Guidance for Minnesota Domestic Violence and Sexual Assault Programs
Coronavirus (COVID19) Response
March 25, 2020

COVID-19 and Shelter

- Talk with all current and anticipated shelter residents that due to the COVID19 pandemic, there are new practices in place at your program.
- Be honest with shelter residents. Let survivors know that the shelter is not a medical facility and is not staffed by medical professionals. Staff are not medically qualified to screen for medical issues or COVID19 symptoms. Someone infected with COVID19 may also show no symptoms at all, and the program cannot guarantee that everyone at shelter is COVID19 negative.
- Post visible, easily read information about COVID19 throughout shelter. Talk with each resident about this information. Here is the CDC link and the MDH link to this information. Information from MDH is currently available in Hmong, Somali, ASL, and Spanish. MDH also offers community-specific guidelines here, including for congregate settings such as shelters.
- Post the following basic principles everywhere, give all current and prospective shelter residents this information as handouts, and ask survivors who are currently in shelter or preparing to come into shelter to agree to practice these while in shelter to improve the safety and health of everyone.
  - If you are ill, stay home (or in your room).
  - If you are showing symptoms of COVID19, call your primary care physician, or if none, the local county health department. Do not show up at medical facilities unannounced or undirected. MDH is running a statewide coronavirus hotline daily from 7am-7pm at 651-201-3920 or 1-800-657-3903 and local health department contact information can be found through the MDH directory.
    - Symptoms include: (This list is not all inclusive. Please consult a medical provider for any other symptoms that are severe or concerning.)
      - Fever
      - Cough
      - Shortness of breath
  - If you are showing critical symptoms or emergency warning signs for COVID19,
seek medical attention immediately by calling 911.

- Critical symptoms and emergency warning signs include: *(This list is not all inclusive. Please consult a medical provider for any other symptoms that are severe or concerning.)*
  - Difficulty breathing or shortness of breath
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face
- Cover your mouth when you cough or sneeze.
- Wash your hands with soap often, for 20 seconds at a time.
  - This is especially important when touching surfaces and common areas that are touched by others.
  - If hand washing is not possible, use hand sanitizer.
  - Use hand sanitizer in between hand washing.
- Avoid touching your face with unclean or un-sanitized hands.
- Practice social distancing.
  - Do not hug, shake hands, or sit or stand within 6 feet of others.
  - If you are within 6 feet, make sure it is for not longer than 10 minutes.
  - Avoid restaurants, bars, and other public places where people gather in groups or where close contact with others is unavoidable.
- Use a CDC-approved disinfecting mixture of 4 teaspoons of bleach per quart of water to disinfect regularly.
  - Clean and sanitize surfaces and common areas every 2 hours.
  - Clean and sanitize surfaces after you have touched them.
- Throw away used tissues immediately.
- Do not use cloth hand towels.
- Practice good hygiene, including showering and washing your clothes regularly.

**COVID-19 Screening**

- Programs should never use someone’s health status to discriminate in access to programs and services.
- Programs should not screen for COVID-19 for the purposes of screening someone out of services.
- If people are afraid to come forward if they have symptoms because they are worried about being denied services, that is a public health problem.
- Asking about COVID-19 exposure or symptoms to find appropriate services (e.g., isolated area in shelter or a hotel; asking someone to stay in their room; providing remote services
and limiting in-person contact, etc.) may be appropriate. The purpose of asking questions should only be used to make determination about where and how you will best serve someone.

- MDH is not recommending the use of mouth thermometers to screen for temperatures due to lack of personal protective equipment and an increased risk of transmission to the person taking temperatures. Unless the right equipment and an external thermometer are used, this should not be a part of the screening process.
- If you are screening or asking questions about exposure or symptoms, you need to screen everyone the same way without exception.
- Questions to ask may include:
  - Do you currently have a fever?
  - Do you currently have a cough?
  - Have you been experiencing shortness of breath?

If the answer is yes to any of these questions, encourage the survivor to contact their primary care physician. If they do not have a primary care physician, they should contact the local county health department or the MDH coronavirus hotline at 651-201-3920 or 1-800-657-3903 and follow the directions and guidance provided by medical experts. Local health department contact information can be found through the MDH directory.

COVID19 Programming Adjustments & Considerations

- Cut back on face-to-face, in-person contact as much as possible.
- Provide as much phone or video services as you can.
  - The basic guideline for communication tools is that the company that provides the technology should not be able to access identifying information about survivors, including the content of conversation and information about the conversation that would identify a survivor (phone number, IP address, user name, geolocation, etc.)
  - Zoom is not a good option for providing services. It is a great tool for internal program communication with staff and volunteers.
  - Better options that currently meet best practice standards for advocate-survivor communications include:
    - ResourceConnect – instant messaging for staff and volunteers
    - Gruveo – video call
    - Cyph – video call, messaging, groups
    - Tresorit, SpiderOak’s Semaphor, Mega, Sync, and pCloud – file sharing
- Consider whether you need someone onsite at shelter 24/7, and whether other safety measures are in place if staff are not onsite (security systems, cameras, etc.).
• Minimize staffing and implement a skeleton crew at the shelter. Examples include:
  o Only 1 person who is onsite with shelter residents at any given time.
  o One staff stops by the shelter every hour, on the hour for 10-15 minutes to check on
    shelter residents.
  o Provide instructions, resources and technology needed for shelter residents to
    reach their advocates remotely at all times.
  o Provide information on what to do if a crisis or emergency exists at shelter.
  o Limit common areas at shelter to one family unit at a time.
  o Stagger meal times.
  o At no time should residents be housed in large dormitory style settings with
    multiple families/persons to a room. Whenever possible, residential housing
    should provide individual quarters per survivor/family.
• Reevaluate your shelter capacity based on these recommendations. Do not exit people to
  meet a different capacity, but rather as people voluntarily exit shelter try to meet the new
  standard.
• Figure out now what you will do if someone is in a lethal situation and needs shelter
  immediately.
• Increase staffing of the hotline for phone and video consultations.
• Increase ventilation within the shelter. Ways to accomplish this include:
  o Open windows in daytime and close at night
  o Hold meetings and discussions outside when possible while remaining at least 6
    feet apart
• Run ceiling fans and window fans
• Move meetings to larger rooms when possible to increase physical distancing.
• Suspend all in-person activities that involve gathering groups of people together
  (especially groups of 10 or more) such as shelter house meetings, all staff meetings,
  support groups, etc.
• Use tools that allow staff to work from home as much as possible. This includes tools to
  allow staff and volunteers to communicate with each other (e.g. calls, instant messaging,
  video), and tools for sharing information while maintaining confidentiality (e.g. secure file
  sharing).
• If you are aware of shelter residents who fall into the "at-risk" demographic and who are
  at great risk for lethal complications from COVID19, talk with the survivor about the option
  of working with the local county health department to find safe alternatives over
  communal living.
• Assign staff to go through every 2 hours to wipe down and disinfect all offices, common
  areas, shelter, etc.
• Post the following basic principles everywhere. Provide this information and review it
with all staff. Ask all staff to agree to these practices to improve the safety and health of everyone.

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- Throw away used tissues immediately.
Do not use cloth hand towels.
Practice good hygiene, including showering and washing your clothes regularly.

- Donation rooms or Thrift stores, or other non-essential operations that involve public contact should not continue.
- Programs should consider trying to reduce their population in shelter to allow for family or individual quarantine if necessary, i.e. one family or person per room, so if there is an outbreak of COVID19, there will not be multiple families sharing a room.
- Begin the search for gowns, gloves, and N95 Masks for your staff in case there is an active COVID19 case in shelter.
- It is best to call your doctor before going to a hospital or clinic to be tested.
- Hospitals will probably not take patients who are not in critical condition, hospitals are required to medically stabilize patients, but they do not have to treat patients who are only exhibiting symptoms but are not exhibiting critical symptoms (see above).
- Programs should consider stocking up on over the counter medication for people who may become ill and must quarantine in shelter: tissues, cough medicine, advil, Tylenol, etc.

COVID-19 Symptoms in Shelter
- Contact your local health department now to develop procedures for what to do if someone shows symptoms of COVID19 while in shelter. Local health department contact information can be found through the MDH directory.
- General guidance is to immediately isolate and quarantine the individual, then contact the primary care physician. If there is no primary care physician, the local county health department should be contacted immediately. Do not go unannounced or undirected to the doctors, health department, walk-in clinic, or emergency department.
- In the event of a medical emergency, use 911.
- Let shelter residents know of your program’s practices for responding to COVID19 and ask them to agree to these practices.

Confidentiality and COVID-19
- All programs receiving Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), or Family Violence Prevention and Services Act (FVPSA) funds CANNOT disclose survivors' personally identifying information, unless mandated to do so by a statute or court order.
- Remind staff that there will be absolutely NO disclosure of anyone's health status outside of a legal mandate.
- Should a survivor disclose symptoms or other concerns regarding COVID19 to their
advocate, the program should encourage the survivor to make immediate contact with their primary health care physician or the local county health department. The nature of the pandemic will vary from community to community. Local authorities are issuing different regulations, guidelines and access to resources/testing.

- If a person is found to have been exposed to COVID19 (or other serious infectious diseases), generally the health care worker will have a protocol they ask them to follow (e.g., admit, quarantine or isolate). If a resident discloses that they were asked to isolate or they have high-risk conditions, programs should consider using off-site hotel rooms. (This section has been suggested by another advocacy organization; you can consider whether you think it is appropriate)
  - Lots of people check into hotels with all kinds of communicable diseases, HIV, measles, chicken pox, STIs......no one ever discloses any of that when they check in. This health issue shouldn't be any different, unless your state has a law that says otherwise or it's in a law related to your state's emergency declaration. We have not done the research on Minnesota law at this point.
  - Remember, health information the survivor's information. They can choose to disclose or not disclose. The program cannot force them to and the program is bound by law not to disclose personally identifying information.
  - Some governments and hospitals are actually considering using hotels for self-isolation of patients. And some have already used cabins at state parks. So there is precedent for using hotels in this way.
  - Hotels have cleaning products and cleaning standards meant to address health and safety standards. We are not aware of any instance where a hotel has been a central point of infection of any outbreak just through surface contact.
  - We understand hotel accommodations aren't perfect options, but it would offer less close contact than communal living in a shelter and be similar to living in an apartment building in terms of the level of contact with others.

- If a program has reason to believe someone who has been in shelter has been exposed to the virus, without disclosing ANY identifying information about the individual (that includes gender, age, whether staff or participant), the program could make an announcement, such as, “We have reason to believe that there may have been exposure to [name infectious disease] in our facility. Here are the measures we are taking.” (This is similar to what schools do when they send a letter home indicating “A person in your child’s school has [whooping cough, lice, measles, etc.]. Please watch for these symptoms and contact your doctor.”)

- Remember that programs have legal obligations to protect personally identifying information of survivors. Survivors are not under that same obligation, and even if they are encouraged not to share the names of others, they may do so out of fear, or if they are
trying to be helpful during this crisis. Support best practices and work to protect a survivor’s right to privacy, while also supporting their ability to make choices about and receive information related to their health.

○ Ideal scenario: If a survivor tests positive for COVID19 and is asked for information about who they’ve been in close contact with, they’ll tell the public health worker they were at the shelter or program (they do NOT need to disclose that they were receiving services – there are many reasons someone would be at a program or shelter that don’t include receiving services). Rather than providing names of people at the program, they can offer the name of the advocate they worked with or the name of the director at the program. The public health worker could then contact the staff member, and the program can notify the residents / others receiving services / and staff at the program that someone (not naming the person) who has been on site (again, not needing to disclose that they received services) tested positive for the virus (similar to the way schools notify families when there’s been possible exposure to certain diseases, without naming the individual who was sick). This is similar to what doctor’s offices do in similar situations – simultaneously protecting privacy and health.

○ If a staff member tests positive for COVID19, they should not share the names of anyone at the program or shelter, but rather follow the same procedure outlined in the first scenario above. Do not share names, and provide notice to the program so that they can notify those who may have been exposed.

○ It’s also important for staff to be prepared for visits from public health workers who HAVE been given names:
  ○ If a public health worker shows up at the program or shelter asking to speak with specific people, it would be the usual protocol – “I can neither confirm nor deny if anyone by that name is here. But what I can offer is to get your name and contact information, share notice with the people here that someone who said they were here has tested positive for COVID19, and offer you as a person they can reach out to with questions / concerns.”
  ○ Create a protocol with your public health department BEFORE there is an issue with COVID19. You may already have a protocol set up for other communicable diseases and infections apart from the current public health pandemic.