



**Level 4: utilize as long as there are no confirmed cases of COVID-19 from community spread, not related to foreign travel, in your service area**

We recommend program leadership encourage preventive measures with employees and signs placed in common spaces where sexual assault survivors may be that lists these measures. Some of these measures include:

- Washing hands frequently
- Cough or sneeze into a tissue or flexed elbow
- Avoid touching eyes, nose or mouth with unwashed hands
- Avoid shaking hands
- Stay home when you are ill
- Cleaning of all frequently touched surfaces
- Stock up on adequate supplies of hand sanitizer, hand soap, tissues, etc.

**Return to Work after Travel:** Encourage all staff to self-monitor for cough, fever  $\geq 100.0^{\circ}\text{F}$ , or shortness of breath. **Encourage them to notify their supervisor if they experience any of these symptoms and to not come to work.**

Ask staff who travel to see if either of the scenarios below applies to them.

	<u>Scenario #1</u>	<u>Scenario #2</u>
	<ul style="list-style-type: none"> <li>• You traveled internationally to any country NOT listed as a <a href="#">CDC Level 2 or 3 Travel Health Notice</a>.</li> <li style="text-align: center;">- OR -</li> <li>• You attended a conference or a gathering where one or more COVID-19 cases were confirmed.</li> <li style="text-align: center;">- OR -</li> <li>• Someone in your household had close contact with a person with confirmed COVID-19.</li> </ul>	<p>You are returning from:</p> <ul style="list-style-type: none"> <li>• Any country that has a <a href="#">CDC Level of 2 or 3 Travel Health Notice</a></li> <li>• Travel to an international destination with &gt;1,000 cases</li> <li>• A cruise ship with any cases of COVID-19.</li> <li style="text-align: center;">- OR -</li> </ul> <p>You personally had close contact with a person with confirmed COVID-19 either in a social setting or while not wearing appropriate personal protected equipment.</p>

# North Carolina Coalition Against Sexual Assault

# NCCASA

EDUCATION



ADVOCACY



LEGISLATION

<p><b><u>Action Required:</u></b></p>	<p>You are required to notify your supervisor.</p> <p>You must perform formal self-monitoring. Measure temperature twice per day (including before coming to work). Monitor for signs of cough, fever <math>\geq 100.0</math> °F, shortness of breath, or other respiratory symptoms.</p>	<p>Follow medical procedures outlined by contacting your physician and Self-quarantine for 14 days.</p>
<p><b><u>Notes:</u></b></p>	<ul style="list-style-type: none"> <li>· If you become symptomatic (cough, fever <math>\geq 100.0</math> °F, or shortness of breath):                         <ol style="list-style-type: none"> <li>1. <b>DO NOT come to work;</b></li> <li>2. Notify your supervisor</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>· <b>DO NOT come to work</b> for 14 days and until cleared.</li> <li>· Notify your supervisor</li> </ul> <p>Current international countries that are not yet on CDC Level of 2 or 3 Travel Health Notice but have &gt;1,000 COVID-19 cases as of March 10 include Germany, France and Spain.</p>

## **Level 3: occurs when a case of COVID-19 is confirmed from community spread, not related to foreign travel in your service area.**

We recommend program leadership continue to encourage preventive measures listed and utilize some of the strategies listed below.

All program staff are important to the work at a rape crisis center, but some are essential for providing core services. Think about what staff are essential and those that are non-essential.

- Consider plans for staff who may be considered high risk. See the *Considerations for Working from Home* section listed at the end of this document.
- Agency leadership should consider what sick leave plans are available and what to do for staff who have a low balance of sick hours to avoid staff coming into the office who are showing symptoms.

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- Agency leadership should consider creating a plan for the possibility of canceling events, team meetings and trainings. Explore alternative tools to be used instead of in-person such as Zoom, Skype, phone, etc.
- Consider restricting visitors to the office.

**Level 2 (occurs when a case of COVID-19 is confirmed from community spread, not related to foreign travel and school districts in your area decide to close)**

We recommend program leadership continue to utilize the measures listed in the previous sections with some additional precautions. Some recommended pre-cautions include:

- Consider allowing all non-essential staff to work from home if possible.
- For essential staff, consider rotating coverage so that staff with children impacted by school closure can stay home.
- Agency leadership should consider what vacation plans may be available for staff who have children impacted by school closures, including those who may have a low vacation hour balance
- Reminder that minimum services to be provided includes 24-hour hot line response and hospital accompaniment. Although some of your contracts with funders or with NCCASA as a SASP grantee, requires hospital accompaniment and/or therapeutic services/support groups to be provided to people who have been sexual assaulted, we recognize that your community may be experiencing unique risk factors related to COVID19.

**SASP Grantees-** If you are considering limiting the services provided at a medical facility in your area, before doing this, submit a plan for pro-actively connecting (not placing the expectation for initial connection on the survivor) with victims of sexual assault who receive services at the facility. **The plan should be submitted to the Deanna Harrington at [deanna@nccasa.org](mailto:deanna@nccasa.org) . Please feel free to contact us at 919-871-1015 if you need assistance in creating a plan.**

- Agency leadership should consider preparing a statement for the public to be posted on the website and social media outlining your current response plan.



**Level 1: this level of response should be considered when a case of COVID-19 be confirmed among a member of staff, volunteers or interns, contracted employees, agency partners or client served.**

We recommend program leadership continue to utilize the measures listed in the previous sections and begin using some of the strategies listed below:

- At this level agency leadership should consider all staff self-quarantine at home for 14 days and monitor their symptoms.
- If you need to move to this level and staff are working from home staff supervisors should help staff plan on completing essential job duties from home and consider setting clear guidelines around communication.
- Agency leadership should consider arranging for a cleaning service to come in and disinfect all surfaces before staff return.

#### **Considerations for working from home:**

- **Confidential workspace:** each program will need to work with advocates to assess their remote workspaces and if confidential services can be provided. If, for example, an advocate's partner is also temporarily working from home, the advocate will need to ensure there is a soundproof room in which to provide phone services.
- **Temporary file storage:** if advocates need to work remotely for some time, they will likely need to bring client files home. Best practice would be to get lockboxes for each advocate so they can store files confidentially. With electronic files, the program will want to set expectations and perhaps policy for advocates who will share a computer at home with partners, children, or others. The policy/supervision expectations should address signing in and out of databases, clearing history, etc., to protect confidentiality.
- **Reimbursement:** programs may need to reimburse advocates for personal cell phone usage or modify their mileage reimbursement policies (some programs base reimbursement on distance from the office, but that wouldn't work). An advocate that pays per minute for cell usage will probably go over their minutes if they are using it for service provision. Considerations should be made if an advocate doesn't have home internet or phone service
- **Phone access and records:** if an advocate does have to use their personal phone for service provision, issues related to confidentiality and phone records arise. Agency should consider providing temporary cell phones to advocates if you do not already.



- Some staff members are reliant on the physical office location for their positions and cannot do their jobs remotely. Agency leadership should brainstorm about temporary job duties. Programs may need to write an emergency policy to address this. If you need assistance you can contact NCCASA for assistance.

**Considerations for serving sexual assault survivors:**

- Survivors may experience a heightened sense of anxiety during this time, agencies should be prepared for the potential of an increase in hot line calls.
- Survivors who are self-quarantined, whether by choice or requested, may experience heightened anxiety being confined in a space, particularly if the sexual assault occurred in their home. Survivors may also be in a space where there is someone causing them harm and the hot line may be their only form of support. Individuals who answer the hot line should be prepared to help survivors manage symptoms and creating emotional/physical safety plans.
- Due to the possibility of an increase in hot line calls and the supportive counseling skills hot line workers may need to employ, agency leadership should consider communicating with their hot line staff/volunteers about ways to safely de-brief with their supervisors and hot line rotation among staff.

Thank you for all you do to serve survivors and the people of NC. I sincerely appreciate your commitment especially during this time.

Sincerely,

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Executive Director

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