

COVID-19 SAFETY TOOLKIT

Dear Domestic Violence leaders, advocates, and TCFV members,

There is extensive internet and media information regarding COVID-19/novel-coronavirus. We want to make sure that your agency has all the tools to maintain a safe environment. This includes keeping up with accurate and up-to-date information. We strongly recommend to check the CDC website regularly and to stay in contact with your local Health Department. To help you maintain a safe workplace, family violence centers and BIPPs, we have created a toolkit that is hopefully helpful. It includes the following information:

- » CDC Business Specific Guidelines and Information *(page 3)*
- » Planning for a Possible COVID-19 Outbreak in the U.S. *(page 6)*
- » CDC's Developing Risk Assessments *(page 7)*
- » Travel Guidance *(page 8)*
- » Additional Resources *(page 10)*
- » John Hopkins Interactive Web-based Dashboard *(page 10)*
- » Texas Domestic Violence Shelter and Nonresidential Guidelines and Information to Prevent Acute Respiratory Illnesses *(page 11)*
- » Cleaning Products Approved by U.S. Environmental Protection Agency (EPA) *(page 11)*
- » BIPPs Planning for COVID-19-related Cancellations *(page 13)*
- » NNEDV: Coalition Guidance for Programs *(page 15)*
- » NNEDV: Using Technology to Communicate with Survivors *(page 18)*
- » NNEDV: How To Operate as a Remote Workplace *(page 21)*

Remember to visit the following websites regularly:

- » The CDC Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- » The CDC Business-Specific Guidelines and Information: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>
- » [The TCFV Website](#): Webpage containing COVID-19 specific guidelines and precautions.

If you have questions or concerns, feel free to contact me at mangelelli@tcfv.org.

Maria Jose Angelelli

Director of Support to Service Providers

Texas Council on Family Violence

512-685-6225 (office)

mangelelli@tcfv.org

CDC Business Specific Guidelines and Information

Source: CDC website as of March 5, 2020

[Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease](#)

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

Recommended strategies for employers to use now:

Actively encourage sick employees to stay home:

- » Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- » Employees should notify their supervisor and stay home if they are sick.
- » Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- » Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- » Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- » Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

Separate sick employees:

- » CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:

- » Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- » Provide tissues and no-touch disposal receptacles for use by employees.
- » Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- » Provide soap and water and alcohol-based hand rubs in the workplace.
- » Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- » Visit the coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine environmental cleaning:

- » Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- » No additional disinfection beyond routine cleaning is recommended at this time.
- » Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

Advise employees before traveling to take certain steps:

- » Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
- » Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
- » Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
- » If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance

company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:

- » Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
- » 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).
- » Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

Planning for a Possible COVID-19 Outbreak in the U.S.

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

Planning Considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- » Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- » Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- » Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
 - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
 - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).

- » Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- » Coordination with national, state and local health officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

Important Considerations for Creating an Infectious Disease Outbreak Response Plan

All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

Employers should:

- » Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- » Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- » Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- » Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Recommendations for an Infectious Disease Outbreak Response Plan:

- » Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to protect workers from potential exposures to COVID-19.
- » Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's and the Equal Employment Opportunity Commission's websites).

- » Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- » Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- » Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- » Plan to minimize exposure between employees and between employees and the public, if public health officials call for social distancing.
- » Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- » In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.
- » Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- » If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per [travel guidance](#) on the CDC website.
 - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
 - Consider cancelling large work-related meetings or events.

- » Engage Texas and local health departments to confirm channels of communication and methods for dissemination of local outbreak information.

Texas:

Texas	(800) 705-8868	(800) 705-8868
Texas, Dallas	(877) 605-2660	(214) 819-2004 or (877) 605-2660
Texas, Harris County	(713) 755-5000	(713) 755-5000
Texas, Houston	(832) 393-5080	(832) 393-5080
Texas, San Antonio	(210) 207-8876	(210) 207-8876

Local: [National Association of County and City Health Officials](#)

Additional Resources

CDC Guidance

- » [COVID-19 Website](#)
- » [What You Need to Know About COVID-19](#)
- » [What to Do If You Are Sick With COVID-19](#)
- » [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposure in Travel-associated or Community Settings](#)
- » [Health Alert Network](#)
- » [Travelers' Health Website](#)
- » [National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Planner](#)
- » [Coronavirus Disease 2019 Recommendations for Ships](#)

Other Federal Agencies and Partners

- » [OSHA Guidance](#)

John Hopkins University Tracking COVID-19

- » <https://systems.jhu.edu>
- » <http://www.arcgis.com/apps/opsdashboard/index.html#/85320e2ea5424dfaa75ae62e5c06e61>

Texas Domestic Violence Shelter and Nonresidential Guidelines and Information to Prevent Acute Respiratory Illnesses, including COVID-19

Source: CDC, American Chemistry Council and Best Practices as of March 8, 2020

The following interim guidance may help prevent exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. This guideline also provides considerations specific to Texas family violence centers providing shelter and nonresidential services.

Take extra precautions:

- » Visit the CDC website *regularly*:
<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- » Install portable hand washing stations and/or hand sanitizer dispensers at all entrances.
- » Consider hiring an outside company to do deep sanitation in addition to normal cleaning.
- » Keep up with and add to your normal supply of hand soap, hand sanitizers, tissues, gloves, disinfectant wipes, Clorox and other disinfectant cleaners.
- » Use products approved by the U.S. Environmental Protection Agency (EPA) for use against viral pathogens (can be used during the 2019 COVID-19 outbreak):
<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>
- » Communicate with clients about the concerns regarding the virus by:
 - Placing flyers throughout the shelter and outreach/nonresidential facilities, such as by the front desks.
 - Talking directly with clients, encouraging all individuals to use hand sanitizers immediately upon entering the facilities.
 - Scheduling shelter-wide meetings to remind individuals about hand washing protocols, symptoms, and the accompanying protocol.
 - Balancing the need to stay calm and proactive.

What to do if your agency has a confirmed or suspected case of COVID-19 for either a shelter or nonresidential client, employee, volunteer, or vendor:

- » Follow current and updated public health and safety guidelines. Should those guidelines or resources not be available, use the best judgment based on available information.
- » Contact your local health department to determine:
 - How to quarantine a person (and family) that does not have a home. Determine if the **shelter client**, with a confirmed or suspected case, should be quarantined onsite or at another facility. Determine if your facility should be closed to new incoming clients for at least 14 days.
 - If a **nonresidential client** has a confirmed or suspected case, determine if your facility should be closed for 14 days.
 - If an **employee, volunteer, or vendor** has a confirmed or suspected case, determine what clients may have been exposed. Determine if your facility (or facilities) should be closed for 14 days. Go to CDC website or follow your local health department to follow instructions on how to conduct a risk assessment: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
 - How to inform fellow employees, volunteers, vendors and clients of their possible exposure to COVID-19 in the workplace and your facilities AND **maintain confidentiality** as required by the Americans with Disabilities Act (ADA) and Family Violence Prevention Services Act (FVPSA)
 - What sanitizing process should be implemented.
 - The process for informing all exposed individuals and determining if they should be quarantined.
- » Contact your funders of any service disruption. For HHSC funded family violence centers, HHSC requests that you inform them of any known or suspected COVID-19 cases. All client information released to funders must be deidentified.

BIPPs Planning for COVID-19-related Cancellations

In consideration of the potential, large-scale implications of COVID-19/novel coronavirus, BIPPs should develop a plan that promotes continuity of service in the case of local, state, or federal advisories and cancels group-related programming for the time being.

An alternative to cancellation is to offer online sessions during the group's regular meeting time or make-up sessions. **Since these measures are generally not allowable under the TDCJ-CJAD BIPP Guidelines, TDCJ-CJAD has developed a temporary waiver allowing programs to provide alternative, short-term measures for group sessions, for the sole purpose of responding to community health advisories during the response to COVID-19/coronavirus pandemic.**

Provide Virtual Group Sessions:

» What your agency will need for online sessions:

- A webcam connected to a computer or a mobile device with video capabilities. Facilitators may find it helpful to manage the group using a computer rather than a mobile device.
- Participants and facilitators will need to download an app for either GoToMeeting or Zoom if they are joining using their mobile devices.
- TCFV is available to provide consultations and coaching on using online platforms for educational purposes.

» Platform options for online sessions:

- Gotomeeting.com or Zoom.us offer free trials that may cover the length of time needed to respond to COVID-19-related closures or cancellations in your community. Paid plans begin around \$15-\$20 per month. Review additional pricing information for month-to-month plans on their sites.

» Confidentiality for Virtual sessions:

- BIPPs choosing to use online sessions should require the participant to commit to participating in a private space so that others could not observe or hear other participants and break their confidentiality.

» Full-group participation in Virtual sessions:

- Participants should join online sessions with video so that they are visible during the session to the facilitator, and participants should have access to participate fully with audio capabilities. Consider requiring participation from every group member. For example, each group member must respond to a set determined number of discussion questions via chat or voice features to get credit for the session.

If Participants do not have access to a laptop/smartphone/WIFI/data, or your agency cannot offer virtual BIPP groups:

If virtual group sessions are not feasible for your agency, then at a minimum, contact the participants weekly to support their efforts to be proactive regarding how they will avoid violence, coercion, and control during these stressful times.

If participants lack the technology to participate in online sessions, consider offering phone check-ins during the COVID-19 cancellation period, and provide participants alternative options for completing the sessions needed for successful program completion. Phone check-ins will not constitute a replacement for group sessions. However, the calls should encourage participants to practice healthy relationship skills and promote engagement with your BIPP.

Victim and referral source notification for make-up sessions or online sessions:

Please communicate with the victim and referral source by mailing a letter informing them that the participant will be participating in a predetermined number of online sessions or make-up sessions. This will help ensure that the victim and referral source have accurate expectations about the length of participation.

Payment processing:

Develop a payment policy for these alternative sessions and communicate with participants. Your agency may need to develop alternative processing payments for the virtual or make-up sessions. You may request online payments. Consider alternative payment arrangements for participants who are unable to pay for more than one session per week. Consider modified payments or providing complimentary sessions during the COVID-19 pandemic as many industries are impacted and may reduce or lay off.



COVID-19: Coalition Guidance for Programs

The COVID-19 pandemic has us in uncharted territory. Here is some information for Coalitions to use in providing technical assistance or guidance to local member programs.

Confidentiality

- ★ A program receiving Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), or Family Violence Prevention and Services Act (FVPSA) funds **CANNOT** disclose survivors' personally identifying information, unless mandated to do so by a statute or court order.
- ★ If there is a state statute requiring that a COVID-19 (or any other identified infectious disease) report be made to the U.S. Centers for Disease Control and Prevention (CDC) or a state or local health department, then that report should be made in accordance with the law.
 - As with other types of legally mandated reports, the program should make reasonable efforts to have the survivor make the report; if the survivor chooses not to make the report, the program should communicate with the survivor that the program staff will have to make the report, and help the survivor prepare or plan for that as necessary.
- ★ Remind staff that there will be **absolutely NO disclosure of anyone's health status** outside of a legal mandate.

Precautionary Measures

- ★ Preventative precautionary measures should be in place regardless of whether there is anyone who has identified potential exposure. With COVID-19, it is possible that residents or staff have been exposed or are carrying the virus without showing any symptoms.
- ★ If a program has reason to believe someone who has been in shelter has been exposed to the virus, without disclosing ANY identifying information about the individual (that includes gender, age, whether

staff or participant), the program could make an announcement, such as, “We have reason to believe that there may have been exposure to [name infectious disease] in our facility. Here are the measures we are taking.” (This is similar to what schools do when they send a letter home indicating “A person in your child’s school has [whooping cough, lice, measles, etc.]. Please watch for these symptoms and contact your doctor.”)

- ★ Follow all general guidelines about [“social distancing” and other prevention strategies](#) (e.g., hand washing, etc.) that have been issued by public health authorities.

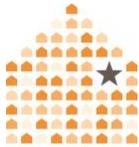
Provision of Alternative Services

- ★ Programs should not screen for coronavirus, and they should not use health status to discriminate in access to programs.
- ★ Programs can locate information about testing and offer to assist in accessing it to anyone who wants it.
- ★ If a person is found to have been exposed to COVID-19 (or other serious infectious diseases), generally the health care worker who completed the testing will have a protocol they ask them to follow (e.g., admit, quarantine or isolate).
 - Typically, the state will provide for admit or quarantine.
 - If a resident discloses that they were asked to isolate, programs should consider using off-site hotel rooms.
- ★ At no time should residents be housed in large dormitory style settings with multiple families/persons to a room. Whenever possible residential housing should provide individual quarters per survivor/family.
- ★ Shelters should consider moving as many of their services as possible to mobile, remote or tech based services.
 - Read more about [Using Technology to Communicate with Survivors During a Public Health Crisis](#), and see our [Digital Services Toolkit](#).
 - Read more about [using technology in the day-to-day operations of your program](#).
 - [Read more about best practices for mobile advocacy](#).

Additional Things to Keep in Mind

- ★ Unless your state has a law requiring you to report communicable diseases, voluntarily choosing to report violates federal confidentiality law.
- ★ Reporting could trigger invasive inquiries that require identifying information on all the people who interacted with the reported person. It may result in breaching the confidentiality of multiple clients and exposing many of them to various harm. Beyond being located, it could open them to CPS investigations and could be used against them to challenge custody.
- ★ Programs need to balance the needs of their residents and clients with their capacity to adequately staff the shelter or program and make decisions accordingly. The nature of the pandemic will vary from community to community, and as a result, local authorities are issuing different regulations, guidelines and access to resources/testing.
- ★ Programs must pay attention to their local laws, and their state public health guidance (which is changing daily); those details are beyond the scope of what technical assistance we can provide.

For more information, please contact capacity_ta@nnev.org.



NNEDV

Using Technology to Communicate with Survivors During a Public Health Crisis

During a public health crisis such as the current COVID-19 pandemic, when [public health officials recommend “social distancing”](#) to slow the spread of infection, technology such as video calls or web chats may be useful tools to connect with survivors remotely.

In considering new technology, survivors must be at the center of our decision-making. This is true in ordinary times and must still apply even in a public health crisis. In practice, this means prioritizing both access and privacy.

Digital services offer more ways for survivors to connect to advocacy and support services. We recently developed a **Digital Services Toolkit**, available in [English](#) and [Spanish](#). The toolkit includes guides, worksheets, and recorded webinars focused on assessing capacity, choosing a platform and a vendor, and best practices for various types of tools including text, chat, and video.

While Safety Net recommends a thoughtful and planful approach to using technology, the urgent nature of the current public health crisis may lead some local programs to consider technology like video or web chat on a quicker timeline than ordinarily. **We encourage programs that implement digital services during the current COVID-19 pandemic to do so temporarily**, and re-assess once the pandemic has passed.

We encourage programs to limit urgent adoption of these tools to ongoing advocacy or scheduled conversations with survivors. Know that [The National Domestic Violence Hotline](#) and [RAINN - the National Sexual Assault Hotline](#) and some state hotlines offer 24/7 online chat and text messaging in English and Spanish, along with referrals to local services and advocacy for people reaching out for the first time during a crisis. [Read more about choosing the type of technology, or platform, for services.](#)

The following is a list of tools that programs might consider for communicating with survivors remotely that we think meet current best practice standards.

While we do not endorse these tools, they are well-suited to protect privacy as they are currently set up.

- [ResourceConnect](#) – web chat and text
- [Gruveo](#) – video call
- [Cyph](#) – video call, messaging, groups

We share this list in an effort to reduce the privacy risks that go along with rushing to adopt tools quickly without time for more thorough evaluation. It's important to choose tools that do not create barriers for survivors (e.g. requirements to download an app or create an account), prioritize privacy, and minimize data collection. [Read more about choosing a vendor.](#)

Survivor safety and privacy is important. Communicating with survivors through technology comes with benefits and risks. Below are three key risks, and you can read more in our guide to [Assessing Readiness for Digital Services](#).

- *Personal Safety* - Communication via text, email, and online chat leaves a trail that could reveal the survivor is seeking help, as well as other details that could compromise safety. For example, video call software may also automatically store call history.
- *Loss of Privacy* - Beyond risks related to personal safety, a survivor may also have their privacy compromised by message threads. If someone sees these without their consent, the survivor loses control over their decision to disclose the abuse.
- *Confidentiality* - When advocates use mobile devices to communicate with survivors, conversation threads and other related records include personally identifying information.

Using technology to communicate with survivors also helps to support advocate health and wellbeing. It is important to note that using advocates' personal

mobile devices or accounts for texting, calls, or video increases privacy risks and can also erode an advocate's work-life balance and self-care. For example, if an advocate's personal phone is the main contact a survivor has with a program, they might call or text in the middle of the night. A crisis like COVID-19 should not override our commitment to advocate well-being. Advocates should be able to be "off-duty" to make sure they are properly nourishing themselves and resting – both key points given by public health officials to maintain a strong immune system.

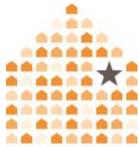
We recommend offering program-owned devices and accounts. This allows for better staff management across shifts and can increase privacy and safety measures. [Read more about best practices for mobile advocacy.](#)

We know that with any type of public health crisis, access to services can be even harder for survivors who are seeking resources and support. By adjusting how we operate to meet the needs of survivors, while also understanding the risks of digital service provision, we can help to ensure that survivors and staff have the information they need to get help, and also do their jobs to the best of their ability.

Read more about [using technology in the day-to-day operations of your program.](#)

If your agency has any questions or needs further guidance on how to implement digital services. Please reach out to the Safety Net Team at safetynet@nnev.org. You can also reach out to the Coalition Technical Assistance Capacity team for any other COVID-19 related questions at capacity_ta@nnev.org.

© 2020 National Network to End Domestic Violence, Safety Net Project. This product was supported by cooperative agreement number 2019-V3-GX-K017 awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. We update our materials frequently. Please visit TechSafety.org for the latest version of this and other materials.



NNEDV

How to Operate as a Remote Workplace During a Public Health Crisis

During a public health crisis such as the current COVID-19 pandemic, when [public health officials recommend “social distancing”](#) to slow the spread of infection, technology such as remote access to files, instant messaging, and video calls may be used to maintain program operations while allowing staff and volunteers to work remotely. Many of these tools may be beneficial for mobile advocacy at any time.

In considering new technology, survivors must be at the center of our decision-making. This is true in ordinary times and must still apply even in a public health crisis.

While Safety Net recommends a thoughtful and planful approach to using technology, the urgent nature of the current public health crisis may lead some local programs to consider using technology on a quicker timeline than ordinarily. **We encourage any programs that implement these technologies during the current COVID-19 pandemic to do so temporarily**, and re-assess once the pandemic has passed.

1. Consider what services can be done remotely with web chat or video calls. Read more about [Using Technology to Communicate with Survivors During a Public Health Crisis](#), and see our [Digital Services Toolkit](#).
2. Use tools that allow staff and advocates to work from home. This includes tools to allow staff and volunteers to communicate with each other (e.g. calls, instant messaging, video), and tools for sharing information while maintaining confidentiality (e.g. secure file sharing).

The following is a list of tools that programs might consider for communicating with survivors remotely that we think meet current best practice standards. Two key factors to consider in any tool are 1) encryption options where the tech

company itself cannot see the content of the files because they do not hold the encryption key – only you do, and 2) user access options that allow you to control user-by-user access to the content. While we do not endorse these tools, they are well-suited to protect privacy as they are currently set up.

- [ResourceConnect](#) – instant messaging for staff and volunteers
- [Gruveo](#) – video call
- [Cyph](#) – video call, messaging, groups
- [Tresorit](#), SpiderOak’s [Semaphor](#), [Mega](#), [Sync](#), and [pCloud](#) – file sharing

We share this list in an effort to reduce the privacy risks that go along with rushing to adopt tools quickly without time for more thorough evaluation.

In addition to these newer tools, also consider how you can increase safety and privacy when using older technology like email and phone:

- [Best Practices When Using Email](#)
- [Best Practices for Using Mobile Phones](#)

We recommend offering program-owned devices and accounts. This allows for better staff management across shifts and can increase privacy and safety measures. [Read more about best practices for mobile advocacy.](#)

Survivor safety and privacy is important. When advocates use mobile devices or tools to communicate about or with survivors, conversation threads, conversations and other related records likely include personally identifying information. Consider guidelines on how and when these communications will take place.

Using technology to work remotely helps to support advocate health and wellbeing. A crisis like COVID-19 should not override our commitment to advocate well-being. Advocates should not have to risk infection to do their jobs. Advocates should be able to be “off-duty” to make sure they are properly

nourishing themselves and resting – both key points given by public health officials to maintain a strong immune system.

We know that with any type of public health crisis, access to services can be even harder for survivors who are seeking resources and support. By adjusting how we operate to meet the needs of survivors and advocates, while also understanding the risks of using technology, we can help to ensure that survivors and advocates have the information they need to get help, and also do their jobs to the best of their ability.

The nonprofit TechSoup has a wealth of resources on technology for nonprofits, including discounted software licenses and hardware, technology training for staff, and information. Here are a few blog posts focused on remote work:

- [Nonprofit Resources for Remote Work During the COVID-19 Outbreak](#)
- [Key Tips for Working Remotely for Your Nonprofit](#)
- [Understanding the Videoconferencing Tools Available to Your Nonprofit](#)

Keep in mind that these suggestions are geared towards nonprofit organizations generally. **Many of the technology tools they suggest may be appropriate for day-to-day operations, but would not be appropriate for communicating with survivors or sharing survivors' personally identifying information.**

If your agency has any questions or needs further guidance on how to implement digital services. Please reach out to the Safety Net Team at safetynet@nnev.org. You can also reach out to the [Capacity Technical Assistance team](#) for any other COVID-19 related questions.

© 2020 National Network to End Domestic Violence, Safety Net Project. This product was supported by cooperative agreement number 2019-V3-GX-K017, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice. We update our materials frequently. Please visit [TechSafety.org](https://www.techsafety.org) for the latest version of this and other materials.

TEXAS COUNCIL ON FAMILY VIOLENCE PROMOTES SAFE AND
HEALTHY RELATIONSHIPS BY SUPPORTING SERVICE PROVIDERS,
FACILITATING STRATEGIC PREVENTION EFFORTS, AND CREATING
OPPORTUNITIES FOR FREEDOM FROM DOMESTIC VIOLENCE.

