

## **Guidance to DV Programs on Partial Lifting of Stay-Home Orders & COVID-19** as of May 14, 2020

Governor Inslee has extended Washington State's stay-home order through May 31, 2020. The governor has also introduced a [Safe Start](#) plan for a [phased approach](#) to gradually re-open businesses and services over the next several months.

DV programs are "essential businesses" and therefore aren't required to follow the Safe Start plan in the same way that non-essential businesses are. However, you may have questions about what the re-opening plan means for you and your DV program. This document is meant to help answer your questions.

### **What does this mean for domestic violence advocacy programs?**

- You've already made changes to advocacy practices, due to COVID-19. These changes may need to continue for some time, including throughout the Safe Start phased re-opening period.
- The bottom line is: Public health experts tell us it will be necessary to stay at least 6 feet away from other people until we have a vaccine or effective treatment against COVID-19.
- Best estimates are that a vaccine is likely to be at least a year away, if not longer.

### **What about in-person, face-to-face advocacy?**

- Any in-person, face-to-face advocacy will need to be done with at least 6 feet of distance.
- During face-to-face advocacy, both survivors and advocates should wear face masks at all times.
- This may work in some situations.
  - For example, if your program has lots of private meeting space where an advocate and participant can sit 6 feet apart and talk privately, or individual housing units, or flexibility to sometimes meet outdoors, and if you have the supplies and capacity to frequently sanitize surfaces and clean hands.
  - However, think carefully about what must be done face-to-face versus what could be done remotely.
  - For some clients and staff, it may be safer to meet by phone or online even if the physical space will allow for distancing.
- This may *not* work in other situations.
  - For example, if your program's meeting spaces do not allow 6 feet of social distancing, or in some communal living shelters without enough space for social distancing, or a big support group in a small space, reconsider the locations that allow physical distancing or virtual connection.
- As long as advocates and survivors have to stay at least 6 feet away from each other, meeting in person may not be practical.

- We will need to look at all aspects of in-person contact. For example, if the participant and advocate share a pen, can they immediately wash hands?
- We will need to continue to use technology to connect with and support survivors. Programs (and funders) should continue to invest in the technology and systems that make it possible to do confidential, survivor-driven advocacy remotely and through mobile advocacy.

### **What about sheltering and safe housing options?**

- DV programs will need to continue to ensure at least 6 feet of distance for residents and staff, and have ways to shelter and care for people who have been exposed to or have COVID-19.
- Individual units, scattered site placements, and hotel rooms are recommended.
- Residents and staff should self-monitor symptoms: cough, shortness of breath or difficulty breathing, fever, chills, muscle aches, sore throat, loss of taste or smell, GI symptoms such as nausea, vomiting, diarrhea (stay updated on [symptoms](#)). Symptoms can look different in [children](#) (fever, runny nose, cough).
- All clients and staff should wear masks at all times.
- Staff working with a client known to be COVID+ ideally should also wear gloves and a face shield.

### **What about shelter common areas?**

- Schedules should be created for use of common spaces (such as kitchens) with only one survivor/family using the space in a specific time window. The space should be thoroughly sanitized after each person uses it.
- This means that there should be no communal meals. Other arrangements for at least some meals may be necessary.
- Protocols for cleaning common areas, including wiping bathroom fixtures and other hard surfaces (e.g., the toilet flush handle, sink faucet handles, doorknobs), should be clearly communicated and posted in multiple languages with visuals.

### **What if a shelter resident is COVID+?**

- They should isolate for at least 14 days, with food and medications delivered to the door, and regular check-ins on the resident's health.
- In the event a resident becomes too ill to care for their children, other options may need to be explored. (Caution on not automatically taking steps!)
- [Cleaning and disinfection of shared spaces](#) will be necessary, including carpet cleaning.
- See "[Recommendations for Responding to COVID-19 in DV Shelters](#)" from NNEDV.

### **When can we go back to normal?**

- It is likely that we'll have to adapt to a "new normal," instead of resuming or returning to baseline as usual. This will mean reimagining and trying out new ways of doing our work.
- WSCADV believes it will be unsafe to resume our normal routines until a proven vaccine or effective treatment are available. This may take at least a year, if not longer. Thus, physical

distancing while socially connecting with families and friends, are likely here to stay in the foreseeable future.

- This will be challenging. You may feel worn out. We can learn from and help each other.

### **What do the [Phases](#) mean?**

- It is helpful to understand that the governor's plan talks about "re-opening" with a very gradual approach.
- We don't expect things to be anything like back to normal for many months or even years.
- Phase 1 began May 5<sup>th</sup> and will last at least through May 26<sup>th</sup>. Changes to the stay-home order during this time are limited to some outdoor recreation and a few specific businesses that can safely operate with physical distancing measures in place. Wearing a mask and good handwashing practices should be continued.
- Each of the four phases will last a minimum of 3 weeks. Moving to the next phase depends on the spread of the virus, and the capacity of the health care system to respond.
- DV programs (as essential businesses) aren't required to follow the plan in the same way that non-essential businesses are. But we still need to do social distancing of at least 6 feet and increase frequency of sanitizing and handwashing regimens.

### **What about my county?**

- Some counties will be eligible to apply for a variance, which will let them move to the next phase of the [Safe Start](#) plan earlier than the rest of the state.
- As your county moves through the phases, you may find members of your community expecting your program to fully re-open along with other businesses.

### **What about people in high-risk categories?**

- This plan calls for everyone over age 65 (ideally, over age 60) and individuals with [certain health conditions](#) (including diabetes, chronic lung disease, moderate to severe asthma, severe heart conditions, severe obesity) to continue to stay home, at least through Phase 3.
- *Trauma stresses the immune system.* Toxic stress can create [lasting health problems](#). Survivors often have chronic health conditions due to years of abuse and historical (community) trauma related to racism, homelessness, and violence.
- Survivors seeking emergency shelter often have endured recent injuries.
- Black, Latinx, Native American, and Native Hawaiian or Pacific Islander people are experiencing [very high rates](#) of COVID-19 in Washington state and nationally.

### **What about when other services re-open in our community?**

- Some of the decisions about what to re-open and when will be made at a county and local level. Some counties have been approved to move to Phase 2. Businesses that are allowed to re-open during this phase will be required to follow industry-specific health and safety guidelines for workers and customers.
- We expect that some services, such as courts and public benefits offices, to begin to re-open during Phase 3. If advocates in your program routinely accompany survivors to these

kinds of services, you may need to re-assess what you are able to do safely while following public health guidelines.

**But if barbershops and stores resume in-person business, why shouldn't DV programs?**

- The Governor's plan [requires all employers](#) to:
  - "Maintain the six-foot physical distancing requirements for employees and patrons. Adopt other prevention measures such as barriers to block sneezes and coughs when physical distancing is not possible for a particular job task."
  - "Provide services while limiting close interactions with patrons. Maintain the six-foot physical distancing requirements for employees and patrons."
- DV Programs that are able to implement these requirements may feel that they can safely open their offices and/or provide in-person advocacy services.
- However, keep in mind that DV programs provide services to people who may be at-risk or health-compromised, and are required to provide a safe and clean environment.

**This is WSCADV's assessment based on Washington State's public health guidance.** Our guidance will evolve as more public health information and experience becomes known. If you have a different experience or make different decisions for your community, please share so we can learn from you.

As we move closer to more changes, we want to hear what is working for you now, what changes are sustainable over the long term, what is not sustainable, and what you need.

Thank you for all you do.

# WASHINGTON'S PHASED APPROACH

## Reopening Business and Modifying Physical Distancing Measures

	<b>1</b> Phase 1	<b>2</b> Phase 2	<b>3</b> Phase 3	<b>4</b> Phase 4
<b>High-Risk Populations*</b>	Continue to Stay Home, Stay Healthy	Continue to Stay Home, Stay Healthy	Continue to Stay Home, Stay Healthy	Resume public interactions, with physical distancing
<b>Recreation</b>	Some outdoor recreation (hunting, fishing, golf, boating, hiking)	All outdoor recreation involving fewer than 5 people outside your household (camping, beaches, etc.)	<ul style="list-style-type: none"> <li>Outdoor group rec. sports activities (5-50 people)</li> <li>Recreational facilities at &lt;50% capacity (public pools, etc.)</li> </ul>	Resume all recreational activity
<b>Gatherings (social, spiritual)</b>	<ul style="list-style-type: none"> <li>None</li> <li>Drive in spiritual service with one household per vehicle</li> </ul>	Gather with no more than 5 people outside your household per week	Allow gatherings with no more than 50 people	Allow gatherings with >50 people
<b>Travel</b>	Only essential travel	Limited non-essential travel within proximity of your home	Resume non-essential travel	Continue non-essential travel
<b>Business/Employers</b>	<ul style="list-style-type: none"> <li>Essential businesses open</li> <li>Existing construction that meet agreed upon criteria</li> <li>Landscaping</li> <li>Automobile sales</li> <li>Retail (curb-side pick-up orders only)</li> <li>Car washes</li> <li>Pet walkers</li> </ul>	<ul style="list-style-type: none"> <li>Remaining manufacturing</li> <li>New construction</li> <li>In-home/domestic services (nannies, housecleaning, etc.)</li> <li>Retail (in-store purchases allowed with restrictions)</li> <li>Real estate</li> <li>Professional services/office-based businesses (telework remains strongly encouraged)</li> <li>Hair and nail salons/Barbers</li> <li>Housecleaning</li> <li>Restaurants &lt;50% capacity table size no larger than 5</li> </ul>	<ul style="list-style-type: none"> <li>Restaurants &lt;75% capacity/ table size no larger than 10</li> <li>Bars at &lt;25% capacity</li> <li>Indoor gyms at &lt;50% capacity</li> <li>Movie theaters at &lt;50% capacity</li> <li>Government (telework remains strongly encouraged)</li> <li>Libraries</li> <li>Museums</li> <li>All other business activities not yet listed except for nightclubs and events with greater than 50 people</li> </ul>	<ul style="list-style-type: none"> <li>Nightclubs</li> <li>Concert venues</li> <li>Large sporting events</li> <li>Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene</li> </ul>

\* High-risk populations are currently defined by CDC as persons 65 years of age and older; people of all ages with underlying medical conditions (particularly not well controlled) including people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease, people who live in a nursing home or long-term care facility.

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