggregate. Employees can use any accrued leave to augment leave taken pursuant to the EFMLA up to their regular salary rate.
- **Does EFMLA leave carry-over to next year?** Leave may be used at any time between April 1- Dec. 31, 2020, but paid leave provided under the Act does not carry over from year to year.
- **How is 30 calendar days calculated for purposes of determining eligibility for EFMLA?** An employee is considered to have been employed for 30 calendar days if the employee has been on payroll with any state agency for the 30 calendar days immediately prior to the day the leave would begin. This does not necessarily mean that the employee has actually worked 30 calendar days. For example, if I was placed on payroll beginning March 2, 2020, my eligible begins 30 calendar days from March 2, 2020, even if I only worked Monday through Friday of this period.

If an employee has been working for an agency as a temporary employee, and the employee is subsequently hired into an FTE-position, the days previously worked as a temporary employee count toward this 30-day eligibility period.

- **Is the 12 workweeks of leave provided under the EFMLA included in the 12 workweeks of leave provided by the FMLA?** Yes. Employees are limited to a combined total of 12 weeks of leave taken under the EFMLA and FMLA during a calendar year. If an employee has already taken 12 workweeks of FMLA leave during the applicable 12-month period, they may not take additional leave under the EFMLA.

Emergency Paid Sick Leave Act

The Emergency Paid Sick Leave Act is a new, temporary form of leave that applies to any public agency, including all South Carolina state government agencies and institutions. State employees may take up to 80 hours of paid sick leave for one of six qualifying reasons outlined below. This includes employees who do not currently earn leave including temporary, temporary grant and time-limited employees. Employees are eligible from their first day of employment.

- **What are the qualifying reasons for paid sick leave?** An agency must provide paid sick leave if the employee is unable to work (or work-from-home) because:
 1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 4. The employee is caring for an individual who is subject to an order as described in paragraph 1 or has been advised as described in paragraph 2. Please note that the person being cared for does not have to be related to the employee for the employee to qualify for leave.
 5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions
 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
- **Does Executive Order 2020-11 constitute a quarantine or isolation order?** Yes, Governor McMaster's Executive Order requiring that all non-essential state employees not report to work constitutes a "Federal, State, or local quarantine or isolation order related to COVID-19." Therefore, all employees who are unable to work-from-home and have been ordered not to report to the worksite would qualify for this leave.
 - **Are there any exceptions?** An employer of an employee who is a health care provider or an emergency responder may elect to exclude such employee from the application of this subsection. (See definition of health care provider and emergency responder under General Information.)
 - **How many hours of paid sick leave can be taken?** Full-time employees (those who are regularly scheduled to work 37.5 or 40 hours per week) are entitled to 80 hours of paid leave. The Emergency Paid Sick Leave Act requires that paid sick leave be provided for the hours the employee would have been normally scheduled to work even if that is more than 37.5 or 40 hours in a week. For example, an employee who is scheduled to work 50 hours a week may take 50 hours of paid sick leave in the first week and 30 hours of paid sick leave in the second week. In any event, the total number of hours paid under the Emergency Paid Sick Leave Act is capped at 80.
 - **Is the paid sick leave paid at the employees' regular rate of pay?** It depends on the reason for leave. If leave is taken for the first three reasons listed in the Act as noted below, the employee is paid their regular rate of pay up to \$511.00 per day or \$5,110 in the aggregate. If leave is taken for any other eligible reason (reasons four through six listed in the Act as noted below), the employee is paid two-thirds of the employee's regular rate of pay up to a maximum of \$200 per day and \$2,000 in the aggregate.

Employees can use any accrued leave to augment leave taken pursuant to the Emergency Paid Sick Leave Act up to their regular salary rate.

- **Which qualifying reasons for leave are paid at the employees' regular rate of pay up to \$511.00 per day?**
 1. The employee is subject to a Federal, State, or local quarantine or isolation orders related to COVID-19.
 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.

- **Which qualifying reasons for paid sick leave are paid at two-thirds the employees' regular rate of pay to \$200.00 per day?**
 4. The employee is caring for an individual who is subject to an order as described in subparagraph 1 or has been advised as described in paragraph 2.
 5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.
 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

- **Are part-time employees entitled to the same amount of leave?** Part-time employees, including employees in part-time FTE positions, are entitled to paid leave for the number of hours equal to the number of hours that such employee works, on average, over a two-week period.

- **Does paid sick leave carry-over to next year?** Leave may be used at any time between April 1-Dec. 31, 2020, but paid leave provided under the Act does not carry over from year to year.

General Information

- **Can Emergency Paid Sick Leave or EFMLA leave be used for absences before April 1, 2020?** No. Emergency Paid Sick Leave and EFMLA cannot be provided retroactively.

- **Can employees take Emergency Paid Sick Leave or E-FMLA leave intermittently (i.e. in less than full-day increments) while working from home or the physical workplace?** Yes, if an employee is unable to work their normal schedule of hours due to one of the

qualifying reasons in the Emergency Paid Sick Leave Act. In that situation, the employee may take paid sick leave intermittently. Similarly, if the employee is prevented from working their normal schedule of hours because they need to care for their child whose school or place of care is closed, or child care provider is unavailable, because of COVID-19 related reasons, the employee can take expanded family medical leave intermittently.

- **Are employees required to take other types of leave (e.g. annual leave, sick leave and family sick leave) before taking EFMLA leave or Emergency Paid Sick Leave?** No. An employer cannot require an employee to take other leave prior to taking Emergency Paid Sick Leave or EFMLA leave. The employee may, however, elect to use other leave to supplement the paid leave provided under the FFCRA in order to receive their full salary. Employees may also choose to use other types of leave available prior to taking emergency paid sick leave or EFMLA leave.
-

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:

1-866-487-9243

TTY: 1-877-889-5627

dol.gov/agencies/whd





PRAYERS CARE LINE

Chaplains will be available to offer employees and staff
encouraging Prayer each day beginning

Saturday, April 4, 2020!!

Chaplains will be on the Prayer Care Line daily at the times
below:

8:00am - 8:30am

11:30am – 12:00pm

4:00pm – 4:30pm

A Chaplin will be available during these times to support you at:

1-800-753-1965

Access Code: 8961235



CORONAVIRUS (COVID-19) RESOURCES FOR SCDC EMPLOYEES

SCDC wants you to know it is okay to reach out and get the connections you need. We are here to support you. Times of uncertainty, like COVID-19 can make you feel afraid, frustrated and even desperate. We know it isn't easy. Everyone reacts to stress differently and it's important you take care of yourself during this time. Together, we can make it through the Coronavirus (COVID-19) crisis. Below are some free services you can reach out to for help.

- SCDC Critical Incident Stress Management Team (CISM)
Peer Team trained to provide one-to-one support services to SCDC employees and their families following critical incidents both at work or in their personal lives. With the exception of mandated reporting situations, CISM Services are confidential.
cism@doc.sc.gov
(803) 896-7498
- Supporting Our Staff Hotline (SOS)
Supportive anonymous hotline organized through the SC Department of Mental Health to provide supportive assistance related to the COVID pandemic, open 8am-8pm, Monday-Friday
(803) 563-8842
- Employee Assistance Program (EAP)
www.dearokseap.com
(866) 327-2400
- Community Crisis Response and Intervention Hotline (CCRI)
Call center for the general public, open 24/7
(833) 364-2274
- American Foundation for Suicide Prevention
Individuals anxious about the COVID-19 can text HOME to 741741 and they will be connected with a trained crisis counselor to help or call (800) 273-TALK (8255)

****If you need immediate support outside of SOS operating hours, please go to your nearest emergency department. PRISMA and Richland Hospital have psychiatric emergency departments.

Here are also some helpful internet links to further resources that can assist you:

- [CDC Tips for Coping with Stress and Anxiety](#)
- [CorrectionsOne.com – A letter to my corrections family](#)
- [Stress management strategies for corrections officers](#)
- [How to Cope with Anxiety and Uncertainty](#)
- [Living with Uncertainty: From Panic to Peace](#)

Caring for ourselves is important. Below are common signs of distress to look out for. Please remember to seek assistance if you recognize these signs:

- Feelings of numbness, disbelief, anxiety or fear
- Changes in appetite, energy, and activity levels
- Difficulty concentrating
- Difficulty sleeping or nightmares and upsetting thoughts and images
- Physical reactions, such as headaches, body pains, stomach problems, and skin rashes
- Worsening of chronic health problems
- Anger or short-temper
- Increased use of alcohol, tobacco, or other drugs

Below are some helpful tips for coping with stress on your own:

1. Take deep breaths: *Breath in for five seconds, breath out for six seconds, repeat for two minutes and focus only on your breath, if your mind wanders, gently refocus on your breathing without judgment*
2. Stretch
3. Meditate: *Find quiet time to focus on images that make you happy and celebrate positive things that happen throughout the day, rather than focusing only on the negative*
4. Eat healthy, well-balanced meals
5. Take a break from watching, reading, or listening to news stories
6. Try to keep regular routines
7. Connect with family and friends through calls or texts
8. Find someone you trust to talk about how you are feeling, utilize resources to get support
9. Focus on gratitude: *Write down three things you are grateful for every day*
10. Acknowledge something you have done well lately
11. Focus on your senses: *Take five minutes and focus only on what you see, hear, taste, feel, and smell without judgment*
12. Remind yourself of the importance and meaning in your work: *You have made efforts and sacrifices to help others in a crisis*

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Confidentiality Agreement

Purpose: To maintain the confidentiality of any and all Agency records, including those related to COVID-19 screening and those accessible through the South Carolina Enterprise Information System (SCEIS) and SCDC automated systems.

The South Carolina Department of Corrections maintains personal and confidential information regarding many citizens: registered victims and witnesses; visitors and volunteers; current and former inmates; and current and former employees.

As an employee with the South Carolina Department of Corrections:

- ✓ I understand and agree that I must keep this information confidential and must not disclose this information to persons within the Agency who have no job-related need to know the information or to persons outside the Agency without proper authorization from the Agency.
- ✓ I agree that I will not, at any time during or after my employment with the Agency, directly or indirectly, orally or in any written form, disclose any of this confidential information unless such disclosure is required as a part of my job, pursuant to an appropriate audit, or by proper authorization from the Agency.
 - This specifically includes information related to SCDC employee and inmate screening for COVID-19. This information is confidential and must not be released in any manner to anyone who is not authorized to have the same.
 - I understand it is my responsibility to confirm that the person to whom I release the information is authorized to have it.
- ✓ I also agree that I will not remove any of this confidential information from the Agency without prior, proper authorization from the Agency.
- ✓ I also agree that if I receive a subpoena, Freedom of Information Act request, or other request for disclosure of any of this confidential information, I will forward that request to the appropriate person designated by the Agency to respond to the request.
- ✓ I am aware that SCDC policies, including ADM-15.05, "Security and Use of Information Technology", ADM-15.03, "Information Technology Requests," and ADM-15.14, "E-mail Retention, Backup and Archival," contain specific information concerning SCDC requirements for Information Technology and Security.
- ✓ And, I understand that if I breach this Confidentiality Agreement, I am subject to corrective action by the Agency, up to and including termination.

EMPLOYEE ID and PRINTED NAME

EMPLOYEE SIGNATURE

DATE

SIGNATURE OF AGENCY WITNESS

South Carolina Department of Corrections (SCDC) COVID-19 Plan de Accion

SCDC administra un sistema correccional a nivel estatal que involucra 21 prisiones ubicadas en todo el estado, que son de varios niveles de seguridad misiones especializadas. Las actividades de la Primera Fase incluyeron orientación de la División de Servicios Médicos con respecto a la descripción de la enfermedad, donde la infección fue y las mejores prácticas para mitigar la transmisión. Un grupo de trabajo de la agencia estaba trabajando en junto con expertos en la materia de la Oficina del Gobernador, Departamento de Salud de S.C. y Control Ambiental, División de Manejo de Emergencias y otras agencias estatales. SCDC la planificación se estructura mediante el marco del Sistema de Comando de Incidentes (ICS).

Como resultado de estos esfuerzos en curso, SCDC, después de la coordinación con la DHEC y la Office está implementando la fase dos de nuestra respuesta COVID-19. Con efecto inmediato, el las SCDC están desplegando las siguientes medidas con el fin de mitigar la propagación de COVID-19, reconociendo que el estado tendrá más casos confirmados en las próximas semanas. Estos se están aplicando medidas para garantizar la seguridad de nuestros reclusos y la operación del sistema penitenciario estatal y para garantizar que el personal siga estando sano y disponible para deber.

VISITACIÓN: La visita se suspenderá por 30 días, momento en el cual la suspensión será reevaluado. Para garantizar que los reclusos mantengan lazos sociales, SCDC y GTL permitirán dos llamadas gratuitas por semana entre el 17 de marzo de 2020 y el 13 de abril de 2020.

VISITAS LEGALES: El acceso a los abogados sigue siendo un requisito primordial en la SCDC, pero al igual que las visitas, el SCDC está mitigando el riesgo de exposición creado por visitantes externos. Los abogados que buscan una visita en persona con su cliente o una llamada confidencial deben comunicarse con la institución para organizar. El abogado tendrá que someterse a un examen utilizando los mismos procedimientos que el personal y completar un formulario de Atestación de Enfermedad No Conocida (Formulario M-217 de la SCDC). Los abogados también deben mantener el distanciamiento social de 6' de su cliente.

MOVIMIENTO INTERNO: Todas las transferencias de las instalaciones de reclusos serán suspendidas, a menos que sea médicamente necesaria, por 30 días, momento en el cual la suspensión será reevaluada o por la aprobación del Director Adjunto de Operaciones. La admisión de nuevos reclusos continuará; sin embargo, dichos reclusos serán examinados, revisados para la exposición y aislados o puestos en cuarentena como se considere apropiado.

LIBERACIÓN DE TRABAJO Y CREWS DE LABOR: Todos los equipos de liberación de trabajo y mano de obra serán 14 días y luego se reevaluará. Las excepciones de los equipos de trabajo son las siguientes: equipos de Goodman para la gestión de instalaciones, servicios de apoyo y transporte y Camille Graham tripulación para la oficina central y la oficina de Reclutamiento.

MANTENIMIENTO INSTITUCIONAL: Las necesidades de mantenimiento institucional se evaluarán caso por caso y se centrarán en las funciones esenciales.

VOLUNTARIOS: Las visitas de voluntarios se suspenderán durante 14 días, momento en el que se reevaluará la suspensión. Las excepciones serán aprobadas por el Director Adjunto de Operaciones.

EVALUACIÓN DEL PERSONAL: La mejora del examen de salud del personal se llevará a cabo en todo el estado. Dicho examen incluye autoinformes y controles de temperatura para los próximos 30 días, momento en el que el proceso será reevaluado.

EVALUACIÓN DE INMATES: El SCDC mantiene un programa de manejo de enfermedades infecciosas como una cuestión de rutina. Para abordar los problemas específicos relacionados con COVID-19, el SCDC utiliza las siguientes prácticas:

- Todos los reclusos de SCDC recién llegados están siendo examinados para detectar el riesgo de exposición a COVID-19 factores y síntomas.
- Los reclusos asintomáticos con factores de riesgo de exposición están en cuarentena.
- Los reclusos sintomáticos con factores de riesgo de exposición son aislados y probados para COVID-19 por protocolos de la autoridad sanitaria de la SCDC.

OPERACIONES MODIFICADAS: Durante los próximos 30 días, el SCDC implementará operaciones modificadas para maximizar el distanciamiento social y limitar las reuniones grupales en nuestras instalaciones. Por ejemplo, dependiendo de la población de la instalación y el diseño físico, la institución puede implementar horarios de comidas escalonadas, recreación, etc. Estas modificaciones se reevaluarán en 30 días.

*Tenga en cuenta que este plan de acción se reevaluará según sea necesario.

Stop the Spread of Germs

Help prevent the spread of respiratory viruses like COVID-19 and flu.

What are the symptoms?



Fever



Cough



Shortness of Breath

How is it prevented?



Wash hands often



Avoid touching eyes, nose, or mouth with unwashed hands



Avoid contact with sick people



Stay home while you are sick; avoid others



Cover mouth/nose with a tissue or sleeve when coughing or sneezing



Clean and disinfect frequently touched objects and surfaces

Detenga la propagación de microbios

Ayude a prevenir la propagación de virus respiratorios como COVID-19 y la gripe.

¿Cuáles son los síntomas?



Fiebre



Tos



Falta de aire

¿Cómo se previene?



Lávese las manos con frecuencia



Evite tocarse los ojos, la nariz o la boca con las manos sin lavar



Evite el contacto con personas enfermas



Quédese en su casa mientras está enfermo/a y evite estar en contacto con otras personas



Cúbrase la boca/la nariz con un papel tisú o con la manga de su ropa al toser o estornudar



Limpie y desinfecte los objetos y las superficies que se tocan frecuentemente

COVID-19

If you have recently traveled to an area that has COVID-19 transmission and are experiencing symptoms mentioned below, call ahead to your health care provider before seeking medical care.



What is it?

- A new respiratory virus first identified in Wuhan, China
- It has the potential to cause severe illness and pneumonia in some people

How is it spread?



Through the air by coughing and sneezing



Close personal contact, such as touching or shaking hands



Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes

Who is at risk?



Travelers to and from certain areas are at increased risk as are the close contacts of those who are ill



65 years and older and those with underlying health conditions



See travel guidance from the Centers for Disease Control and Prevention www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

What are the symptoms?

Illnesses can be mild, or in some cases be severe enough to require hospitalization. Symptoms of this respiratory illness primarily include:



Fever



Cough



Shortness of Breath

How is it prevented?

Similar to prevention of other respiratory illnesses, including the flu:

- **Wash hands** often
- **Avoid touching** eyes, nose, or mouth with unwashed hands
- **Avoid contact** with sick people
- **Stay home** while you are sick; avoid others
- **Cover mouth/nose** with a tissue or sleeve when coughing or sneezing



COVID-19

Si viajó recientemente a una zona donde existe contagio del COVID-19 y está teniendo los síntomas que se mencionan a continuación, llame a su profesional de la salud con anterioridad a buscar atención médica.



¿Qué es?

- Un nuevo virus de las vías respiratorias que se identificó por primera vez en Wuhan, China
- Tiene el potencial de provocar enfermedades graves y, en algunas personas, neumonía

¿Cómo se propaga?



A través del aire, por toser y estornudar



Por contacto personal cercano, como tocarse o darse un apretón de manos



Por tocar un objeto o superficie que tiene el virus y luego tocarse la boca, la nariz o los ojos

¿Quién está en riesgo?



Las personas que viajan desde y hacia ciertas áreas tienen un mayor riesgo ya que están en contacto cercano con aquellas personas que están enfermas



Personas mayores de 65 años o con condiciones subyacentes



Vea la guía de viajes de los Centros para el Control y Prevención de Enfermedades en www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

¿Cuáles son los síntomas?

La enfermedad puede ser leve o, en algunos casos, lo suficientemente grave como para requerir de una hospitalización. Los síntomas principales de esta enfermedad respiratoria incluyen:



Fiebre



Tos



Falta de aire

¿Cómo se previene?

De manera similar a la prevención de otras enfermedades respiratorias como la gripe:

- **Lávese las manos** con frecuencia
- **Evite tocarse** los ojos, la nariz o la boca con las manos sin lavar
- **Evite el contacto** con personas enfermas
- **Quédese en su casa** mientras está enfermo/a y evite estar en contacto con otras personas
- **Cúbrase la boca/la nariz** con un papel tisú o con la manga de su ropa al toser o estornudar



To check voice mail messages from an outside number, call **803-832-8888** and follow the prompts.

Hello, to access your mail box press #

Please enter your mail box number *It would be one of the following*

#1 – voice mail box **8031010158 (Illness section)**

#2 – voice mail box **8031010038 (Travel Section)**

#3 – voice mail box **8031010136 (Exposure Section)**

#4 – voice mail box **8031010123 (Mapping Section)**

#5 – voice mail box **8031010124 (Other Section)**

You will get one of the following responses, depending on which Option/voice mail box you have entered. The Press 1, 2, 3, 4, or 5 refers to the options or voice mail box you have accessed.

Medical Services, press 1 (Illness section)

Medical Services, press 2 (Travel Section)

Medical Services, press 3 (Exposure Section)

Medical Services, press 4 (Mapping Section)

Medical Services, press 5 (Other Section)

Please enter your password and then press #

password is 369512301 for all options

Reminder – you need to delete the messages by dialing directly into voicemail and deleting them.

Bill of Receipt of Goods

Re: SC DOT PO 4600762432

Date: March 20, 2020

From: Six and twenty Distillery

Goods:

1 x 55 gallons of hand sanitizer

Delivered to:

SC Department of Corrections

4444 Broad River Road

Columbia, SC 29221

Received by:

Signature:

Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency Immediately in Effect Guidance for Industry

FDA is issuing this guidance for immediate implementation in accordance with 21 CFR 10.115(g)(2). Comments may be submitted at any time for Agency consideration. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. Submit electronic comments to <https://www.regulations.gov>. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this document, contact FDA's human drug compounding team (CDER) at compounding@fda.hhs.gov.

**U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)**

**March 2020
Compounding**

Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency Immediately in Effect Guidance for Industry

*Additional copies are available from:
Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10001 New Hampshire Ave., Hillandale Bldg., 4th Floor
Silver Spring, MD 20993-0002
Phone: 855-543-3784 or 301-796-3400; Fax: 301-431-6353
Email: druginfo@fda.hhs.gov*

<https://www.fda.gov/drugs/guidance-compliance-regulatory-information/guidances-drugs>

**U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)**

**March 2020
Compounding**

Contains Nonbinding Recommendations

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Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency Immediately in Effect Guidance for Industry¹

This guidance represents the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA office responsible for this guidance as listed on the title page.

I. INTRODUCTION

Due to the Coronavirus Disease 2019 (COVID-19) pandemic, the Food and Drug Administration (FDA or Agency) has received a number of queries concerning compounding of alcohol-based hand sanitizers. The Agency is issuing this guidance to communicate its policy for the temporary compounding of certain alcohol-based hand sanitizer products by pharmacists in State-licensed pharmacies or Federal facilities and registered outsourcing facilities (referred to collectively in this guidance as compounders) for the duration of the public health emergency declared by the Secretary of Health and Human Services (HHS) on January 31, 2020.²

In light of the public health emergency posed by COVID-19, this guidance is being implemented without prior public comment because the FDA has determined that prior public participation for this guidance is not feasible or appropriate (see section 701(h)(1)(C)(i) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 371(h)(1)(C)(i) and 21 CFR 10.115(g)(2)). This guidance document is immediately in effect, but it remains subject to comment in accordance with the Agency's good guidance practices.

In general, FDA's guidance documents do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

¹ This guidance has been prepared by the Office of Compliance in the Center for Drug Evaluation and Research at the Food and Drug Administration.

² The HHS Public Health Emergency Declaration is available at <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>.

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II. BACKGROUND

There is currently an outbreak of respiratory disease caused by a novel coronavirus that was first detected in Wuhan City, Hubei Province, China, and that has now been detected in many locations internationally, including cases in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “Coronavirus Disease 2019” (COVID-19). SARS-CoV-2 has demonstrated the capability to rapidly spread, leading to significant impacts on healthcare systems and causing societal disruption. The potential public health threat posed by COVID-19 is high, both globally and to the United States. On January 31, 2020, the Secretary of HHS determined that a public health emergency exists.

Hand hygiene is an important part of the U.S. response to COVID-19. Washing hands often with soap and water for at least 20 seconds is essential, especially after going to the bathroom, before eating, and after coughing, sneezing or blowing one’s nose. If soap and water are not readily available, the Centers for Disease Control and Prevention (CDC) recommends consumers use an alcohol-based hand sanitizer that contains at least 60 percent alcohol (also referred to as ethanol or ethyl alcohol).³

III. DISCUSSION

We understand that some consumers and health care professionals are currently experiencing difficulties accessing alcohol-based hand sanitizers. We are also aware of reports that some consumers are producing hand sanitizers for personal use; the Agency lacks information on the methods being used to prepare such products and whether they are safe for use on human skin. We further recognize that compounders, relative to untrained consumers, are more familiar with standards and methods for producing drug products.

Because of the public health emergency posed by COVID-19, FDA does not intend to take action against compounders⁴ that prepare alcohol-based hand sanitizers for consumer use and for use as health care personnel hand rubs for the duration of the public health emergency declared by the Secretary of HHS on January 31, 2020, provided the following circumstances are present:

³ Isopropyl alcohol and ethyl alcohol are two of the active ingredients currently being evaluated by FDA as part of its review of over-the-counter (OTC) monographs for hand sanitizers for use in reducing bacteria on the skin that potentially can cause disease or decreasing bacteria on the skin. See “Safety and Effectiveness of Consumer Antiseptic Rubs; Topical Antimicrobial Drug Products for Over-the-Counter Human Use,” Final Rule, 84 FR 14847 (April 12, 2019); Safety and Effectiveness of Health Care Antiseptics; Topical Antimicrobial Drug Products for Over-the-Counter Human Use Final Rule, 82 FR 60474 (December 20, 2017); “Topical Antimicrobial Drug Products for Over-the-Counter Human Use; Tentative Final Monograph for Health-Care Antiseptic Drug Products,” Proposed Rule, 59 FR 31402 (June 17, 1994) (1994 TFM).

⁴ Specifically, FDA does not intend to take action against pharmacists in State-licensed pharmacies or Federal facilities, for the duration of the public health emergency declared by the Secretary of HHS on January 31, 2020, for violations of sections 501(a)(2)(B), 502(f)(1), and 505 of the FD&C Act (21 U.S.C. 351(a)(2)(B), 352(f)(1), and 355), or against outsourcing facilities for violations of sections 502(f)(1), 505, or 582 of the FD&C Act (21 U.S.C. 352(f)(1), 355, and 360eee-1).

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1. The hand sanitizer is compounded using only the following United States Pharmacopoeia (USP) grade ingredients in the preparation of the product (percentage in final product formulation) consistent with World Health Organization (WHO) recommendations:⁵
 - a. Alcohol (ethanol) (80%, volume/volume (v/v)) in an aqueous solution denatured according to Alcohol and Tobacco Tax and Trade Bureau regulations in 27 CFR part 20; **or** Isopropyl Alcohol (75%, v/v) in an aqueous solution.⁶
 - b. Glycerol (1.45% v/v).⁷
 - c. Hydrogen peroxide (0.125% v/v).
 - d. Sterile distilled water or boiled cold water.

The compounder does not add other active or inactive ingredients. Different or additional ingredients may impact the quality and potency of the product.

2. The compounder pays particular attention to ensure the ethanol or isopropyl alcohol active ingredient is correct and the correct amount of the active ingredient is used.
3. The hand sanitizer is prepared under conditions routinely used by the compounder to compound similar nonsterile drugs.⁸
4. The hand sanitizer is labeled consistent with the attached labeling in Appendix A (Labeling for Ethyl Alcohol Formulation Consumer Use), Appendix B (Labeling for Isopropyl Alcohol Formulation Consumer Use), Appendix C (Labeling for Ethyl Alcohol Formulation Health Care Personnel Handrub Use), or Appendix D (Labeling for Isopropyl Alcohol Formulation Health Care Personnel Handrub Use).

This policy does not extend to other types of products, such as products that use different active ingredients, whose potency falls above or below the formulation described above, that are marketed with claims that do not conform to the “Topical Antimicrobial Drug Products for Over-the-Counter Human Use; Tentative Final Monograph for Health-Care Antiseptic Drug Products,” Proposed Rule, 59 FR 31402 (June 17, 1994) (e.g., pathogen-specific disease claims), that are surgical hand rubs, or whose advertising or promotion is false or misleading in any particular.

⁵The 1994 TFM is available at <https://www.gpo.gov/fdsys/pkg/FR-1994-06-17/html/94-14503.htm>. WHO’s recommendations, titled “Guide to Local Production: WHO-recommended Handrub Formulations,” are available at https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf.

⁶ Consistent with the 1994 TFM, alcohol should be used in a final product concentration between 60-95% (v/v) in an aqueous solution denatured according to Alcohol and Tobacco Tax and Trade Bureau regulations in 27 CFR part 20; isopropyl alcohol should be used in a concentration between 70-91.3% (v/v). This guidance is consistent with WHO’s recommended formulation specifications of 80% alcohol and 75% isopropyl alcohol.

⁷ Although WHO’s recommended formulation includes glycerol 1.45% (v/v), reports indicate that glycerol negatively impacts effectiveness of isopropyl alcohol (<https://www.ncbi.nlm.nih.gov/pubmed/28670452>), and reports studying the effectiveness of WHO’s formulation have suggested a reduction from 1.45% to 0.725% (<https://www.ncbi.nlm.nih.gov/pubmed/23388358/>).

⁸ In particular, outsourcing facilities compound drugs subject to current Good Manufacturing Practice requirements, and other pharmacy compounders generally prepare nonsterile drug products from bulk drug substances in compliance with United States Pharmacopoeia chapter 795. Both outsourcing facilities and other pharmacy compounders must also avoid insanitary conditions as set forth in section 501(a)(2)(A) of the FD&C Act (21 U.S.C. 351(a)(2)(A)).

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FDA encourages consumers and health care professionals to report adverse events experienced with the use of hand sanitizers to FDA's [MedWatch Adverse Event Reporting](#) program:

- Complete and submit the report [online](#); or
- Download and complete the [form](#), then submit it via fax at 1-800-FDA-0178.

Outsourcing facilities can see [Adverse Event Reporting for Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act](#) for more information.

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Appendix A. Labeling for Ethyl Alcohol Formulation Consumer Use

PRINCIPAL DISPLAY PANEL (FRONT OF PACKAGE):

**Alcohol Antiseptic 80%
Topical Solution**

**Hand Sanitizer
Non-sterile Solution**

[Insert Volume of Product in mL]

DRUG FACTS LABEL

Drug Facts	
Active ingredient[s]	Purpose
Alcohol 80% v/v.....	Antiseptic
Use[s]	
Hand sanitizer to help reduce bacteria that potentially can cause disease. For use when soap and water are not available.	
Warnings	
For external use only. Flammable. Keep away from heat or flame	
Do not use	
<ul style="list-style-type: none">• in children less than 2 months of age• on open skin wounds	
When using this product keep out of eyes, ears, and mouth. In case of contact with eyes, rinse eyes thoroughly with water.	
Stop use and ask a doctor if irritation or rash occurs. These may be signs of a serious condition.	
Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.	
Directions	
<ul style="list-style-type: none">• Place enough product on hands to cover all surfaces. Rub hands together until dry.• Supervise children under 6 years of age when using this product to avoid swallowing.	
Other information	
<ul style="list-style-type: none">• Store between 15-30C (59-86F)• Avoid freezing and excessive heat above 40C (104F)	
Inactive ingredients glycerin, hydrogen peroxide, purified water USP	

Denatured with Turpentine oil

ETHYL ALCOHOL

EAL

CAUTIONARY RESPONSE INFORMATION

Common Synonyms		Watery liquid	Colorless	Alcohol odor
Alcohol Cologne spirit Denatured alcohol Ethanol Fermentation alcohol Grain alcohol		Floats and mixes with water. Flammable, irritating vapor is produced.		
<p>Keep people away. Shut off ignition sources and call fire department. Stay upwind and use water spray to "knock down" vapor. Notify local health and pollution control agencies. Protect water intakes.</p>				
Fire	<p>FLAMMABLE. Flashback along vapor trail may occur. Vapor may explode if ignited in an enclosed area. Extinguish with dry chemical, alcohol foam, or carbon dioxide. Water may be ineffective on fire. Cool exposed containers with water.</p>			
Exposure	<p>CALL FOR MEDICAL AID.</p> <p>VAPOR Irritating to eyes, nose and throat. Move to fresh air.</p> <p>LIQUID Not harmful.</p>			
Water Pollution	<p>Dangerous to aquatic life in high concentrations. May be dangerous if it enters water intakes. Notify local health and wildlife officials. Notify operators of nearby water intakes.</p>			

1. CORRECTIVE RESPONSE ACTIONS

Dilute and disperse
Stop discharge

2. CHEMICAL DESIGNATIONS

- 2.1 CG Compatibility Group: 20; Alcohol, glycol
- 2.2 Formula: C₂H₅OH
- 2.3 IMO/IUN Designation: 3.2/1170
- 2.4 DOT ID No.: 1170
- 2.5 CAS Registry No.: 64-17-5
- 2.6 NAERG Guide No.: 127
- 2.7 Standard Industrial Trade Classification: 51215

3. HEALTH HAZARDS

- 3.1 Personal Protective Equipment: All-purpose canister, safety goggles. Avoid contact with liquid and inhalation of vapors.
- 3.2 Symptoms Following Exposure: Irritation of eyes, nose and throat. Headache and drowsiness may occur. Liquid causes intoxication.
- 3.3 Treatment of Exposure: INHALATION: If breathing is affected, remove victim to fresh air; call physician; administer oxygen. Speed is of primary importance. EYES OR SKIN: flush with water.
- 3.4 TLV-TWA: 1,000 ppm
- 3.5 TLV-STEL: Not listed.
- 3.6 TLV-Ceiling: Not listed.
- 3.7 Toxicity by Ingestion: Grade 1; LD₅₀ = 5 to 15 g/kg
- 3.8 Toxicity by Inhalation: Currently not available.
- 3.9 Chronic Toxicity: None
- 3.10 Vapor (Gas) Irritant Characteristics: Vapors cause a slight smarting of the eyes or respiratory system if present in high concentrations. The effect is temporary.
- 3.11 Liquid or Solid Characteristics: No appreciable hazard. Practically harmless to the skin.
- 3.12 Odor Threshold: 10 ppm
- 3.13 IDLH Value: 3,300 ppm
- 3.14 OSHA PEL-TWA: 1,000 ppm
- 3.15 OSHA PEL-STEL: Not listed.
- 3.16 OSHA PEL-Ceiling: Not listed.
- 3.17 EPA AEGL: Not listed

4. FIRE HAZARDS

- 4.1 Flash Point: 64°F O.C. 55°F C.C.
- 4.2 Flammable Limits in Air: 3.3%-19%
- 4.3 Fire Extinguishing Agents: Carbon dioxide, dry chemical, water spray, alcohol foam
- 4.4 Fire Extinguishing Agents Not to Be Used: None
- 4.5 Special Hazards of Combustion Products: None
- 4.6 Behavior in Fire: Not pertinent
- 4.7 Auto Ignition Temperature: 689°F
- 4.8 Electrical Hazards: Class I, Group D
- 4.9 Burning Rate: 3.9 mm/min.
- 4.10 Adiabatic Flame Temperature: Currently not available
- 4.11 Stoichiometric Air to Fuel Ratio: 14.3 (calc.)
- 4.12 Flame Temperature: Currently not available
- 4.13 Combustion Molar Ratio (Reactant to Product): 5.0 (calc.)
- 4.14 Minimum Oxygen Concentration for Combustion (MOCC): N₂ diluent: 10.5-10.6%; CO₂ diluent: 13.0%

5. CHEMICAL REACTIVITY

- 5.1 Reactivity with Water: No reaction
- 5.2 Reactivity with Common Materials: No reaction
- 5.3 Stability During Transport: Stable
- 5.4 Neutralizing Agents for Acids and Caustics: Not pertinent
- 5.5 Polymerization: Not pertinent
- 5.6 Inhibitor of Polymerization: Not pertinent

6. WATER POLLUTION

- 6.1 Aquatic Toxicity: 250 ppm/6 hr/goldfish/lethal/fresh water
- 6.2 Waterfowl Toxicity: Currently not available
- 6.3 Biological Oxygen Demand (BOD): 125%, 5 days; 44.2% (theor.), 5 days; 71.2% (theor.), 20 days
- 6.4 Food Chain Concentration Potential: None
- 6.5 GESAMP Hazard Profile:
Bioaccumulation: 0
Damage to living resources: 0
Human Oral hazard: 0
Reduction of amenities: 0

7. SHIPPING INFORMATION

- 7.1 Grades of Purity: Anhydrous (200 proof); 190 proof; specially denatured; completely denatured
- 7.2 Storage Temperature: Ambient
- 7.3 Inert Atmosphere: No requirement
- 7.4 Venting: Open (flame arrester) or pressure-vacuum
- 7.5 IMO Pollution Category: Currently not available
- 7.6 Ship Type: Currently not available
- 7.7 Barge Hull Type: Currently not available

8. HAZARD CLASSIFICATIONS

- 8.1 49 CFR Category: Flammable liquid
- 8.2 49 CFR Class: 3
- 8.3 49 CFR Package Group: II
- 8.4 Marine Pollutant: No
- 8.5 NFPA Hazard Classification:

Category	Classification
Health Hazard (Blue)	0
Flammability (Red)	3
Instability (Yellow)	0
- 8.6 EPA Reportable Quantity: Not listed.
- 8.7 EPA Pollution Category: Not listed.
- 8.8 RCRA Waste Number: Not listed
- 8.9 EPA FWPCA List: Not listed

9. PHYSICAL & CHEMICAL PROPERTIES

- 9.1 Physical State at 15° C and 1 atm: Liquid
- 9.2 Molecular Weight: 46.07
- 9.3 Boiling Point at 1 atm: 172.9°F = 78.3°C = 351.5°K
- 9.4 Freezing Point: -173°F = -114°C = 159°K
- 9.5 Critical Temperature: 469.6°F = 243.1°C = 516.3°K
- 9.6 Critical Pressure: 926 psia = 63.0 atm = 6.38 MN/m²
- 9.7 Specific Gravity: 0.790 at 20°C (liquid)
- 9.8 Liquid Surface Tension: Not pertinent
- 9.9 Liquid Water Interfacial Tension: Not pertinent
- 9.10 Vapor (Gas) Specific Gravity: 1.6
- 9.11 Ratio of Specific Heats of Vapor (Gas): 1.128
- 9.12 Latent Heat of Vaporization: 360 Btu/lb = 200 cal/g =
- 9.13 Heat of Combustion: 8.37 X 10⁶ J/kg
-11,570 Btu/lb = 6425 cal/g = -268.8 X 10⁶ J/kg
- 9.14 Heat of Decomposition: Not pertinent
- 9.15 Heat of Solution: -99 Btu/lb = -55 cal/g = -2.3 X 10⁵ J/kg
- 9.16 Heat of Polymerization: Not pertinent
- 9.17 Heat of Fusion: Currently not available
- 9.18 Limiting Value: Currently not available
- 9.19 Reid Vapor Pressure: 2.3 psia

NOTES

ETHYL ALCOHOL

EAL

9.20 SATURATED LIQUID DENSITY		9.21 LIQUID HEAT CAPACITY		9.22 LIQUID THERMAL CONDUCTIVITY		9.23 LIQUID VISCOSITY	
Temperature (degrees F)	Pounds per cubic foot	Temperature (degrees F)	British thermal unit per pound-F	Temperature (degrees F)	British thermal unit inch per hour-square foot-F	Temperature (degrees F)	Centipoise
35	50.220	35	0.539	-40	1.289		N O T P E R T I N E N T
40	50.080	40	0.545	-30	1.277		
45	49.930	45	0.552	-20	1.265		
50	49.780	50	0.558	-10	1.253		
55	49.630	55	0.564	0	1.242		
60	49.490	60	0.571	10	1.230		
65	49.340	65	0.577	20	1.218		
70	49.190	70	0.583	30	1.206		
75	49.040	75	0.590	40	1.194		
80	48.900	80	0.596	50	1.182		
85	48.750	85	0.603	60	1.171		
90	48.600	90	0.609	70	1.159		
95	48.460	95	0.615	80	1.147		
100	48.310	100	0.622	90	1.135		
105	48.160	105	0.628	100	1.123		
110	48.010	110	0.635	110	1.112		
115	47.870	115	0.641	120	1.100		
120	47.720	120	0.647	130	1.088		
125	47.570						
130	47.420						
135	47.280						
140	47.130						
145	46.980						
150	46.830						
155	46.690						
160	46.540						

9.24 SOLUBILITY IN WATER		9.25 SATURATED VAPOR PRESSURE		9.26 SATURATED VAPOR DENSITY		9.27 IDEAL GAS HEAT CAPACITY	
Temperature (degrees F)	Pounds per 100 pounds of water	Temperature (degrees F)	Pounds per square inch	Temperature (degrees F)	Pounds per cubic foot	Temperature (degrees F)	British thermal unit per pound-F
	M	40	0.304	40	0.00261	0	0.351
	I	50	0.441	50	0.00371	25	0.362
	S	60	0.629	60	0.00520	50	0.373
	C	70	0.884	70	0.00716	75	0.384
	I	80	1.224	80	0.00973	100	0.395
	B	90	1.671	90	0.01305	125	0.406
	L	100	2.253	100	0.01728	150	0.417
	E	110	3.001	110	0.02261	175	0.427
		120	3.952	120	0.02926	200	0.437
		130	5.148	130	0.03747	225	0.447
		140	6.640	140	0.04752	250	0.457
		150	8.482	150	0.05971	275	0.467
		160	10.740	160	0.07438	300	0.477
		170	13.480	170	0.09188	325	0.487
		180	16.790	180	0.11260	350	0.496
		190	20.740	190	0.13700	375	0.505
		200	25.450	200	0.16560	400	0.514
		210	31.010	210	0.19870	425	0.523
						450	0.532
						475	0.541
						500	0.549
						525	0.558
						550	0.566
						575	0.574
						600	0.582

Denatured w/ Turpentine oil

ETHANOL (ANHYDROUS) Ethyl alcohol Absolute ethanol Methyl carbinol Grain alcohol	ICSC: 0044 May 2018
CAS #: 64-17-5 UN #: 1170 EC Number: 200-578-6	

	ACUTE HAZARDS	PREVENTION	FIRE FIGHTING
FIRE & EXPLOSION	Highly flammable. Vapour/air mixtures are explosive. Risk of fire and explosion on contact with incompatible substances. See Chemical Dangers.	NO open flames, NO sparks and NO smoking. Closed system, ventilation, explosion-proof electrical equipment and lighting. Do NOT use compressed air for filling, discharging, or handling. NO contact with incompatible materials: See Chemical Dangers	Use water spray, powder, alcohol-resistant foam, carbon dioxide. In case of fire: keep drums, etc., cool by spraying with water.

STRICT HYGIENE! PREVENT GENERATION OF MISTS!			
	SYMPTOMS	PREVENTION	FIRST AID
Inhalation	Cough. Headache. Fatigue. Drowsiness.	Use ventilation, local exhaust or breathing protection.	Fresh air, rest.
Skin	Dry skin.	Protective clothing. Apron. Protective gloves.	Remove contaminated clothes. Rinse skin with plenty of water or shower.
Eyes	Redness. Pain. Burning sensation.	Wear safety goggles.	First rinse with plenty of water for several minutes (remove contact lenses if easily possible), then refer for medical attention.
Ingestion	Burning sensation. Headache. Confusion. Dizziness. Unconsciousness.	Do not eat, drink, or smoke during work.	Rinse mouth. Give one or two glasses of water to drink. Refer immediately for medical attention.

SPILLAGE DISPOSAL	CLASSIFICATION & LABELLING
Remove all ignition sources. Ventilation. Do NOT wash away into sewer. Collect leaking and spilled liquid in covered containers as far as possible. Absorb remaining liquid in inert absorbent. Wash away remainder with plenty of water. Store and dispose of according to local regulations.	According to UN GHS Criteria
STORAGE	<p>ANGER</p> <p>Highly flammable liquid and vapour Harmful if swallowed Causes serious eye irritation May cause damage to organs through prolonged or repeated exposure</p> <p>Transportation UN Classification UN Hazard Class: 3; UN Pack Group: II</p>
Fireproof. Separated from : see Chemical Dangers.	
PACKAGING	



Prepared by an international group of experts on behalf of ILO and WHO, with the financial assistance of the European Commission.
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ETHANOL (ANHYDROUS)	ICSC: 0044
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PHYSICAL & CHEMICAL INFORMATION	
Physical State; Appearance COLOURLESS LIQUID WITH CHARACTERISTIC ODOUR. Physical dangers The vapour mixes well with air, explosive mixtures are easily formed. Chemical dangers Reacts slowly with calcium hypochlorite, silver oxide and ammonia. This generates fire and explosion hazard. Reacts violently with strong oxidants such as nitric acid, silver nitrate, mercuric nitrate and magnesium perchlorate. This generates fire and explosion hazard.	Formula: CH ₃ CH ₂ OH / C ₂ H ₆ O Molecular mass: 46.1 Boiling point: 78°C Melting point: -114 °C Relative density (water = 1): 0.79 Solubility in water: miscible Vapour pressure, kPa at 20°C: 5.8 Relative vapour density (air = 1): 1.6 Relative density of the vapour/air-mixture at 20°C (air = 1): 1.03 Flash point: 12.0 °C c.c. Auto-ignition temperature: 400°C Explosive limits, vol% in air: 3.1-27.7 Octanol/water partition coefficient as log Pow: -0.32 Viscosity: 1.074 mPa*s at 20°C

EXPOSURE & HEALTH EFFECTS	
Routes of exposure The substance can be absorbed into the body by inhalation of its vapour and by ingestion. Effects of short-term exposure The substance is severely irritating to the eyes. The vapour at high levels is irritating to the eyes and respiratory tract. The substance may cause effects on the central nervous system.	Inhalation risk A harmful contamination of the air will be reached rather slowly on evaporation of this substance at 20°C. Effects of long-term or repeated exposure The substance defats the skin, which may cause dryness or cracking. The substance may have effects on the upper respiratory tract and central nervous system. This may result in irritation, headache, fatigue and lack of concentration. See Notes.

OCCUPATIONAL EXPOSURE LIMITS
TLV: 1000 ppm as STEL; A3 (confirmed animal carcinogen with unknown relevance to humans). MAK: 380 mg/m ³ , 200 ppm; peak limitation category: II(4); carcinogen category: 5; pregnancy risk group: C; germ cell mutagen group: 5

ENVIRONMENT
Environmental effects of the substance have been adequately investigated, but no significant effects have been found.

NOTES
Ethanol consumption during pregnancy may adversely affect the unborn child. Chronic ingestion of ethanol may cause liver cirrhosis and cancer.

ADDITIONAL INFORMATION
EC Classification

Denatured with Turpentine oil

Material Safety Data Sheet

Ethanol, Absolute

ACC# 89308

Section 1 - Chemical Product and Company Identification

MSDS Name: Ethanol, Absolute

Catalog Numbers: NC9602322

Synonyms: Ethyl Alcohol; Ethyl Alcohol Anhydrous; Ethyl Hydrate; Ethyl Hydroxide; Fermentation Alcohol; Grain Alcohol; Methylcarbinol; Molasses Alcohol; Spirits of Wine.

Company Identification:

Fisher Scientific
1 Reagent Lane
Fair Lawn, NJ 07410

For information, call: 201-796-7100

Emergency Number: 201-796-7100

For CHEMTREC assistance, call: 800-424-9300

For International CHEMTREC assistance, call: 703-527-3887

Section 2 - Composition, Information on Ingredients

CAS#	Chemical Name	Percent	EINECS/ELINCS
64-17-5	Ethanol	ca.100	200-578-6

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

Appearance: colorless clear liquid. Flash Point: 16.6 deg C.

Warning! Causes severe eye irritation. **Flammable liquid and vapor.** Causes respiratory tract irritation. This substance has caused adverse reproductive and fetal effects in humans. May cause central nervous system depression. May cause liver, kidney and heart damage. Causes moderate skin irritation.

Target Organs: Kidneys, heart, central nervous system, liver.

Potential Health Effects

Eye: Causes severe eye irritation. May cause painful sensitization to light. May cause chemical conjunctivitis and corneal damage.

Skin: Causes moderate skin irritation. May cause cyanosis of the extremities.

Ingestion: May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause systemic toxicity with acidosis. May cause central nervous system depression, characterized by excitement, followed by headache, dizziness, drowsiness, and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

Inhalation: Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, dizziness, unconsciousness and coma. Causes respiratory tract irritation. May cause narcotic effects in high concentration. Vapors may cause dizziness or

suffocation.

Chronic: May cause reproductive and fetal effects. Laboratory experiments have resulted in mutagenic effects. Animal studies have reported the development of tumors. Prolonged exposure may cause liver, kidney, and heart damage.

Section 4 - First Aid Measures

Eyes: Get medical aid. Gently lift eyelids and flush continuously with water.

Skin: Get medical aid. Wash clothing before reuse. Flush skin with plenty of soap and water.

Ingestion: Do not induce vomiting. If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid.

Inhalation: Remove from exposure and move to fresh air immediately. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical aid. Do NOT use mouth-to-mouth resuscitation.

Notes to Physician: Treat symptomatically and supportively. Persons with skin or eye disorders or liver, kidney, chronic respiratory diseases, or central and peripheral nervous system diseases may be at increased risk from exposure to this substance.

Antidote: None reported.

Section 5 - Fire Fighting Measures

General Information: Containers can build up pressure if exposed to heat and/or fire. As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Vapors may form an explosive mixture with air. Vapors can travel to a source of ignition and flash back. Will burn if involved in a fire. Flammable Liquid. Can release vapors that form explosive mixtures at temperatures above the flashpoint. Use water spray to keep fire-exposed containers cool. Containers may explode in the heat of a fire.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. For large fires, use water spray, fog, or alcohol-resistant foam. Use water spray to cool fire-exposed containers. Water may be ineffective. Do NOT use straight streams of water.

Flash Point: 16.6 deg C (61.88 deg F)

Autoignition Temperature: 363 deg C (685.40 deg F)

Explosion Limits, Lower: 3.3 vol %

Upper: 19.0 vol %

NFPA Rating: (estimated) Health: 2; Flammability: 3; Instability: 0

Section 6 - Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Absorb spill with inert material (e.g. vermiculite, sand or earth), then place in suitable container. Remove all sources of ignition. Use a spark-proof tool. Provide ventilation. A vapor suppressing foam may be used to reduce vapors.

Section 7 - Handling and Storage

Handling: Wash thoroughly after handling. Use only in a well-ventilated area. Ground and bond containers when transferring material. Use spark-proof tools and explosion proof equipment. Avoid contact with eyes, skin, and clothing. Empty containers retain product residue, (liquid and/or vapor), and can be dangerous. Keep container tightly closed. Keep away from heat, sparks and flame. Avoid ingestion and inhalation. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose empty containers to heat, sparks or open flames.

Storage: Keep away from heat, sparks, and flame. Keep away from sources of ignition. Store in a tightly closed container. Keep from contact with oxidizing materials. Store in a cool, dry, well-ventilated area away from incompatible substances. Flammables-area. Do not store near perchlorates, peroxides, chromic acid or nitric acid.

Section 8 - Exposure Controls, Personal Protection

Engineering Controls: Use explosion-proof ventilation equipment. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Ethanol	1000 ppm TWA	1000 ppm TWA; 1900 mg/m ³ TWA 3300 ppm IDLH	1000 ppm TWA; 1900 mg/m ³ TWA

OSHA Vacated PELs: Ethanol: 1000 ppm TWA; 1900 mg/m³ TWA

Personal Protective Equipment

Eyes: Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133 or European Standard EN166.

Skin: Wear appropriate protective gloves to prevent skin exposure.

Clothing: Wear appropriate protective clothing to prevent skin exposure.

Respirators: A respiratory protection program that meets OSHA's 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

Section 9 - Physical and Chemical Properties

Physical State: Clear liquid

Appearance: colorless

Odor: Mild, rather pleasant, like wine or whis

pH: Not available.

Vapor Pressure: 59.3 mm Hg @ 20 deg C

Vapor Density: 1.59

Evaporation Rate:Not available.

Viscosity: 1.200 cP @ 20 deg C

Boiling Point: 78 deg C

Freezing/Melting Point:-114.1 deg C

Decomposition Temperature:Not available.

Solubility: Miscible.

Specific Gravity/Density:0.790 @ 20°C

Molecular Formula:C₂H₅OH

Molecular Weight:46.0414

Section 10 - Stability and Reactivity

Chemical Stability: Stable under normal temperatures and pressures.

Conditions to Avoid: Incompatible materials, ignition sources, excess heat, oxidizers.

Incompatibilities with Other Materials: Strong oxidizing agents, acids, alkali metals, ammonia, hydrazine, peroxides, sodium, acid anhydrides, calcium hypochlorite, chromyl chloride, nitrosyl perchlorate, bromine pentafluoride, perchloric acid, silver nitrate, mercuric nitrate, potassium-tert-butoxide, magnesium perchlorate, acid chlorides, platinum, uranium hexafluoride, silver oxide, iodine heptafluoride, acetyl bromide, disulfuryl difluoride, tetrachlorosilane + water, acetyl chloride, permanganic acid, ruthenium (VIII) oxide, uranyl perchlorate, potassium dioxide.

Hazardous Decomposition Products: Carbon monoxide, irritating and toxic fumes and gases, carbon dioxide.

Hazardous Polymerization: Will not occur.

Section 11 - Toxicological Information

RTECS#:

CAS# 64-17-5: KQ6300000

LD50/LC50:

CAS# 64-17-5:

- Draize test, rabbit, eye: 500 mg Severe;
- Draize test, rabbit, eye: 500 mg/24H Mild;
- Draize test, rabbit, skin: 20 mg/24H Moderate;
- Inhalation, mouse: LC50 = 39 gm/m³/4H;
- Inhalation, rat: LC50 = 20000 ppm/10H;
- Oral, mouse: LD50 = 3450 mg/kg;
- Oral, rabbit: LD50 = 6300 mg/kg;
- Oral, rat: LD50 = 7060 mg/kg;
- Oral, rat: LD50 = 9000 mg/kg;

Carcinogenicity:

CAS# 64-17-5: Not listed by ACGIH, IARC, NTP, or CA Prop 65.

Epidemiology: Ethanol has been shown to produce fetotoxicity in the embryo or fetus of laboratory animals. Prenatal exposure to ethanol is associated with a distinct pattern of congenital malformations that have collectively been termed the "fetal alcohol syndrome".

Teratogenicity: Oral, Human - woman: TDLo = 41 gm/kg (female 41 week(s) after conception) Effects on Newborn - Apgar score (human only) and Effects on Newborn - other neonatal measures or effects and Effects on Newborn - drug dependence.

Reproductive Effects: Intrauterine, Human - woman: TDLo = 200 mg/kg (female 5 day(s) pre-mating) Fertility - female fertility index (e.g. # females pregnant per # sperm positive females; # females pregnant per # females mated).

Neurotoxicity: No information available.

Mutagenicity: DNA Inhibition: Human, Lymphocyte = 220 mmol/L.; Cytogenetic Analysis: Human, Lymphocyte = 1160 gm/L.; Cytogenetic Analysis: Human, Fibroblast = 12000 ppm.; Cytogenetic Analysis: Human, Leukocyte = 1 pph/72H (Continuous).; Sister Chromatid Exchange: Human, Lymphocyte = 500 ppm/72H (Continuous).

Other Studies: Standard Draize Test(Skin, rabbit) = 20 mg/24H (Moderate) Standard Draize Test: Administration into the eye (rabbit) = 500 mg (Severe).

Section 12 - Ecological Information

Ecotoxicity: Fish: Rainbow trout: LC50 = 12900-15300 mg/L; 96 Hr; Flow-through @ 24-24.3°C Fish: Rainbow trout: LC50 = 11200 mg/L; 24 Hr; Fingerling (Unspecified) Bacteria: Phytobacterium phosphoreum: EC50 = 34900 mg/L; 5-30 min; Microtox test When spilled on land it is apt to volatilize, biodegrade, and leach into the ground water, but no data on the rates of these processes could be found. Its fate in ground water is unknown. When released into water it will volatilize and probably biodegrade. It would not be expected to adsorb to sediment or bioconcentrate in fish.

Environmental: When released to the atmosphere it will photodegrade in hours (polluted urban atmosphere) to an estimated range of 4 to 6 days in less polluted areas. Rainout should be significant.

Physical: No information available.

Other: No information available.

Section 13 - Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None listed.

RCRA U-Series: None listed.

Section 14 - Transport Information

	US DOT	Canada TDG
Shipping Name:	Not reviewed.	No information available.
Hazard Class:		
UN Number:		
Packing Group:		

Section 15 - Regulatory Information

US FEDERAL

TSCA

CAS# 64-17-5 is listed on the TSCA inventory.

Health & Safety Reporting List

None of the chemicals are on the Health & Safety Reporting List.

Chemical Test Rules

None of the chemicals in this product are under a Chemical Test Rule.

Section 12b

None of the chemicals are listed under TSCA Section 12b.

TSCA Significant New Use Rule

None of the chemicals in this material have a SNUR under TSCA.

CERCLA Hazardous Substances and corresponding RQs

None of the chemicals in this material have an RQ.

SARA Section 302 Extremely Hazardous Substances

None of the chemicals in this product have a TPQ.

SARA Codes

CAS # 64-17-5: acute, chronic, flammable.

Section 313 No chemicals are reportable under Section 313.

Clean Air Act:

This material does not contain any hazardous air pollutants.

This material does not contain any Class 1 Ozone depletors.

This material does not contain any Class 2 Ozone depletors.

Clean Water Act:

None of the chemicals in this product are listed as Hazardous Substances under the CWA.

None of the chemicals in this product are listed as Priority Pollutants under the CWA.

None of the chemicals in this product are listed as Toxic Pollutants under the CWA.

OSHA:

None of the chemicals in this product are considered highly hazardous by OSHA.

STATE

CAS# 64-17-5 can be found on the following state right to know lists: California, New Jersey, Pennsylvania, Minnesota, Massachusetts.

California Prop 65

WARNING: This product contains Ethanol, a chemical known to the state of California to cause developmental reproductive toxicity.

California No Significant Risk Level: None of the chemicals in this product are listed.

European/International Regulations

European Labeling in Accordance with EC Directives

Hazard Symbols:

F

Risk Phrases:

R 11 Highly flammable.

Safety Phrases:

S 16 Keep away from sources of ignition - No smoking.

S 33 Take precautionary measures against static discharges.

S 7 Keep container tightly closed.

S 9 Keep container in a well-ventilated place.

WGK (Water Danger/Protection)

CAS# 64-17-5: 0

Canada - DSL/NDSL

CAS# 64-17-5 is listed on Canada's DSL List.

Canada - WHMIS

This product has a WHMIS classification of B2, D2A.

Canadian Ingredient Disclosure List

CAS# 64-17-5 is listed on the Canadian Ingredient Disclosure List.

Section 16 - Additional Information

MSDS Creation Date: 7/27/1999

Revision #4 Date: 3/18/2003

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Fisher be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Fisher has been advised of the possibility of such damages.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

COVID-19 Call Team Member Acknowledgment Form

I, _____ have agreed to be a
(PRINT NAME)

part of the COVID-19 Call Team. I understand that my working
days and hours will be temporarily adjusted.

Employee Signature _____

Employee's SCEIS# _____ Date _____

Witness Signature _____ Date _____

Monitoring Guidelines

Travel

- Employee traveled = RTW **14 days** from the date of return.
- Employee lives in household with someone that traveled = RTW **10 days**
- Friend/family came to visit = RTW **10 days**.
- Employee/cohabitant **must not** develop any signs/symptoms during the monitoring period. If they do, then they would need to be moved to the exposure or illness group and will, subsequently, need to be monitored in accordance with those guidelines.
 - **Travel provider must contact the Exposure or Illness provider to ensure proper handoff.**
- Employee lives in household with someone who **commutes** secondary to their job = **no monitoring needed**...they can be cleared immediately.

Exposure

- Exposed to a friend/family that is ill, no COVID test done but you have a **low index** of suspicion for Coronavirus based on symptoms = RTW after asymptomatic for **24 hours**.
- Exposed to a friend/family that is ill, no COVID test done but you have a **high index** of suspicion for Coronavirus based on symptoms = RTW after **14 days** or once a person has been asymptomatic for **greater than 72 hours**
 - For example, the person has classic symptoms (respiratory or gi), the person has been put out of work for 14 days.
- Exposed to friend/family that is ill, **pending** COVID test = **out until test returns**.
 - If test is **negative** = RTW after the person who was tested is asymptomatic for **24 hours**.
 - If test is **positive** = RTW after the person who was tested is asymptomatic for **72 hours**.

Illness

- If symptomatic, refer them to their PCP or an online resource within 48hrs of symptom onset: Prisma/MUSC/TD Center (see 1st responder testing site list).
 - If they go to a testing site, they need to tell them that they are a first responder with SCDC and bring their badge and ID to the testing site so their results will be expedited.

- If testing is done, they must receive test results before they can return to work.
 - If test is negative = RTW after **asymptomatic for 48 hours**.
 - If an employee initially tests negative but continues to have symptoms for more than 7 days, please recommend that they get retested.
 - If test is positive = **FORWARD PT's INFO to Melanie or Dr. Clarke. Please DO NOT Clear anyone that is positive!**
- If symptomatic and didn't get tested, they must remain out of work until **asymptomatic for 72 hours AND 10 days have passed since initial symptoms**.

Notes:

- Please keep in mind, that there are going to be exceptions. If a clinical situation is not clear, please call or text Dr. Clarke (803-543-9755) or Melanie Davis (803-467-0684).
- We appreciate your help!

Contains Nonbinding Recommendations

Appendix A. Labeling for Ethyl Alcohol Formulation Consumer Use

PRINCIPAL DISPLAY PANEL (FRONT OF PACKAGE):

**Alcohol Antiseptic 80%
Topical Solution**

**Hand Sanitizer
Non-sterile Solution**

[Insert Volume of Product in mL]

DRUG FACTS LABEL

Drug Facts	
Active ingredient[s]	Purpose
Alcohol 80% v/v.....	Antiseptic
Use[s]	
Hand sanitizer to help reduce bacteria that potentially can cause disease. For use when soap and water are not available.	
Warnings	
For external use only. Flammable. Keep away from heat or flame	
Do not use	
<ul style="list-style-type: none">• in children less than 2 months of age• on open skin wounds	
When using this product keep out of eyes, ears, and mouth. In case of contact with eyes, rinse eyes thoroughly with water.	
Stop use and ask a doctor if irritation or rash occurs. These may be signs of a serious condition.	
Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.	
Directions	
<ul style="list-style-type: none">• Place enough product on hands to cover all surfaces. Rub hands together until dry.• Supervise children under 6 years of age when using this product to avoid swallowing.	
Other information	
<ul style="list-style-type: none">• Store between 15-30C (59-86F)• Avoid freezing and excessive heat above 40C (104F)	
Inactive ingredients glycerin, hydrogen peroxide, purified water USP	

Denatured with Turpentine oil

ETHYL ALCOHOL

EAL

CAUTIONARY RESPONSE INFORMATION

Common Synonyms		Watery liquid	Colorless	Alcohol odor
Alcohol Cologne spirit Denatured alcohol Ethanol Fermentation alcohol Grain alcohol		Floats and mixes with water. Flammable, irritating vapor is produced.		
<p>Keep people away. Shut off ignition sources and call fire department. Stay upwind and use water spray to "knock down" vapor. Notify local health and pollution control agencies. Protect water intakes.</p>				
Fire	<p>FLAMMABLE. Flashback along vapor trail may occur. Vapor may explode if ignited in an enclosed area. Extinguish with dry chemical, alcohol foam, or carbon dioxide. Water may be ineffective on fire. Cool exposed containers with water.</p>			
Exposure	<p>CALL FOR MEDICAL AID.</p> <p>VAPOR Irritating to eyes, nose and throat. Move to fresh air.</p> <p>LIQUID Not harmful.</p>			
Water Pollution	<p>Dangerous to aquatic life in high concentrations. May be dangerous if it enters water intakes. Notify local health and wildlife officials. Notify operators of nearby water intakes.</p>			

1. CORRECTIVE RESPONSE ACTIONS

Dilute and disperse
Stop discharge

2. CHEMICAL DESIGNATIONS

- 2.1 CG Compatibility Group: 20; Alcohol, glycol
- 2.2 Formula: C₂H₅OH
- 2.3 IMO/IUN Designation: 3.2/1170
- 2.4 DOT ID No.: 1170
- 2.5 CAS Registry No.: 64-17-5
- 2.6 NAERG Guide No.: 127
- 2.7 Standard Industrial Trade Classification: 51215

3. HEALTH HAZARDS

- 3.1 Personal Protective Equipment: All-purpose canister, safety goggles. Avoid contact with liquid and inhalation of vapors.
- 3.2 Symptoms Following Exposure: Irritation of eyes, nose and throat. Headache and drowsiness may occur. Liquid causes intoxication.
- 3.3 Treatment of Exposure: INHALATION: If breathing is affected, remove victim to fresh air; call physician; administer oxygen. Speed is of primary importance. EYES OR SKIN: flush with water.
- 3.4 TLV-TWA: 1,000 ppm
- 3.5 TLV-STEL: Not listed.
- 3.6 TLV-Ceiling: Not listed.
- 3.7 Toxicity by Ingestion: Grade 1; LD₅₀ = 5 to 15 g/kg
- 3.8 Toxicity by Inhalation: Currently not available.
- 3.9 Chronic Toxicity: None
- 3.10 Vapor (Gas) Irritant Characteristics: Vapors cause a slight smarting of the eyes or respiratory system if present in high concentrations. The effect is temporary.
- 3.11 Liquid or Solid Characteristics: No appreciable hazard. Practically harmless to the skin.
- 3.12 Odor Threshold: 10 ppm
- 3.13 IDLH Value: 3,300 ppm
- 3.14 OSHA PEL-TWA: 1,000 ppm
- 3.15 OSHA PEL-STEL: Not listed.
- 3.16 OSHA PEL-Ceiling: Not listed.
- 3.17 EPA AEGL: Not listed

4. FIRE HAZARDS

- 4.1 Flash Point: 64°F O.C. 55°F C.C.
- 4.2 Flammable Limits in Air: 3.3%-19%
- 4.3 Fire Extinguishing Agents: Carbon dioxide, dry chemical, water spray, alcohol foam
- 4.4 Fire Extinguishing Agents Not to Be Used: None
- 4.5 Special Hazards of Combustion Products: None
- 4.6 Behavior in Fire: Not pertinent
- 4.7 Auto Ignition Temperature: 689°F
- 4.8 Electrical Hazards: Class I, Group D
- 4.9 Burning Rate: 3.9 mm/min.
- 4.10 Adiabatic Flame Temperature: Currently not available
- 4.11 Stoichiometric Air to Fuel Ratio: 14.3 (calc.)
- 4.12 Flame Temperature: Currently not available
- 4.13 Combustion Molar Ratio (Reactant to Product): 5.0 (calc.)
- 4.14 Minimum Oxygen Concentration for Combustion (MOCC): N₂ diluent: 10.5-10.6%; CO₂ diluent: 13.0%

5. CHEMICAL REACTIVITY

- 5.1 Reactivity with Water: No reaction
- 5.2 Reactivity with Common Materials: No reaction
- 5.3 Stability During Transport: Stable
- 5.4 Neutralizing Agents for Acids and Caustics: Not pertinent
- 5.5 Polymerization: Not pertinent
- 5.6 Inhibitor of Polymerization: Not pertinent

6. WATER POLLUTION

- 6.1 Aquatic Toxicity: 250 ppm/6 hr/goldfish/lethal/fresh water
- 6.2 Waterfowl Toxicity: Currently not available
- 6.3 Biological Oxygen Demand (BOD): 125%, 5 days; 44.2% (theor.), 5 days; 71.2% (theor.), 20 days
- 6.4 Food Chain Concentration Potential: None
- 6.5 GESAMP Hazard Profile:
Bioaccumulation: 0
Damage to living resources: 0
Human Oral hazard: 0
Reduction of amenities: 0

7. SHIPPING INFORMATION

- 7.1 Grades of Purity: Anhydrous (200 proof); 190 proof; specially denatured; completely denatured
- 7.2 Storage Temperature: Ambient
- 7.3 Inert Atmosphere: No requirement
- 7.4 Venting: Open (flame arrester) or pressure-vacuum
- 7.5 IMO Pollution Category: Currently not available
- 7.6 Ship Type: Currently not available
- 7.7 Barge Hull Type: Currently not available

8. HAZARD CLASSIFICATIONS

- 8.1 49 CFR Category: Flammable liquid
- 8.2 49 CFR Class: 3
- 8.3 49 CFR Package Group: II
- 8.4 Marine Pollutant: No
- 8.5 NFPA Hazard Classification:

Category	Classification
Health Hazard (Blue)	0
Flammability (Red)	3
Instability (Yellow)	0
- 8.6 EPA Reportable Quantity: Not listed.
- 8.7 EPA Pollution Category: Not listed.
- 8.8 RCRA Waste Number: Not listed
- 8.9 EPA FWPCA List: Not listed

9. PHYSICAL & CHEMICAL PROPERTIES

- 9.1 Physical State at 15° C and 1 atm: Liquid
- 9.2 Molecular Weight: 46.07
- 9.3 Boiling Point at 1 atm: 172.9°F = 78.3°C = 351.5°K
- 9.4 Freezing Point: -173°F = -114°C = 159°K
- 9.5 Critical Temperature: 469.6°F = 243.1°C = 516.3°K
- 9.6 Critical Pressure: 926 psia = 63.0 atm = 6.38 MN/m²
- 9.7 Specific Gravity: 0.790 at 20°C (liquid)
- 9.8 Liquid Surface Tension: Not pertinent
- 9.9 Liquid Water Interfacial Tension: Not pertinent
- 9.10 Vapor (Gas) Specific Gravity: 1.6
- 9.11 Ratio of Specific Heats of Vapor (Gas): 1.128
- 9.12 Latent Heat of Vaporization: 360 Btu/lb = 200 cal/g =
- 9.13 Heat of Combustion: 8.37 X 10⁶ J/kg
-11,570 Btu/lb = 6425 cal/g = -268.8 X 10⁶ J/kg
- 9.14 Heat of Decomposition: Not pertinent
- 9.15 Heat of Solution: -99 Btu/lb = -55 cal/g = -2.3 X 10⁵ J/kg
- 9.16 Heat of Polymerization: Not pertinent
- 9.17 Heat of Fusion: Currently not available
- 9.18 Limiting Value: Currently not available
- 9.19 Reid Vapor Pressure: 2.3 psia

NOTES

ETHYL ALCOHOL

EAL

9.20 SATURATED LIQUID DENSITY		9.21 LIQUID HEAT CAPACITY		9.22 LIQUID THERMAL CONDUCTIVITY		9.23 LIQUID VISCOSITY	
Temperature (degrees F)	Pounds per cubic foot	Temperature (degrees F)	British thermal unit per pound-F	Temperature (degrees F)	British thermal unit inch per hour-square foot-F	Temperature (degrees F)	Centipoise
35	50.220	35	0.539	-40	1.289		N O T P E R T I N E N T
40	50.080	40	0.545	-30	1.277		
45	49.930	45	0.552	-20	1.265		
50	49.780	50	0.558	-10	1.253		
55	49.630	55	0.564	0	1.242		
60	49.490	60	0.571	10	1.230		
65	49.340	65	0.577	20	1.218		
70	49.190	70	0.583	30	1.206		
75	49.040	75	0.590	40	1.194		
80	48.900	80	0.596	50	1.182		
85	48.750	85	0.603	60	1.171		
90	48.600	90	0.609	70	1.159		
95	48.460	95	0.615	80	1.147		
100	48.310	100	0.622	90	1.135		
105	48.160	105	0.628	100	1.123		
110	48.010	110	0.635	110	1.112		
115	47.870	115	0.641	120	1.100		
120	47.720	120	0.647	130	1.088		
125	47.570						
130	47.420						
135	47.280						
140	47.130						
145	46.980						
150	46.830						
155	46.690						
160	46.540						


9.24 SOLUBILITY IN WATER		9.25 SATURATED VAPOR PRESSURE		9.26 SATURATED VAPOR DENSITY		9.27 IDEAL GAS HEAT CAPACITY	
Temperature (degrees F)	Pounds per 100 pounds of water	Temperature (degrees F)	Pounds per square inch	Temperature (degrees F)	Pounds per cubic foot	Temperature (degrees F)	British thermal unit per pound-F
	M	40	0.304	40	0.00261	0	0.351
	I	50	0.441	50	0.00371	25	0.362
	S	60	0.629	60	0.00520	50	0.373
	C	70	0.884	70	0.00716	75	0.384
	I	80	1.224	80	0.00973	100	0.395
	B	90	1.671	90	0.01305	125	0.406
	L	100	2.253	100	0.01728	150	0.417
	E	110	3.001	110	0.02261	175	0.427
		120	3.952	120	0.02926	200	0.437
		130	5.148	130	0.03747	225	0.447
		140	6.640	140	0.04752	250	0.457
		150	8.482	150	0.05971	275	0.467
		160	10.740	160	0.07438	300	0.477
		170	13.480	170	0.09188	325	0.487
		180	16.790	180	0.11260	350	0.496
		190	20.740	190	0.13700	375	0.505
		200	25.450	200	0.16560	400	0.514
		210	31.010	210	0.19870	425	0.523
						450	0.532
						475	0.541
						500	0.549
						525	0.558
						550	0.566
						575	0.574
						600	0.582

Denatured w/ Turpentine oil

ETHANOL (ANHYDROUS) Ethyl alcohol Absolute ethanol Methyl carbinol Grain alcohol	ICSC: 0044 May 2018
CAS #: 64-17-5 UN #: 1170 EC Number: 200-578-6	

	ACUTE HAZARDS	PREVENTION	FIRE FIGHTING
FIRE & EXPLOSION	Highly flammable. Vapour/air mixtures are explosive. Risk of fire and explosion on contact with incompatible substances. See Chemical Dangers.	NO open flames, NO sparks and NO smoking. Closed system, ventilation, explosion-proof electrical equipment and lighting. Do NOT use compressed air for filling, discharging, or handling. NO contact with incompatible materials: See Chemical Dangers	Use water spray, powder, alcohol-resistant foam, carbon dioxide. In case of fire: keep drums, etc., cool by spraying with water.

STRICT HYGIENE! PREVENT GENERATION OF MISTS!			
	SYMPTOMS	PREVENTION	FIRST AID
Inhalation	Cough. Headache. Fatigue. Drowsiness.	Use ventilation, local exhaust or breathing protection.	Fresh air, rest.
Skin	Dry skin.	Protective clothing. Apron. Protective gloves.	Remove contaminated clothes. Rinse skin with plenty of water or shower.
Eyes	Redness. Pain. Burning sensation.	Wear safety goggles.	First rinse with plenty of water for several minutes (remove contact lenses if easily possible), then refer for medical attention.
Ingestion	Burning sensation. Headache. Confusion. Dizziness. Unconsciousness.	Do not eat, drink, or smoke during work.	Rinse mouth. Give one or two glasses of water to drink. Refer immediately for medical attention.

SPILLAGE DISPOSAL	CLASSIFICATION & LABELLING
Remove all ignition sources. Ventilation. Do NOT wash away into sewer. Collect leaking and spilled liquid in covered containers as far as possible. Absorb remaining liquid in inert absorbent. Wash away remainder with plenty of water. Store and dispose of according to local regulations.	According to UN GHS Criteria
STORAGE	 <p>DANGER</p> <p>Highly flammable liquid and vapour Harmful if swallowed Causes serious eye irritation May cause damage to organs through prolonged or repeated exposure</p> <p>Transportation UN Classification UN Hazard Class: 3; UN Pack Group: II</p>
Fireproof. Separated from : see Chemical Dangers.	
PACKAGING	



 Prepared by an international group of experts on behalf of ILO and WHO, with the financial assistance of the European Commission.
 © ILO and WHO 2017
 

ETHANOL (ANHYDROUS)	ICSC: 0044
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PHYSICAL & CHEMICAL INFORMATION	
Physical State; Appearance COLOURLESS LIQUID WITH CHARACTERISTIC ODOUR. Physical dangers The vapour mixes well with air, explosive mixtures are easily formed. Chemical dangers Reacts slowly with calcium hypochlorite, silver oxide and ammonia. This generates fire and explosion hazard. Reacts violently with strong oxidants such as nitric acid, silver nitrate, mercuric nitrate and magnesium perchlorate. This generates fire and explosion hazard.	Formula: CH ₃ CH ₂ OH / C ₂ H ₆ O Molecular mass: 46.1 Boiling point: 78°C Melting point: -114 °C Relative density (water = 1): 0.79 Solubility in water: miscible Vapour pressure, kPa at 20°C: 5.8 Relative vapour density (air = 1): 1.6 Relative density of the vapour/air-mixture at 20°C (air = 1): 1.03 Flash point: 12.0 °C c.c. Auto-ignition temperature: 400°C Explosive limits, vol% in air: 3.1-27.7 Octanol/water partition coefficient as log Pow: -0.32 Viscosity: 1.074 mPa*s at 20°C

EXPOSURE & HEALTH EFFECTS	
Routes of exposure The substance can be absorbed into the body by inhalation of its vapour and by ingestion. Effects of short-term exposure The substance is severely irritating to the eyes. The vapour at high levels is irritating to the eyes and respiratory tract. The substance may cause effects on the central nervous system.	Inhalation risk A harmful contamination of the air will be reached rather slowly on evaporation of this substance at 20°C. Effects of long-term or repeated exposure The substance defats the skin, which may cause dryness or cracking. The substance may have effects on the upper respiratory tract and central nervous system. This may result in irritation, headache, fatigue and lack of concentration. See Notes.

OCCUPATIONAL EXPOSURE LIMITS
TLV: 1000 ppm as STEL; A3 (confirmed animal carcinogen with unknown relevance to humans). MAK: 380 mg/m ³ , 200 ppm; peak limitation category: II(4); carcinogen category: 5; pregnancy risk group: C; germ cell mutagen group: 5

ENVIRONMENT
Environmental effects of the substance have been adequately investigated, but no significant effects have been found.

NOTES
Ethanol consumption during pregnancy may adversely affect the unborn child. Chronic ingestion of ethanol may cause liver cirrhosis and cancer.

ADDITIONAL INFORMATION
EC Classification

Denatured with Turpentine oil

Material Safety Data Sheet

Ethanol, Absolute

ACC# 89308

Section 1 - Chemical Product and Company Identification

MSDS Name: Ethanol, Absolute

Catalog Numbers: NC9602322

Synonyms: Ethyl Alcohol; Ethyl Alcohol Anhydrous; Ethyl Hydrate; Ethyl Hydroxide; Fermentation Alcohol; Grain Alcohol; Methylcarbinol; Molasses Alcohol; Spirits of Wine.

Company Identification:

Fisher Scientific
1 Reagent Lane
Fair Lawn, NJ 07410

For information, call: 201-796-7100

Emergency Number: 201-796-7100

For CHEMTREC assistance, call: 800-424-9300

For International CHEMTREC assistance, call: 703-527-3887

Section 2 - Composition, Information on Ingredients

CAS#	Chemical Name	Percent	EINECS/ELINCS
64-17-5	Ethanol	ca.100	200-578-6

Section 3 - Hazards Identification

EMERGENCY OVERVIEW

Appearance: colorless clear liquid. Flash Point: 16.6 deg C.

Warning! Causes severe eye irritation. **Flammable liquid and vapor.** Causes respiratory tract irritation. This substance has caused adverse reproductive and fetal effects in humans. May cause central nervous system depression. May cause liver, kidney and heart damage. Causes moderate skin irritation.

Target Organs: Kidneys, heart, central nervous system, liver.

Potential Health Effects

Eye: Causes severe eye irritation. May cause painful sensitization to light. May cause chemical conjunctivitis and corneal damage.

Skin: Causes moderate skin irritation. May cause cyanosis of the extremities.

Ingestion: May cause gastrointestinal irritation with nausea, vomiting and diarrhea. May cause systemic toxicity with acidosis. May cause central nervous system depression, characterized by excitement, followed by headache, dizziness, drowsiness, and nausea. Advanced stages may cause collapse, unconsciousness, coma and possible death due to respiratory failure.

Inhalation: Inhalation of high concentrations may cause central nervous system effects characterized by nausea, headache, dizziness, unconsciousness and coma. Causes respiratory tract irritation. May cause narcotic effects in high concentration. Vapors may cause dizziness or

suffocation.

Chronic: May cause reproductive and fetal effects. Laboratory experiments have resulted in mutagenic effects. Animal studies have reported the development of tumors. Prolonged exposure may cause liver, kidney, and heart damage.

Section 4 - First Aid Measures

Eyes: Get medical aid. Gently lift eyelids and flush continuously with water.

Skin: Get medical aid. Wash clothing before reuse. Flush skin with plenty of soap and water.

Ingestion: Do not induce vomiting. If victim is conscious and alert, give 2-4 cupfuls of milk or water. Never give anything by mouth to an unconscious person. Get medical aid.

Inhalation: Remove from exposure and move to fresh air immediately. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical aid. Do NOT use mouth-to-mouth resuscitation.

Notes to Physician: Treat symptomatically and supportively. Persons with skin or eye disorders or liver, kidney, chronic respiratory diseases, or central and peripheral nervous system diseases may be at increased risk from exposure to this substance.

Antidote: None reported.

Section 5 - Fire Fighting Measures

General Information: Containers can build up pressure if exposed to heat and/or fire. As in any fire, wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear. Vapors may form an explosive mixture with air. Vapors can travel to a source of ignition and flash back. Will burn if involved in a fire. Flammable Liquid. Can release vapors that form explosive mixtures at temperatures above the flashpoint. Use water spray to keep fire-exposed containers cool. Containers may explode in the heat of a fire.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. For large fires, use water spray, fog, or alcohol-resistant foam. Use water spray to cool fire-exposed containers. Water may be ineffective. Do NOT use straight streams of water.

Flash Point: 16.6 deg C (61.88 deg F)

Autoignition Temperature: 363 deg C (685.40 deg F)

Explosion Limits, Lower: 3.3 vol %

Upper: 19.0 vol %

NFPA Rating: (estimated) Health: 2; Flammability: 3; Instability: 0

Section 6 - Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Absorb spill with inert material (e.g. vermiculite, sand or earth), then place in suitable container. Remove all sources of ignition. Use a spark-proof tool. Provide ventilation. A vapor suppressing foam may be used to reduce vapors.

Section 7 - Handling and Storage

Handling: Wash thoroughly after handling. Use only in a well-ventilated area. Ground and bond containers when transferring material. Use spark-proof tools and explosion proof equipment. Avoid contact with eyes, skin, and clothing. Empty containers retain product residue, (liquid and/or vapor), and can be dangerous. Keep container tightly closed. Keep away from heat, sparks and flame. Avoid ingestion and inhalation. Do not pressurize, cut, weld, braze, solder, drill, grind, or expose empty containers to heat, sparks or open flames.

Storage: Keep away from heat, sparks, and flame. Keep away from sources of ignition. Store in a tightly closed container. Keep from contact with oxidizing materials. Store in a cool, dry, well-ventilated area away from incompatible substances. Flammables-area. Do not store near perchlorates, peroxides, chromic acid or nitric acid.

Section 8 - Exposure Controls, Personal Protection

Engineering Controls: Use explosion-proof ventilation equipment. Facilities storing or utilizing this material should be equipped with an eyewash facility and a safety shower. Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits.

Exposure Limits

Chemical Name	ACGIH	NIOSH	OSHA - Final PELs
Ethanol	1000 ppm TWA	1000 ppm TWA; 1900 mg/m ³ TWA 3300 ppm IDLH	1000 ppm TWA; 1900 mg/m ³ TWA

OSHA Vacated PELs: Ethanol: 1000 ppm TWA; 1900 mg/m³ TWA

Personal Protective Equipment

Eyes: Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133 or European Standard EN166.

Skin: Wear appropriate protective gloves to prevent skin exposure.

Clothing: Wear appropriate protective clothing to prevent skin exposure.

Respirators: A respiratory protection program that meets OSHA's 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant a respirator's use.

Section 9 - Physical and Chemical Properties

Physical State: Clear liquid

Appearance: colorless

Odor: Mild, rather pleasant, like wine or whis

pH: Not available.

Vapor Pressure: 59.3 mm Hg @ 20 deg C

Vapor Density: 1.59

Evaporation Rate:Not available.

Viscosity: 1.200 cP @ 20 deg C

Boiling Point: 78 deg C

Freezing/Melting Point:-114.1 deg C

Decomposition Temperature:Not available.

Solubility: Miscible.

Specific Gravity/Density:0.790 @ 20°C

Molecular Formula:C₂H₅OH

Molecular Weight:46.0414

Section 10 - Stability and Reactivity

Chemical Stability: Stable under normal temperatures and pressures.

Conditions to Avoid: Incompatible materials, ignition sources, excess heat, oxidizers.

Incompatibilities with Other Materials: Strong oxidizing agents, acids, alkali metals, ammonia, hydrazine, peroxides, sodium, acid anhydrides, calcium hypochlorite, chromyl chloride, nitrosyl perchlorate, bromine pentafluoride, perchloric acid, silver nitrate, mercuric nitrate, potassium-tert-butoxide, magnesium perchlorate, acid chlorides, platinum, uranium hexafluoride, silver oxide, iodine heptafluoride, acetyl bromide, disulfuryl difluoride, tetrachlorosilane + water, acetyl chloride, permanganic acid, ruthenium (VIII) oxide, uranyl perchlorate, potassium dioxide.

Hazardous Decomposition Products: Carbon monoxide, irritating and toxic fumes and gases, carbon dioxide.

Hazardous Polymerization: Will not occur.

Section 11 - Toxicological Information

RTECS#:

CAS# 64-17-5: KQ6300000

LD50/LC50:

CAS# 64-17-5:

- Draize test, rabbit, eye: 500 mg Severe;
- Draize test, rabbit, eye: 500 mg/24H Mild;
- Draize test, rabbit, skin: 20 mg/24H Moderate;
- Inhalation, mouse: LC50 = 39 gm/m³/4H;
- Inhalation, rat: LC50 = 20000 ppm/10H;
- Oral, mouse: LD50 = 3450 mg/kg;
- Oral, rabbit: LD50 = 6300 mg/kg;
- Oral, rat: LD50 = 7060 mg/kg;
- Oral, rat: LD50 = 9000 mg/kg;

Carcinogenicity:

CAS# 64-17-5: Not listed by ACGIH, IARC, NTP, or CA Prop 65.

Epidemiology: Ethanol has been shown to produce fetotoxicity in the embryo or fetus of laboratory animals. Prenatal exposure to ethanol is associated with a distinct pattern of congenital malformations that have collectively been termed the "fetal alcohol syndrome".

Teratogenicity: Oral, Human - woman: TDLo = 41 gm/kg (female 41 week(s) after conception) Effects on Newborn - Apgar score (human only) and Effects on Newborn - other neonatal measures or effects and Effects on Newborn - drug dependence.

Reproductive Effects: Intrauterine, Human - woman: TDLo = 200 mg/kg (female 5 day(s) pre-mating) Fertility - female fertility index (e.g. # females pregnant per # sperm positive females; # females pregnant per # females mated).

Neurotoxicity: No information available.

Mutagenicity: DNA Inhibition: Human, Lymphocyte = 220 mmol/L.; Cytogenetic Analysis: Human, Lymphocyte = 1160 gm/L.; Cytogenetic Analysis: Human, Fibroblast = 12000 ppm.; Cytogenetic Analysis: Human, Leukocyte = 1 pph/72H (Continuous).; Sister Chromatid Exchange: Human, Lymphocyte = 500 ppm/72H (Continuous).

Other Studies: Standard Draize Test(Skin, rabbit) = 20 mg/24H (Moderate) Standard Draize Test: Administration into the eye (rabbit) = 500 mg (Severe).

Section 12 - Ecological Information

Ecotoxicity: Fish: Rainbow trout: LC50 = 12900-15300 mg/L; 96 Hr; Flow-through @ 24-24.3°C Fish: Rainbow trout: LC50 = 11200 mg/L; 24 Hr; Fingerling (Unspecified) Bacteria: Phytobacterium phosphoreum: EC50 = 34900 mg/L; 5-30 min; Microtox test When spilled on land it is apt to volatilize, biodegrade, and leach into the ground water, but no data on the rates of these processes could be found. Its fate in ground water is unknown. When released into water it will volatilize and probably biodegrade. It would not be expected to adsorb to sediment or bioconcentrate in fish.

Environmental: When released to the atmosphere it will photodegrade in hours (polluted urban atmosphere) to an estimated range of 4 to 6 days in less polluted areas. Rainout should be significant.

Physical: No information available.

Other: No information available.

Section 13 - Disposal Considerations

Chemical waste generators must determine whether a discarded chemical is classified as a hazardous waste. US EPA guidelines for the classification determination are listed in 40 CFR Parts 261.3. Additionally, waste generators must consult state and local hazardous waste regulations to ensure complete and accurate classification.

RCRA P-Series: None listed.

RCRA U-Series: None listed.

Section 14 - Transport Information

	US DOT	Canada TDG
Shipping Name:	Not reviewed.	No information available.
Hazard Class:		
UN Number:		
Packing Group:		

Section 15 - Regulatory Information

US FEDERAL

TSCA

CAS# 64-17-5 is listed on the TSCA inventory.

Health & Safety Reporting List

None of the chemicals are on the Health & Safety Reporting List.

Chemical Test Rules

None of the chemicals in this product are under a Chemical Test Rule.

Section 12b

None of the chemicals are listed under TSCA Section 12b.

TSCA Significant New Use Rule

None of the chemicals in this material have a SNUR under TSCA.

CERCLA Hazardous Substances and corresponding RQs

None of the chemicals in this material have an RQ.

SARA Section 302 Extremely Hazardous Substances

None of the chemicals in this product have a TPQ.

SARA Codes

CAS # 64-17-5: acute, chronic, flammable.

Section 313 No chemicals are reportable under Section 313.

Clean Air Act:

This material does not contain any hazardous air pollutants.

This material does not contain any Class 1 Ozone depletors.

This material does not contain any Class 2 Ozone depletors.

Clean Water Act:

None of the chemicals in this product are listed as Hazardous Substances under the CWA.

None of the chemicals in this product are listed as Priority Pollutants under the CWA.

None of the chemicals in this product are listed as Toxic Pollutants under the CWA.

OSHA:

None of the chemicals in this product are considered highly hazardous by OSHA.

STATE

CAS# 64-17-5 can be found on the following state right to know lists: California, New Jersey, Pennsylvania, Minnesota, Massachusetts.

California Prop 65

WARNING: This product contains Ethanol, a chemical known to the state of California to cause developmental reproductive toxicity.

California No Significant Risk Level: None of the chemicals in this product are listed.

European/International Regulations

European Labeling in Accordance with EC Directives

Hazard Symbols:

F

Risk Phrases:

R 11 Highly flammable.

Safety Phrases:

S 16 Keep away from sources of ignition - No smoking.

S 33 Take precautionary measures against static discharges.

S 7 Keep container tightly closed.

S 9 Keep container in a well-ventilated place.

WGK (Water Danger/Protection)

CAS# 64-17-5: 0

Canada - DSL/NDSL

CAS# 64-17-5 is listed on Canada's DSL List.

Canada - WHMIS

This product has a WHMIS classification of B2, D2A.

Canadian Ingredient Disclosure List

CAS# 64-17-5 is listed on the Canadian Ingredient Disclosure List.

Section 16 - Additional Information

MSDS Creation Date: 7/27/1999

Revision #4 Date: 3/18/2003

The information above is believed to be accurate and represents the best information currently available to us. However, we make no warranty of merchantability or any other warranty, express or implied, with respect to such information, and we assume no liability resulting from its use. Users should make their own investigations to determine the suitability of the information for their particular purposes. In no event shall Fisher be liable for any claims, losses, or damages of any third party or for lost profits or any special, indirect, incidental, consequential or exemplary damages, howsoever arising, even if Fisher has been advised of the possibility of such damages.

COVID 19

Quick Reference Card

COVID-19

About COVID-19

COVID-19 is a respiratory illness that can spread from person-to-person. Severe complications include: pneumonia, multi-organ failure, and in some cases death. COVID-19 spreads through person-to-person contact, through respiratory droplets when infected individuals cough, touching contaminated surfaces. Currently there is no vaccine.

Prevention

Clean your hands often – wash for at least 20 seconds

Avoid touching your face.

Avoid close contact (6ft.) with people who are sick or who may have been exposed to COVID-19.

Cover your nose and mouth when you cough or sneeze.

Throw away used tissues.

Stay at home and separate yourself from others if you are sick.

Seek medical care.

Clean and disinfect surfaces often.

Symptoms

Symptoms appear 2 to 14 days after exposure. Temperature at or above 100.4, chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea, confusion, blueness of the lips. Highest risk older adults (60+), people with a prior medical condition, people who have been in a high exposure area or in close contact with an infected individual.

COVID 10

Telehealth Virtual Care Providers

COVID-17

South Carolina health systems are offering telehealth options to the public. These options are available to anyone experiencing COVID-19 symptoms in South Carolina. To access the free consult, use the promo code: **COVID19**.

Beaufort Memorial Hospital:

<https://www.bmhsc.org/news/coronavirus-covid-19-preparations-and-recommendations>

MUSC Health Virtual urgent Care:

<https://campaigns.muschealth.org/virtual-care/index.html>

Prisma Health Virtual Visit:

<https://prismahealth.org/virtual-visit/>

McLeod Telehealth:

<https://www.mcleodhealth.org/services/care/telehealth/>

Roper St. Francis Healthcare Virtual Care:

<https://www.rsfh.com/virtualcare/>

Sandhills Medical Foundation:

<https://sandhillsmedical.org/virus/>

Self Regional Healthcare:

<https://www.selfregional.org/coronavirus-information/>

If you have general questions about COVID-19, call the DHEC Care Line at 1-855-472-3432 between 8 a.m. and 6 p.m. daily.

Post Re-Entry Services - (803) 896-9123

SCDC



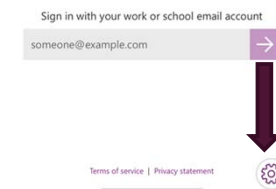
POWERAPPS - ICHECK

HOW TO USE THE POWERAPPS – ICHECK FEATURE



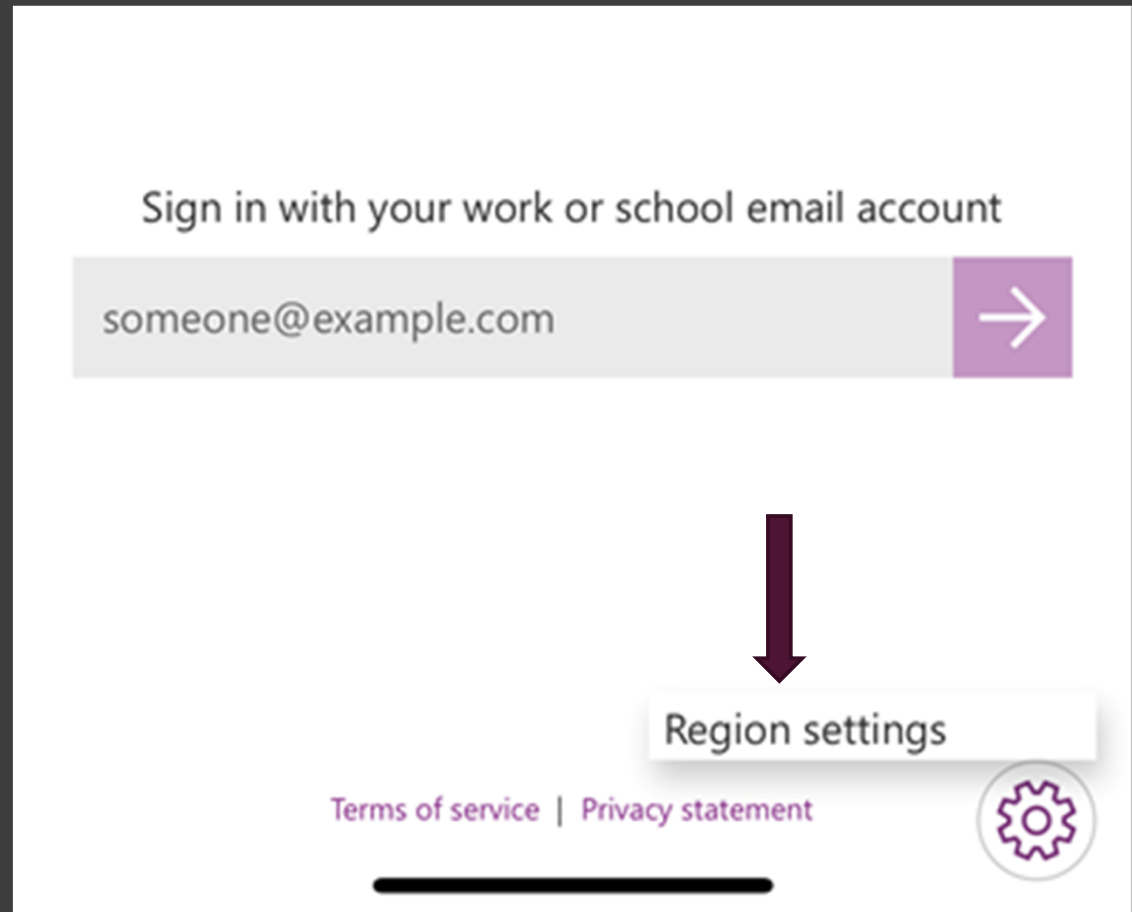
POWER APPS SIGN ON

- Once the application has downloaded, please open it.
- The application will open to this page.
- BEFORE you enter your information the next steps are CRUCIAL.
- Select the Settings button in the lower right hand corner.



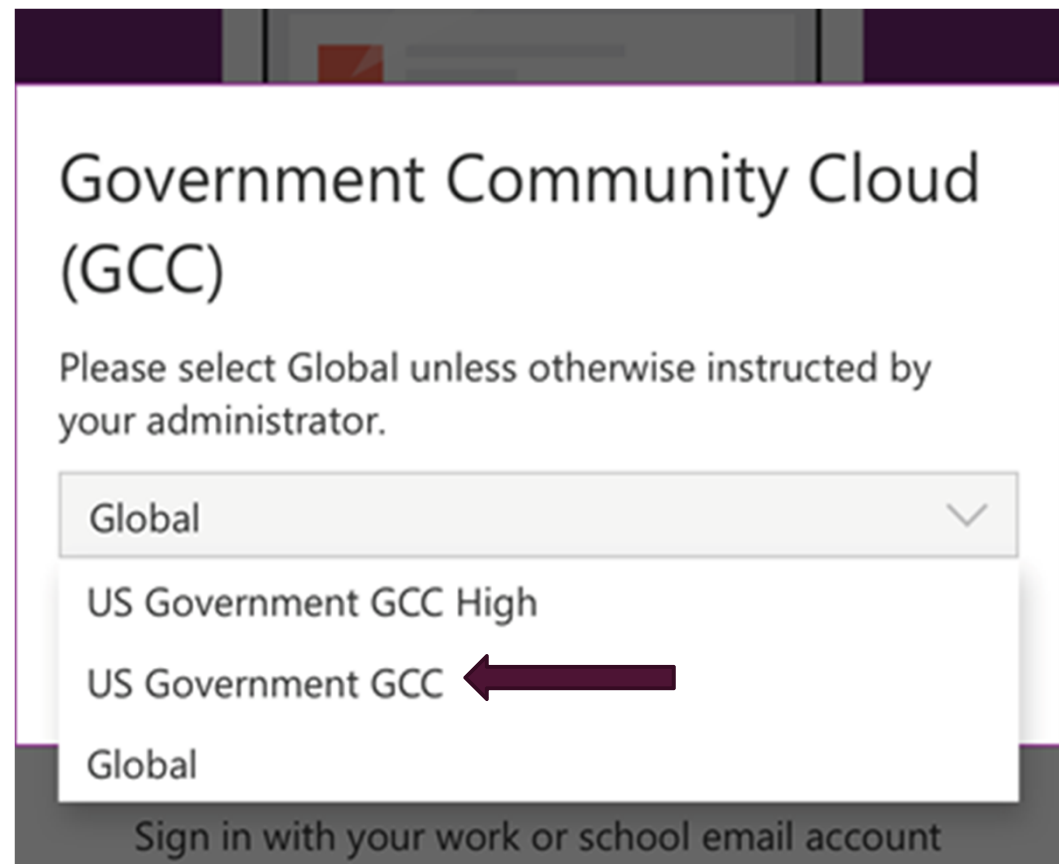
CORRECT SETTINGS BEFORE SIGN IN

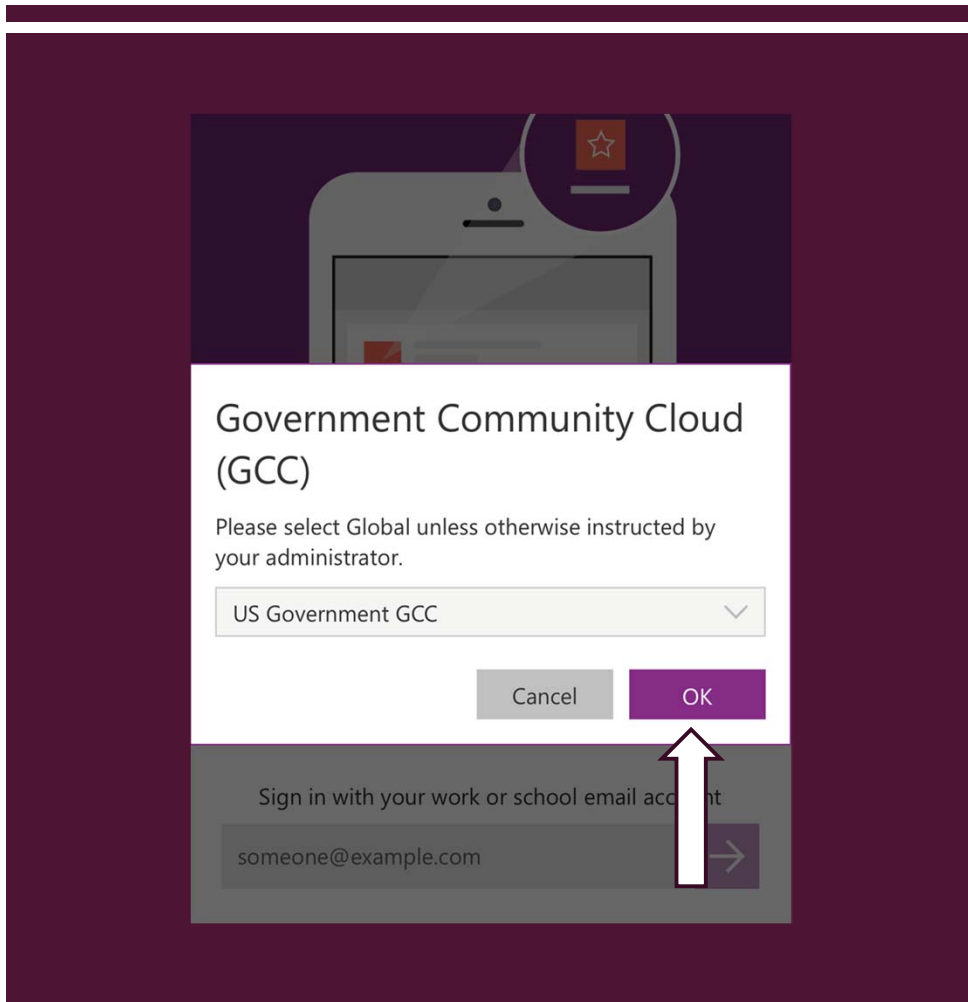
- After selecting the settings button, it should present the option shown on the screen.
- Select Region Settings.



CORRECT SETTING

- After selecting Region Settings, the screen shown should appear.
- **Select US Government GCC**





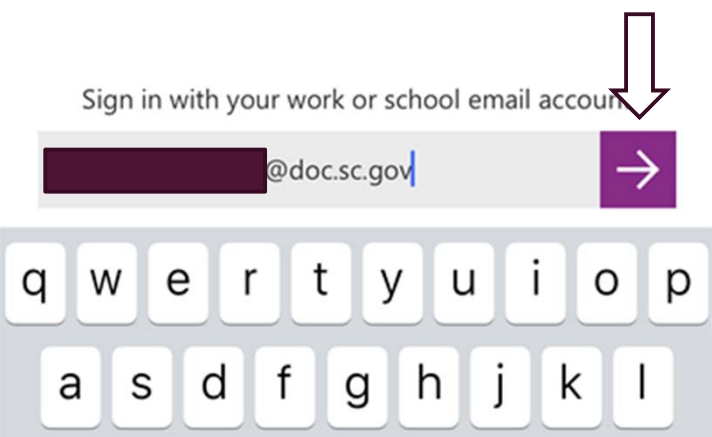
CORRECT SETTINGS CONT.

- After choosing the correct setting: US Government GCC
- Select OK as indicated
- After selecting OK, it will return you to the home screen



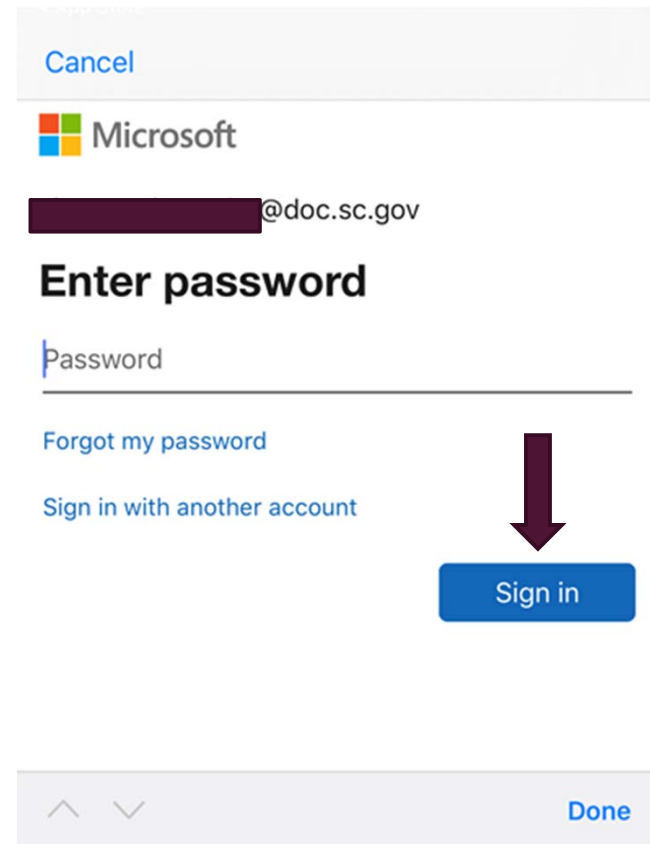
SIGN IN

- Once returned to the home screen, sign in with your SCDC email.
- After typing in your full SCDC email, select the purple arrow.



SIGN IN CONT.

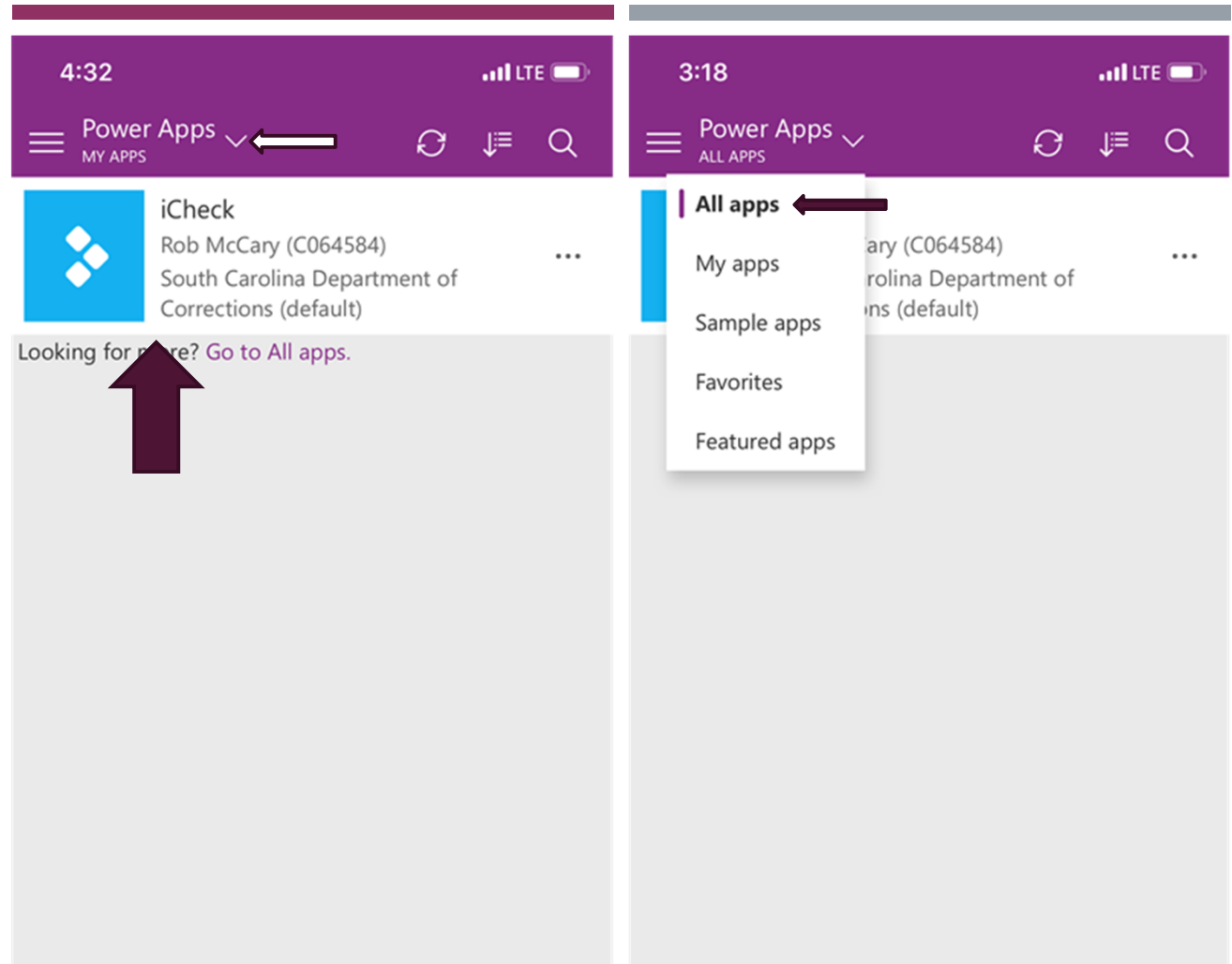
- After entering your email and selecting the arrow, it will direct you to this screen
- Enter your SCDC password
- Select “Sign In”



A screenshot of a Microsoft sign-in interface. At the top left is a "Cancel" button. Below it is the Microsoft logo and the text "Microsoft". The email address field is partially filled with a dark red box and ends with "@doc.sc.gov". The heading "Enter password" is displayed above a password input field containing the placeholder text "Password". Below the password field are two links: "Forgot my password" and "Sign in with another account". A large dark red arrow points down from the "Sign in with another account" link to a blue "Sign in" button. At the bottom of the screen is a light gray bar with up and down arrow icons on the left and a "Done" button on the right.

OPEN ICHECK

- The iCheck application should appear on your screen
- However, if it does not you may need to select the All Apps to find it.
- Select the iCheck application to enter



ICHECK APPLICATION

iCheck

Please Choose Your Location

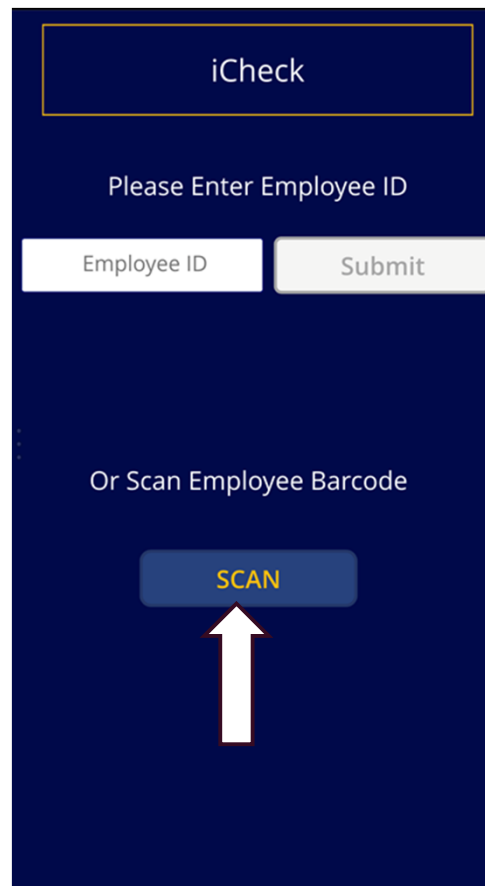
HEADQUARTERS

Then continue to Employee Checkout

- After selecting the iCheck application it will bring you to this screen.
- From the drop down selection, choose your institution/place of work
- Example: Headquarters
- Select the arrow to move forward

ICHECK APPLICATION

- After selecting the arrow to move forward, you will be brought to this screen
- If an employee has a barcode on their badge then you may choose the scan option
- If there is no barcode, you will need to manually enter the employee ID and select submit
- Note: The Employee ID # is the # found on the employee's badge.



iCheck

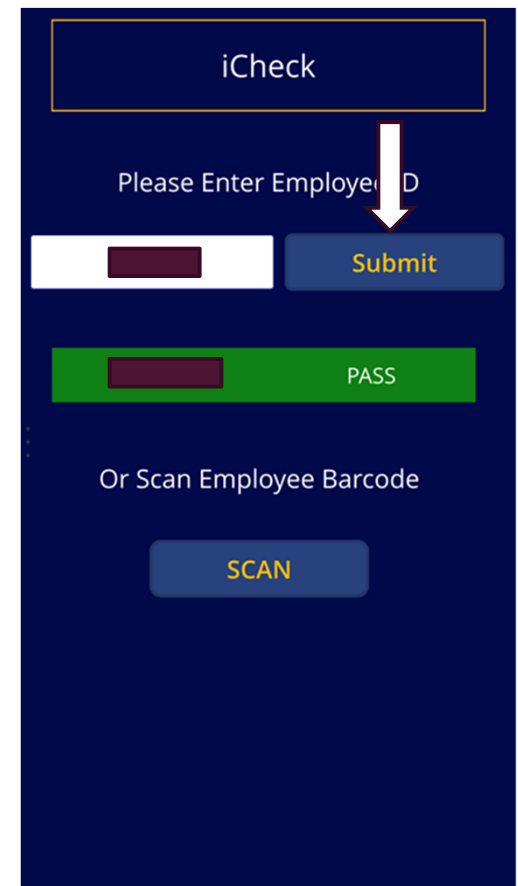
Please Enter Employee ID

Employee ID Submit

Or Scan Employee Barcode

SCAN

A white arrow points to the SCAN button.



iCheck

Please Enter Employee ID

Submit

PASS

Or Scan Employee Barcode

SCAN

A white arrow points to the Submit button.

CLEARED/NOT CLEARED

- The screenshots to the left provide an example of what should appear after an ID has been scanned or manually entered.
- If the DENIED appears and is colored RED then that employee should not be granted entrance into the institution and is being monitored by the COVID Call Team
- If the PASS appears and is colored GREEN then that employee is cleared to enter into the institution.

iCheck

Please Enter Employee ID

Submit

DENIED

Or Scan Employee Barcode

SCAN

The screenshot shows the iCheck app interface. At the top, it says 'iCheck'. Below that, it prompts the user to 'Please Enter Employee ID'. There is a text input field with a dark red background and a blue 'Submit' button. Below the input field, there is a red bar with a dark red background and the word 'DENIED' in white. At the bottom, it says 'Or Scan Employee Barcode' and there is a blue button with the word 'SCAN' in yellow.

iCheck

Please Enter Employee ID

Submit

PASS

Or Scan Employee Barcode

SCAN

The screenshot shows the iCheck app interface. At the top, it says 'iCheck'. Below that, it prompts the user to 'Please Enter Employee ID'. There is a text input field with a dark red background and a blue 'Submit' button. Below the input field, there is a green bar with a dark red background and the word 'PASS' in white. At the bottom, it says 'Or Scan Employee Barcode' and there is a blue button with the word 'SCAN' in yellow.

South Carolina Department of Corrections (SCDC) COVID-19 Action Plan

SCDC manages a statewide correctional system involving 21 prisons located throughout the state, which are of various security levels and specialized missions. SCDC has been planning for coronavirus (COVID-19) since February 2020. Phase One activities included guidance from the Medical Services Division regarding description of the disease, where the infection was occurring and best practices to mitigate transmission. An agency task force was working in conjunction with subject matter experts from the Governor's Office, S.C. Department of Health and Environmental Control, Emergency Management Division and other state agencies. SCDC's planning is structured using the Incident Command System (ICS) framework.

As a result of these ongoing efforts, SCDC, after coordination with DHEC and the Governor's Office is implementing Phase Two of our COVID-19 response. Effective immediately, the following measures are being deployed by the SCDC in order to mitigate the spread of COVID-19, acknowledging the state will have more confirmed cases in the coming weeks. These measures are being implemented to ensure the safety of our inmates and the continued effective operations of the state prison system and to ensure that staff remain healthy and available for duty.

VISITATION: Visitation will be suspended for 30 days, at which time the suspension will be reevaluated. To ensure inmates maintain social ties, SCDC and GTL will allow for two free calls per week between March 17, 2020 through April 13, 2020.

LEGAL VISITS: Access to legal counsel remains a paramount requirement in the SCDC but like visitation, the SCDC is mitigating the risk of exposure created by external visitors. Attorneys seeking an in-person visit with their client or a confidential call should contact the institution to arrange. The attorney will need to undergo screening using the same procedures as staff and complete an Attestation of No Known Illness form (SCDC Form M-217). Attorneys should also maintain social distancing of 6' from their client.

INMATE MOVEMENT: All inmate facility transfers will be suspended, unless medically necessary, for 30 days, at which time the suspension will be reevaluated or by the approval of the Deputy Director for Operations. Admission of new inmates will continue; however, such inmates will be screened, checked for exposure and isolated or quarantined as deemed appropriate.

WORK RELEASE AND LABOR CREWS: All work release and labor crews will be suspended for 14 days and then will be reevaluated. The work crew exceptions are as follows: Goodman crews for Facilities Management, Support Services and Transportation and Camille Graham crew for Headquarters and Recruiting.

INSTITUTIONAL MAINTENANCE: Institutional maintenance needs will be evaluated on a case by case basis and will focus on essential functions.

VOLUNTEERS: Volunteer visits will be suspended for 14 days, at which time the suspension will be reevaluated. Exceptions will be approved by the Deputy Director for Operations.

SCREENING OF STAFF: Enhanced health screening of staff will be implemented statewide. Such screening includes self-reporting and temperature checks for the next 30 days, at which time the process will be reevaluated.

SCREENING OF INMATES: The SCDC maintains an infectious disease management program as a matter of routine. To address the specific issues involving COVID-19, the SCDC uses the following practices:

- All newly-arriving SCDC inmates are being screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are quarantined.
- Symptomatic inmates with exposure risk factors are isolated and tested for COVID-19 per SCDC health authority protocols.

MODIFIED OPERATIONS: For the next 30 days, the SCDC will implement statewide modified operations to maximize social distancing and limit group gatherings in our facilities. For example, depending on the facility's population and physical layout, the institution may implement staggered meal times, recreation, etc. These modifications will be reevaluated in 30 days.

***Please note that this action plan will be reevaluated as needed.**

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

TELECOMMUTING AGREEMENT

This is a Telecommuting Agreement in accordance with SCDC Policy ADM-17.09, "Telecommuting." Telecommuting is a management option, not a universal employee benefit or right. It is the Agency's option to allow an employee to telecommute. The Agency can terminate this Telecommuting Agreement at any time. All Telecommuting Agreements will be reviewed at least once annually.

Employee Name: _____ Date: _____

Employee Position: _____ Employee Number: _____

Agreement Type (circle one): Temporary Ongoing

If this is a temporary agreement for an emergency situation, please include a start and expiration date: Start date: _____ Expiration date: _____

This agreement will next be reviewed on (date): _____

Official Work Location: _____

Alternate Work Location(s): (Please note that telecommuting from the employee's home will only be approved for temporary agreements in emergency situations): _____

Equipment: _____

Work Hours: (Describe the employee's normal work schedule. Indicate when and where the employee will normally be telecommuting): _____

Supervisory Approvals:

Supervisor name (print)	Signature	Date
-------------------------	-----------	------

Division Director name (print)	Signature	Date
--------------------------------	-----------	------

Deputy Director name (print)	Signature	Date
------------------------------	-----------	------

Human Resources name (print)	Signature	Date
------------------------------	-----------	------

Administration name (print)	Signature	Date
-----------------------------	-----------	------

I, _____, have reviewed the forgoing Telecommuting Agreement with my Supervisor. I understand that failure to comply with the terms of this agreement could result in the revocation of my telecommuting privileges and/or corrective action under SCDC Policy ADM-11.04, "Employee Corrective Action."

Employee name (print)	Signature	Date
-----------------------	-----------	------

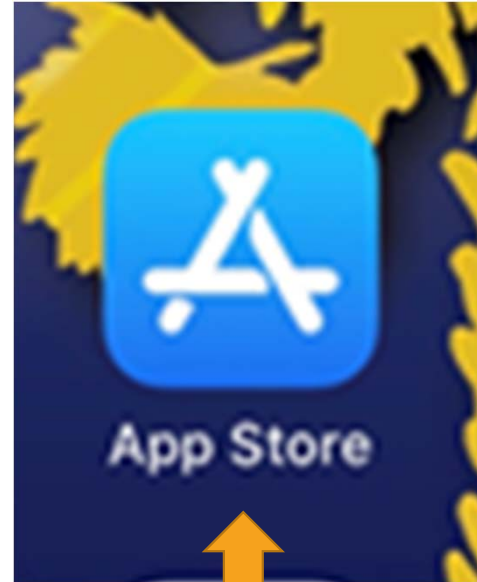
POWER APPS – COVID-19 FOLLOW UPS

How to Download and Use the POWERAPPS – COVID-19
Follow Up Feature

OPEN THE APP STORE

On your home screen, go to the App Store Application

The App Store is the icon indicated to the right.

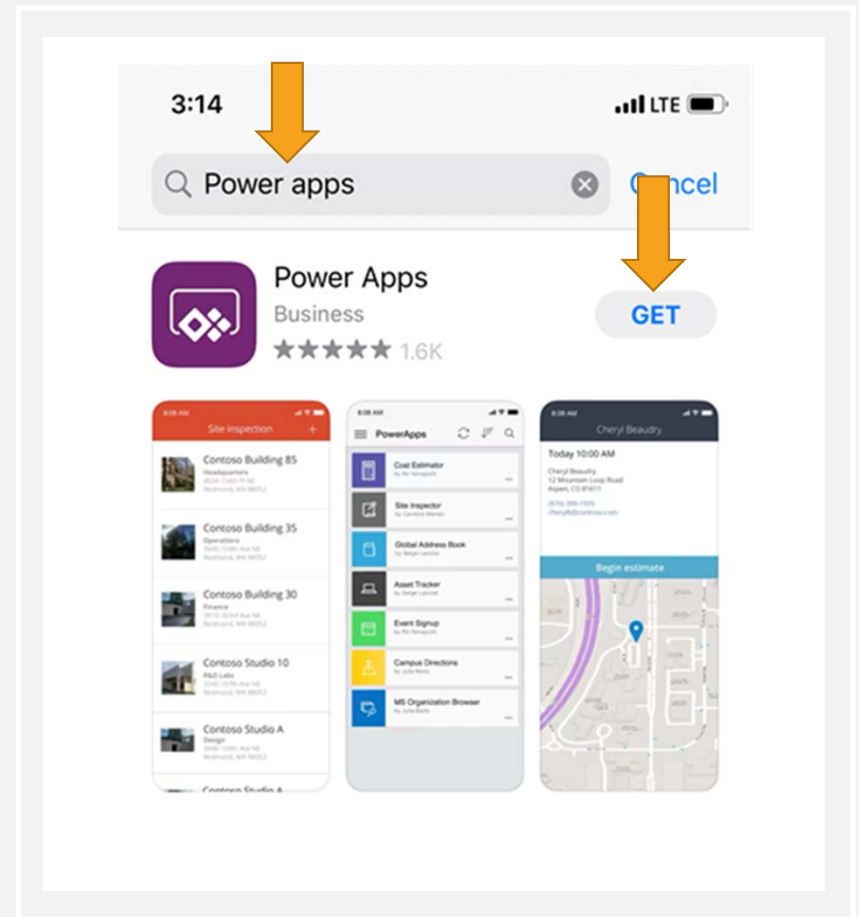


SEARCHING POWER APPS

Once you open the App Store, go to the SEARCH bar

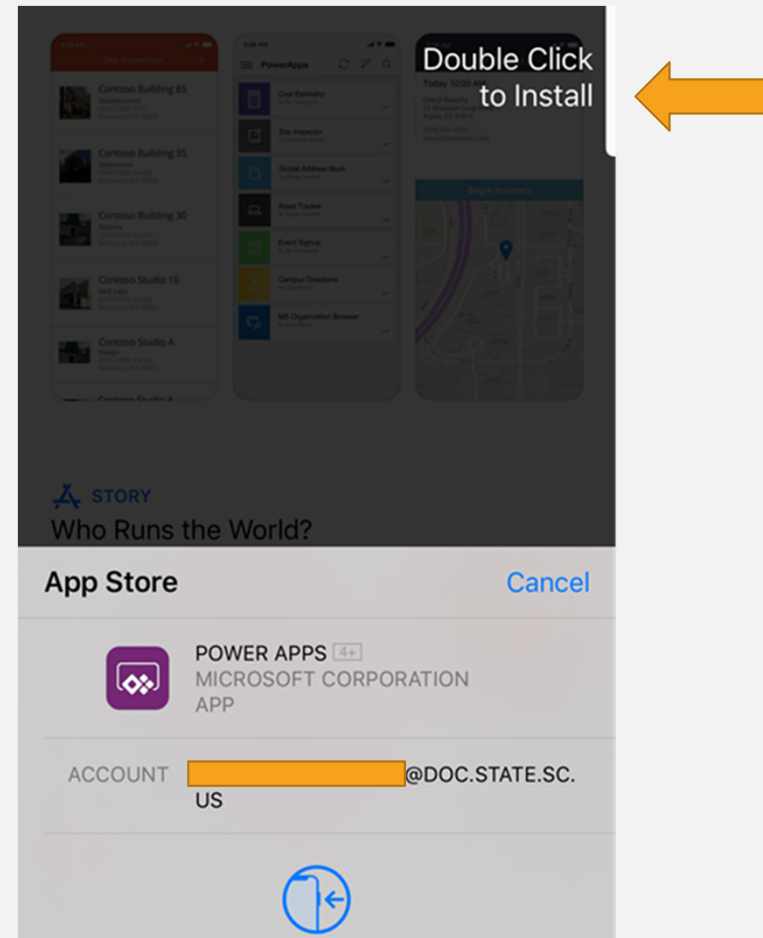
Type in “Power Apps”

Choose the application indicated to the right and tap “Get”



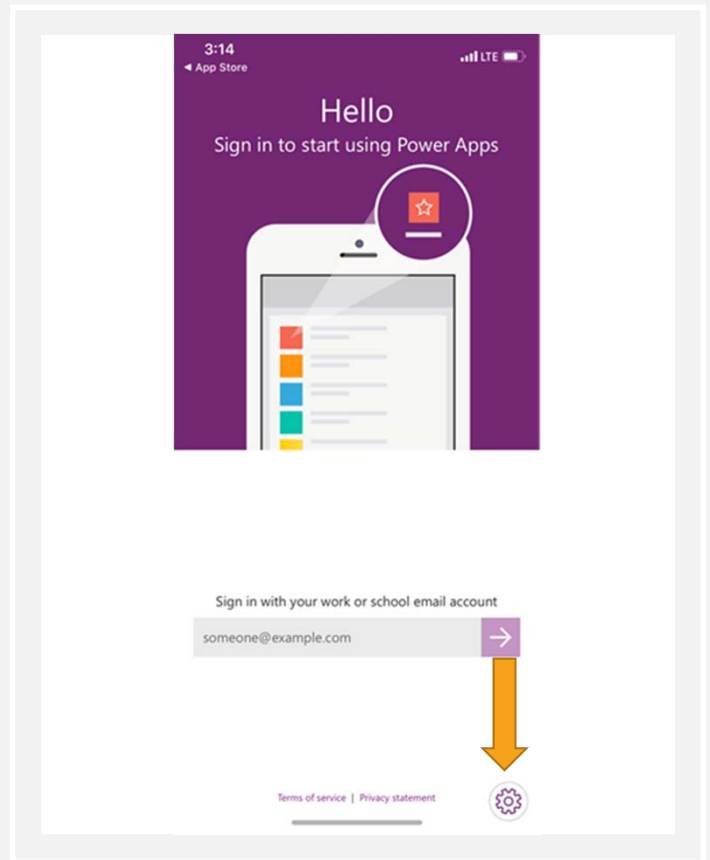
INSTALLING POWER APPS

- After tapping the “Get” button, your iPhone will indicate approval to install. This will either be by providing your password for the Apple account or through facial recognition.
- The screen shown indicates facial recognition is needed for approval. Double click the power button and it will complete the facial recognition.



POWER APPS SIGN IN

- Once the application has downloaded, please open it.
- The application will open to this page.
- BEFORE you enter your information the next steps are CRUCIAL.
- Select the Settings button in the lower right hand corner (as indicated)



Sign in with your work or school email account

someone@example.com



Region settings

[Terms of service](#) | [Privacy statement](#)



CORRECT SETTING BEFORE SIGN IN

- After selecting the settings button, it should present the option shown on the screen.
- Select the “Region Settings” option. (As indicated)

CORRECT SETTING CONT.

- After selecting the “Region Setting” option, the screen shown should appear.
- **Select “US Government GCC”**

Government Community Cloud (GCC)

Please select Global unless otherwise instructed by your administrator.

Global

US Government GCC High

US Government GCC

Global

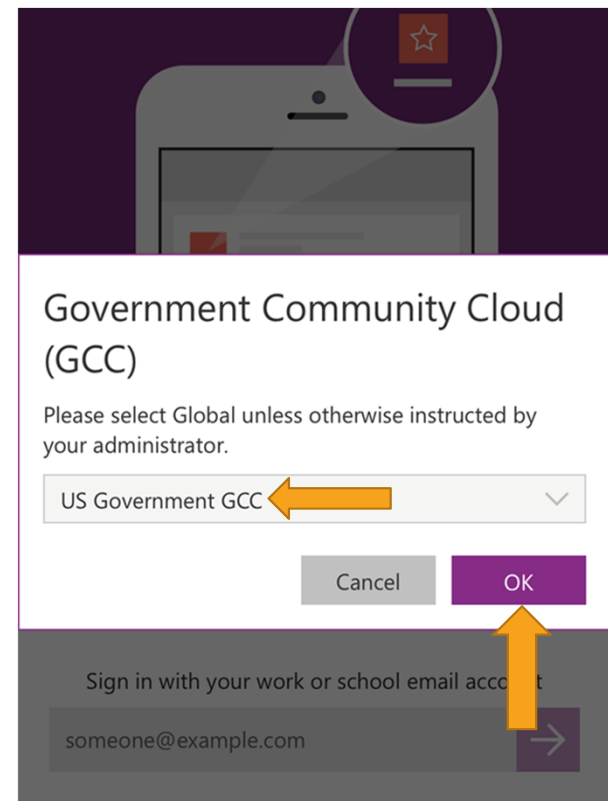
Sign in with your work or school email account

CORRECT SETTINGS CONT.

After choosing the correct setting: US
Government GCC

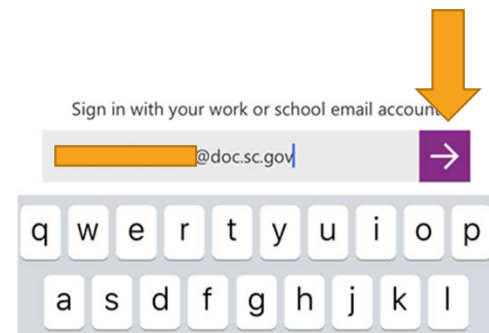
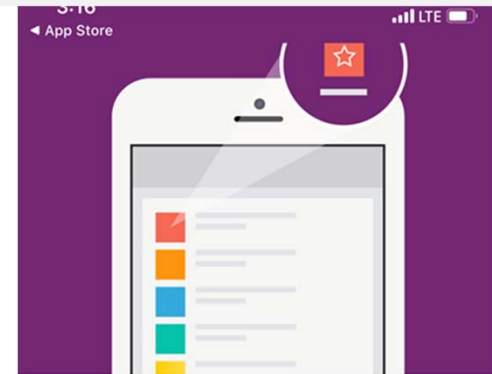
Select OK as indicated

After selecting OK, it will return you to the
home screen to sign in.



SIGN IN TO YOUR SCDC ACCOUNT

- Once returned to the home screen, sign in with your SCDC email.
- After typing your full SCDC email, select the purple arrow to enter the application.

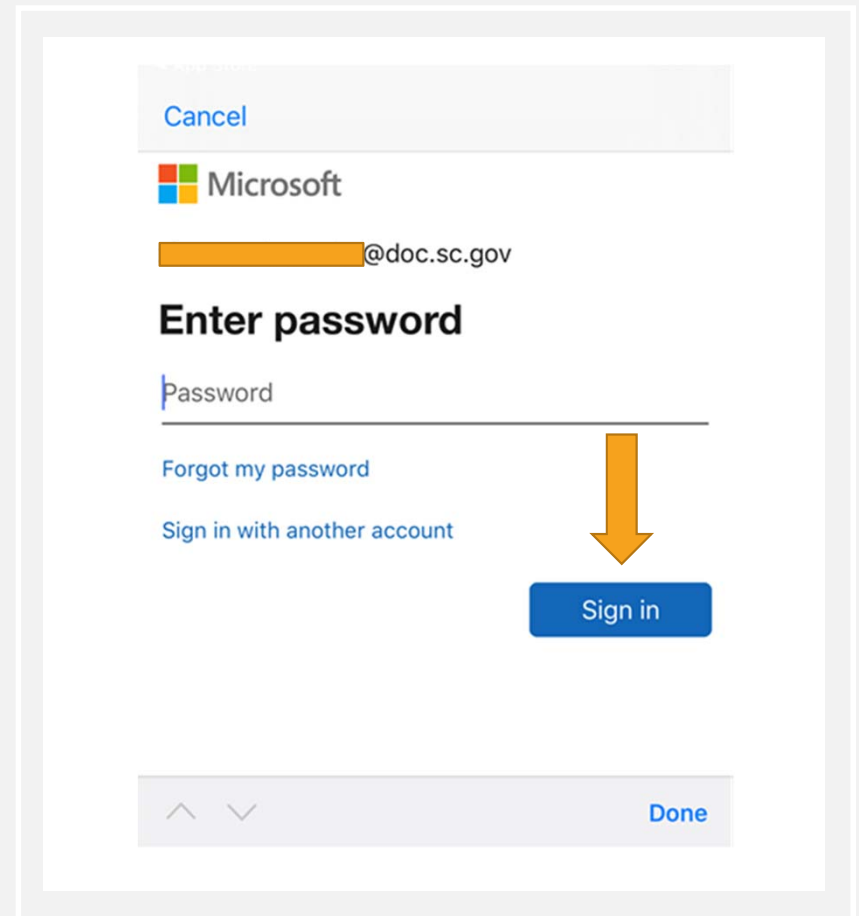


SIGN IN CONT.

After entering your email and selecting the arrow, it will direct you to this screen

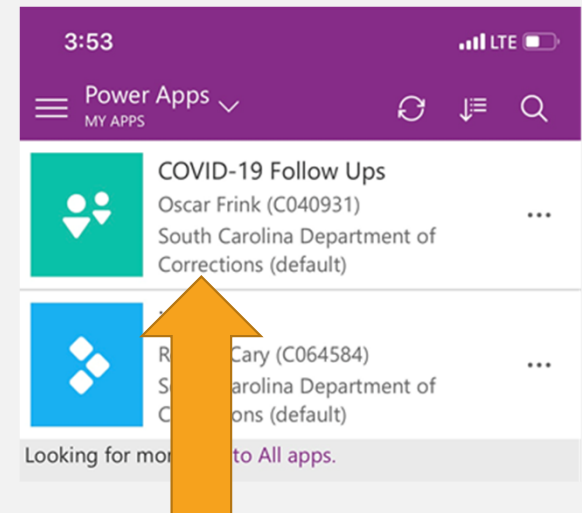
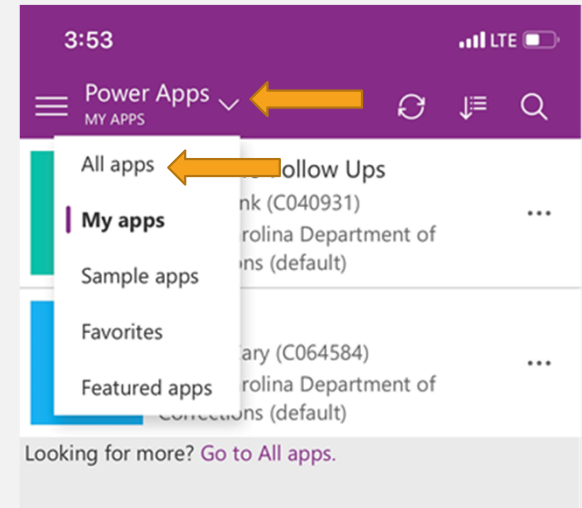
Enter your SCDC password

Select "Sign In"



OPEN COVID-19 FOLLOW UPS

- The “COVID-19 Follow Ups” application should appear under “My Apps”
- However, if it does not you may need to select the “All Apps” option to find it. (Indicated on screen)
- Select the “COVID-19 Follow Ups” application to enter.






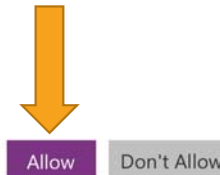
PERMISSIONS - ALLOW

This screen should appear when you sign into the application – select “Allow” as indicated.

Almost there ...

COVID-19 Follow Ups needs your permission to use:

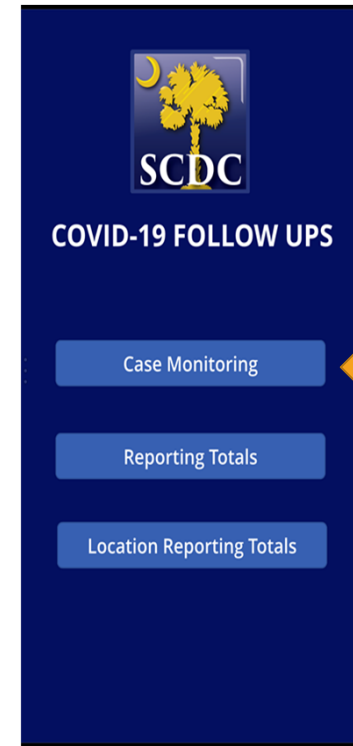
	Office 365 Users [redacted]@doc.sc.gov	✓ Signed in ...
	SharePoint [redacted]@doc.sc.gov	✓ Signed in ...
	SharePoint [redacted]@doc.sc.gov	✓ Signed in ...



COVID-19 FOLLOW UPS APPLICATION

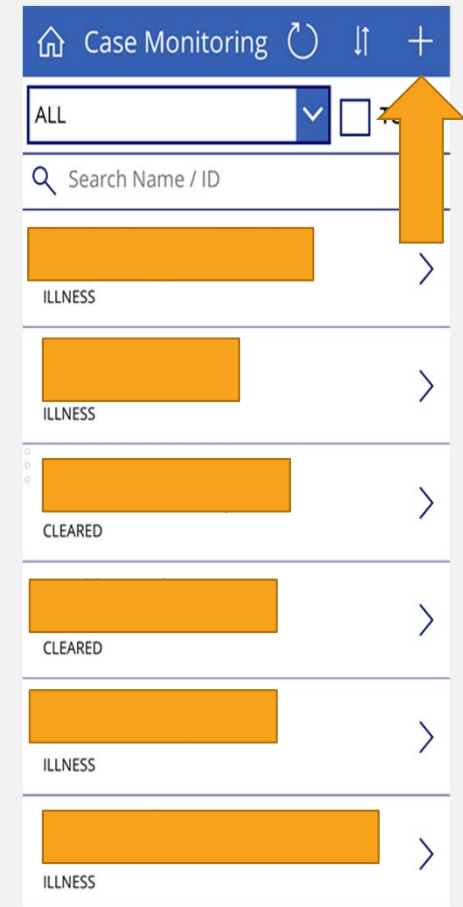
After selecting the “COVID-19 Follow Ups” application it will bring you to this screen.

Select the “Case Monitoring” option



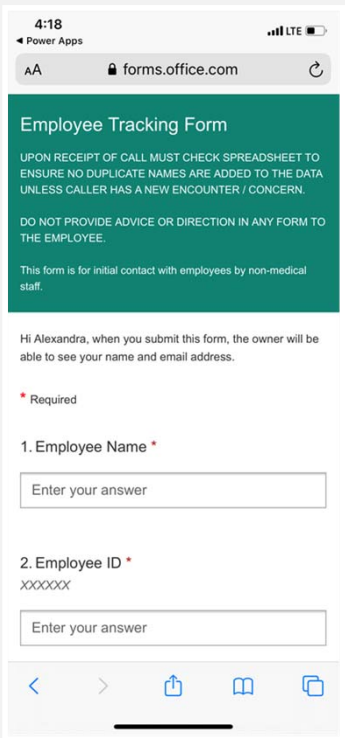
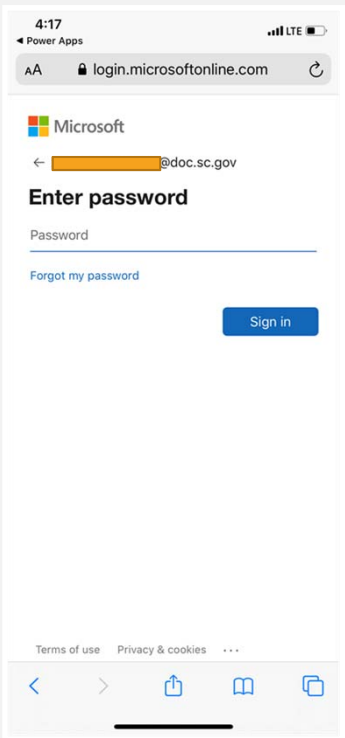
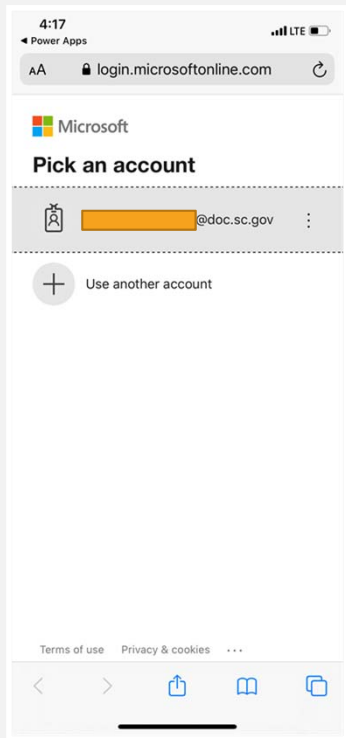
CASES MONITORING – ADDING ENTRIES

- This screen will appear when the “Cases Monitoring” option is selected.
- To enter a NEW entry from the hotline, you will select the + sign in the top right hand corner.



- Once you have clicked the “+” option, you will be prompted to sign into your SCDC email once more
- Select your account
- Enter your Password and select “Sign In”
 - It will ask if you want the device to remember you, I recommend doing so.
- The form will appear as it would on the computer – enter information and select submit when completed.

ADDING ENTRIES CONT.



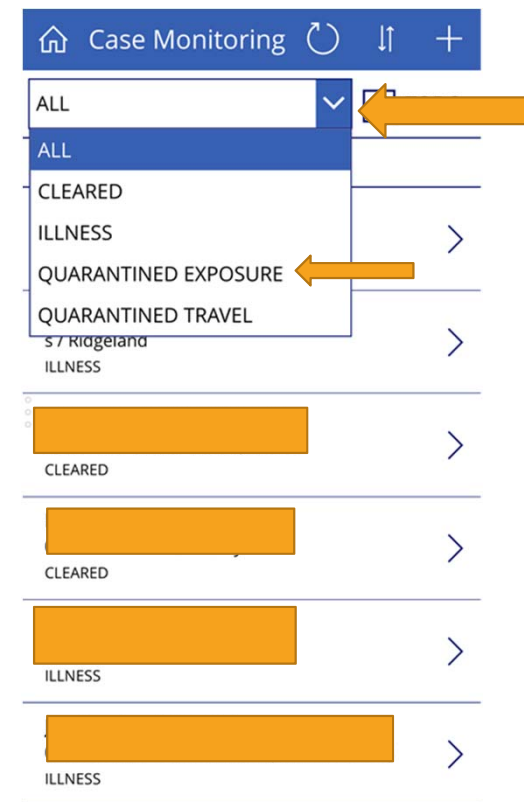
TO FOLLOW UP ON EMPLOYEE'S BEING MONITORED AS EXPOSED OR TRAVEL

Follow up calls will be found by selecting the drop down selection as shown

Call Team - Choose the Quarantined group that you follow up on – “**Quarantined Exposed/Quarantined Travel**”

Medical Team will choose “**Illness**”

Note: For the following slides, I will use “Quarantined Exposed” for example – but the process will be the same for ALL follow ups completed.



FOLLOW UP CALLS CONT.

- Once you have chosen the Monitoring Type, it should appear at the top
- Select the blank box next to “To Do” in order for it to pull up those employee’s who need follow up
- Select an employee to follow up on – I will be using the first employee indicated as needing follow up.
- It will give the employee’s name, employee ID, and date of entry
 - I have blocked this out for privacy reasons, as well as this example indicated old data.

Case Monitoring

QUARANTINED EXPOSURE TODO

Search Name / ID

QUARANTINED EXPOSURE

QUARANTINED EXPOSURE

QUARANTINED EXPOSURE

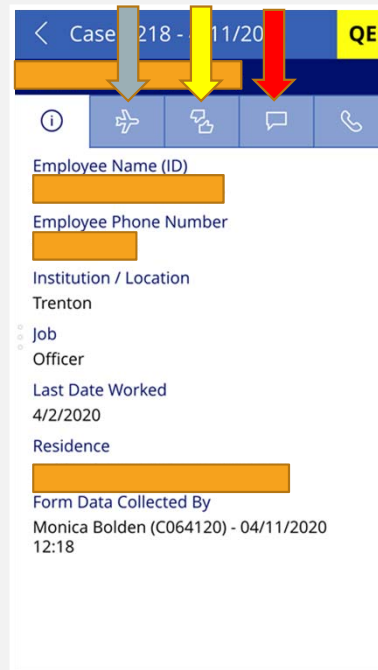
QUARANTINED EXPOSURE

QUARANTINED EXPOSURE

QUARANTINED EXPOSURE

FOLLOW UP CALLS CONT.

- The first screen to the right will appear with all the pertinent information
- The airplane tab will give travel information (grey arrow)
- The thumbs up/down tab will give all other information in regards to symptoms/testing/etc. (yellow arrow)
- To add additional comments – click the text box icon indicated by the red arrow shown
- For your follow up call, go to the final tab indicated by the orange arrow (the phone)
- You may click the number and it should call the employee from there (my number is shown as an example)



FOLLOW UP CALLS CONT.

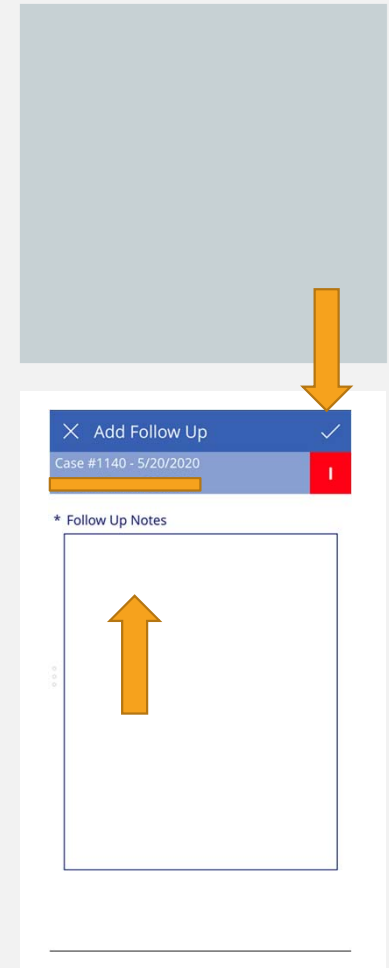
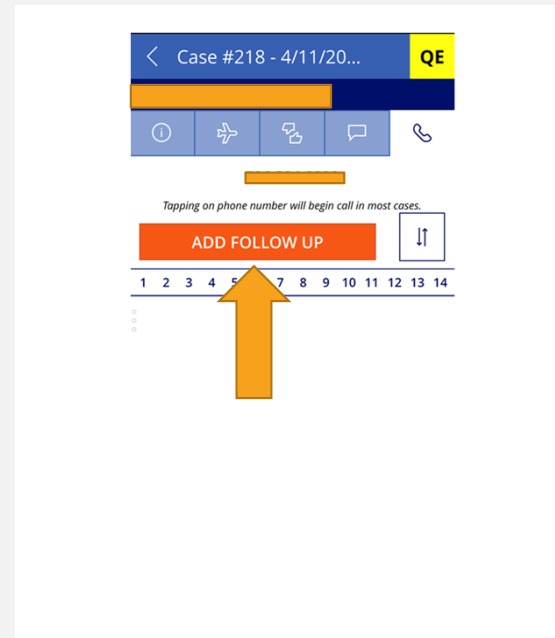
After the call has been completed, you will enter the information

Select the “Add Follow Up” option

The follow up screen will appear as shown

Enter your notes where indicated “Follow Up Notes”

After notes have been entered, select the check to submit in the upper right hand corner.



FOLLOW UP CONT.

- You will return to the original screen and the employee that you have completed should disappear from your “to do” screen.
- Continue down the list as needed.

Case Monitoring

QUARANTINED EXPOSURE TODO

Search Name / ID

[REDACTED]	04/11/2020 12:18 / Trenton	QUARANTINED EXPOSURE	>
[REDACTED]	04/13/2020 14:43 / OTHER - Turbeville Bus	QUARANTINED EXPOSURE	>
[REDACTED]	04/27/2020 15:47 / Kershaw	QUARANTINED EXPOSURE	>
[REDACTED]	04/27/2020 23:02 / Broad River	QUARANTINED EXPOSURE	>
[REDACTED]	04/28/2020 15:27 / OTHER - Facilities	QUARANTINED EXPOSURE	>
[REDACTED]	04/29/2020 15:20 / Leath	QUARANTINED EXPOSURE	>

IF AN EMPLOYEE ALREADY BEING MONITORED DEVELOPS SYMPTOMS

- If an employee is being monitored for Travel or Exposure and they develop symptoms, please follow the next few slides.
- You will complete your follow up call, submit information as you would and indicate “symptoms have developed, clearing this entry and beginning an illness entry”
- Select the thumbs up/down tab
- Select the pencil shown in the upper right hand corner next to QE/QT

Case #687 - 4/28/20... QE

Monitoring Type
QUARANTINED EXPOSURE

Date Medical Called Employee
4/28

Days to Follow Up with Employee
Daily until test result come in and wife is without symptoms for 72 hours

Return to Work Date
TBD based on test results.

Medical Diagnosis

Medical Professional Name
R.Whitworth

Contact with known COVID19
UNKNOWN

Contacts with sick Individuals
Yes

Contact Detailed Information

EMPLOYEE'S WHO HAVE DEVELOPED SYMPTOMS

✕ Edit Case ✓

Case #236 - 4/13/2020 **QE**

Clear This Case?
 Yes, Case will be Cleared.

Open Illness Case?
 Yes, A new Case will be opened.

Covid-19 Result

COVID-19 Tested

Date Medical Called Employee

Days to Follow Up with Employee

Flu Test Result

The screen to the left will appear

Indicate that you want to clear this case

Then indicate that you want to open an illness case

Answer questions, if able too or information will populate itself if previously entered.

Click the check mark in the upper right hand corner once complete and the case will be cleared and new case will now be found under “Illness”

MEDICAL – TO CLEAR

To clear an employee, you will once again choose the thumbs up/down tab

Select the pencil to edit

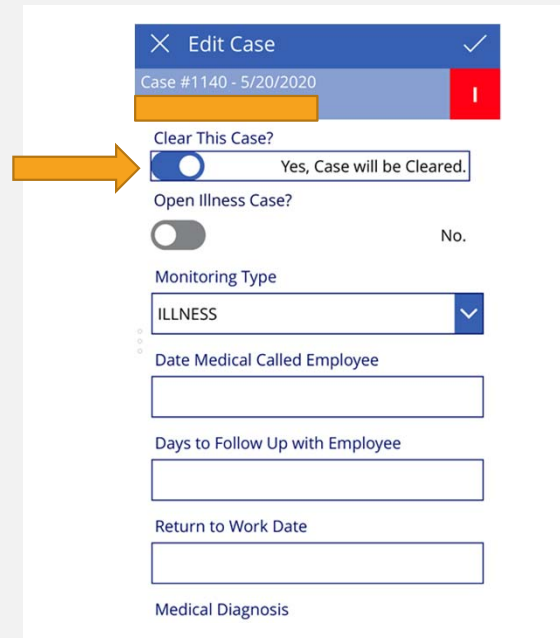
Indicate “Clear this Case”

Do NOT indicate a new case needing opened

Go to the “Monitoring Needed” drop down and indicate “Cleared”

Select the check mark in the right hand corner

The employee is now moved to the cleared list.



✕ Edit Case ✓
Case #1140 - 5/20/2020

Clear This Case?
 Yes, Case will be Cleared.

Open Illness Case?
 No.

Monitoring Type
ILLNESS

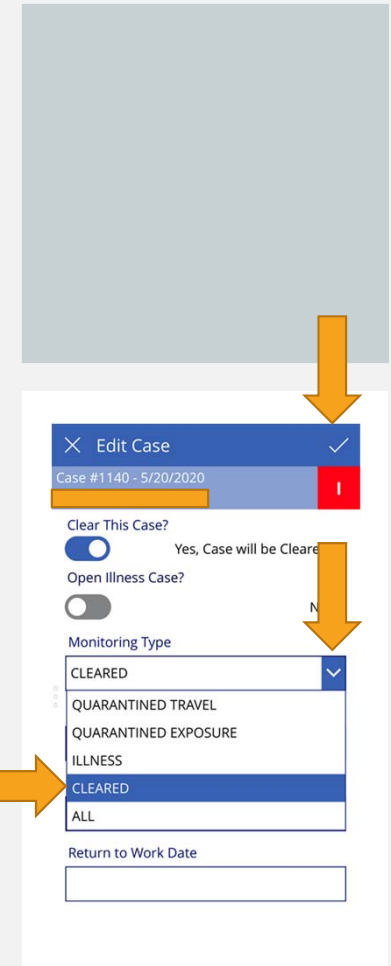
Date Medical Called Employee
[Text Field]

Days to Follow Up with Employee
[Text Field]

Return to Work Date
[Text Field]

Medical Diagnosis

An orange arrow points to the 'Clear This Case?' toggle.



✕ Edit Case ✓
Case #1140 - 5/20/2020

Clear This Case?
 Yes, Case will be Cleared.

Open Illness Case?
 No.

Monitoring Type
CLEARED

QUARANTINED TRAVEL
QUARANTINED EXPOSURE
ILLNESS
CLEARED
ALL

Return to Work Date
[Text Field]

Orange arrows indicate the sequence of actions: one points down to the 'Monitoring Type' dropdown, and another points down to the 'CLEARED' option within the dropdown.

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
CORONAVIRUS DISEASE 2019 (COVID-19) INMATE SCREENING TOOL**

INMATE NAME _____ **INMATE NUMBER** _____ **DOB** _____

1. Assess the Risk of Exposure		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you traveled outside of the United States or South Carolina in the last 14 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had close contact with anyone who has traveled outside of the United States or South Carolina in the last 14 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had close contact with anyone diagnosed or quarantined with the COVID-19 illness within the last 14 days or anyone who has any symptoms of COVID-19 illness which includes fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had close contact with anyone taking care of anyone diagnosed or quarantined with the COVID-19 illness within the last 14 days or anyone taking care of someone who has any symptoms of COVID-19 illness which includes fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you feel as you though you have any symptoms today that include fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<i>If the answer to ALL the above risk of exposure questions is NO, then STOP here. If the answer to ANY of the above risk of exposure questions is YES, mask the inmate and place in isolation area and have medical assess symptoms immediately in step 2.</i>		
2. Assess Symptoms		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever Current Temperature: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Productive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath (SOB)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chills	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Body aches	
	BP _____ O2sat _____ Respirations _____	
3. Travel History or Extra Information		
<u>Geographic Location Visited</u> _____	<u>Dates of Visit (Beginning Date => Ending Date)</u> _____	
4. Once nursing assessment is complete contact Melanie Davis immediately at 803-467-0684.		
5. Intake Staff Performing Screening		
6. Medical Staff Performing Assessment		
7. Disposition of Patient <input type="checkbox"/> Routine Placement <input type="checkbox"/> Quarantine <input type="checkbox"/> Isolation		

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

CORONAVIRUS DISEASE 2019 (COVID-19) HERRAMIENTA DE DETECCIÓN DE RECLUSOS

INMATE NOMBRE _____ INMATE NÚMERO _____ FECHA DE NACIMIENTO _____

1. Evaluar el riesgo de exposición

<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha viajado fuera de los Estados Unidos o Carolina del Sur en los últimos 14 días?
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha tenido contacto cercano con alguien que haya viajado fuera de los Estados Unidos o Carolina del Sur en los últimos 14 días?
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha viajado a Kershaw o al condado de Lancaster en los últimos 14 días, sin incluir el transporte hoy?
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha tenido contacto cercano con alguien que sea de Kershaw o del condado de Lancaster que no sea personal correccional, por ejemplo, un visitante?
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha tenido contacto cercano con alguien diagnosticado o en cuarentena con la enfermedad de COVID-19 en los últimos 14 días o alguien que tenga algún síntoma de enfermedad de COVID-19 que incluya fiebre, tos o dificultad para respirar?
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Ha tenido contacto cercano con alguien que se ocupe de alguien diagnosticado o en cuarentena con la enfermedad de COVID-19 en los últimos 14 días o alguien que esté cuidando de alguien que tenga algún síntoma de enfermedad de COVID-19 que incluya fiebre, tos o dificultad para respirar?
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Sientes que tienes algún síntoma hoy en día que incluya fiebre, tos, dificultad para respirar, escalofríos o dolores corporales?

Si la respuesta a las preguntas anteriores sobre el riesgo de exposición es NO, entonces STOP aquí.
Si la respuesta a CUALQUIERA de las preguntas anteriores sobre el riesgo de exposición es SI, enmascarar al recluso y colocar en el área de aislamiento y tener síntomas de evaluación médica inmediatamente en el paso 2.

2. Evaluar los síntomas		Fecha de inicio:
<input type="checkbox"/> Sí <input type="checkbox"/> No	Fiebre Temperatura actual:	
<input type="checkbox"/> Sí <input type="checkbox"/> No	¿Tos Productivo? <input type="checkbox"/> Sí <input type="checkbox"/> No	
<input type="checkbox"/> Sí <input type="checkbox"/> No	Dificultad para Respirar	
<input type="checkbox"/> Sí <input type="checkbox"/> No	Enfría	
<input type="checkbox"/> Sí <input type="checkbox"/> No	Dolores de Cuerpo	
	BP _____ O2sat _____ Respirations _____	

3. Historial de Viajes o Información Adicional

Ubicación geográfica visitada _____ Fechas de visita (Inicio => Finalización) _____

4. Una vez completada la evaluación de enfermería, comuníquese con Melanie Davis inmediatamente al 803-467-0684.

5. Personal de admisión que realiza exámenes de detección

6. Evaluación de la realización del personal médico

7. Disposición del paciente Colocación de rutina Cuarentena Aislamiento

CORONAVIRUS DISEASE 2019 (COVID-19) INMATE TRANSFER SCREENING TOOL

INMATE NAME _____ INMATE NUMBER _____ DOB _____

1. Assess the Risk of Exposure		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you feel as you though you have fever or chills? _____ Current Temp: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a cough?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have shortness of breath?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have body aches?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have nasal congestion/runny nose?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a sore throat?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a loss of taste or smell?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a headache?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have night sweats?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have fatigue?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have nausea or vomiting?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have diarrhea?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you traveled outside of SCDC in the last 14 days?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been around anyone who has traveled outside of SCDC in the last 14 days?
<p>If the answer to ALL the above risk of exposure questions is NO, then STOP here and go to step 5. If the answer to ANY of the above risk of exposure questions is YES, mask the inmate and place in isolation area and have medical assess symptoms immediately in step 2.</p>		
2. Assess Symptoms		Date of Onset:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fever Current Temperature: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cough Productive? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shortness of Breath (SOB)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chills
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Body aches
BP _____ O2sat _____ Respirations _____		
3. Travel History or Extra Information		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you traveled outside of SCDC in the last 14 days? If so where: _____
Additional comments:		
4. Once nursing assessment is complete contact Melanie Davis immediately at 803-467-0684.		
5. Intake Staff Performing Screening & Emp. ID #		
6. Medical Staff Performing Assessment & Emp. ID #		
7. Disposition of Patient <input type="checkbox"/> Transfer <input type="checkbox"/> Quarantine <input type="checkbox"/> Isolation		

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
CORONAVIRUS DISEASE 2019 (COVID-19) SCREENING TOOL**

INDIVIDUAL NAME: _____ IDENTIFICATION NUMBER: _____ DATE: _____

1. Assess the Risk of Exposure	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you traveled outside of the United States or South Carolina in the last 14 days except for your daily commute?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone who has traveled outside of the United States or South Carolina in the last 14 days except for someone who has a daily commute?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone diagnosed or quarantined with the COVID-19 illness within the last 14 days or anyone who has any symptoms of COVID-19 illness which includes fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone taking care of anyone diagnosed or quarantined with the COVID-19 illness within the last 14 days or anyone taking care of someone who has any symptoms of COVID-19 illness which includes fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel as you though you have any symptoms in the last 7 days that include fever/chills, body aches, headache, nasal congestion/runny nose, loss of taste/smell, sore throat, cough, shortness of breath, night sweats, fatigue, nausea, vomiting, or diarrhea?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a temperature greater than 100.4 F
	Current temperature: _____
<p><i>If the answer to ALL the above risk of exposure/illness questions is NO, then STOP here. It is YOUR responsibility to immediately notify your supervisor/designee if the answers to any of the above questions change. FRONT DESK/Front ENTRY PERSONNEL DIRECTIVE: If the answer to ANY of the above risk of exposure/illness questions is YES, please turn the individual away and email all positive forms to the email address "EmployeeScreeningM216@doc.sc.gov". Additionally, please scan and email all positive forms for employees separately from vendor/volunteer/visitor forms to the email address. EMPLOYEE DIRECTIVE: If the employee is turned away by Front Desk/Front Entry Personnel, the employee is to dial the COVID-19 Call Team Member number: 803-896-0323 for further information.</i></p>	
2. Travel History or Extra Information	
<u>Geographic Location Visited</u>	<u>Dates of Visit (Beginning Date => Ending Date)</u>
3. SCDC Staff Performing Screening:	
<p>By signing below, you swear or affirm that the information you have provided on this form is truthful and accurate. Failure to provide accurate information could result in corrective action for an SCDC employee up to and including termination, pursuant to SCDC Policy ADM-11.04.</p>	
4. Signature:	
5. Disposition of Individual:	
<input type="checkbox"/> Denied Entry <input type="checkbox"/> Allowed Entry	

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL SERVICES

Novel Coronavirus Daily Temperature and Symptom Monitoring Worksheet

Name: _____ Date of last exposure: _____

Instructions: Persons who are being monitored for symptoms of novel coronavirus must take his/her temperature twice daily: once in the morning and once in the evening and report any symptoms he/she is experiencing. For each day, document the morning and evening temperature and place an "X" in the box next to each symptom that the person is experiencing. If the person is experiencing a symptom that is not listed, it can be written into the row labeled as "Other" for the corresponding date and time. If the person is not experiencing any symptoms, place an X in the box labeled "No symptoms". **If the person reports a fever or any of the symptoms listed, complete virtual screening for COVID-19 and follow instructions of provider. Call your healthcare provider if symptoms persist.**

Day:	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date:														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Temperature & Symptoms														
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever														
Cough														
Shortness of breath/Difficulty breathing														
Chest pain														
Other (specify)														
No symptoms														

Novel Coronavirus Daily Temperature and Symptom Monitoring Worksheet

Day:	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
Date:														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time of check:														
Temperature & Symptoms														
Temperature	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Fever														
Cough														
Shortness of breath/Difficulty breathing														
Chest pain														
Other (specify)														
No symptoms														

Novel Coronavirus Daily Temperature and Symptom Monitoring Worksheet

NOTE: Symptoms for consideration under "other" might include chills, body aches, nausea, vomiting, diarrhea. Please specify.

DEPUTY DIRECTOR FOR LEGAL AND COMPLIANCE LAW CHANGE #1

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p>SECTION 24-13-40. Computation of Time Served by Prisoners.</p>	<p><u>Current Law</u> SCDC is currently tasked with determining and applying jail time credit and must rely on information from several different sources.</p> <p><u>Recommendation</u> Requires the sentencing court to calculate jail time credit.</p>	<p>Avoid sentencing calculation errors.</p>	<p>SCDC Inmate Records Office SC Bar (Attorneys and Judges) SCDPPPS SC County Jails</p>

Current Law Wording	Proposed Revisions to Law Wording
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<p>SECTION 24-13-40. Computation of Time Served by Prisoners. The computation of the time served by prisoners under sentences imposed by the courts of this State must be calculated from the date of the imposition of the sentence. However, when (a) a prisoner shall have given notice of intention to appeal, (b) the commencement of the service of the sentence follows the revocation of probation, or (c) the court shall have designated a specific time for the commencement of the service of the sentence, the computation of the time served must be calculated from the date of the commencement of the service of the sentence. In every case in computing the time served by a prisoner, full credit against the sentence must be given for time served prior to trial and sentencing, and may be given for any time spent under monitored house arrest. Provided, however, that credit for time served prior to trial and sentencing shall not be given: (1) when the prisoner at the time he was imprisoned prior to trial was an escapee from another penal institution; or (2) when the prisoner is serving a sentence for one offense and is awaiting trial and sentence for a second offense in which case he shall not receive credit for time served prior to trial in a reduction of his sentence for the second offense.</p>	<p>SECTION 24-13-40. Computation of Time Served by Prisoners. The computation of the time served by prisoners under sentences imposed by the courts of this State must be calculated from the date of the imposition of the sentence. However, when (a) a prisoner shall have given notice of intention to appeal, (b) the commencement of the service of the sentence follows the revocation of probation, or (c) the court shall have designated a specific time for the commencement of the service of the sentence, the computation of the time served must be calculated from the date of the commencement of the service of the sentence. In every case in computing the time served by a prisoner, full credit against the sentence must be given for time served prior to trial and sentencing, and may be given for any time spent under monitored house arrest. Provided, however, that credit for time served prior to trial and sentencing shall not be given: (1) when the prisoner at the time he was imprisoned prior to trial was an escapee from another penal institution; or (2) when the prisoner is serving a sentence for one offense and is awaiting trial and sentence for a second offense in which case he shall not receive credit for time served prior to trial in a reduction of his sentence for the second offense.</p> <p><u>Upon sentencing or activating a sentence, the court shall determine the credits to which the prisoner is entitled for time served prior to trial and sentencing and all allowable time shall be credited on the commitment order. Upon committing a prisoner at the conclusion of an appeal, probation, or post-release supervision revocation, the court shall determine the credits to which the prisoner is entitled, and all allowable time shall be credited on the commitment order. Upon review of a petition for credit not previously allowed, the court shall determine any credits due and forward an order setting forth the allowable credit to the custodian of the petitioner.</u></p>
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DEPUTY DIRECTOR FOR LEGAL AND COMPLIANCE LAW CHANGE #2

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p>SECTION 44-53-370. Prohibited acts A; penalties.</p>	<p><u>Current Law</u> SCDC and PPP are currently tasked with determining whether certain third drug offenders must serve their sentences as 85%, “no parole” sentences, and must rely on information from multiple sources.</p> <p><u>Recommendation</u> Requires the court to determine if a defendant’s prior possession charges meet the requirements to allow him or her to qualify for a sentence suspended and probation granted and parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.</p>	<p>Avoid sentencing calculation errors.</p>	<p>SCDC Inmate Records Office SC Bar (Attorneys and Judges) SCDPPPS</p>
<u>Current Law Wording</u>		<u>Proposed Revisions to Law Wording</u>	
<p>SECTION 44-53-370. Prohibited acts A; penalties</p> <p>(a) Except as authorized by this article it shall be unlawful for any person:</p> <p>(1) to manufacture, distribute, dispense, deliver, purchase, aid, abet, attempt, or conspire to manufacture, distribute, dispense, deliver, or purchase, or possess with the intent to manufacture, distribute, dispense, deliver, or purchase a controlled substance or a controlled substance analogue;</p> <p>(2) to create, distribute, dispense, deliver, or purchase, or aid, abet, attempt, or conspire to create, distribute, dispense, deliver, or purchase, or possess with intent to distribute, dispense, deliver, or purchase a counterfeit substance.</p> <p>(b) A person who violates subsection (a) with respect to:</p> <p>(1) a controlled substance classified in Schedule I (B) and (C) which is a narcotic drug or lysergic acid diethylamide (LSD) and in Schedule II which is a narcotic drug is guilty of a felony and, upon conviction, for a first offense must be imprisoned not more than fifteen years or fined not more than twenty-five thousand dollars, or both. For a second offense, the offender must be imprisoned not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both. For a third or subsequent offense, the offender must be imprisoned not less than ten years nor more than thirty years, or fined not more than fifty thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;</p> <p>(2) any other controlled substance classified in Schedule I, II, or III, flunitrazepam or a controlled substance analogue, is guilty of a</p>		<p>SECTION 44-53-370. Prohibited acts A; penalties</p> <p>(a) Except as authorized by this article it shall be unlawful for any person:</p> <p>(1) to manufacture, distribute, dispense, deliver, purchase, aid, abet, attempt, or conspire to manufacture, distribute, dispense, deliver, or purchase, or possess with the intent to manufacture, distribute, dispense, deliver, or purchase a controlled substance or a controlled substance analogue;</p> <p>(2) to create, distribute, dispense, deliver, or purchase, or aid, abet, attempt, or conspire to create, distribute, dispense, deliver, or purchase, or possess with intent to distribute, dispense, deliver, or purchase a counterfeit substance.</p> <p>(b) A person who violates subsection (a) with respect to:</p> <p>(1) a controlled substance classified in Schedule I (B) and (C) which is a narcotic drug or lysergic acid diethylamide (LSD) and in Schedule II which is a narcotic drug is guilty of a felony and, upon conviction, for a first offense must be imprisoned not more than fifteen years or fined not more than twenty-five thousand dollars, or both. For a second offense, the offender must be imprisoned not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both. For a third or subsequent offense, the offender must be imprisoned not less than ten years nor more than thirty years, or fined not more than fifty thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which <u>the Court has determined that</u> all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;</p> <p>(2) any other controlled substance classified in Schedule I, II, or III, flunitrazepam or a controlled substance analogue, is guilty of a felony and, upon conviction, for a first offense must be imprisoned not more</p>	

felony and, upon conviction, for a first offense must be imprisoned not more than five years or fined not more than five thousand dollars, or both. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than ten thousand dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not less than five years nor more than twenty years, or fined not more than twenty thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

(3) a substance classified in Schedule IV except for flunitrazepam is guilty of a misdemeanor and, upon conviction, for a first offense must be imprisoned not more than three years or fined not more than three thousand dollars, or both. In the case of second or subsequent offenses, the person is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than six thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

than five years or fined not more than five thousand dollars, or both. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than ten thousand dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not less than five years nor more than twenty years, or fined not more than twenty thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a third or subsequent offense in which the Court has determined that all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

(3) a substance classified in Schedule IV except for flunitrazepam is guilty of a misdemeanor and, upon conviction, for a first offense must be imprisoned not more than three years or fined not more than three thousand dollars, or both. In the case of second or subsequent offenses, the person is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than six thousand dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this item for a first offense or second offense may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which the Court has determined that all prior offenses were for possession of a controlled substance pursuant to subsections (c) and (d), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted;

DEPUTY DIRECTOR FOR LEGAL AND COMPLIANCE LAW CHANGE #3

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
<p>SECTION 44-53-375. Possession, manufacture, and trafficking of methamphetamine and cocaine base and other controlled substances; penalties.</p>	<p><u>Current Law</u> SCDC and PPP are currently tasked with determining whether certain third drug offenders must serve their sentences as 85%, “no parole” sentences, and must rely on information from multiple sources.</p> <p><u>Recommendation</u> Requires the court to determine if a defendant’s prior possession charges meet the requirements to allow him or her to qualify for a sentence suspended and probation granted and parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.</p>	<p>Avoid sentencing calculation errors.</p>	<p>SCDC Inmate Records Office SC Bar (Attorneys and Judges) SCDPPPS</p>
<p>Current Law Wording</p>	<p>Proposed Revisions to Law Wording</p>		
<p>SECTION 44-53-375. Possession, manufacture, and trafficking of methamphetamine and cocaine base and other controlled substances; penalties.</p> <p>(A) A person possessing less than one gram of methamphetamine or cocaine base, as defined in Section 44-53-110, is guilty of a misdemeanor and, upon conviction for a first offense, must be imprisoned not more than three years or fined not more than five thousand dollars, or both. For a first offense the court, upon approval of the solicitor, may require as part of a sentence, that the offender enter and successfully complete a drug treatment and rehabilitation program. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than seven thousand five hundred dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than twelve thousand five hundred dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.</p> <p>(B) A person who manufactures, distributes, dispenses, delivers, purchases, or otherwise aids, abets, attempts, or conspires to manufacture, distribute, dispense, deliver, or purchase, or possesses with intent to distribute, dispense, or deliver methamphetamine or cocaine base, in violation of the provisions of Section 44-53-370, is guilty of a felony and, upon conviction:</p> <p>(1) for a first offense, must be sentenced to a term of imprisonment of not more than fifteen years or fined not more than twenty-five thousand dollars, or both;</p> <p>(2) for a second offense, the offender must be imprisoned for not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both;</p>	<p>SECTION 44-53-375. Possession, manufacture, and trafficking of methamphetamine and cocaine base and other controlled substances; penalties.</p> <p>(A) A person possessing less than one gram of methamphetamine or cocaine base, as defined in Section 44-53-110, is guilty of a misdemeanor and, upon conviction for a first offense, must be imprisoned not more than three years or fined not more than five thousand dollars, or both. For a first offense the court, upon approval of the solicitor, may require as part of a sentence, that the offender enter and successfully complete a drug treatment and rehabilitation program. For a second offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than five years or fined not more than seven thousand five hundred dollars, or both. For a third or subsequent offense, the offender is guilty of a felony and, upon conviction, must be imprisoned not more than ten years or fined not more than twelve thousand five hundred dollars, or both. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits.</p> <p>(B) A person who manufactures, distributes, dispenses, delivers, purchases, or otherwise aids, abets, attempts, or conspires to manufacture, distribute, dispense, deliver, or purchase, or possesses with intent to distribute, dispense, or deliver methamphetamine or cocaine base, in violation of the provisions of Section 44-53-370, is guilty of a felony and, upon conviction:</p> <p>(1) for a first offense, must be sentenced to a term of imprisonment of not more than fifteen years or fined not more than twenty-five thousand dollars, or both;</p> <p>(2) for a second offense, the offender must be imprisoned for not less than five years nor more than thirty years, or fined not more than fifty thousand dollars, or both;</p> <p>(3) for a third or subsequent offense, the offender must be imprisoned for not less than ten years nor more than thirty years, or fined not more than fifty thousand dollars, or both.</p>		

(3) for a third or subsequent offense, the offender must be imprisoned for not less than ten years nor more than thirty years, or fined not more than fifty thousand dollars, or both.

Possession of one or more grams of methamphetamine or cocaine base is prima facie evidence of a violation of this subsection. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a first offense or second offense may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which all prior offenses were for possession of a controlled substance pursuant to subsection (A), may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted.

Possession of one or more grams of methamphetamine or cocaine base is prima facie evidence of a violation of this subsection. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a first offense or second offense may have the sentence suspended and probation granted, and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. Notwithstanding any other provision of law, a person convicted and sentenced pursuant to this subsection for a third or subsequent offense in which the Court has determined that all prior offenses were for possession of a controlled substance ~~pursuant to subsection (A)~~, may have the sentence suspended and probation granted and is eligible for parole, supervised furlough, community supervision, work release, work credits, education credits, and good conduct credits. In all other cases, the sentence must not be suspended nor probation granted.

DEPUTY DIRECTOR FOR LEGAL AND COMPLIANCE LAW CHANGE #4

Law	Summary of Current Law(s) and Recommended Change(s)	Basis for Recommendation	Approval and Others Impacted
SECTION 24-3-80. Detention of prisoner when authorized by Governor.	<p><u>Current Law</u> Upon recommendation of the Director of SCDC, the Governor authorizes a pre-trial detainee to be held at SCDC if the requisite factors are met.</p> <p><u>Recommendation</u> Require statutory due process through the circuit court before SCDC takes custody and control of the pre-trial detainee.</p>	To ensure pre-trial detainees receive due process prior to being housed at SCDC.	SC Court Administration Governor's Office

Current Law Wording	Proposed Revisions to Law Wording
<p>SECTION 24-3-80. Detention of prisoner when authorized by Governor.</p> <p>The director of the prison system shall admit and detain in the Department of Corrections for safekeeping any prisoner tendered by any law enforcement officer in this State by commitment duly authorized by the Governor, provided, a warrant in due form for the arrest of the person so committed shall be issued within forty-eight hours after such commitment and detention. No person so committed and detained shall have a right or cause of action against the State or any of its officers or servants by reason of having been committed and detained in the state prison system.</p>	<p>SECTION 24-3-80. Detention of prisoner when authorized by Governor <u>by the Department of Corrections.</u></p> <p>The director of the prison system shall admit and detain in the Department of Corrections for safekeeping any prisoner tendered by any law enforcement officer in this State by commitment duly authorized by the Governor, provided, a warrant in due form for the arrest of the person so committed shall be issued within forty-eight hours after such commitment and detention. No person so committed and detained shall have a right or cause of action against the State or any of its officers or servants by reason of having been committed and detained in the state prison system.</p> <p>(a) Whenever necessary to avoid a security risk in a pretrial detention facility, the resident circuit court judge or any circuit court judge holding a term of the Court of General Sessions is authorized to order a prisoner transferred to the custody of the South Carolina Department of Corrections where the prisoner shall be held for such length of time as the judge may direct.</p> <p>(b) For purposes of this section, a prisoner poses a security risk if the prisoner:</p> <ol style="list-style-type: none"> (1) Poses a high escape risk; (2) Exhibits extremely violent and aggressive behavior that cannot be contained and warrants a higher level of supervision; (3) Needs to be protected from other inmates, and the pretrial detention facility cannot provide such protection; or (4) Otherwise poses an imminent danger to the staff of the pretrial detention facility or to other prisoners in the facility. <p>(c) This section shall not be utilized as a means to acquire or provide the prisoner with medical or mental health care and services in the Department of Corrections.</p> <p>(d) The circuit solicitor, at the request of the sheriff of the county where the prisoner is detained, may petition the Court of General Sessions for a safekeeper order. The petition shall be accompanied by sworn affidavit(s) and other admissible evidence demonstrating that the prisoner poses a security risk as defined in this section and is an appropriate candidate for transfer to the Department of Corrections as a safekeeper. A copy of the petition shall be promptly served on the prisoner and his retained or appointed criminal defense attorney. The prisoner shall be entitled to a hearing to contest that petition. The hearing shall be held within five business days of the filing of the petition unless the court finds that additional time is warranted. A copy of the petition shall also be promptly delivered to the General Counsel for the Department of Corrections, and the Department shall have</p>

the right to request and participate in a hearing should the Department wish to contest whether the prisoner is an appropriate candidate for transfer under this section and any terms related thereto. If warranted by the evidence presented, the resident circuit court judge or any circuit court judge holding a term of the Court of General Sessions shall issue a safekeeper order setting forth the duration of the transfer to the Department of Corrections and such other terms as deemed appropriate.

(e) After transfer to the Department of Corrections pursuant to a court order under this section, the prisoner, through his criminal defense counsel, shall have the right to petition the Court of General Sessions for a change in circumstances that would merit a termination of the safekeeper order or an amendment of its terms. The petition shall be accompanied by sworn affidavit(s) and other admissible evidence. If such a petition is filed, a hearing shall be held within thirty days of the filing date unless emergency circumstances warrant an expedited hearing. The circuit solicitor and the Department of Corrections shall be allowed to participate in such hearing. The circuit solicitor and the Department of Corrections shall similarly have the right to petition the Court of General Sessions for a change in circumstances that would merit a termination of the safekeeper order or an amendment of its terms. In such instance, the petition shall be accompanied by sworn affidavit(s) and other admissible evidence. Further, a copy of the petition shall be promptly served on the prisoner and his retained or appointed criminal defense attorney who will have a right to participate in a hearing and contest such petition.

(f) The sheriff of the county from which the prisoner is removed shall be responsible for transporting the prisoner to the Department of Corrections and for returning the prisoner to the pretrial detention facility from which the prisoner was transferred. The return shall be made at the expiration of the time designated in the safekeeper order directing the transfer unless the Court of General Sessions, by appropriate order, directs otherwise. The sheriff or keeper of the pretrial detention facility designated in the court order shall receive and release the custody of the prisoner in accordance with the terms of the safekeeper order.

(g) The sheriff or keeper of the pretrial detention facility designated in the safekeeper order shall provide the Department of Corrections with all available and pertinent records relating to the prisoner, including but not limited to, any special facts, issues, or circumstances known to the sheriff or keeper of the pretrial detention facility concerning the particular propensities of the prisoner, the medical records for the prisoner, and any information as to security risks posed by the prisoner.

(h) All medical costs associated with the prisoner held by the Department of Corrections for safekeeping who develops a need for hospitalization or other special medical attention while in the custody of the Department of Corrections shall be the responsibility of the county from which the prisoner is removed.

(i) The sheriff of the county from which the prisoner is removed shall be responsible for transporting the prisoner to any court hearings and any scheduled medical appointments. In emergency situations, the Department of Corrections is authorized to provide transportation.

(j) No prisoner transferred to the custody of the Department of Corrections under this section shall have a right or cause of action against the State, its agencies and political subdivisions, and any of the officers or servants thereof, by reason of having been committed to or detained in the Department of Corrections.