

## ICADV TA QUESTION/RESPONSE

	Answer
Outreach staff are pivoting to remote work and largely remote services. Any advice for promoting equity when it comes to this sort of risk? A scary question to If all staff can't have the same level of risk should we be providing the service?	Outreach staff may need to step in and provide shelter coverage to allow for consistency with limited staff. Check with your grant manager regarding DAC staff performing other job duties under Shelter.
If we have someone come in who has tested positive, do we tell the other residents? (If staff tests positive?)	You cannot disclose any information about a client, medical or otherwise, to other clients, individuals or organizations without their expressed written consent. All rules of confidentiality apply. If staff tests positive, you cannot disclose identifying information about that either. You can tell clients and staff that you have reason to believe that exposure may have happened and please consider taking the following steps...also any measures the program may be taking.
How do we do client assistance when we need signatures?	There are software options such as Adobe Acrobat DC that allow you to collect signature through email. It is available at a reduced rate through TechSoup: <a href="https://www.techsoup.org/adobe">https://www.techsoup.org/adobe</a>
What about emergency room calls? Do we go?	You should talk with local emergency response locations regarding advocate response. Can you provide the services virtually? If an advocate does respond provide them with the resources to take recommended precautions. Advocates with high risk health conditions should be removed from the rotation.
What if there is a shelter in place order? Can staff go out anyway to bring supplies to clients or cover shelter?	It would depend on the details of the order and if DV/SA services are considered essential. Be in communication with your local Department of Public Health. Plan in advance to ensure clients have the supplies for isolation.
Can we suspend transporting clients?	What alternatives exist in your community? Is public transportation, ride share or cabs an option? Be sure to have gas cards available to help with fuel. If a client is actively sick, they should be transported by professionals if at all. Seek guidance from public health.
Can we set curfews?	Standards do not support curfews however curfews may be issued by local authorities. Explain the importance of social distancing. If a client leaves shelter and does not return in accordance with your agency guidelines they may lose their space. <b>Standard 352</b> <i>Programs may have a suggested time they would like all residential guests to be home in the evening, but may not enforce it by refusing entry, citing late return in her case file, refusing services, or penalizing a client in any way. Programs</i>

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	<p><i>shall never refuse entrance to a client returning to shelter because she has broken a curfew.</i></p> <p><b>Standard 353</b></p> <p><i>Programs shall have a sign out sheet for clients to note when they shall be returning and shall make arrangements with each client for a course of action should the client not return.</i></p>
How COVID-19 will impact current and future clients?	It is too early to tell how long the current crisis will last and its ongoing impact. It is a good time to explore alternatives to communal living, use of technology to enhance advocacy and gaps in services.
How to take care of ourselves, families and clients during this difficult time?	If you are sick or have been exposed to COVID-19, you should stay home and self-isolate. Contact your doctor. If you are immunocompromised you should request the opportunity to work remotely. Review your agency personnel policies to ensure you have clear language regarding leave including sick, vacation, personal, paid administrative, etc.
Screening, can we ask questions around health when doing an intake and if a victim admits being sick what are our options? Can we screen staff?	<p>Advocates are not medical professional. General questions regarding client wellbeing are appropriate at any time. Be sure to share information regarding risk factors and prevention. If a client discloses being sick encourage them to seek medical attention and find an appropriate way to support them to self-isolate.</p> <p>You should not take people's temperatures, clients or staff. However, if you would like to make a thermometer(s) available, that is acceptable.</p>
How to encourage more statewide programs to join the group ICADV put together? (Adam, I think you did this)	<p>ICADV is using Telegram to stay connected internally and with advocates. You can download Telegram here: <a href="https://www.telegram.org/">https://www.telegram.org/</a></p> <p>Join the Advocate group: <a href="https://t.me/joinchat/OExyTxh6z-D_t8HdI8qVRA">https://t.me/joinchat/OExyTxh6z-D_t8HdI8qVRA</a></p>
What changes should we make in our personnel policies to make it flexible enough to cover staff needs? (administrative leave, etc.)	<p>Paid administrative leave policy, remote work policy, shared leave pool, clear sick leave, vacation and PTO policy</p> <p><i>(See sample administrative leave policy previously sent out to programs by Adam.)</i></p>
What if staff says they are high risk (immunocompromised, etc.) and don't want to work? What can we ask or not ask about staff's or their families health? (ADA)	<p>Trust what you are told and provide the support necessary. Requiring documentation from their doctor may not be possible, so you may have to be flexible. Alter their work responsibilities and provide opportunities to work remotely. Depending on your policies, staff who can't work may be required to use sick leave or vacation. If you have an administrative leave policy it is up to the director/assigned designee's discretion to allow paid leave.</p>
Does CVAD have limited hours and will it affect processing our claims?	We have no information on CVAD's hours or day-to-day. They will provide guidance as it becomes available. To date, they

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	have said they are conducting business as usual and claims will be processed but that could change moving forward.
Are advocates still going/expected to attend court with individuals. I've directly my team to offer phone support before and after hearings.	Most court/legal procedures have been impacted and schedules have been altered. Check out for specific information: <a href="#">Iowa Court Provisions</a>
Is there a way we can use personal cell phones without giving our number to clients?	Under normal circumstance we would not encourage the use of personal cell phones for on-going client use. There are some app options that allow you to select an alternative number for calling. I would purchase/subscribe as opposed to using limited/free versions. Check them out here: Burner: <a href="https://www.burnerapp.com/">https://www.burnerapp.com/</a> Sideline: <a href="https://www.sideline.com">https://www.sideline.com</a> Line 2: <a href="https://www.line2.com">https://www.line2.com</a>
Can ICADV provide an opportunity for programs to check in on a regular basis?	Wednesday at 10:00AM- <a href="https://zoom.us/j/378332354">https://zoom.us/j/378332354</a>