

*"Quite simply, a **Fearless Leader** is a person who: Acts with inspired courage. Reacts with resilience. Thinks from a higher consciousness. Excels with unrelenting fire."*

Dear Fearless Leaders,

TAASA leadership has taken very seriously the weight and consequences of the decisions we make during this trying time. Our priority is the physical and mental health of our staff, our clients, our organization, and our communities all at once. We know that you have made or are grappling with similar challenging decisions. Our goal is to provide you with the support and resources you may need in the days to come, as you weigh options to determine the health and safety of your staff as well as the survivors they serve.

STAFFING

Although TAASA has enacted a work from home option for all staff, we understand this is a privilege not afforded to direct service providers. Please know this will not impede our response time. We are available to you at any time.

TCFV is working concurrently by providing guidance for domestic violence shelters. We defer to our sister coalition for all questions or concerns regarding domestic violence services during the coronavirus pandemic.

While many of you have implemented the process of telework and/or teleconferencing to conduct various advocacy and counseling duties, this unprecedented pandemic brings with it the potential of a reduction or ceasing of all business activities. In order to ensure staff are paid in the event of an office closure (such as closing due to COVID-19 pandemic), your program must refer to a paid administrative leave policy in your handbook.

We strongly recommend ALL programs review and/or implement an administrative leave policy to be effective immediately. (Utilize the protocol necessary to enact such a policy at your agency, i.e. board approval, etc.)

Sample policy

Paid Administrative Leave: In the event of an Act of God (i.e. tornado, flood, pandemic health crisis), SA/DV program ABC may have to temporarily reduce or cease business activities. If this were to occur, staff may be placed on paid administrative leave.

For more information on this topic please contact Rose at rluna@taasa.org or Tim Love at tlove@taasa.org

GRANTS ADMINISTRATION:

We are in regular contact with the Office of Attorney General (OAG) and the Criminal Justice Division (CJD) at the Office of the Governor.

Program reports: As of today 3.16.2020, CJD has not changed deadlines for neither VAWA nor VOCA program reports. We have advocated for flexibility on this end; however, at this time, no change has occurred. Please be on the lookout for email communication, as CJD is exhausting all channels to ensure programs are up to date on any change.

OAG released an email to grantees encouraging them to contact their grant manager if any problems arise. We implore you to take advantage of this offer as the needs arise.

For more information contact Rose Luna at rluna@taasa.org

SERVING VICTIMS AND SURVIVORS

In considering new approaches to our daily work, including 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. Below we have outlined some best practices and suggestions for you to consider implementing as we all maneuver and balance personal health safety and the everyday responsibilities that come with serving victims and survivors.

Counseling Services:

Consider offering counseling services via video chat or by offering phone sessions as options for your clients to limit exposure and face-to-face contact.

- Zoom Healthcare (<https://zoom.us/healthcare>) is a great online platform, that is HIPPA compliant, available at a cost. Please consider utilizing your current CJD grant within an existing line item to avoid a budget adjustment. (We are happy to walk you through this process.)
- <https://kaofeng-lee-s90t.squarespace.com/digital-services-during-public-health-crises>

Hospital Accompaniment:

- Contact your local SANE or Hospital that provides sexual assault exams to discuss a plan to address survivor's needs during the exam process.

- Consider whether an advocate is needed in person or whether the SANE can call the hotline and connect the survivor with an advocate over the phone as an option for survivors to have access to advocacy.
- Train medical accompaniment staff how to perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of protective equipment, including gloves. (if this applies)
- Please remember to communicate the availability of the stand-alone clinics in your area (if this applies) (i.e. Eloise house in Austin, Courtney's Place in Plano, etc.)

Hotline:

- In addition to regular hotline staff, consider also staffing your hotline with hospital advocates to speak to survivors during the sexual assault exam.
- Consider staffing your hotline with therapists or counselors should you decide that face-to-face sessions will be temporarily halted

Other:

- Hotel/Motel services – During times of disaster, as you all know, sexual assault and domestic violence incidents have a tendency to increase or at the very least continue at the same rate. CJD is allowing programs to offer emergency hotel/motel lodging (please use discretion on the number of nights) for survivors.
 - Programs must reserve and pay for the hotel stay. Keep the receipt and notate the justification.
 - This expense fits under your existing “Project supplies/DOE”
- Other expenses on behalf of the client – After a conversation with CJD, please know that bus tickets and other logistical assistance is an allowable expense under “Project supplies/DOE” if and only if the agency purchases on behalf of the client and maintains the receipt.

Many of you have implemented an intake process to assess the risks and minimize exposure for both clients and staff. For more information on these topic areas please contact Rick Gipprich at rgipprich@taasa.org or Rose Luna at rluna@taasa.org

LEGAL CONSIDERATIONS

Employers are obligated to provide a safe working environment for staff and visitors coming to the worksite. This obligation is especially heightened during times of public health emergencies that arise from a pandemic.

The first step in providing a safe working environment is to educate and train all employees in proper hand hygiene, cough etiquette, and social distancing techniques, as well as the [guidance to](#)

[employers by CDC](#). Another measure is to implement controls that could provide additional protection to your employees and visitors, such as: plastic barriers, proper ventilation, and the proper selection, use and disposal of personal protective equipment (PPE). Workers who interact with the public (such as those responsible for medical accompaniment) may need special accommodations in order to keep them safe while performing their jobs. Certain PPE that might be useful includes gloves, goggles, and face shields/masks, of the proper medical grade, and when used appropriately. <https://www.osha.gov/Publications/respirators-vs-surgicalmasks-factsheet.html>

Another preventive measure to consider is whether preconditions exist for certain staff members. The CDC is advising that some individuals may be at greater risk of infection than others in the general population. Thus, employers should follow the CDC direction on pregnant employees or on related reproductive issues, as well as the vulnerabilities of those with compromised immune systems and the elderly. Employers should seek guidance from health care experts when making decisions that will put these vulnerable staff members at an elevated risk of infection.

The next step in providing a safe working environment is to ensure that anyone exhibiting symptoms of illness leave the workplace as soon as possible and not return until at least 48 hours after symptoms recede without medication. Anyone exposed to a person with symptoms should be asked to self-isolate for a period of 14 days. During times of emergency, such as a pandemic, if you observe symptoms in your employees at work, such as coughing, fever or trouble breathing, it is legally permissible to ask them to go home. It is also legally permissible to suggest or request that they seek medical attention. https://www.eeoc.gov/facts/pandemic_flu.html#4.

Once the CDC determines that a pandemic becomes severe and poses a direct threat to the general public, employers covered by the ADA (i.e., with 15 staff or more) may legally take action to ensure that employees are not posing a threat by spreading disease to the workplace. In order to mitigate the spread of infection in this instance, employers are permitted to make disability-related inquiries or require medical examinations of asymptomatic employees to determine which employees are at a higher risk of complications.

https://www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitaion_act_coronavirus.cfm

However, while it may be permissible for an employer to take steps to assess an employee's health, such as measuring the employee's temperature, employers should exercise caution before attempting to assess the health of employees for the following reasons:

1. Interacting in close proximity with a potentially sick employee puts the employer at higher risk of being infected, thus increasing the spread of disease.
2. Employees may be infected with COVID-19 without having a fever, so employee temperature checks may not be an accurate measurement of an infected workforce. This would ultimately instill a false sense of security.
3. As a practical matter, testing may be difficult to administer and provide inaccurate information.

Accordingly, employers' primary steps of prevention should be to increase workplace hygiene, as outlined above, and to send employees home who appear to have symptoms or who indicate that they have symptoms. Employers should *not* insist upon a doctor's note to prove illness, as healthcare providers and medical facilities may be overwhelmed with more serious cases, unable to provide care to those who are better equipped to fight off the virus at home.

https://www.osha.gov/Publications/influenza_pandemic.html.

Additionally, employers should remember that all employee medical information must be protected, kept confidential, and afforded the same protections as those granted by HIPAA. The minimum necessary information should be disclosed, if disclosure of medical information is required. <https://www.fisherphillips.com/resources-alerts-comprehensive-faqs-for-employers-on-the-covid>

Even after preventive measures are taken to ensure a safe working environment, employees may still be anxious about coming into work. Employees may not refuse to work, by law, unless they believe they are in "imminent danger," such that death or serious physical harm could occur within a short time, before the dangerous condition could be investigated by OSHA or the CDC. Working with patients in a medical setting without personal protective equipment at this time may rise to this threshold. <https://www.fisherphillips.com/resources-alerts-comprehensive-faqs-for-employers-on-the-covid>

Employers must consider the specific circumstances of their workplace and job duties for each employee before determining whether it is permissible for employees to refuse to work.

The CDC's interim guidance has encouraged employers to be flexible during this time of national emergency and to consider whether telecommuting is feasible for employees. The EEOC has similarly suggested that telework is an effective infection-control strategy. The EEOC has also stated that employees with disabilities at high risk for complications due to the COVID-19 may request telework as a reasonable accommodation to reduce their chances of infection during a pandemic. https://www.eeoc.gov/facts/pandemic_flu.html

As employers continue to manage the coronavirus/COVID-19 situation, it is vital to continue communication with employees, reinforce or amend sick leave policies, develop plans for employees in the event of a state of emergency or lockdown, and consider telecommuting or remote work policies.

If you have questions regarding legal considerations for your organization, contact Liz Boyce, TAASA's General Counsel (eboyce@taasa.org).

PREVENTION AND COMMUNITY EDUCATION ACTIVITIES

There are many challenges to implementing prevention and education programming by the COVID-19 virus, and by the social distancing efforts organizations and communities are weighing or have already put in place. Below are some considerations for your agency's prevention programming and workers as you grapple with program implementation and help maintain staff health and safety as well as the health and safety of the communities you work in and call home.

Limiting or Cancelling Presentations or Events: Your local health department, as well as state and national officials and health departments, can provide the best guidance regarding health considerations for hosting presentations or community events. We've included links to some of these resources throughout this document. **Please note:** the [White House is suggesting](#) that people avoid all gatherings of 10 or more people, and the CDC recently recommended that organizers cancel or postpone in-person events that consist of 50 people or more throughout the U.S. for the next 8 weeks. Additionally, consider the following:

- If event cancellations, school closing, etc. are occurring in your community, or if they are encouraged by local health organizations, consider cancelling or postponing your own events or educational sessions.
- Contact your partners to communicate your decisions and continued commitment to the partnership, and focus on the health-related underpinnings of your decision (the health of your organization, your employees, and the community).

Continuing Implementation of Presentations or Events: If you continue facilitating presentations and hosting community events, there are some great suggestions and resources from the [CDC for community and faith-based leaders](#). Additionally, consider the following:

- Adjust programming to fit with CDC guidance for preventing the spread of COVID-19.
- Change your training agenda or curriculum to prevent:
 - Contact or close proximity (anything less than 6 feet, if possible) amongst participants; or
 - Passing or sharing of materials or supplies between participants.
- Clean surfaces between presentations as is possible.
- Communicate with the agency or organization hosting your training about their sanitation and/or internal social distancing policies to ensure you are in compliance.
- Carefully practice the personal steps you can take to prevent contraction/spread of the virus, such as washing your hands before and after sessions. Encourage participants to do the same.

Community Engagement Work: A major component of prevention programming involves engaging communities in prevention efforts, and community-level prevention strategies are a requirement from several significant funding sources. It is critical to consider

the following when planning community-level prevention activities in light of the COVID-19 virus pandemic:

- Community engagement has always been about the health of the community. Community health during this pandemic is dependent upon limiting community engagement, so consider putting off those meetings with community members, or rethink face-to-face coalition or partners' meetings.
- Explore online or teleconferencing options for meetings with community partners.
- Remember that your community partners are likely and rightfully going to be more focused on health and safety and response to COVID-19 than on prevention efforts.

Pressure from Funders: We anticipate that funders will be flexible and understanding during this unprecedented time, and we are reaching out to those funders to ask for assurances of this flexibility. If you have to start limiting or cancelling any or all program activities, contact Tim Love, TAASA's Director of Prevention (tlove@taasa.org) so that TAASA can advocate on your behalf to your funders.

In the Meantime: So much of prevention work is out of the office work, in the field, or hard to do in isolation. If your agency makes decisions to cancel prevention programming, and/or staff begin working from home, here are few things you can encourage your prevention staff to focus on to prepare for the future implementation of your prevention programming:

- Fine tune or modify your organization's prevention plan. This may include updating, or creating a prevention program logic model, solidifying community engagement and partnership plans, or event planning.
- Use this time for staff development. Staff can watch recorded webinars or look for online training opportunities. They can also read some of the great prevention resources they never have time to read. (Contact TAASA's Prevention Team at prevention@taasa.org for ideas.)
- This could be a good time to update or add new activities to the prevention curricula your agency uses (if changes are allowable) or to seek out training on new prevention curricula.

While TAASA has made the decision to encourage staff to work from home, please know that the staff of TAASA's Prevention Team are still available to provide resources (including sample logic models, resource lists for self-study, or available webinars and online training) or to discuss impact of COVID-19 on prevention programming. We can most easily be reached via email at prevention@taasa.org.



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TAASA wishes you, your loved ones and colleagues, and your community good health. We know that these are challenging times, and we hope you prioritize care for yourself and the ones you love.

Sincerely,

Team TAASA

ADDITIONAL RESOURCES

The [Texas Health and Human Service page on the coronavirus](#). It is very helpful and may help inform decisions that need to be made at the local level.

A helpful [article about the importance of social distancing](#) as a critical preventative measure.

[The Centers for Disease Control official page](#) on how the coronavirus spreads, how to protect yourself, and other important FAQs.