COVID-19 Response Guidance for CJCC's Victim Assistance Subrecipients

As professionals in the victim services field, we understand that for victims, staying at home may not be the safest option right now. The Criminal Justice Coordinating Council (CJCC) wants to say thank you for continuing to deliver lifesaving services to the most vulnerable within our communities. We understand that this is a time filled with anxiety of the unknown. We thank you for your selfless service and for continuing to respond to those in need.

CJCC leadership is gathering information from the CDC, Administration for Children and Families, Office for Victims of Crime, Office of Violence Against Women, the Department of Health and Human Services, and the Department of Public Health to address the concerns that are specific to victim service providers and shelter service programs. We encourage programs to contact their local health department for the most updated information and guidance to assist in the decision-making process for their agency. This is the only guidance we have at this time, but we will be updating our guidance as more information becomes available.

FAQs

Question 1: Will our agency be able to submit reimbursement requests, adjustment requests, etc.?

Answer 1: Yes. In lieu of recent concerns around the spread of COVID-19, we are following the lead of the Governor's Office and CJCC will be implementing a telework schedule for staff. CJCC has implemented an electronic workflow that accommodates the processing of payments, adjustments, and activations while working remotely. Please email all grant reimbursement requests, adjustment requests, and award documents/packets to SERadmin@cjcc.ga.gov and ensure to copy, or email, your assigned grant specialist's as well. CJCC team members will be as responsive as possible. Please email CJCC team members for the most expedient response. CJCC team members will be checking their voice mail and email regularly during this time.

Question 2: Will CJCC continue in-person meetings or site visits?

Answer 2: CJCC has postponed and/or cancelled all scheduled meetings, site visits, and other in-person meetings, with very few exceptions, until further notice.

Question 3: Will CJCC and other partner agencies extend deadlines for initiatives, solicitation submissions, applications, etc.?

Answer 3: CJCC has extended deadlines when possible. Please check CJCC's website for updated information on any extensions.

Office of Justice Programs has communicated that solicitations with application due dates between March 16th and March 31st will have a 2-week extension for submission. OJP program offices are in the process of updating those due dates now. OJP will continue to monitor the situation and determine if additional adjustments to closing dates will be needed. Grants.gov and OJP's Grants Management System remain open to continue to accept applications.

Question 4: What if we need to temporarily close our shelter or other programs because of the COVID19 virus?

Answer 4: Programs should prepare to shelter in place and implement prevention efforts to contain the spread of the virus. Clients should be quarantined to their rooms for the time-length recommended by CDC guidelines. All efforts should be made to coordinate alternative placement for new/emergency clients. Shelter management may consider assigning live-in staff members to remain onsite during the quarantine with the shelter clients.

Non-shelter direct service programs such as sexual assault centers and children's advocacy centers should consider developing an emergency plan to deliver as many services as possible in a remote or mobile manner. CJCC encourages all agencies to communicate with their local health department to aid in their decision-making process. Closures and action plans will likely differ community to community.

Should any agency or program need to close its office and provide services remotely, CJCC requests that an emergency action plan explaining the changes to service delivery and how services will be delivered be submitted to their assigned Grants Specialist.

Question 5: What if our agency has a staff member or participant that has contracted COVID-19? What if we are asked to disclose information about our participants? What information can be shared about individuals who have contracted COVID-19, those suspected of exposure to COVID-19, and those with who information can be shared?

Answer 5: TBD *See Question #26 for Resource

Question 6: What if there are interruptions in the performance of work under the grant?

Answer 6: Subrecipients should review the DOJ Grants Financial Guide and the Part 200 Uniform Requirements (2 C.F.R. Part 200, as adopted by DOJ) (see, for example, 2 CFR 200.430 and 2 C.F.R. 200.431, under Subpart E – Cost Principles), and the subgrantee's established policies, to help in determining how the subgrantee's personnel costs may be treated during any period(s) of interruption to the performance of work under the award. You should direct any questions about allowability of costs to your grant specialist or unit supervisors.

Question 7: Should I notify CJCC about any office or shelter closures?

Answer 7: Yes, please notify CJCC about any impending office or shelter closure. See FAQ Question/Answer 4.

Question 8: What should be done with shelter clients in suspected or confirmed COVID-19?

Answer 8: Per the CDC, decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

Question 9: Can a shelter program begin reducing in shelter participants in order to provide individual rooms for survivors/families should participants need to quarantine?

Answer 9: Please see CDC guidance and resources released by NNEDV. Whenever possible residential housing programs should provide individual quarters per survivor/family. Programs should make every effort to provide emergency services including emergency housing in shelter or via hotel stays.

Question 10: Can programs limit participant transportation to essential travel requests while federal guidance is in place to limit movement to support containment and limit spread of the virus?

Answer 10: Yes. Programs may limit access to transportation assistance to essential transportation needs of participants. Essential travel includes access to safe shelter, medical appointments, work or transportation for necessary groceries/supplies. Federal guidance asks the public to do their part to slow the spread of the coronavirus. "Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow down the spread of coronavirus." https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

Per the Department of Family and Children's Services Guidance For Foster Care Parents and Provider's, please see below for their guidance for court-ordered visitation:

What do we do about court-ordered visitation? It is the Division's recommendation that in-person court-ordered visitation be suspended and replaced with frequent video conferencing and / or phone calls to ensure children stay safe while remaining connected to their parents during this period. *In order to remain compliant with judicial court orders, county DFCS offices will need to immediately work to get local juvenile court approval prior to this temporary practice change occurring.*

Question 11: Can programs limit program participants traveling outside of the shelter facility to essential travel, even if participants have their own mode of transportation?

Answer 11: If a program has an approved policy, programs may limit program participants travel outside of the shelter facility to essential travel. Essential travel includes access to safe shelter, medical appointments, work or transportation for necessary groceries/supplies. Federal and state guidance asks the public to do their part to slow the spread of the coronavirus. "Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow down the spread of coronavirus." https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf

If a participant fails to comply with the policy, the program may involuntarily exit the participant. CJCC recognizes the need for agencies to implement measures to protect the safety and well-being of its staff and other participants. If the participant fails to adhere to the policy, the agency may advocate for other emergency housing options.

Question 12: If an agency needs emergency assistance funds for hotel stays or emergency supplies, are funds accessible to programs for emergency needs?

Answer 12: Yes, funds may be available for emergency requests for client assistance. Please contact the following team members to obtain additional information about the request process.

Domestic Violence Unit Supervisor, Cynthia Valdez – cynthia.valdez@cjcc.ga.gov
Community Programs Unit Supervisor, Nikitris DeLoach – nikitis.deloach@cjcc.ga.gov
Sexual Assault Unit Supervisor, Liz Flowers – liz.flowers@cjcc.ga.gov
Child Abuse Unit Supervisor, Cassi Haberler – cassi.haberler@cjcc.ga.gov

Question 13: Can agencies ask victims screening questions such as: Are you feeling ill? Have you been running a fever? Have you traveled outside of the country in the past 30 days? To your knowledge, have you been exposed to COVID-19?

Answer 13: Programs should not screen for coronavirus except for information that is critical to providing medical forensic care, and programs should not use health status to discriminate in access to any programs or services. *CJCC has requested further guidance for agencies from federal grant programs. See specific guidance for programs providing onsite medical forensic services under the COVID-19 Response Guidance Resources tab - https://cjcc.georgia.gov/grants/covid-19-resources.*

Question 14: What if our agency is receiving conflicting requirements to comply with grant programs, i.e. screening?

Answer 14: The question has been submitted to federal partners for review. TBD.

Question 15: Can agencies pay their grant funded staff (even those without leave)?

Answer 15: If programs must reduce services due to a health crisis resulting in quarantines, programs should use their existing leave policies to address employee absences. If you don't currently have policies regarding working remotely and paid administrative leave, please develop those policies. Provided your organization has policies in place and all staff (Federally funded and non-Federally funded) are treated equally, we can continue to reimburse the VOCA-funded project even if services are temporarily reduced. Please send any developed policies to your assigned Grant Specialist.

Question 16: Can agencies use grant program funds to pay overtime?

Question 16: CJCC understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs. Please submit adjustment requests accordingly with any evolving needs. CJCC will provide other information and resources as we are able.

Question 17: Can agencies use grant program funds to pay for administrative leave?

Answer 17: TBD

Question 18: As colleges/universities are cancelling classes or going online, agencies who depend on volunteer hours for match may have struggles as their student interns/volunteers get sent home and cannot fulfill their practicum hours. Will CJCC be flexible with the match requirements on federal awards?

Answer 18: If a program is unable to meet match through volunteers, we would work with them to see if they can meet match in other ways. If not, we may consider approving an emergency match waiver if the situation is well-documented.

Question 19: Should we limit non-essential travel?

Answer 19: CJCC strongly encourages that subrecipients limit travel to essential travel for client services. Also see Question/Answer 9.

Question 20: If our agency needs to cancel upcoming travel, will federal funds cover cancellation fees for reserved travel for canceled conferences and training events?

Answer 21: Grantees should contact their grant specialist to address issues resulting from postponed or canceled meetings, such as using grant funds to cover hotel or travel related cancellation fees and penalties.

Grantees should try to have the airline reimburse the canceled ticket(s) in cash. However, if the airline will only refund the cancellation as a credit:

- The grantee should apply the credit to a future trip for the same grant or project.

- If that is not possible, the grantee should use the credit for another CJCC administered grant program or project and reimburse the original grant or project with the equivalent dollar amount.
- If neither of those options is possible, then the grantee should process the trip as a https://dph.georgia.gov/covid-19-daily-status-report
- https://dph.georgia.gov/novelcoronavirus
- cancellation, which CJCC approves to be charged to the grant due to this mitigating circumstance.

Question 22: What do programs/shelters do if they run out of cleaning supplies and/or necessary supplies for operation?

Answer 22: If you are unable to find supplies of hand sanitizer or other hygiene and cleaning products please contact your local health department and notify CJCC. Agencies may make requests for community support for needed supplies. Agencies may also transfer program participants to available hotels to shelter in place if operational supplies are unavailable. CJCC understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs.

Question 23: Can programs/shelters request reimbursement for specialized cleaning of their facility?

Answer 23: CJCC understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs. Please submit adjustment requests to SERadmin@cjcc.ga.gov and your assigned grant specialist accordingly with any evolving needs.

Question 24: What type of plan should our agency put in place to respond to pandemics?

Answer 24: Please see Attachments I & II for Interim Guidance for Homeless Shelters to Respond to Coronavirus-19, and an example Pandemic Emergency Action Plan.

Question 25: How does my agency cover the crisis line during a shelter in place situation?

Answer 25: An agency may utilize staff members that are working remotely and not serving in the shelter. To ease the burden on on-site staff, programs may plan to forward calls to staff members teleworking. The crisis line should be forwarded to an agency issued cell phone that is provided by the agency. The staff member should answer the phone indicating that the caller has reached a crisis line for (**Agency**). The agency may develop a rotation for various staff members to respond to crisis line calls.

Question 26: What resources can our agency access for planning and response to COVID-19?

Answer 26:

- http://reachingvictims.org/events/
- https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/
- https://www.techsafety.org/digital-services-during-public-health-crises
- https://www.techsafety.org/remote-work-public-health-crisis
- https://www.gcn.org/articles/Emergency-planning-for-nonprofits-Coronavirus-and-beyond?utm_source=GCN&utm_campaign=299a21cb88-EMAIL_CAMPAIGN_2020_03_05_08_58&utm_medium=email&utm_term=0_a5849370cc-299a21cb88-223229383#link_from_covid_email
- https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Shelters.pdf?utm_source=HUD+Exchange+Mailing+List&utm_campaign=453c25fdc2-Health+Prepare+CoC+3.2.20&utm_medium=email&utm_term=0_f32b935a5f-453c25fdc2-19224069
- https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html
- https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html
- https://foodfinder.us/
- https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf
- Medical-Forensic Services Guidance: https://cjcc.georgia.gov/grants/covid-19-resources/guidance-medical-forensic-services
- Telemental Health Services Guidance: https://cjcc.georgia.gov/covid-19-resources/remote-telemental-health-services
- Judicial Council of Georgia, Judiciary and Court Guidance: https://georgiacourts.gov/covid-19-preparedness/
- Georgia Supreme Court: https://www.gasupreme.us/court-information/court_corona_info/
- Georgia Department of Juvenile Justice: https://djj.georgia.gov/covid-19-employee-resources
- Georgia Emergency Management and Homeland Security: https://gema.georgia.gov/
- Georgia Department of Public Health:
- https://dph.georgia.gov/covid-19-daily-status-report
- https://dph.georgia.gov/novelcoronavirus
- Georgia Governor's Office COVID-19 Hotline: https://gov.georgia.gov/
- Attachments I & II

Question 27: Can CJCC reimburse expenditures that provide tools to implement remote teleworking for non-essential staff?

Answer 27: CJCC understands the fluidity of the current emergency and will be as flexible as possible with budget adjustment requests to meet agency and client needs. Please submit adjustment requests accordingly with any evolving needs.

<u>Attachment I CDC Plan, Prepare, Respond- Homeless Shelters</u>

Please see: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html

Develop or update your emergency operations plan:

- **Identify a list of key contacts** at your local and state health departments.
- **Identify a list of healthcare facilities** and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care.
- **Include contingency plans** for increased absenteeism caused by employee illness or by illness in employees' family members that requires employees to stay home. These plans might include extending hours, cross-training current employees, or hiring temporary employees.

Address key prevention strategies in your emergency operations plan:

- **Promote the practice of everyday preventive actions.** Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC). Read more about everyday preventive actions.
- **Provide COVID-19 prevention supplies at your organization.** Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and disposable facemaskspdf icon. Plan to have extra supplies on hand during a COVID-19 outbreak.
- *Note: Disposable facemasks should be kept on-site and used only when someone is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear while staying at the shelter.*
- **Plan for staff and volunteer absences.** Develop flexible attendance and sick-leave policies. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.
  Note: Use a process like the one you use when you cover for staff workers during the holidays.
- **Be prepared to report cases of respiratory illness that might be COVID-19 to your local health department and to transport persons with severe illness to medical facilities.** Discuss reporting procedures ahead of time with a contact person at your local health department.
- **If possible, identify space that can be used to accommodate clients with mild respiratory symptoms and separate them from others.** Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness. Designate a

room and bathroom (if available) for clients with mild illness who remain at the shelter and develop a plan for cleaning the room daily.

- **Identify clients who could be at high risk for complications** from COVID-19 (those who are older or have underlying health conditions) to ensure their needs are taken into consideration.
- **Prepare [healthcare clinic staff](#)** to care for patients with COVID-19, if your facility provides healthcare services and ensure facility has supply of [personal protective equipmentpdf icon](#).
- **Plan for higher shelter usage during the outbreak.** Consult with community leaders, local public health departments, and faith-based organizations about places to refer clients if your shelter space is full. Identify short-term volunteers to staff shelter with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries, etc.) and surge staff, ensuring they have personal protective equipment.

Communicate about COVID-19 and everyday preventive actions:

- **Create a communication plan for distributing timely and accurate information during an outbreak.** Identify everyone in your chain of communication (for example, staff, volunteers, key community partners and stakeholders, and clients) and establish systems for sharing information. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization. You also can learn more about [communicating to workers in a crisisexternal icon](#).
- **Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve.** Learn more about [reaching people of diverse languages and cultures](#).
- **Help counter stigma and discrimination in your community.** Speak out against negative behaviors and engage with stigmatized groups.
- **People experiencing homelessness may be at increased risk of adverse mental health outcomes**, particularly during outbreaks of infectious diseases. Learn more about [mental health and coping](#) during COVID-19.

During a COVID-19 outbreak in your community: Act

- **If cases or clusters of COVID-19 disease are reported in your community, put your emergency plan into action, to protect your clients, staff, and guests.** Early action to slow the spread of COVID-19 will help keep staff and volunteers healthy and help your organization maintain normal operations.
- **Put your emergency operations and communication plans into action**
- **Stay informed about the local COVID-19 situation.** Get up-to-date information about local COVID-19 activity from public health officials. Be aware of [temporary school dismissals](#) in your area because these may affect your staff, volunteers, and families you serve.

Note: Early in the outbreak, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe COVID-19 is spreading in your community. Temporary school dismissals also can help slow the spread of COVID-19.

- **Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread.** Meet with your staff to discuss plans to help clients implement personal preventive measures.
- **Communicate with your local health department** if you are concerned that clients in your facility might have COVID-19. Learn more about COVID-19 symptoms.
- **Download COVID-19 posters and CDC Fact Sheets and keep your clients and guests informed about public health recommendations** to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
  - -Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
  - -Providing educational materials about COVID-19 for non-English speakers, as needed.
  - -Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.
- **Minimize the number of staff members who have face-to-face interactions with clients** with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them.
  Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.
- **Staff and volunteers at high risk of severe COVID-19** (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- **If staff are handling client belongings, they should use disposable gloves**. Make sure to train any staff using gloves to ensure proper use.
- **Limit visitors to the facility**.

Ensure that clients receive assistance in preventing disease spread and accessing care, as needed:

- **In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart,** and request that all clients sleep head-to-toe.
- **Provide access to fluids, tissues, plastic bags** for the proper disposal of used tissues.

- **Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.** Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.
- **At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.** If there is person to person spread in your local community, clients may have COVID-19.
- **Monitor clients who could be at high risk for complications** from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.
- **Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.**

Follow CDC [recommendations](#) for how to prevent further spread in your facility:

- If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
- In areas where clients with respiratory illness are staying, keep beds at least 3 feet apart and use temporary barriers between beds, such as curtains, and request that all clients sleep head-to-toe.
- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to **as-needed** cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.

If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care. If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

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

Ensure that all common areas within the facility follow good practices for environmental cleaning. Cleaning should be conducted in accordance with CDC [recommendations.](#)

<center>**Attachment II - Example Pandemic Emergency Action Plan**</center>

<u>Purpose</u>: The Pandemic Emergency Action Plan will be activated in order to ensure **<u>Agency</u>** is able to continue critical and essential operations in the event of a pandemic. All staff and volunteers will be trained annually or upon hire to ensure they are aware of the internal pandemic plan and infection control measures.

When concern of a possible pandemic arises, **<u>Agency</u>** staff and clients should give extra attention to the following preventative measures:

• Covering nose and mouth when coughing or sneezing into a tissue, then throwing that tissue away. Coughing into the inner elbow is at least a better choice than not covering at all, but using a tissue is the best choice.

• Maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus (20 second lather up to mid forearm).

• Maintaining handwashing soap and hand sanitizer supplies in bathrooms, kitchens, and throughout the facilities.

• Frequently cleaning hard surfaces with a disinfectant solution (e.g., door handles, light switches, telephones, countertops, drawers, remotes).

• Wash all bedding and towels in hot water.

• Cleaning the restrooms regularly with bleach and/or non-acid cleaner provided by agency.

• Employees should stay home if they are sick or if they have been caring for someone infected with an easily communicable illness. Employees should communicate any sick leave absences with as much notice as possible.

• Staff with chronic health conditions or other factors which place them at higher risk for infection or complications should speak with their supervisor about their concerns. Reasonable accommodations will be provided by Senior Leadership.

• Managers should separate sick employees from others and immediately send sick employees' home.

• In the event of a pandemic, those returning from travel may be asked to quarantine or obtain medical clearance from a medical professional before returning to work.

I – In the event of a pandemic, Federal, State, and Local Governments will provide important emergency information. Such information will further aid in how staff and clients are able to protect themselves and what to do if they become infected.

      a. Once a pandemic has been identified, Senior Leadership (i.e. Executive Director, Program Manager, etc.) should seek information to better understand the threat. The Executive Director will communicate with **County** Public Health regarding the pandemic and explain any special precautions or considerations to staff, including, but not limited to, a "no non-essential personnel" and "shelter in place" policies. In the absence of the Executive Director, **Identify Point of Contact** will assume responsibility of implementing this plan.

      b. Following the instruction of Senior Leadership, Program Managers will take the lead in preparing the staff and clients in each manager's respective programs for the pandemic. The **Agency Staff** will work together to address any other areas not covered by a specific program.

II – Program Operations will be affected differently.

      a. Administration & Management: The main office located at **Identify Address** and any satellite offices will close if Senior Leadership implements a no non-essential personnel policy during the pandemic period. Senior Leadership and Program Managers may be required to work remotely during this period and should be available through their agency issued cell phones or personal cell phones to communicate with other staff. The agency will post a sign on the front door advising of the closure and providing the **Agency** Crisis Line phone number.

      b. Legal Advocacy/ Temporary Protective Order (TPO) Office: The TPO office will coordinate with the **Identify County** court system and close if Superior Court or Senior Leadership implements a no non-essential personnel policy during the pandemic period. While the TPO office remains open, no one with symptoms of illness will be admitted inside the TPO office, but safety planning and information regarding the TPO process will be made available by phone. If the TPO office is closed, the Legal Advocacy Program Manager will post a sign outside of the TPO office advising of the closure and providing the **Agency** Crisis Line phone number. The Legal Advocacy Program Manager will ensure Crisis Line staff are able to reach a Legal Advocate for assistance with TPO related questions routed to the Crisis Line during office closure.

      c. Counseling: If Senior Leadership implements a no non-essential personnel policy during the pandemic period, agency staff will ensure counseling appointments are canceled as necessary and will notify contractors and clients of group cancelations.

d. Transitional Housing (TH): As soon as any concern of a pandemic arises, TH residents should be encouraged to prepare for the possibility of having to shelter in place and TH program staff should assist their clients in getting any supplies needed for preparation. The Housing Program Manager will ensure TH residents have information on the pandemic, inform them of any office closures, and advise residents of any need to shelter in place. The Housing Program Manager will provide residents with some method to reach program staff if needed during any closure or need to shelter in place. If a resident is suspected to have illness, that resident and others in their household should be quarantined to their apartments for the time-length recommended by CDC guidelines. If emergency medical care is needed, a call to 911 should be placed and the resident should be transported by ambulance to **Local Identified Hospital**. During a shelter in place period, no new clients will be accepted into the TH program.

e. Sexual Assault Medical Forensic Exams: The Sexual Assault Exam Suite may remain open during the pandemic period, with Sexual Assault Nurse Examiners (SANE) screening incoming patients for symptoms of illness prior to arrival at **Agency** via phone triage and verification of vital signs upon arrival to the SANE suite. The SANE will refer the patient to appropriate medical care if any concerning symptoms are reported or observed. Nurses and Advocates who have symptoms of illness or have sick family members at home should not report for exams and should inform their supervisors immediately if unable to fulfill their on-call duties. The SANE Program Manager will send notice to the SANE-SART e-mail list if any changes are made to the on-call schedule. A list of symptoms can be found at https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html.

f. Shelter: The most critical and essential service that needs to be maintained during a pandemic is shelter. As soon as any concern of a pandemic arises, shelter residents should be encouraged to prepare for the possibility of having to shelter in place and the Shelter Program Manager ensure the shelter has any supplies needed for preparation. The Shelter Program Manager will ensure shelter residents have information on the pandemic, inform them of any office closures, and advise residents of any need to shelter in place. The following continuity of operations plan address three items:

> i. Containment – Preventing the spread of disease by identifying rooms as quarantine living environment for infected residents. During a shelter in place period, no new clients will be accepted into the shelter program. If it is suspected that a resident may be infected, that resident and others in their household/ room should be quarantined to their rooms for the time-length recommended by CDC guidelines. If emergency medical care is needed, a call to 911 should be placed and the resident should be transported by ambulance to **Local Identified Hospital**.

ii. Testing and Provision of Medications – Suspicions of COVID-19 should be reported to your local health department or hospital. Decisions for testing and the need for medications will be made by the medical providers in your community.

iii. Maintenance and Continuity of Shelter Service – The Shelter Manager will assign **#** live-in staff members to stay on site during the shelter in place period. First, staff will be given the option to volunteer for duty. If there are no volunteers, Senior Leadership will work with the Shelter Manager to strategically assign staff for this duty with consideration given to the following situations: Is the staff member a primary caretaker to minor children or other vulnerable household member; Do they have vulnerability to infection and complications due to age or pre-existing conditions? These **#** staff members will be designated upon learning of the pandemic and expectations should be clearly explained prior to sheltering in place. These three staff members will be living on site and be on 8 hour rotating shifts. They will take direction from Shelter Manager or Senior Leadership and reciprocate contact continually and as often as necessary. **Agency** will provide the live-in staff with gloves, cleaning supplies, and other needed items to help aid with illness prevention. Shelter, containment, and antiviral medication assistance will be the primary services. No case management or other services will be provided during a shelter in place period. Documentation will be limited to these three activities.

III. Should any of the above listed procedures prove inadequate, Program Managers will take direction from Senior Leadership or governmental agencies on specific and most current procedures that may have been identified since the publication of this plan.