



Recommendations for Considering Resuming In-Person Services

This document is intended to provide some guidance around resuming in-person services. We recognize that each organization is unique, and the suggestions below are offered as discussion points to consider as you make a plan for your own organization. There are still a lot of unknowns about COVID-19, which means that every time we meet in-person, we risk potentially continuing its spread. The way the virus has spread so far has disproportionately impacted communities of color, Native communities, people with disabilities, and elders. Any conversations we have about moving toward resuming in-person services needs to center our collective commitment to ending oppression, including racism, ageism, and ableism.

Note that the term ‘Team Members’ is used throughout to describe all those who are employees, volunteers, interns, etc. who may be working for, or on behalf of, your agency.

Take a breath. Resist the urge to make decisions out of panic or external pressure and consider the following questions that can lead to thoughtful conversations with your team:

- 1. Why are you considering resuming in-person services?** Your organization has the sole authority to decide when and how to resume in-person services and what that will look like. You may want to review your guiding principles and organizational goals and update your strategic plan to identify how activities can be re-thought for maximum impact with minimum risk.
- 2. Are you able to design a phased-in plan?** A detailed plan will help as you move through the process of resuming in-person services that are reflective of the needs in your own community. Synthesize all of the information gathered (reflection, research, and staff assessments) to create a written plan that you share with your board. Incorporate feedback on your plan from your board, HR experts, Team Members, and/or other trusted guides. Expect the unexpected. Plan to continue flexibility around remote work and job responsibilities. Identify what may trigger a return to work. Set ongoing dates to re-evaluate the plan after implementation begins. How will you center equity in all aspects of your plans? Equity can mean people return to providing in-person services at different times and at different rates. Consider how racism and other forms of oppression are affecting on-going risk, how Team Members are experiencing this pandemic and what they might need as a result, and how communities and survivors are being affected. Consider which changes in services may have *increased* the access to support (such as for survivors with disabilities) and how those are worth continuing. Also consider which changes in services may have increased the accessibility for Team Members.
- 3. Have you consulted with your experts regarding your legal obligations?** In providing a safe environment for Team Members and participants you’ll want to consult with Employment/HR attorneys and experts to find out about safe working environments under



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OSHA, BOLI, the ADA, and other laws. If programs cannot meet the minimum requirements, they should consider not resuming in-person work yet. Remember also that legal obligations are a floor, not a ceiling. You can provide support and accommodations beyond the minimum requirements. It may also be a good idea to check in with your workers compensation insurance provider to learn of any updated requirements for coverage. Check with your local health professionals about the COVID-19 trends and forecasts for your specific community(ies).

4. **How are you going to communicate your plan for resuming in-person services?** Consider how you will transparently communicate the changes with your Board of Directors, community partners, Team Members, and participants. Include the reason for the changes and expected timelines for review of the procedures.
5. **Does your plan include the identification of resources needed to sustain services?** You may want to monitor regulations, resources, and relief options offered for small businesses as they change or expire. Discuss options with your Board, auditor, accountant, or banker.
6. **Do you have adequate supplies to resume in-person services?** Depending on your choices, it is important to provide personal protective equipment (PPE) such as masks, hand sanitizer, soap, and cleaning products for Team Members and participants.
7. **Does your plan include enhanced cleaning and disinfecting schedules?** Consider how a cleaning and disinfecting schedule will look different in light of COVID-19. Posting reminders about hand washing and sanitizing surfaces in multiple languages wherever people gather may be essential. Maintaining capacity limits in designated areas is also important.
8. **Have you assessed your physical locations for resuming in-person services?** You will still likely need to plan for physical distancing (whenever possible) and assess ventilation of physical work locations.
9. **How do your Team Members feel about resuming in-person services?** You will want to check in with Team Members individually to assess what they would need in order to return to in-person work, if they are able to return. What accommodations do they need? What are their risks and fears? Who has children without childcare? Who lives with people vulnerable to severe consequences of COVID-19 infection? Ask for their input to resume in-person services in the safest way possible. Consider making plans to address the emotional and mental health of your Team Members. Think about grief and bereavement needs in particular.
10. **What are your guidelines around possible exposure and/or symptoms of COVID-19?** Prompt identification and isolation of potentially infectious people is a critical step in protecting Team Members and others. You may want to establish guidelines for Team Members or participants to report confirmed exposure to, or symptoms of, COVID-19. In those plans, consider issues like confidentiality and VAWA compliance.



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11. Have you taken time to consider what your organization has collectively learned throughout the previous months? What worked for Team Members and participants? Can Team Members work from home successfully? Have virtual support groups opened up opportunities for individuals who wouldn't otherwise be able to participate? What things did you try that didn't work? Are there some aspects that you will want to keep indefinitely? What is the plan for reaching out and responding to those who may have experienced violence during the lockdown, and were unable to access your services? How you answer these questions may change after people have some emotional space/distance from the crisis of responding to emergency closures, but it can help to have an initial reflection to incorporate moving forward.



Guidance Post-COVID 19

Re-entry Guidance: Do you have policies and resources in place so that your plan is ready? These are examples of methods that may be of assistance in building your plan.

We recommend referring to the Governor's Phasing for resuming in person activities. Also talk with your attorney for additional guidance.

Returning Agency Team Members

1. Team Members may be asked to:

- Work remotely when feasible.
- Return to work in phases. If a Team Member's job responsibilities are better suited to the office environment they should speak to their supervisor about being one of the first Team Members brought back if a phased return is instituted.
- Alternating or staggered schedules between working in the office and working remotely may be optimal. This reduces the number of people in the office at any one time and allows parents juggling childcare to have a more flexible schedule.
- Use the phone to call your co-workers and reduce unnecessary physical contact or space. Team Members should maintain good physical social distancing whenever possible. Team Members may be required to wear a face mask when interacting with others.

2. Team Members with a temperature greater than 100.4 F should stay home. Those who feel ill should plan to work from home for at least 72 hours. In either case, Team Members must notify their supervisor as soon as possible.

3. Wear a mask when meeting with others. Non-symptomatic Team Members may choose to not wear a mask while they are working alone in their office. Team Members should wear masks when gathered in a group larger than ten, or are in common areas. Use care and proper techniques for removal, disposal, and/or re-use for non-disposable masks.

4. Wash hands frequently. Use hand sanitizer as needed.

5. Hand towels should be replaced with paper.

6. It's preferred to not hand wash dishware and silverware (use a dishwasher whenever possible). In either case, add a teaspoon of bleach to the dishwasher. A safe alternative is for people to bring their own dishes and silverware and or use disposable dinnerware.

7. Disinfect the water dispenser paddles on the refrigerator before and after each use. People are encouraged to bring and use their own water bottles.

8. Team members going out to get their lunch should consider using drive-thru or curbside pick-up. They should wash their hands upon their return and disinfect the area in which they ate.

9. Trash should be emptied before the bags are full or overflowing which can increase a person's contact with germs. Trash can lids are not to be used unless the trash cans have touchless lids.



10. Disinfect your personal workstations at the start and end of the workday.
11. Sanitize faucets and handles after using the sinks and toilets.
12. The last person out should disinfect door handles to the entrance and exit doors.
13. Discourage the use of other people's equipment, phones, and supplies.

Common Areas

1. The coffee pot buttons and supplies should be sanitized at least once a day, if not after each use. Congregating in groups more than two at a break station is discouraged.
2. Sanitize all food containers before storing in a common area. Food stored in a common refrigerator should be placed in a clear zip-log bag with a name and date written on the bag.

Building Access and Deliveries

1. Only Team Members should be allowed in the business. If applicable, limit/control the entry and exit door.
2. Restrict areas in which visitors to the building/offices are allowed.
3. Team Members are discouraged from shaking hands or embracing visitors.
4. When a Team Member's interaction with a visitor has ended they need to wash their hands.
6. Place hand sanitizer and boxes of tissues and trash receptacles in traffic areas.
7. Provide visitors with masks.
8. Deliveries should be left outside the door whenever possible.

Meeting Rooms

1. Virtual meetings should replace in-person meetings when feasible.
2. For in-person meetings - follow the social distancing guidelines established by the CDC to under 10 people in a gathering.
3. Personal offices should be restricted to the 6 feet if possible, limiting the number of occupants as appropriate.
4. Disinfect meeting rooms before and after each use.
5. Hand sanitizer and tissues should be placed near the door of meeting rooms and offices.

Considerations for Participants

- Encouraging survivors to make appointments for in-person services
- Limiting the number of support people who attend
- Limit the number of participants in in-person support groups to maintain safe distancing

Travel and Use of Company Vehicles

1. Minimize non-essential travel and follow CDC guidelines.



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2. Attendance at in-person meetings may be postponed, or not approved, by your supervisor depending on the current guidance by the CDC. Speak with your supervisor about invitations received.

3. If it is necessary to use a company vehicle, the same disinfecting protocols must be observed when the Team member exits the vehicle. Wiping down keys is included in this process.

For more information, or further guidance, please feel free to reach out to either Oregon Coalition Against Domestic & Sexual Violence (ocadsv.org) or the Oregon Sexual Assault Task Force (oregonsatf.org).

Adapted 6.2020 for OCADSV and the SATF from the Missouri, Iowa, and North

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