**Community Against Violence, Inc. (CAV)**

**Infectious Disease Outbreak Policy & Procedures**

(rev. 3-2020)

Staff are responsible for protecting the clients receiving services through the agency, including shelter, from risk, including from infectious diseases. Staff are to be diligent in observing visible symptoms of infections/diseases. Staff should take the initiative and ask the client if they are feeling ill and if they may have infections or other communicable diseases and in need of medical attention.

Staff are to err on the side of caution if a person’s condition is questionable and take preventative actions. Where serious infection or communicable disease is suspected, staff are to immediately refer the individual to medical services. Where the infection/disease is determined to be a reduced risk, staff are to provide clear instructions to the individual about any restrictions that may be temporarily implemented to reduce the spread of disease (e.g. flu, colds).

If staff believe that there may be increased risks to other individuals (including employees) by placing a person with an infection or communicable disease in the shelter, the staff person is to immediately contact their supervisor. The decision may be to seek further direction from a trained medical professional and to ensure safety planning.

Staff are to exercise extreme caution and err on the side of protection where a person has a severely compromised immune system, such as individuals with underlying health conditions such as heart issues, lung issues (asthma, COPD, etc.), diabetes, and others with immune-suppressed (including those who are taking medications that lower’s one’s immune system). Staff are to make sure that all symptoms and actions are clearly documented and communicated to medical professionals, as per client’s release of information.

**Procedure to reduce/eliminate risk from infections and infectious diseases**

1. All staff are to wash hands frequently. Appropriate reminder signs are to be posted in kitchens, washrooms and other areas deemed appropriate.
2. Where more than two people have cold/flu symptoms within a 24-hour period, the Supervisor is to be informed.
3. Where any serious risk of infection/disease is identified or suspected, and it cannot be assessed by a medical professional immediately, staff will arrange a room to allow the individual to have containment. This will include, as appropriate, food, bathroom, and other necessities. Where this is impractical, temporary restriction from the service may be required.
4. At the earliest possible time, staff will help the individual arrange for assessment by a trained medical professional and request the medical personnel provide an appropriate medical plan within the context of the shelter services.
5. Staff will be alert to any emerging signs or symptoms of illness, such as diarrhea, fever, general malaise, excessive tiredness, changes in behavior, etc.
6. If symptoms are noticed, staff will immediately refer the client(s) to medical services, notify the supervisor, and ensure detailed log notes and incident reports are completed to ensure that future shifts become aware and continue observing the situation.
7. Communication is the key to prevention and timely management of these type challenges. Staff are to make sure that all appropriate parties are aware of the situation and that all actions are clearly documented. Ensure that confidentiality and privacy are respected.

**Procedure for an Outbreak**

1. Ensure all shelter residents are aware of the situation.
2. Staff will post signs at facility entrances and let incoming clients know of their options for accessing services.
3. Extra hand sanitizer will be left at the front desk, shelter common areas, and staff desks to ensure an adequate supply is available to everyone.
4. The following contact surfaces are to be cleaned with bleach and water (1/2 cup bleach to one gallon of water), or equally similar disinfectant. Gross contamination may require a bleach solution of 1 cup to 1 gallon, including:
	1. All door knobs
	2. Phone keypads and mouth pieces
	3. Toilet seats and flush handles
	4. All taps and areas around sinks
	5. Kitchen and bathroom countertops, tabletops
	6. Condiments or food containers
	7. Exterior handles and doors as interior of refrigerator
5. Where an outbreak is declared by a medical professional, the Supervisor may authorize additional cleaning staff to intensify the cleaning process. Staff should consider wearing a mask when cleaning to avoid the inhalation of contaminants and cleaning fumes. Cleaning gloves will be made available.
6. Cleaning is to be done as often as possible especially during times when people are using common areas.
7. All clients and staff are to wash their hands before eating and after using the restroom. Staff will keep signs posted in common areas.
8. Staff may need to have extra fluids available for ill clients.
9. Staff need to ensure the dining and kitchen areas are cleaned periodically during each day with a bleach solution.
10. Staff will deliver food to clients if a quarantine is established.
11. Staff will monitor/coordinate movement of individuals in and out of quarantine areas.
12. Staff will keep up-to-date records of individuals who present with symptoms using DAP notes for client files and shelter log.
13. Document and discuss the situation at each shift change and update the Supervisor.
14. Supervisor will ensure Executive Director and HR/Operations Coordinator are updated periodically as needed.

*Note: Basic policies courtesy of British Columbia Housing, August 2013*

# *Excerpts of sections within CAV personnel handbook:*

# 4.9 Infectious & Contagious Diseases

CAV is aware that clients, employees, customers, volunteers, or other members of the public may have infectious or contagious diseases. Even if employee is aware that someone may have an infectious or contagious disease, they may not tell other persons due to privacy concerns. CAV does not determine if any person has an infectious or contagious disease and therefore requires all employees to:

* Wear disposable gloves, which are supplied at all CAV facilities, while cleaning up any spills of bodily fluids;
* Use a CPR shield (mouthpiece) also supplied in first aid kits in CAV facilities when needed for first aid response; and
* Use proper hand washing and universal precaution practices

CAV employee involved in (or who was the source of the bodily fluid) situation must take a blood test and provide the results to CAV’s HR Manager. CAV clients involved in such situation will be asked if they would be willing to take a blood test and provide the results to CAV’s HR Manager which would assist all persons involved in seeking any treatment indicated as needed. The information provided from the blood test will be kept confidential and used only for HR’s work in guiding involved persons to seek necessary or recommended treatment.

# 4.12 Liability Release

I understand that while at CAV I may come into contact with infectious and contagious diseases. I understand CAV may not be aware that some clients or employee have disease, and that, even if the employee is aware, may not tell other persons due to privacy concerns. I also understand that CAV is not undertaking any responsibility to determine whether a client or employee has a disease.

I am aware that health officials recommend wearing disposable gloves, which are supplied at the shelter, while cleaning up spills of bodily fluids, using a mouthpiece for mouth-to-mouth resuscitation, and using proper hand washing and universal precaution practices.

I have made the choice to be here and I will not hold CAV liable for health problems I may incur while at CAV even if they are caused in whole or in part as a result of the negligence of an employee or client.

# *Excerpts of sections within CAV personnel handbook:*

CAV Executive Director or her/his designee will coordinate all communications with the media, funders, and Board of Directors. Other staff, clients, and volunteers should not communicate with the media.

Emergency Management Team

CAV identifies all supervisors as emergency workers during a declared emergency. CAV has important responsibilities to the community we serve, especially shelter residents, during a disaster including an infectious disease outbreak, and supervisors are expected to report to work, barring critical personal and family emergency responsibilities or illness that is possibly contagious. A disaster for CAV that is ***not*** region-wide would be considered reason for *all* staff to report to work at CAV to assist.

Supervisors automatically should respond to CAV if normal communications are interrupted (e.g. phones). These staff should have home preparedness measures established to facilitate their quick response to CAV.

In cases of region-wide disasters, CAV staff may be asked to assist in sheltering other non-CAV clients whenever possible and appropriate, as well as assisting with emergency food, clothing, etc.

The Emergency Management Team (“Team”) will consist of all CAV Supervisors.

The shelter staff will notify the first supervisor reachable in the order of: Client Services Program Director, Client Services Coordinator, Associate Director, and Executive Director. That supervisor, alone or in consultation with other supervisors, will declare whether this plan will be implemented and determine the Emergency Response meeting location. S/he also will coordinate the contacting of other CAV supervisors.

If a team meeting is requested, the staff calling list may be used to inform team members of the crises and to facilitate an immediate meeting at the selected location (regardless of time of day). (Please see “Emergency Operations Center – EOC” below.) Some team members may not be available immediately or may be involved in direct disaster response.

Once assembled, the team will assess disaster circumstances and identify a response strategy, using information and recommendations from staff and outside professionals. The committee may gather information by phone or radio contact with disaster scene responders, by surveying the disaster scene, and/or by employing the use of "runners" to observe and report disaster scene developments in person.

The team will develop information for within- and outside-of-CAV release. With Executive Director’s approval, they will determine written and verbal communication content and methods for information release. The team may coordinate one or more agency/community meetings at CAV or an alternative location.

**Emergency Operations Center (EOC)**

The primary EOC is located in CAV’s main facility offices. The Emergency Response Team may meet there in event of a disaster resulting in injuries or significant facility damages. If the CAV main facility is not functional or safe to use, the Emergency Response Team will select a most suitable backup site based on building damage surveys.

**Primary Response Staff**

Response duties are distributed among supervisors. Actual response will depend upon the day of the week and time of day, number of residents in the CAV facility, and availability of staff with assigned response duties. The Emergency Response Team will assess needs and resources continually to direct appropriate responses.

For all supervisors, the priority is injury response and treatment. Based upon the quantity and nature of injuries, all first aid trained staff and volunteers may be assigned initially to treating injuries until emergency medical responders are on hand.

IF A SHELTER RESIDENT IS ILL DURING THE NIGHT / WEEKEND

If a shelter resident needs medical attention during a night or weekend shift, and it is deemed an emergency, the resident should call 911 immediately. If the resident is unable to do so, the staff will call 911 and describe the situation.

If a resident has been taken to the hospital for emergency medical or psychiatric care, staff will ask the resident to sign a release of information for the hospital for the nurse or physician who has administered care, to be able to speak to CAV staff to help assess that the resident is safe to return to shelter. If the resident does not want to release the hospital to talk with CAV staff, the staff only needs to ask the hospital if the former resident has something that is contagious. This is to help staff make appropriate arrangements and to avoid spreading contagious diseases in a shelter setting.

If the resident needs transportation back to CAV and is safe to return, staff will call for staff on call to provide transportation.

If a resident determines that s/he has a medical need that is not an emergency, s/he can be supported and attended to as possible by the staff until the following work day when the resident can contact her/his physician for medical attention.

If a resident determines that s/he has a medical need that is not an emergency, but still chooses to go to hospital if resident has no transportation, staff will call staff on call to transport the resident to the hospital.

MEDICAL EMERGENCY

* In the event of a serious injury to a resident or child, CAV staff is to provide appropriate first aid while another resident or staff person calls 911.
* If staff is alone in the event of a serious injury, s/he is to call 911 before providing any first aid.
* When a resident with children is hospitalized, or in Jail/Detention Center, due to emergency circumstances, staff will contact the parent’s emergency contact for placement of the children. If this is not an option, staff will call SCI and Taos law enforcement.
* Staff will also notify the Client Services Program Director.
* Immediately following, staff will complete an incident report and submit a copy to the Client Services Program Director with the original submitted to the Executive Director and HR/Operations Coordinator.

GENERAL HEALTH CARE

Residents are responsible for their own healthcare while at the shelter. Shelter staff may provide resource information for medical services. Failure to seek appropriate healthcare may be addressed by the Advocates, Direct Services Program Coordinator, or the Direct Service Program Director and can possibly lead to shelter discharge.

If a resident has been taken to the hospital for emergency medical or psychiatric care, staff will ask the resident to sign a release of information for the hospital for the nurse or physician who has administered care, to be able to speak to CAV staff to help assess that the resident is safe to return to shelter. If the resident does not want to release the hospital to talk with CAV staff, the staff only needs to ask the hospital if the former resident has something that is contagious. This is to help staff make appropriate arrangements and to avoid spreading contagious diseases in a shelter setting.

1. “Serious Incidents” includes, but is not limited to the following:
	1. Any serious accident/incident occurring on CAV property or within the facility, or involving an employee working with clients off-site, or involving an employee performing other CAV-related work off-site, including any situation or circumstance that results in the presence of law enforcement, emergency medical personnel, child protective services, adult protective services, or the news media to the facility\*;
	2. Fire, flood, or other natural disaster creating structural damages or posing health hazards at CAV;
	3. Any significant health and safety issue, including an outbreak of contagious disease dangerous to public health. For example, Tuberculosis (TB), food poisoning, Hepatitis A, or other serious contagious outbreak;
	4. Any acts by CAV employees/volunteers/board members which poses, or results in physical or psychological harm to a client/customer/volunteer/employee\*;
	5. Any suspected client abuse, neglect, or exploitation of a child or elder by CAV employee/other-residents/ clients/customers/volunteers\*;
	6. Damage or theft of property, including robbery or embezzlement, by a client/customer/volunteer/employee/board member.\*

BUSINESS CONTINGENCY PLAN

In the situation where the main CAV office and shelter facilities are uninhabitable (due to fire, flooding, or other emergency situations requiring evacuation and loss of facility or critical data), it will be necessary to set up emergency operations in an alternative way.

Emergency Shelter and Domestic & Sexual Assault Emergency Services

The Management Team will immediately designate an area hotel to be used for emergency shelter of clients. All non-emergency clients will be referred to sister agencies according to their available capacity. The Management Team will notify the New Mexico Coalition Against Domestic Violence (NMCADV) 505-246-9240; the Coalition to Stop Violence Against Native Women (CSAVANW) 505-243-9199; the New Mexico Coalition of Sexual Assault Programs (NMCSAP) 505-883-8020; and the New Mexico Coalition to End Homelessness (NMCEH) 505-982-9000 of the situation to alert sister agencies in order to allow them notice to provide services needed to clients from our geographical area.

The management team will broadcast the situation and contact information by use of staff, board, and sub-contractor’s contact lists, email list serves, radio public service announcements, and signage on the main building location if necessary, to ensure full knowledge of how and where services may be accessed.

Business Office & Administrative Plan

The Administrative Team will notify all funders of the emergency relocation situation and alert them of any updated contact information for the agency.

Annually, the Finance Department will compile an updated list of the following, their contact information and other information that would be needed in case of total loss of information usually held within the CAV facility. This annual updated information listing for entities below will be held off site along with the backup information for the finance department and all backup data files.

* + Board of Directors
	+ Staff and Sub-Contractors
	+ Funders, including budgets
	+ Banks
	+ Insurance Companies
	+ Referring Agencies
	+ Mail Carrier, Fed Ex, and UPS
	+ Phone Companies
	+ Alarm Companies
	+ Law Enforcement, Fire Department, Hospital and Medical Services
	+ All Utility Companies
	+ Credit Card Companies

 Additional items to be held safely off site are:

* + Articles of Incorporation
	+ Agency Bylaws
	+ Most recent agency budgets
	+ Most recent 990

Agency and Finance Data Files

All agency and finance department files are backed up twice a week. The server is backed up to an external hard drive that is kept at an off-site location. CAV’s IT sub-contractor is to be contacted to restore data files if ever needed.