COVID-19 Protocols

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1. Signage

- Post CDC Flyers to provide awareness and guidance on prevention.
  - Building entrances – “Stop the Spread of Germs”
  - Every floor – “Stop the Spread of Germs”
  - Bathrooms – “Wash your hands”
  - Kitchens – “Food safety”
2. Communication with Staff and Tenants of Coronavirus Best Practices

- Staff Meeting 3/5/2020 – Coronavirus Information
- Distribute key CDC flyers to all clients and residents
- Information on Coronavirus: Call 2-1-1 or text “CTCOVID” to 898211
3. Sanitizing and Supply Replenishment Schedule

- All staff provided with hand sanitizer, disinfecting wipes, and latex gloves (face masks unavailable)
- Staff to sanitize surface areas and check supply levels 2x per shift (every 4 hours) – create checklists
- Wear gloves, use disinfecting wipes, remove gloves and wash hands
- Ensure hand sanitizer is available at all entrances and on every floor
- Ensure bathrooms are stocked with soap and paper towels
- Make tissues available to all
- Ventilate rooms, weather permitting
4. Social Distancing

- Cancel group activities (parenting program, youth center, CSP group events, etc.)
- Cancel volunteer activities (no donated food unless nonperishable or prepared by organization with Health Department license)
- Limit movement between programs (e.g. for meals and activities)
5. Contingency Planning for Staffing

• Each program to submit contingency staffing plan to CEO and COO. Assume schools closed and staff calling out sick

• Case management and admin: Work from home? Ensure ability to connect with client and colleagues

• 24/7 facilities: How to staff with skeleton crew?

• All programs and receptions to send staffing schedules to COO and HR. Will be tracking staffing at all locations to ensure adequate coverage through end of fiscal year (6/30/2020)
6. Client Care

• Identify vulnerable clients/tenants (age, medical condition, etc.)

• Case management to make plans to check on the most vulnerable on a regular basis.

• Case management to be provided via phone when necessary, especially fieldwork (CSP and Rapid Rehousing). Ensure contact information is current.

• Case management to ensure client/tenant needs are being met, especially with respect to adequate food supplies for clients/tenants
7. Quarantine Planning

For those who have received medical diagnosis or are exhibiting symptoms and willing to self-quarantine

• Need to provide separate bathroom and kitchen for those infected, if possible.

• Prepare staff with protective gear (face masks and latex gloves – *supplies needed*)

• Ensure ongoing case management (remotely)

• Ensure provisions are made available (food, toiletries, disinfectants, etc.)

• Close off areas used by ill persons. Wait 24 hours for cleaning and disinfection, if possible.

• Continue cleaning and disinfection of shared areas.
8. Organizational Leadership via Communication

- Weekly Senior Leadership Meetings – review new protocols and overall preparedness
- Emails to entire organization regarding new information (suspension of programs, status of community providers, etc.)
- Coordination with governing bodies, local government, and fellow community providers as needed
- Constant monitoring of new recommendations and developments with respect to coronavirus
- Any suspected cases (staff or clients/tenants) to be reported immediately to COO and HR