Protocols and Procedures

Checklist

Item or task	To do	Doing	Done	N/A
Health and safety				
Screen, isolate or refer ill clients to health care providers. • See COVID-19 Health Screening Guidelines for All Facilities.				
Set up proper social distancing of 6 feet or more, if possible.				
Limit client movement and social gathering.				
Train new staff and volunteers on sanitation and hygiene during onboarding. • Review King County's <u>Sanitation & Hygiene Guide for homeless services providers</u> .				
Create specific protocols and schedules to handle and dispose infectious waste.				
Decide best conditions of entry. • One entrance, handwashing, alcohol and drug use, etc.				
Determine plans for access to smoking, drugs, or alcohol.				
Stress management, de-escalation and crisis prevention intervention.				
Monitor and manage compassion fatigue.				
Address potential language, cultural, and disability barriers for clients, staff and volunteers.				
Get input and support for your emergency operations and communication plans.				
Share plans with staff, volunteers, key community partners and stakeholders and solicit feedback.				
Develop training and educational materials about the plans for staff and volunteers.				
Staff and volunteer absence				
Develop flexible attendance and sick leave policies. Review DOH's Workplace and Employer Resources and Recommendations.				
Plan for increased staff and volunteer absenteeism caused by: Illness. People who care for children or sick household member. Vulnerable populations who stay home.				
 Identify critical job functions and positions, and backup staff and volunteers. Look at telework options, extending shift hours and cross-training. Hire temporary employees and expand volunteer pools. Keep a list of temporary employment agencies. Get on local community volunteer listservs. Prepare job functions and position descriptions to share with partners. 				

Continued on next page.



Protocols and Procedures

Checklist (continued)

Item or task	To do	Doing	Done	N/A
Facilities with sleep areas				
Keep updated list of temporary expansion sites for social distancing measures or where clients at risk of complications from COVID-19 can stay.				
Offer individual rooms for groups, families or clients at high risk of health complications, if possible.				
Set up head-to-toe sleeping arrangement with at least 6 feet between beds.				
Separate clients with fever, chills, or cough from high-risk clients.				
Designate a room and bathroom for clients with any mild illness, if possible. • If unable to separate them, group them together on opposite sides of the room.				
Create a bed map to identify and monitor specific clients.				
Develop strategies to handle aggressive, or non-cooperative clients. • Follow up with staff support after an incident.				
Review policies about access to visitors, common areas, snacks, and tobacco.				
After the pandemic				
When the pandemic is over review your COVID-19 plans and actions.				
 Share key successes and challenges. Discuss and note lessons learned. Talk over experiences with clients and staff. Talk about problems found in the plan and identify effective solutions. Identify additional resources needed. 				
Participate in community discussions about emergency planning. Let others know about what readiness actions worked. Maintain communication lines with nearby community residents and partners (e.g., social media and email lists).				
 Continue to practice everyday preventive actions. Stay home when sick. Cover coughs and sneezes with a tissue. Wash hands often with soap and water. Clean frequently touched surfaces and objects daily. 				
 Maintain and expand emergency planning. Look for ways to expand community partnerships. Identify agencies or partners who can help prepare for future infectious disease outbreaks. 				

View more recommendations in <u>CDC's Interim guidance for homeless service providers to plan and respond to coronavirus disease 2019 (COVID-19)</u>.

