Catholic Charities of Central and Northern

Missouri

COVID-19 Program Risk Mitigation Measures

March 2020

Client Education

Staff should work to help educate clients on ways to prevent COVID-19 transmission. Some examples of ways to do this include integrating education on the individual preventative measures for COVID-19 into existing initial appointments, printed flyers in relevant languages up in the office or mailed to clients' homes and 1:1 counseling through case management meetings. The CDC is only translating their full suite of COVID-19 resources into Spanish and Chinese at this point.

Client Level Planning:

- If clients identify that they may be sick, help them connect to their primary care provider. To establish a protocol for this, connect with your local health providers and SRHC.
- Help clients plan to have extra supplies of important items such as prescription medication if you/they have a chronic health condition and take long-term medications
- Help clients plan to have extra supplies of food and water at home in case they are quarantined or need to self-isolate. It is useful to plan 14 days' worth of supplies.
- Help clients plan for school or childcare facilities to be closed. Plan for additional care support from family, friends or neighbors in the event they fall ill.
- Work with employers to clearly communicate around self-quarantine and exposure. Clients might be hesitant to stay home from work if they are feeling ill or have been exposed to COVID-19 if they fear losing their job or being penalized.

Program Considerations for Service Continuity

The recommendations and guidance below represent the minimum measures required in order to ensure the safe continuity of programming in the context of a COVID-19 outbreak. "Program type" refers mainly to the modality of program delivery, and anticipates risk associated with ongoing service delivery in the context of COVID-19 transmission. The risks highlighted below are based on known transmission mechanisms of COVID-19, and center on the risks to staff and clients associated with continuing programming unchanged in the context of COVID-19. The recommended mitigation measures are methods through which risk can be minimized, and affiliate programs thus able to safely continue as much as possible during a COVID-19 outbreak. The "implementation" column provides guidance on when to implement specific measures. It is important to stress that programming will be affected by local health and governmental guidance, which should be followed by all affiliate offices.

Program criticality guidance: Affiliates should consider using the principles within the UN Program Criticality Framework when prioritizing and determining critical versus non-critical activities. Affiliates should consider listing out all their activities and rating them as Program Criticality (PC) 1-4:

- PC 1 = life-saving interventions (e.g. ensuring clients have food access to food, housing, and basic necessities).
- PC2 = life-sustaining interventions + those with potential impact on COVID-19 (e.g. life-sustaining = primary health care, vaccination impact on COVID = any community engagement activities that promote prevention).
- PC3 = life-dignifying (e.g. intake assessments, home visits, furniture deliveries, community connections).
- PC4 = life-enhancing (e.g., house blessings, transportation, community trainings, outreach events).

PC1 and PC2 activities should be continued with identified risk mitigation measures outlined below in place when there is confirmed local transmission of COVID-19 in affiliate areas of operation. If risk mitigation measures cannot be implemented, offices should consider temporarily suspending PC3 and PC4 activities. Before suspending PC3 and PC4 activities, please reach out to your Executive Director to discuss. If your office is responding to a COVID-19 outbreak which is causing delays to service provision, ensure that everything is well documented in the client case file.

Program Type	Anticipated Risk	Mitigation Measures	Resources	Implementation
Client self-refers to office for support and service enrollment	1. Client is sick and spreads the infection to staff and others. 2. Staff is sick and meets with client, spreading the infection.	1. Plan for alternative means of self-referral, not face-to-face (e.g. telecommunications) if possible. 2. Implement offices access control measures, increase hand hygiene at reception, potentially use temperature screening if able. 3. Modify office space, if possible to enable social distancing when meeting with clients. 4. Raise awareness among clients to not come to the office if sick. 5. Strick staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. 6. Cancel all face-to face self-referrals or walk-in services	• Staff trained on COVID-19 prevention • COVID-19 awareness raising with clients. • Access control supplies – hand hygiene, thermoflash	**If:** No confirmed COVID-19 cases in region, no specific actions. **IF:** Confirmed COVID-19 cases in region, implement mitigation measures 1-5. **IF:** Widespread COVID-19 transmission at local level, implement mitigation measure 6, suspend all face to face self-referrals.
Client appointment accompaniment and transportation	1. Staff is sick and transports a client, spreading infection. 2. Client is sick and spreads the infection to staff and others. 3. Staff and clients are exposed to COVID-19 using public transportation.	1. Review criticality of appointments (see framework, above) 2. Prepare for possible disruption accessing appointments due to government restrictions and measures 3. Staff practice individual preventative measures – in particular hand hygiene and social distancing when meeting clients. 4. Staff contact clients by phone to check if client or any household members are sick before meeting. 5. Postpone non-critical appointments 6. Modify critical appointments • Can these appointments happen in a different format not face-to-face (e.g. telecommunications) 7. Strict staff sickness policy implemented – staff to not attend	• Staff trained on COVID-19 prevention • COVID-19 awareness raising with clients.	**If:** No confirmed COVID-19 cases in region, no specific actions. **IF:** Confirmed COVID-19 cases in region, implement mitigation measures 3-10, postpone non-critical appointments (PC-3 and PC-4)and implement modified measures for critical appointments (PC-1 and PC-2). **IF:** Widespread COVID-19 transmission at local level suspend all appointments (provide telephonic support where possible).

		work if sick. Must be discussed and agreed with HR and communicated to all staff types to remove the incentive to attend work sick. 8. Awareness raising among clients to not attend appointments if they are sick. 9. Implement preventative measures whilst using public transport. 10. Implement measures for alternative transport for critical appointments (use private cars over public transport).		

Group classes, meetings, workshops	1. Clients with COVID-19 attend the group, class or meeting and spread the infection to other people and staff.
	2. Staff who is sick attends the group, class or meeting and transmits the infection to others.
		1. Review criticality of meetings – postpone non-critical meetings
		2. Modify critical meetings
		  • Can these meetings happen in a different format not face-to-face (telecommunications, webinar, etc.)
		  • Limit number of people attending to ensure social distancing can be practiced.
		  • Adjust venue for meeting to be in a bigger space to enable social distancing and good ventilation.
		3. Strict staff sickness policy implemented – staff to not attend work is sick. Must be discussed with HR and communicated to all staff types to remove the incentive to attend work sick.
		4. In situation of local, widespread COVID-19 transmission, suspend all mass meetings.
			• Staff trained on COVID-19 prevention
			• COVID-19 awareness raising with clients.
				If: No confirmed COVID-19 cases in region, no specific actions.
				
				IF: Confirmed COVID-19 cases in region, implement mitigation measures 1-3, postpone non-critical meetings (PC-3 and PC-4) and implement modified measures for critical meetings (PC-1 and PC-2).
				
				IF: Widespread COVID-19 transmission at local level, implement mitigations measure 4, suspend all meetings.

| Home Visits | 1. Staff member conducting home visits come into contact with a sick person with COVID-19 resulting in possible infection.
2. Staff who is sick conduct home visit and transmits the infection to others. | 1. Cancel non-critical home visits
2. Modify critical home visits:
• Use of telecommunications for follow-up and counselling if feasible.
• Conduct visit outside in wide open, well-ventilated space rather than inside the household, being aware of confidentiality issues.
• Conduct visit maintaining social distancing.
• Provide staff with supplies for hand hygiene
3. Strict staff sickness policy implemented – staff to not attend work if sick. Must be discussed and agreed to work with HR and communicated to all staff types to remove the incentive to attend work sick.
4. In situations of widespread COVID-19 transmissions, suspend all home visits. | • Staff trained on COVID-19 prevention
• Equipment for modified visits (cell phones, hand hygiene) | **If:** No confirmed COVID-19 cases in region, no specific actions.

IF: Confirmed COVID-19 cases in region, postpone non-critical home visits (PC-3 and PC-4) and implement modified measures for critical meetings (PC-1 and PC-2).

IF: Widespread COVID-19 transmission at local level, implement mitigations measure 4, suspend all home visits. |

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