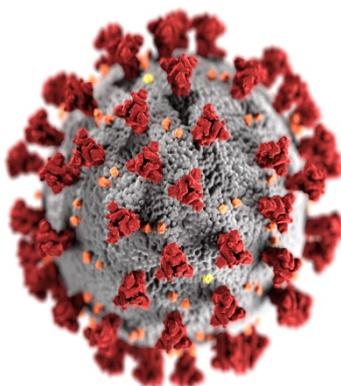




child advocacy center
Where small voices can be heard.



CORONAVIRUS (COVID-19) RESPONSE PLAN



BASIC FACTS ABOUT CORONAVIRUS (COVID-19)

NOTE: This information is valid as of March 9, 2020. During this virus outbreak, you can best stay informed of changes and developments by visiting the CDC Website and subscribing to their daily E-Newsletter. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CORONAVIRUS BASICS COVID-19

Coronavirus is a respiratory disease first detected in China, that has now been detected in almost 90 locations internationally, including in the United States and Nebraska. The virus has been named SARS-CoV-2 and the disease it causes has been named “coronavirus disease 2019” and abbreviated to COVID-19.

WHAT ARE THE SYMPTOMS OF COVID-19 INFECTION?

Patients with confirmed COVID-19 have had mild-to-severe respiratory illness. Symptoms including fever, cough and shortness of breath may appear 2-14 days after exposure.

HOW DOES THE VIRUS SPREAD?

The usual spread for COVID-19 is from close person-to-person contact through respiratory droplets from coughing and sneezing. It may also be spread through airborne transmission, when tiny droplets remain in the air even after the person with the virus leaves the area. Thus, contaminated surfaces may be another, less common, route of transmission. It should be noted that common disinfectants kill COVID-19 on surfaces.

ARE SOME PEOPLE MORE SUSCEPTIBLE TO GETTING COVID-19?

Older people and people of all ages with severe underlying health conditions – like heart disease, lung disease and diabetes, for example – seem to be at a higher risk of developing serious COVID-19 illness.

HOW IS COVID-19 DIAGNOSED AND TREATED?

Diagnosis may be difficult with only a physical exam because mild cases of COVID-19 may appear similar to the flu or a bad cold. A laboratory test is the only way to confirm the diagnosis and currently, the tests are in short supply. As of now, there is not a specific treatment for the virus.

WHAT SHOULD I DO IF I BECOME SICK?

Over the phone, contact your health care provider or the emergency room. They should ask the following questions:

- Have you traveled internationally within 14 days of your symptoms starting?
- Have you come into close contact with someone who has a laboratory confirmed COVID-19 diagnosis within 14 days of your symptoms starting?
- Do you have a fever greater than 100.4 OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

If you answer YES, to any of the questions your health care provider should advise next steps which may include testing and quarantine for 14 days.

WHY IS IT IMPORTANT TO PLAN AHEAD?

We need to plan that usual services may be disrupted. These include services provided by hospitals and other health care facilities, schools, restaurants, government offices and post offices. Large public events may be cancelled and air travel curtailed.

What is known about the spread of COVID-19 within the United States is changing daily. We need to plan for the potential of high absenteeism. These guidelines are not designed to create widespread panic, but rather reassurance that we have thought through our response. These guidelines are an attempt to place proactive plan in place for the Child Advocacy Center, recognizing we need to be flexible and constantly monitoring the situation utilizing local, state and national resources. It is important that we communicate only accurate and up-to-date information. Rumors and misinformation will only contribute to confusion and unnecessary fear. The Leadership Team will need to address any misinformation among staff and stay informed about COVID-19 in our community. **Expect modifications and changes to this plan.**

You also need to be planning ahead at home. This includes having basic food and supplies on hand to last your family 14 days and you should also begin discussing alternative child care arrangements now should area schools close.

LEVEL 4: BLUE FOR PREVENTION AND MONITORING RESPONSE

WHEN IS THIS RESPONSE LEVEL INDICATED?

Generally, the Level 4 Blue Response Plan will remain in place as long as there are no confirmed cases of COVID-19 from community spread, not related to foreign travel, in Southeast Nebraska.

WHAT WILL OUR COORDINATED RESPONSE BE AT THIS LEVEL?

At this response level, we should all be practicing and following basic prevention measures:

- Wash your hand frequently and thoroughly, using soap and water for at least 20 seconds frequently throughout the day. Use alcohol-based hand sanitizer, if soap and water aren't available.
- Cough or sneeze into a tissue or flexed elbow, then throw the tissue in the trash.
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Avoid close contact with people who are sick, sneezing or coughing.
- Avoid shaking hands entirely to reduce the risk of spreading infection.
- Face masks are not recommended for use by healthy people to protect against infection.
- All frequently touched surfaces such as workstations, telephones, countertops, tabletops, bathroom fixtures and doorknobs should be routinely cleaned using a disinfectant spray or wipe. Each employee is responsible for cleaning their own workstation, doorknobs, tablets and phone(s). For commons areas, the following people are designated to clean surfaces, doorknobs, railings and elevator pad daily using protective gloves:
 - First Floor: Staff Assistant/Intern
 - Second Floor: Administrative Assistant/Intern
 - Lower Level: Development Specialist/Intern
 - Training Center: Training Director or Administrative Assistant/Intern
- Stay home when you are ill. If a staff member, volunteer/intern or contracted employee presents to work with a cough and a fever over 100.4 degrees, they will be isolated, provided a face mask and sent home immediately.
- If any staff, volunteer/intern or contracted employee has recently traveled outside the United States, they will be required to self-quarantine for 14 days and monitor their symptoms before returning to work. The individual should be free from a fever for 24 hours, without the use of fever reducing medicine such as acetaminophen, before returning to work.
- Consideration should be given when booking airline flights for staff to attend training given the increasing risk.
- The Executive Director will reach out to partner agencies to evaluate their planned response including Lutheran Family Services, UNL Project SAFE, Hope Crisis Center, Lincoln Police Department, Lancaster County Sheriff, CCFL and NDHHS.

- The Administrative Assistant should ensure that an adequate supply of cleaning supplies, hand soap, hand sanitizer, paper towels, protective gloves and face masks are on hand.

LEVEL 3: GREEN FOR HEIGHTENED MONITORING AND RESPONSE

WHEN IS THIS RESPONSE LEVEL INDICATED?

We will move to the next level, should a case of COVID-19 be confirmed from community spread, not related to foreign travel, in Southeast Nebraska (i.e. the counties served by the Child Advocacy Center).

WHAT WILL OUR COORDINATED RESPONSE BE AT THIS LEVEL?

All staff at the Child Advocacy Center are considered mission-critical, but some positions are essential for providing core services. Those essential staff positions include medical providers, staff assistant, child advocates and forensic interviewers. The table below provides guidance for who is considered essential vs. non-essential staff.

Essential	Non-Essential
Forensic Interviewers <ul style="list-style-type: none"> • Jacob Hedden • Stephanie Ells • Peg Sneller Hamilton • Jayme Smock • Maja Cartwright (back-up role only) • Braegan Darling (back-up role only) Child Advocates <ul style="list-style-type: none"> • Amanda Timmerman • Aubrey Yost • Dan Kreuzberg/New Hire • Caitlin Ossian • Emma Davis • Jerrica Mannix (back-up role only) Medical Providers <ul style="list-style-type: none"> • Stacie Bleicher • Eileen Bonin • Megan Skradis Staff Assistant <ul style="list-style-type: none"> • Star Case 	Administrative <ul style="list-style-type: none"> • Lynn Ayers • Madison Pohlen • Christy Prang • Maja Cartwright Development <ul style="list-style-type: none"> • Destiny Burkett • Avery Martin • Abby Worster Case Coordinators <ul style="list-style-type: none"> • Braegan Darling • Jerrica Kyger

At this response level, we should continue to practice all the basic prevention measures outlined in the Level 4 Blue Response. The following additional precautions will be put in place:

- Those staff who are over 60 years old or have a severe underlying health conditions such as heart disease, lung disease and diabetes (confirmed by a written note from their physician) will be able to work from home when possible. Working evenings or weekends at the office, to reduce exposure is also an option. Develop a daily list of goals and assignments and at the end of the day, update your supervisor on what you have accomplished. Stay in touch with the office by checking your work e-mail regularly throughout the day.
- Your immediate supervisor, in conjunction with the Program Director, will need to decide if working from home is an option given coverage needs and the nature of their work, i.e. it would be difficult for a forensic interviewer to work from home.
- In order to be flexible and responsive to this unique situation, the Child Advocacy Center will provide a bank of 10 additional sick days (80 hours) to be used when the employee cannot report to work because they are displaying symptoms that possibly could be COVID-19, including a cough, fever over 100.4, and difficulty breathing. Some employees have very limited sick time banked and would face unpaid leave if they had to stay home. We don't want the lack of sick leave to cause people to come to work when they are sick from possible symptoms of COVID-19. If we believe these additional hours are being misused in any way, the Child Advocacy Center will ask for a written note from their physician. The Administrative Assistant will need to set up a system to track usage of these additional hours. Once the threat of COVID-19 has diminished significantly and we return to Level 4, these additional sick leave days will be revoked.
- All staff, but particularly case coordinators and trainers, should reconsider travel to the area where a case of COVID-19 has been confirmed from community spread.
- If an interview or medical exam needs to be rescheduled because the child and/or non-offending care provider are ill with fever and cough, and the evaluations are not urgent, scheduling should wait until their illness is resolved, i.e. fever free for 24 hours without the use of acetaminophen.
- If a child or family member arrives at the Child Advocacy Center and are ill with fever and cough, they should be provided a face mask and sent home with their appointment rescheduled once their illness has resolved. All surfaces the individual(s) came in contact with should be immediately cleaned using a disinfectant spray or wipe and wearing protective gloves.
- As previously mentioned, staff with children should be exploring alternative child care arrangements should Lincoln Public Schools decide to close.
- The Development Directors, Training Director and Program Director should begin to plan for the possibility of canceling special events, team meetings and training keeping in mind factors such as crowd density, contact between participants and whether attendees may be in a high-risk group.
- All staff should begin to consider what work functions can be performed at home and have necessary resources and materials to complete those tasks on hand and ready to access should we move to Level 2.

LEVEL 2: YELLOW RESPONSE FOR HIGH RISK RESPONSE

WHEN IS THIS RESPONSE LEVEL INDICATED?

We will move to this level, should a case of COVID-19 be confirmed from community spread, not related to foreign travel, in Lincoln/Lancaster County and Lincoln Public Schools decide to close.

WHAT WILL OUR COORDINATED RESPONSE BE AT THIS LEVEL?

Again, all measures outlined in Level 4 and Level 3 remain in effect, with the additional precautions put in place:

- All non-essential staff should plan on working at home if possible. Develop a daily list of goals and assignments and at the end of the day, update your supervisor on what you have accomplished. Stay in touch with the office by checking your work e-mail regularly throughout the day.
- For essential staff, their supervisor, in conjunction with the Program Director, will consider rotating shifts for coverage so that staff with children impacted by Lincoln Public Schools closing can stay at home. Those staff designated as being in a back-up role on page 6 will be considered for rotation into critical roles.
- If staff have children who will be impacted by Lincoln Public Schools closing, they need to work with their partner or family to assist with child care, i.e. we cannot afford to have all staff with children impacted by Lincoln Public Schools closing stay at home forcing a handful of staff without children to provide critical services.
- Staff staying at home to care for children impacted by Lincoln Public Schools closing will need to take vacation time. This is an unanticipated health emergency and in order to be flexible, all staff will be provided a bank of 5 additional vacation days (40 hours) to be used should Lincoln Public Schools close and their childcare arrangements are impacted. Staff are strongly encouraged to explore all available childcare options prior to utilizing the temporary bank of vacation time. Probationary employees will be able to use vacation leave during this period. As always, vacation time will need to be approved in advance by your supervisor in coordination with the Program Director to ensure adequate coverage and is not guaranteed. Once the schools reopen, those additional vacation days will be revoked. The Administrative Assistant will need to set up a system to track usage of these additional hours.
- Minimum staff at all times should include: two forensic interviewers, two child advocates, a staff assistant and an additional staff member to schedule and respond to general inquiries from the community.
- Increase face-to-face shared space to at least 3 feet; commonly referred to as social distancing.
- Volunteers and interns should consider not reporting to the Child Advocacy Center during this period of high risk.
- Satellite offices will close until Lincoln Public Schools reopen and we have sufficient staff coverage.

- When scheduling an interview or a medical evaluation, these additional screening questions will need to be completed prior to the child being seeing at the Child Advocacy Center for any service:
 - Have you or your child traveled internationally within 14 days of your symptoms starting?
 - Have you or your child come into close contact with someone who has a laboratory confirmed COVID-19 diagnosis within 14 days of your symptoms starting?
 - Do you or your child have a fever greater than 100.4 OR symptoms of lower respiratory illness such as cough, shortness of breath, or difficulty breathing?

If they answer YES to any of these questions, we should not schedule them to be seen at the Child Advocacy Center and staff should consult with the Program Director and law enforcement on how best to proceed.

- Special events, training and team meetings will need to be cancelled.
- Staff should not be using a commercial airline to travel for Child Advocacy Center related business.
- Staff should utilize EAP to help with stress reduction and managing fear and anxiety. Remember more deaths are caused every year from influenza than are anticipated or projected for COVID-19. Those at greatest risk are the elderly and those with underlying health conditions. Keep current on the facts and avoid rumors and misinformation.
- The Executive Director will prepare a statement for the public to be posted on our website and social media pages outlining our current response plan.

LEVEL 1: RED RESPONSE FOR CLOSURE

WHEN IS THIS RESPONSE LEVEL INDICATED?

We will move to this level, should a case of COVID-19 be confirmed among a member of our staff, volunteers or interns, contracted employees, MDT members or clients served.

WHAT WILL OUR COORDINATED RESPONSE BE AT THIS LEVEL?

- At this level, all staff will self-quarantine at home for 14 days and monitor themselves for any symptoms. If you have a fever or any kind of respiratory difficulty such as coughing or shortness of breath, call your doctor or a health care provider and explain your symptoms over the phone before going to the doctor's office, urgent care facility or emergency room. Your health care provider will direct you as to next steps. At this point, the local health department will be involved and we need to follow their protocols and guidelines to reduce spread. The CDC also provides guidelines if you are sick

<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

- Again, this is a unique and rapidly developing situation. If we move to this level and staff are quarantined at home, you will not be forced to use your accrued sick leave. Staff can and should plan on working from home and completing essential job duties so as not to fall behind. Plan on checking your work e-mail regularly throughout the day and remain in the loop.
- If we get to this response level, the Program Director will be in communication with law enforcement on how best to respond to emergency cases where the child is in imminent danger of harm.
- The Executive Director will prepare an updated statement for the public to be posted on our website and social media pages outlining our current response plan.
- The Administrative Assistant will arrange for a cleaning service to come to the Child Advocacy Center to disinfect all surfaces before staff return. She should work closely with the local health department to ensure appropriate protocols and guidelines for cleaning and disinfecting are followed and refer to guidelines available through the CDC

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>