



COVID-19 and Crime Victim Service Organizations

Crime victim service organizations, especially those operating crime victim shelters, should adopt precautions and procedures to minimize the risk of widespread COVID-19 exposure to their clients and their workforce. The following information is designed to assist crime victim service organizations in maintaining services while minimizing risk.

Background

The disease associated with the Novel (new) Coronavirus or COVID-19 emerged in Hubei Province, China in December 2019. The virus is spreading from person-to-person, and cases have been detected in most countries internationally, the United States, and Nevada. Measures are being put in place to help slow the spread of the virus and compliance with these measures will help reduce the number of people impacted by the disease it creates.

What are Coronaviruses

Coronaviruses are a type of virus and there are many kinds of them. Some of them can cause colds or other mild respiratory (nose, throat, lung) illnesses. A newly identified type has caused a recent outbreak of respiratory illness called COVID-19.

Coronaviruses are named for their appearance: Under the microscope, the viruses look like they are covered with pointed structures that surround them like a corona, or crown.

How does COVID-19 Spread?

COVID-19 can be passed from person to person through droplets from coughs and sneezes. COVID-19 has been detected in people all over the world, and it is considered a pandemic.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider, and tell them you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Considerations for Shelter Operations

Shelters for victims of crime have many factors that make can make planning and response challenging. The need for the service is urgent, and in Nevada, there are few shelter options in each community that can address the safety issues associated with being a victim of crime and now the health care priority of minimizing the health risk of COVID-19 for the shelter population and workforce.

Shelters should adopt a strategy that includes general prevention, effective intake, and regular monitoring.

1) General Prevention:

- a. Create General Awareness
 - i. Place signage in visible locations with these messages:
 1. Know the symptoms of COVID-19
 2. Proper hand and cough hygiene
 - ii. Inform visitors that they will not be allowed to enter the facility if they are ill.

- iii. When possible, facilities should use their virtual communication channels to inform prospective visitors of these rules before they travel to the facility.
- b. Staff and COVID-19
 - i. Make sure all volunteers and staff stay home if they feel ill.
 - ii. Advise staff to check for symptoms of respiratory illness such as cough or fever before reporting to work each day.
 - iii. Advise staff to notify someone if they become ill while at work and to leave immediately.
 - iv. If possible, screen all staff for fever prior to the start of their shift.
- c. Steps to prevent community spread:
 - i. Wash hands often with soap and water for at least 20 seconds.
 - ii. Avoid touching eyes, nose, or mouth with unwashed hands.
 - iii. Avoid contact with people who are sick.
 - iv. Stay home while sick and avoid close contact with others.
 - v. Cover mouth and nose with a tissue when coughing or sneezing, then throw the tissue in the trash and wash hands.
 - vi. As our victim of crime seeking shelter often have less access to hygiene products, be sure to have supplies onsite.
- d. Sleeping Arrangements:
 - i. Shelter may need to reduce capacity to provide more space in sleeping areas including
 - Create at least 6 feet between beds
 - Space out units or dorms when possible
 - Arrange beds so residents sleep head-to-toe
 - Create barriers using lockers or curtains

2) Effective Intake:

- a. Pre-entry contact
 - i. If the individual has contact with the shelter before physical arrival, add some screening questions to determine if they may be at risk or are experiencing symptoms including:
 1. *“Have you been in close contact with someone who has tested positive for COVID-19 or been instructed by a health district or healthcare provider to quarantine due to likely exposure to someone who did test positive?”*
 2. *“Have you had a fever, dry cough, or shortness of breath in the last 72 hours?”*
- b. On-site screening
 - i. If the individual came directly to the shelter, include the screening questions above.
 - ii. Have the intake area placed to reduce exposure to the rest of the shelter.
 - iii. As part of the intake, screen the new resident for medical conditions considered high risk if exposed to COVID-19. These may include asthma, compromised immune system, diabetes, and a history of or current respiratory issues like pneumonia.
 - iv. Screen all incoming residents for fever.
- c. Results of Screening
 - i. Use the results of the screening to make decisions about how to proceed with the intake.
 - ii. If the resources of the shelter allow, place new residents in a partially or fully separated area for 14 days for observation.
 - iii. If an individual is exhibiting signs or symptoms of COVID-19, help the survivor contact the local health authority or their medical provider for instructions on next steps.

3) Continuous Monitoring and Prevention

- a. Use of Common and Eating Areas
 - i. In common spaces and transit, create distance between individuals in these ways:
 1. Schedule staggered use of common spaces.

2. Avoid activities that bring residents or staff close together.
 3. Stagger bathing schedules.
 - ii. Also consider these recommendations if your shelter provides food service:
 1. Stagger mealtimes.
 2. Stagger scheduled use of shared kitchens.
 3. Mark off sections on the floor in 6-foot increments for lines to collect food.
 4. Have meals already prepared on separate trays or bags.
 5. Add sneeze guards to shared condiment locations.
 - iii. Prevent Sharing of Personal Items
 1. Prevent the sharing of dishes, drinking glasses, cups, eating utensils, towels, or bedding among shelter residents.
- b. Arrangements for Ill Persons
- i. An ill person should be isolated in a private space predesignated by the facility, and cared for by predesignated staff.
 - ii. If only shared rooms are available, consider housing the person who is ill in a space with the fewest number of other residents.
 - iii. House older adults, people with underlying medical conditions, or people with disabilities as far away as possible from someone who is ill.
 - iv. If staff assist a survivor who is exhibiting symptoms with transportation, it is recommended the staff wear protective personal equipment during the transport and clean the vehicle upon completion of the transport.
- c. Cleaning “high-touch” surfaces every day
- i. High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
 - ii. Clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions.
 - iii. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Protecting Staff & Volunteers

There are some key procedures to implement to ensure staff are reducing the risk to themselves, their families, and clients.

- 1) Remind staff and volunteers to not come to work if they are sick. Any staff or volunteers who become sick at work should be sent home immediately.
- 2) Staff should wash or sanitize hands frequently, and reminded not to touch their face.
- 3) Staff should wear gloves when touching personal belongings of guests.
- 4) Healthy staff should not wear masks, unless spending extended time in an area designated for guests with coughs or providing direct care to sick guests.
- 5) Sick staff and volunteers should stay home until 7 days after symptoms begin, or 72 hours after a fever resolves whichever is longer.
- 6) Older staff and volunteers, or those with underlying health conditions, should not be designated as caregivers for sick clients who are staying in the shelter, especially those that may have COVID-19.

Grant Funding for Service Providers

1) Program Confidentiality and Other Requirements Still in Place

Because victims of domestic violence may be accessing general shelter services during this time of crisis, it is vital that shelters with funding from the Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), and

Family Violence Prevention Services Act (FVPSA), maintain their confidentiality obligations and their commitment to providing voluntary services.

- a. The screening and intake questions in this guidance must remain voluntary for access to services and grantees may not condition services on cooperation with the screening or intake questions.
- b. Shelters and programs have strict confidentiality obligations that they must maintain. All client information is to remain confidential unless there is a statutorily-mandated exception, or the client provides written permission.
- c. Shelter staff cannot disclose the health status of any client without a statutorily-mandated exception. If someone tests positive, the shelter should notify current residents without disclosing any personal information that someone in residence has tested positive. In addition, the shelter should attempt to notify close contacts of the individual who may no longer be residing at the shelter.

2) Division of Child and Family Services Assistance

The Division of Child and Family Services (DCFS) has received inquiries regarding how subrecipient agencies can prepare and respond to issues related to the COVID-19 pandemic and how that relates to the current funding mechanisms in place.

At this time, DCFS has not received any official directives regarding the closure of agencies or changes in operations. With regard to subrecipients providing direct services that choose to work remotely, provide mobile advocacy or increase public health measures within their agency-- if the services provided by an agency are within an agencies' approved Scope of Work and within their approved budget, these activities will remain reimbursable as long as they are a continuation of allowable services already provided under their specific grant.

To further assist agencies in providing emergent services, the DCFS Grants Management Unit (GMU) staff will work with agencies on an individual basis to process Emergency Budget Modifications in order to redirect agency funds to be used for the purposes of addressing health care issues related to COVID-19. Please note that any budget changes will need to remain in compliance with the grants' requirements and guidelines. DCFS will notify all grant subrecipients as more information becomes available.

Ask your healthcare provider to call the local or state health department to discuss your situation.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or may have COVID-19. If possible, put on a facemask before emergency medical services arrive. For guidance on accessing testing, please contact your local Public Health Agency:

Public Health Agencies in Nevada:

- 1) Nevada Division of Public and Behavioral Health
24-hour phone: (775) 400-0333
<http://dpbh.nv.gov/>
- 2) Carson City Health & Human Services
Business hours: (775) 887-2190
After hours: (775) 887-2190 opt.7
<https://gethealthycarsoncity.org/>
- 3) Southern Nevada Health District
24-hour phone: (702) 759-1300
<https://www.southernnevadahealthdistrict.org/>

- 4) Washoe County Health District
24-hour phone: (775) 328-2447
<https://washoecounty.us/health/>

Additional Resources

Nevada Health Response Website: <https://nvhealthresponse.nv.gov/>

CDC COVID-19 Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Subscribe to latest Nevada COVID-19 information: <https://nvhealthresponse.nv.gov/subscribe-to-updates/>

CDC Shelter Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

CDC Guidance for Schools and Child Care: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

NV Health Response Info for Families: <https://nvhealthresponse.nv.gov/information-for/schools-families/>

CDC Hand Hygiene Posters

English: <https://www.cdc.gov/handwashing/pdf/Handwashing-Middle-School-8x11-p.pdf>

Spanish <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-spanish-508.pdf>

CDC How to Wash your hands poster

English: <https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-english-508.pdf>

Spanish: <https://www.cdc.gov/handwashing/pdf/Handwashing-Middle-School-SPANISH-8x11-p.pdf>

CDC Clean Hands for 20 seconds poster

English: <https://www.cdc.gov/handwashing/pdf/HH-Posters-Eng-Restroom-508.pdf>

Spanish: <https://www.cdc.gov/handwashing/pdf/HH-Posters-Spa-Restroom-508.pdf>

Cover your cough poster

<https://www.health.state.mn.us/people/cyc/index.html>