



SAMPLE CAC COVID OPERATIONAL PROTOCOL

Introduction

The purpose of this document is to provide guidance regarding how **[CAC Name]** can safely operate while protecting the health of its staff, clients, and community partners. These recommendations are based upon the guidelines put forth by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Act (OSHA). As our knowledge about the virus and its transmission expands and evolves, these recommendations may change as well.

According to the CDC, “The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.”

The pillars of these recommendations are those that have been reiterated by the experts at the CDC and reflect the mode of spread suggested above: **staying safe at home** as much as possible, **staying home when ill**, **protecting others** from anyone who potentially could be spreading the coronavirus, **social/physical distancing**, and **cleaning workspaces** and high touch areas frequently.

Risk of Infection

According to OSHA, “Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk.” *In general, CAC employees are in the medium risk category.*

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources



of COVID-19 during specific medical, postmortem, or laboratory procedures.

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings). Workers' may have individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy) that place them at higher risk for complications should they become infected.

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Screening Staff & Visitors with Self Reporting of Symptoms

Before coming to the CAC, staff, clients and community partners should be able to answer “no” to each of these screening questions:

1. *Do I have fever of 100.0 degrees F or greater?*
2. *Do I have a new cough that is unrelated to seasonal allergies?*
3. *Do I have a new sore throat that is unrelated to seasonal allergies?*
4. *Do I have new respiratory symptoms that are unrelated to seasonal allergies?*
5. *Do I have vomiting or diarrhea?*
6. *Do I have flu-like symptoms?*
7. *Do I have new muscle aches or pains?*
8. *Have I experienced a loss of my sense of smell or taste?*
9. *Have I been in close contact with a COVID-19 infected individual or person with symptoms consistent with COVID-19 in the last 14 days?*

Anyone answering “yes” to any one of the screening questions *should be rescheduled and advised to contact their medical provider* for care and follow-up. Any employee or community partner who has been in contact with a *COVID-19 positive individual (see*

below)* should monitor themselves for the development of COVID-19 symptoms and quarantine for 14 days.

***Close contact with a sick person is defined as:**

- *Living in the same household as a sick person with COVID-19*
- *Caring for a sick person with COVID-19*
- *Being within 6 feet of a sick person with COVID-19 for about 10 minutes or more*
- *Being in direct contact with secretions from a sick person with COVID-19 (being coughed on, kissing, sharing utensils, etc.)*

CAC staff should consider **asking the screening questions** at each of these times before allowing clients and community partners entry to the building:

1. *At the time the appointment is scheduled;*
2. *At the time of the reminder call or email for the appointment; and*
3. *Before entering the building for their appointment.*

*It is recommended that **clients and community partners are greeted in the entryway or parking lot** to assess their health before entering the building. Clients and community partners will be allowed entry if their response is “no” all questions. **Upon entering the CAC**, their temperature should be taken by a designated CAC staff person, preferably with a **non-contact infrared thermometer**. If they do not have a temperature above 100 degrees F, they will be escorted to their specified space in the building.*

Testing for COVID-19 is not 100% accurate. False negative test results (test is negative but person has the virus) can occur. Therefore, if an individual has symptoms consistent with COVID-19, regardless of the test results, that individual should not come to the CAC. Regardless of diagnosis, children who are sick cannot participate to the fullest extent in the forensic interview process or therapy.

What to Do If Someone Comes to the CAC Who Is Sick

If the client or caregiver is identified as ill at the time of screening, the appointment must be rescheduled. In the case where a child needs an emergent medical examination and the child or caregiver is ill with COVID-19 symptoms, then the exam should be conducted in the local emergency department where procedures for isolating patients who are potentially COVID-19 positive have been established.

Visitors or staff who exhibit signs and/or symptoms of COVID-19 after they have entered the building should be immediately isolated and moved to a location away from other workers and other visitors. The potentially infectious person should be placed in a room with the doors closed until they can depart from the CAC. After a sick individual leaves the building, the room should be closed off. Open outside doors and windows and use ventilating fans to increase air circulation in the area if possible. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection. For instructions regarding cleaning refer to Appendix F, “CDC Cleaning and Disinfection Decision Tool.”

Policy for Visitors Entering the CAC

Practicing good hygiene, limiting the number of visitors, limiting the time spent at the CAC, and wearing face masks.

Each individual entering the CAC must wash their hands with soap and water or use hand sanitizer upon arrival. Hand sanitizer that is at least 60% alcohol-based and Kleenex, as well as trash receptacles to dispose of soiled material, should be readily available throughout the facility. Paper towels and disinfectant for cleaning should be readily available to staff. Signs reminding individuals to wash their hands should be posted in each restroom. Restrooms should be cleaned frequently. (See Appendixes A, B, and C for CDC flyers that can be used as signage).

It is highly recommended that a child being seen at the CAC arrive without siblings (unless they too are being seen) and with **only one accompanying caregiver**. One family unit (child and caregiver) should occupy the waiting room at a single time and all high touch areas in the waiting room should be cleaned before the next client arrives (all surfaces, clipboards, pens, tables, door handles). Toys in the waiting room should be kept to a minimum as they too will need to be cleaned between clients. Only toys that can be wiped down with disinfectant or placed in a dishwasher should be available for play. Limiting the number of toys reduces the amount of items needing to be cleaned. Stuffed animals, dolls, etc. should be removed from the waiting rooms unless they can be washed in a washing machine and placed in the dryer. Consider swapping out one set of toys for another so that toys can be washed at a later time.

Appointments should be scheduled so that **appointments do not overlap** and **allow time** for forensic interview rooms and waiting rooms **to be cleaned between families**. If that is not possible, the overlapping families should be separated in different waiting rooms.

All persons who enter the CAC should wear masks when interacting with one another. Non-medical employees can wear cloth masks. Clients and community partners should wear masks as well. Clients and community partners should be encouraged to

bring their own masks; however, masks should be available at the CAC for those who do not have them (see Appendix D, “CDC Cloth Face Covering Instructions”). These masks should be given to visitors and not recycled for future use by others. Cloth masks, if properly made and worn, can prevent persons from spreading the virus to one another. Medical providers should wear N95 masks. Any patient with COVID-19 symptoms who needs an emergent medical exam should be referred to an emergency department where procedures for isolating patients who are potentially COVID-19 positive have been established. This recommendation is made to avoid contaminating the medical clinic and waiting room (see Appendix E, “Face Mask Procedures”).

The child and caregiver should stay in a waiting room without other clients, and the time that the family has contact with CAC staff should be minimized. Advocates are encouraged to conduct as much of their work with clients over the phone if the caregiver feels safe in providing that information in this manner (verification of information, addresses, and discussing what the procedure/forensic interview/CAC appointment will look like, etc.). Clipboards and writing instruments should be cleaned with disinfectant between clients. Ideally, the CAC should attempt to obtain as much information and consent electronically to minimize paper exchange. Any face-to-face interaction should be made while limiting the number of individuals in the room as well as while maximizing the distance between advocate and client. CACs should consider providing lists of resources and other information electronically when a family indicates that they have a computer or phone and can receive the information in this manner. Anyone working with papers touched by others should wash their hands regularly. Papers touched by staff, MDT members, clients, or visitors should rest 24 hours before being filed away (<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>).

Performing all necessary components of the CAC’s interaction with a family in one location/room (as opposed to moving the family from one room to another to meet with various individuals) is encouraged to limit the number of spaces a family has occupied at the CAC.

Addressing Specific Services Offered at the CAC

- Mental health screening should be performed while social/physical distancing, and if possible, over the phone.
- Advocacy should be performed while social/physical distancing, and if possible, over the phone.
- Therapy should be provided via telehealth whenever possible.
- MDT partners, when present during forensic interviews, should practice social distancing and wear masks.

- Forensic interviews should be provided according to MDT/CAC recommendations (either while social/physical distancing, or in separate rooms if capacity allows).
- MDT meetings and case review should continue to be held remotely via phone or via HIPPA-compliant virtual platform (i.e., Zoom).
- MDT pre- and post-forensic interview meetings should be held according to MDT/CAC recommendations (while social/physical distancing, remotely via phone, or via HIPPA-compliant virtual platform (i.e., Zoom)).

Issues Specific for CAC Staff

Staggering staff present at the CAC, working off site, social/physical distancing for staff, cleaning common workspaces, developing policies for staff who must isolate, quarantine, or care for family members.

If possible, CAC staff should stagger their hours or stagger working from home to decrease the number of individuals in the workspace at one time. This way, if one employee falls ill, there are still staff members who can fill in. Employees should be cognizant that their behavior outside of work could potentially affect others in the workspace should they fall ill as a result of not following the guidelines provided by the CDC and **your state government**. Employees should be encouraged to discontinue nonessential travel to locations with ongoing COVID-19 outbreaks. The CDC regularly provides travel warnings at: www.cdc.gov/coronavirus/2019-ncov/travelers.

Employees should **continue to practice social/physical distancing in common areas** such as shared spaces (copier and break room). High touch areas like doorknobs, copier, microwave, coffee machine and refrigerator should be wiped with disinfectant frequently. It might be useful to assign employees designated duties with respect to cleaning so that these things are attended to frequently and not missed (see Appendix G, "SAMPLE CAC Cleaning Schedule"). Employees should have their own workspace, phone, office supplies to avoid touching those of others.

Policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19:

Employees should be excused from work immediately at the onset of illness or symptoms. Employees must remain home if they are ill. An employee who has been diagnosed as having COVID-19 should NOT return to work until fever free for 72 hours WITHOUT antipyretics, symptoms are gone, AND at least 7 days have passed since the first symptom appeared. Per OSHA, employees should be able to stay home to care for a sick relative or children with COVID-19 symptoms.

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow employees about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure per OSHA. Employers should identify a medical professional who can answer questions in a timely fashion that may arise regarding the health of staff who might either have exposure to or symptoms of COVID -19.

Environmental Considerations

When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, and PPE). CACs can consider whether it is possible or useful to install high-efficiency air filters or physical barriers, such as clear plastic sneeze guards.

COVID-19 Employee Returning to Work

When it is safe for an employee to return to work is a decision that should be made in consultation with a physician or health department representative.

If you have not been in close contact with a person with COVID-19, you are at low risk for infection. You may go to work and maintain social/physical distancing.

If you have had close contact (defined on page 12) with someone with COVID-19 while they were ill or within 48 hours before they became symptomatic, but you are not sick, then you should monitor your health for fever, cough, and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school and should avoid public places for 14 days.

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications;
- Improvement in respiratory symptoms (e.g., cough, shortness of breath);
- At least 7 days have passed *since symptoms first appeared*; and

- If tested for COVID-19, negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive specimens collected ≥ 24 hours apart.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue practice social/physical distancing and wear mask when around others.