

Hello coalitions,

Across all of our COVID-19 calls, we are hearing people asking for guidance on resuming in-person services. We recognize that these questions are rising up in part because coalitions and local programs are navigating different pressures to resume providing in-person services and because medical advice and political advice are sometimes at odds. From what we can tell, [the Centers for Disease Control and other leaders of the scientific field continue to recommend that people stay home and work remotely whenever possible](#) until communities are able to meet specific prevention and response benchmarks.

There are still a lot of unknowns about the coronavirus that causes 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 towards resuming in-person services and work needs to center our collective commitment to ending oppression, including racism, ageism, and ableism.

To help coalitions and programs assess whether or not they are ready to resume in-person work, and to what degree, we've compiled a list of what we're hearing from coalitions and local programs, and thinking about at RSP, as it relates to returning to in-person work:

- Take a breath. Don't make decisions out of panic or external pressure.
- Reflect on why you are considering resuming in-person services. Remember that the organization itself has sole authority to decide when to resume in-person services and work. Returning to in-person work and services will likely need to happen in phases.
- Consult with HR attorneys/experts to find out about your legal obligations to provide safe working environments under OSHA, National Labor Relations Act regulations, the ADA, and other laws or policies. If programs cannot meet the minimum requirements, they should not resume in-person work and should continue working with survivors and community partners to provide the best support possible using remote tools. Remember also that these legal obligations are a floor, not a ceiling. Coalitions and programs 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.
- Gather personal protective equipment (PPE) such as masks, hand sanitizer, soap, and cleaning products to provide for staff, volunteers, and survivors.
- Create a cleaning and disinfecting schedule. Post reminders about hand washing and sanitizing surfaces in multiple languages wherever survivors and staff may gather.
- Plan for physical distancing and assess ventilation of physical work locations. A lot is still unknown about how the coronavirus that causes COVID-19 is spread. Some studies are showing that infection rates depend on length of time of exposure and distance so the 6-foot-physical distancing rule may not be enough to prevent spread in poorly ventilated, enclosed areas.

- Establish guidelines for employees to report confirmed exposure to COVID-19.
- Monitor regulations, resources, and relief options offered for small businesses as they change or expire. Discuss options with your Board, auditor, accountant, or banker.
- Check in with staff individually to assess what they would need to be able 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?
- Reflect on what you have collectively learned throughout the previous weeks. What worked for staff? Survivors? What didn't work? 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.
- Review your mission statement, guiding principles, and organizational goals to identify how activities can be re-thought for maximum impact with minimum exposure risk.
- Make plans to address the emotional and mental health of your staff. Think about grief and bereavement needs in particular.
- Expect the unexpected. Plan for as much continued flexibility around remote work and flexible job responsibilities as possible.
- 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 exposure risk, how staff 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 provided via technology may have increased access to support for people with disabilities and are worth continuing.
- Check with local health professionals about the COVID-19 trends and forecasts for your specific community(ies).
- Synthesize all of the information gathered from reflection, research, and staff assessments to create a draft written plan and share with your board.
- Ask for and incorporate feedback on your plan from your board, coalition peers, HR experts, staff members, and/or other trusted guides.
- Identify what may trigger a return to remote services and work again.
- Set a date to re-evaluate the plan after implementation begins.

Ways that coalitions/programs are practicing flexibility and safety

- Creating staggered schedules. This reduces the number of people in the office at any one time and allows parents juggling childcare to have a more flexible schedule.

- Encouraging survivors to make appointments for in-person services
- Limiting the number of support people who join

The Oklahoma Center for Nonprofits offers a [more in-depth guide](#) for programs as they consider resuming in-person services, trainings, and community engagement. Some of the resources are specific to Oklahoma, but offer a general framework applicable in any community.

The Missouri Coalition Against Domestic and Sexual Violence also recently shared their “responsible re-entry guidance” document as an example of how to communicate workplace changes with staff (attached to this email).

As coalitions and local programs have conversations about whether or not to resume providing in-person services, the North Carolina Coalition Against Domestic Violence also offers some [messaging tips](#). These tips remind us that sexual assault services are not closed. They are being offered remotely for the health and safety of survivors, staff members, and their communities.

We continue to be grateful for the leadership that coalition staff model and are here to keep talking as a community about how we navigate these challenging times. If you have other tips and considerations to add to this list, or want to have conversations about anything at all, please reach out to your RSP TA provider.

In community,
The RSP team