

Promising Practice Examples for Transitional Housing Programs Responding to Pandemic

| | Promising Practice |
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| Screening/Intake | <p>Implement screening questions such as: Has woman and/or her children been in contact with someone who:</p> <ol style="list-style-type: none"> 1. traveled &/or had contact with people who have traveled or 2. have been diagnosed/suspected of being in contact with carrier/confirmed covid-19, or 3. have been ill w/out suspected COVID -19 exposure ie., other strains of flu or colds |
| | <p>I f woman or her children have been unwell in the past 14 day or appear unwell, they</p> <ol style="list-style-type: none"> 1. must be willing to self-isolate for minimum of 10 days during which time health can be monitored, or if not willing 2. move into *safety planning aimed at keeping woman in her home *see safety planning below |
| | <p>Hospital intakes: screen cautiously – if women/children are not able to be tested ask them to self isolate for minimum 10 days while monitoring health</p> |
| Intake Procedures | <p>Fully inform women of all changes/expectations due to COVID-19 at time of call and if they agree to intake, follow intake procedures.</p> |
| | <p>Whenever possible intake procedures, including paperwork, should be completed over the phone.</p> |
| | <p>Develop a policy that <i>in response to the Covid-19 Pandemic clients are permitted to indicate they give verbal consent for forms such as confidentiality etc.</i></p> |

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| <p>Crisis Calls/Safety Planning</p> | <p>All intakes done over phone and screening includes harm reduction safety planning especially for women who are still residing with abuser</p> <p>Harm reduction strategies could include</p> <ol style="list-style-type: none"> 1. Ask women what has worked so far 2. Explore possibilities of reconnection with family and other supports 3. Typical emergency escape plans 4. Stay in contact with TH's – help to find a strategy that women can use to “cover up” the contact call. 5. If in danger call 911 <p>If safe and whenever possible women & children should remain in their own homes with safety measures in place ie., new locks, rental subsidies etc.</p> <p>Advocates shift to outreach and support via phone and internet employing harm reduction safety planning strategies (See BCSTH Tech Safety)</p> |
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| <p>Monitor Health</p> | <p>Take temperature with a ‘no touch’ thermometer at the door and twice daily and record temperatures</p> <ol style="list-style-type: none"> 1. If 37+ wait 10 mins and do it again 2. If over 38 isolate and 3. Make referral to medical assistance/testing <p>If no ‘no touch’ thermometer is available</p> <ol style="list-style-type: none"> 1. Use a new cover for each use, or 2. Disinfect thermometer after every use. <p>Report to health authority as required Inform clients of these procedures at screening</p> |
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| <p style="text-align: center;">Communal Living</p> <p style="text-align: center;"><i>Staff and Resident Health and Safety</i></p> | <p>Only one person/family per room – no sharing spaces with other single women.</p> |
| | <p>Encourage self isolation/social distancing when in program</p> <ol style="list-style-type: none"> 1. Each family will practice social distancing at least 2 meters apart from other residents and staff 2. Each person/family will agree to follow disinfection procedures of themselves and their spaces. 3. Each family will practice self isolation/social distancing when outside of program. |
| | <p>Teach and post information about respiratory hygiene/cough etiquette and hand washing techniques, social distancing etc. and how/where to get supplies throughout the TH</p> |
| | <p>When possible, provide personal protection equipment to all staff, women, children and youth</p> <p>When possible wear masks when working with residents, especially when preparing and serving food</p> |
| | <p>If possible, provide gloves throughout the TH and make available for women and staff. When possible provide children’s sizes.</p> |
| | <p>Employees with symptoms such as fever, cough, respiratory tract infection should not come to work. If they are feeling well and want to work remotely, explore if they can support the TH or support services remotely, i.e. staff the hotline and take phone intakes.</p> |
| <p style="text-align: center;"><i>Cleaning</i></p> | <p>Minimum thorough sanitizing of communal areas, including bathrooms, 2x per day, with more often to commonly touched surfaces (every 4 hours)</p> |
| | <p>If available, personal Protective Equipment such as masks, gloves, gowns, eye protection should be used when cleaning.</p> |
| | <p>If low on cleaning supplies and protection equipment contact local hair salons, tattoo parlors, nail salons for donations of products as these establishments have mostly been closed down.</p> <p>Contact local deep cleaning companies to see if they will donate their services to clean or offer supplies. Contact local distilleries who may shift operations to making hand sanitizer and ask for donations.</p> |

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| <p><i>Use of Common Areas</i></p> | <p>Each family will use common areas sparingly and should be asked to disinfect surfaces after use and be provided supplies to do so.</p> <p>Staff can assign families TV time etc. one family at a time if possible to encourage social distancing</p> <p>Toys, games etc should not be shared whenever possible</p> |
| <p><i>Meal times</i></p> | <p>Practice social distancing during meal times whenever possible, including: Not eating together – women and families eat in their rooms</p> <ol style="list-style-type: none"> 1. Staff deliver meals to rooms 2. Not sharing dishes, consider using disposable dishes if no dishwasher 3. Only wash dishes using dishwasher whenever possible 4. If no dishwasher use bleach water/air dry rinse 5. Assign kitchen times to each family for cooking |
| <p><i>Laundry</i></p> | <p>Assign laundry times and post procedures for cleaning</p> <hr/> <p>Each healthy family will agree to</p> <ol style="list-style-type: none"> 1. Wash/dry each family members clothes separately at the warmest setting possible 2. If items cannot be washed in hot/warm they will be bagged up and stored in storage outside the TH 3. Wash/dry bedding and towels a minimum of 2x per week in hot water at the hottest dryer setting possible 4. Not do other women’s laundry or share laundry <hr/> <p>Any woman or family that is isolated:</p> <ul style="list-style-type: none"> • Will provide clothing and linen to staff to wash separately • Use gloves to hand over laundry, dispose of them immediately after, and wash hands. <p>If available linens can be passed from resident to staff via plastic covered totes. This will ensure droplets are not being spread on way to laundry.</p> |

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| | Disinfect totes after removing laundry and before replacing with clean laundry. |
| <i>Supporting women and children</i> | <p>Support women who are parenting via outside play, social distancing and minimal contact. Staff can model/suggest social distance friendly games and activities.</p> <p>See PEACE program Home Package on the BCSTH COVID-19 webpage https://bcsth.ca/blog/health-safety-covid-19/</p> |
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| Isolation Procedures | <p>Identify possible locations for isolation within TH or outside, such as hotels, college and university campuses if vacant.</p> <p>Work with local government to place women in vacant housing.</p> |
| | <p>If placed in isolation in Transition House residents must:</p> <ol style="list-style-type: none"> 1. Practice sanitization/disinfecting procedures as directed by staff including garbage disposal and; 2. Launder daily 3. Remain in isolation until directed 4. Call 811 to report symptoms and follow instructions from health care professionals 5. Receive care from dedicated staff including monitor health ie. Temperature taking etc. 6. Allow staff to share medical information as required by current law. See BCSTH COVID-19 website https://bcsth.ca/blog/health-safety-covid-19/ and BCSTH Legal Toolkit https://bcsth.ca/wp-content/uploads/2016/05/BCSTH-Legal-Toolkit-2016-1.pdf |
| | <p>Whenever possible keep self-isolating and quarantined resident's bathroom separate and disinfect multiple times per day.</p> |
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| Staffing and Supports | Suspend outreach/advocacy programs, education |
| | Shift staff to phone/virtual support include crisis call line staffing |
| | Have dedicated staff for shopping and emergency appointments outside the residence |

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| | Do online grocery shop and delivery |
| | Provide emotional support for staff including regular check ins |
| | Develop policy re: mobile advocacy, file keeping and confidentiality also giving verbal permission as sign off |
| | Rotate staff: Team A in house one week and Team B on phones – then alternate. Possibly every two weeks will allow staff to determine if they are experiencing any symptoms and will give them a break to restore. |
| | Repurpose staff: PEACE staff to provide parenting support via phone/internet |
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| Outreach | Reach out to local media and/or deliver public awareness campaign to let women know that TH is open and how to receive services and that they are not alone. |

