



Interim Guidance on COVID-19 for Member Domestic Violence Programs

VERSION ONE, MARCH 22, 2020



During this unprecedented crisis, your services are more important than ever, and we want them to be as safe as possible for everyone in your organization. Protecting your staff, volunteers, and residents requires you to stay informed on evolving directives and coordinate efforts between domestic violence programs, ODVN, healthcare facilities, and your local health departments.

INTRODUCTION

This document provides interim guidance for Ohio's domestic violence programs during the outbreak of coronavirus disease (COVID-19), as of Sunday, March 22. Information on this pandemic is rapidly changing and guidance may be updated frequently as a response to changing conditions. **Your [local/county health department](#) which monitors local health conditions, will be the best source of information for you during this time.** This interim guidance is compiled from state and federal health care sources that may be updated frequently. Please go to www.coronavirus.ohio.gov, or the [CDC Coronavirus](https://www.cdc.gov/coronavirus) page, or www.odvn.org for additional information and the most up-to-date guidance.

Working in, living in, and needing shelter in this time of uncertainty is especially stressful and can cause or exacerbate trauma. We encourage that all policies, procedures, and approaches implemented to respond to the coronavirus be delivered within our **trauma-informed frameworks**. They emphasize supporting residents and staff and delivering services in a RESPECTED, INFORMED, CONNECTED AND HOPEFUL (RICH) manner, as recommended by the Sanctuary Model. Programs should also remember confidentiality requirements and prohibitions on releasing personally identifying information, except when required by law.

This interim guidance assumes that domestic violence programs will encounter and provide shelter for people who may be experiencing COVID-19 symptoms. This guidance also addresses the needs of sick domestic violence victims who may be mildly symptomatic and have no other safe, appropriate housing option for isolation and physical distancing until recovered. Guidance specifically focuses on protective actions that can be taken to reduce community transmission and properly assist individuals who are mildly to severely symptomatic.

Finally, this guidance also assumes that domestic violence programs serving individuals who are severely symptomatic (whether or not confirmed) and at high risk of serious health consequences will assist individuals in accessing appropriate emergency and other medical assistance immediately, including non-shelter-based isolation and quarantine options as they are available.

Symptoms of coronavirus are common symptoms of many other viruses or health conditions. Not all individuals with symptoms above will have coronavirus. However, in order to minimize exposure and risk the protections outlined in this document should be followed whenever possible.

SCREENING AND ADMISSION

In order to minimize exposure and outbreak of COVID 19, the Ohio Department of Health (ODH) and the Centers for Disease Control (CDC) recommend asking the following questions when individuals are seeking shelter:

- Are you or anyone you live with experiencing fever, cough, sore throat, or shortness of breath?
- Have you travelled recently?
- Have you or anyone you live with been exposed to or tested positive for coronavirus?

Please share with individuals that these questions are being asked due to recommendations from public health officials to inquire about symptoms of coronavirus for everyone's safety and to minimize exposure and outbreak of COVID-19. ***These questions ARE NOT questions designed to determine admission and should not be asked in order to screen people out of shelter. If a caller answers 'yes' to any question, programs should make every attempt to provide safe housing, which might include alternative housing or a hotel room. In all cases, survivors should continue receiving services from shelter program staff.***

ADMISSION PROTOCOL: DECISION TREE

- **GROUP 1: Survivors reporting no symptoms and no exposure:** Proceed as normal, advise about universal precautions and ask them to see staff if they are experiencing any symptoms. Explain to individuals seeking shelter that the environment is a communal living setting and that while the organization will attempt to provide them with their own private bedroom (if at all possible), it might be necessary to share rooms or common spaces and that there could be sick individuals in shelter who may or may not have been exposed to the COVID-19 virus.
- **GROUP 2: Survivors reporting mild symptoms who are undergoing testing or are confirmed for COVID-19** should be immediately referred to your local health department.
 - Residents should be provided with hotel or other accommodations that are not in shelter. DV programs will continue to provide advocacy services, addressing any safety considerations. ODVN can provide assistance with lodging costs if your program is unable to do so.
 - Check with your local health department for alternative options (such as isolation centers) which may be developed in the weeks after this guidance was written.
- **GROUP 3: Survivors reporting severe symptoms (listed below) whether or not confirmed for COVID-19** immediately should be encouraged to call 911. If staff believes the resident's condition is a medical emergency that requires immediate medical attention (such as difficulty breathing or chest pains) they should call 911. If a survivor's severe symptoms are under control and they have confirmation of a negative test, a hotel room is the best option; if that isn't possible, follow the "sick patient" protocol. All efforts should be made to find safe housing alternatives, but survivors with severe symptoms who refuse to call 911, get tested, or seek medical treatment who also will not use a hotel or refuse

quarantine may risk being exited in order to preserve the safety and well-being of other families in shelter.

- Severe symptoms include:
 - Difficulty breathing or shortness of breath
 - Pain or pressure in the chest or abdomen
 - Sudden dizziness or confusion
 - Severe or persistent vomiting
 - Flu-like symptoms improve but then return with fever and worse cough
- GROUP 4: Survivor reporting mild symptoms (fever, cough, and/or shortness of breath), which will be identified through screening questions, unconfirmed for COVID-19, and not currently undergoing testing: Note mild symptoms may or may not be symptoms of COVID-19, as they are common symptoms of many illnesses. For the safety of all in the organization, follow isolation protocol below.

ISOLATION PROTOCOL

Supporting “isolation” in a shelter setting for someone who has the coronavirus or has symptoms is challenging, but infection control procedures can decrease the risk for everyone.

- Private rooms with bathrooms are the best option for isolating residents if sheltering residents off site (in a hotel room) is not an option.
- Check in on residents at least once a day to determine if their health status is getting [worse](#). If they are getting worse contact a doctor or your local public health department about next steps and possible testing. If a survivor’s symptoms become severe, call 911.
- Other residents who could be at high risk for complications from COVID-19 (those who are older, have underlying health conditions, or weakened immune systems) should be monitored even more closely.

FOR ALL RESIDENTS WITH CORONAVIRUS SYMPTOMS The following guidelines should be followed to the greatest extent possible.

- Individuals who exhibit symptoms should be isolated as much as possible. Remember trauma-informed principles when explaining the need to keep sick individuals separate from other shelter residents to help limit the spread of illness. Isolation can be very triggering to domestic violence survivors, so discuss ways for them to manage this period of time and explain clearly the support your agency can provide.
- Minimize exposure to common areas and consider permitting the resident to eat in their room to further minimize exposure. Use paper products or disposable food service items.
- Provide residents with a surgical mask and ask them to wear it any time someone else is in their presence, especially if they are having respiratory symptoms.

- Provide resident with information on what to do while they are sick (see protocols above) and if they get [worse](#) to alert a staff member. Staff should emphasize alerting staff if they are having any problems breathing. Staff should check in regularly with residents about how they are feeling.
- Residents who have symptoms of COVID-19 should not be assigned to meal preparation or cleaning tasks within the facility and should remain as isolated as possible.
- Follow county protocol about accessing testing for coronavirus.

STAFF SUPPORT FOR SICK INDIVIDUALS

- Staff members who are considered to be in a high-risk category (over 60, have underlying health conditions, compromised immune systems or respiratory conditions) should not have any contact with sick residents.
- Staff should wear appropriate personal protective equipment (PPE) when interacting with residents who are sick i.e. bringing supplies (tissue, hand sanitizer), providing support (food, drink), or handling client belongings or laundry.
- Ideally, staff will wear a surgical mask, gown, gloves, and eye protection if they have direct face-to-face interaction within 6 feet of any sick resident, staff member or volunteer. Please ensure that all staff know how to properly remove and dispose of gloves and PPE equipment.
- Staff can provide personal cleaning supplies for an ill person's room and bathroom, unless the room is occupied by a child or another person for whom such supplies would not be appropriate and may present a danger. These supplies include tissues, paper towels, cleaners and EPA-registered [disinfectants](#).

STAFF CONSIDERATIONS

- Staff and volunteers at high risk of COVID-19 (those who are older or have underlying health conditions) should be permitted to work at home or use sick, vacation, FMLA or administrative leave if at all possible.
- Have as many staff work remotely as possible while continuing to provide essential services through virtual or phone options.
- In planning for staff and volunteer absences, it may be important to think creatively in order to keep 24-hour shelter coverage. New and different staffing schedules and staffing patterns may be required.
- Whenever possible, program staff should attempt to minimize the number of face-to-face interactions with residents who are sick.
- Use physical barriers to protect staff who will have interactions with residents with unknown infection status. For example, using a sneeze guard or utilizing a large table to increase distance between staff and residents.
- Staff must continue to provide advocacy and support for survivors housed in hotels. This requirement has been stated explicitly by OCJS and the Attorney General's Office.

PHYSICAL DISTANCING

- Practice physical distancing to the best extent possible. Consider brainstorming with staff and/or residents to come up with practical strategies that work for your shelter.
- Ideal social distancing includes maintaining 6 feet between people.
- Ideas could include:
 - Limit physical contact
 - Limit group gatherings (stagger meals, play room, and TV times, provide virtual house meetings or hold house meetings with smaller in person groups)
 - Limit face to face contact
 - Moving tables or furniture farther apart.
- Whenever possible, limit rooms to single family rooms.
- For shared rooms, beds should ideally be spaced at least 3 feet apart (ideally 6 feet apart) in a head to toe arrangement. Increasing the space between residents can help reduce the spread of illness.

IF A RESIDENT IS TESTED AND TELLS YOU THEY TESTED POSITIVE FOR COVID-19

- **Ohio law requires that medical professionals report confirmed cases to local health departments.**
- Immediately isolate the client in a place identified by your local health department. If the health department does not provide an alternative and the hospital doesn't admit the individual, please contact ODVN for assistance. Shelters should do everything possible to avoid having the individual remain living in the communal shelter environment, including using hotel rooms as an option.

STAYING INFORMED

- Ohio's Department of Health [website](#) includes updated and often-changing and evolving information about current responses and homeless crisis response.
- The Ohio Department of Health's coronavirus hotline is 1-8333-4-ASK-ODH.
- Your local public health officials have the best information on local conditions. Your local health department might also have local distribution lists or updates you can sign up for.
- DV providers should collaborate and review plans internally. They should also consider reviewing plans with local health officials to help protect their staff, residents, guests and volunteers.

Ohio Department of Health [checklist](#) for shelters

In the upcoming days and weeks, ODVN will be releasing more interim guidance to assist you in addressing the coronavirus pandemic in domestic violence shelters, including information on recent "stay in place" statewide orders and supporting children in shelter during this time.

This document was reviewed and approved by the Ohio Department of Health

Guidance adapted from the Columbus and Franklin County Interim Guidance for COVID-19 for Homeless Service Providers (dated 3/16/2020) issued by the Community Shelter Board, Columbus Ohio