Covenant House Missouri
COVID-19 Emergency Response Plan

Purpose
CHMO provides residential services 24 hours a day, 7 days a week to youth in need. The following protocols are being implemented due to the worldwide outbreak of COVID-19, a communicable disease with the potential of serious impact to youth and staff. This plan is a working document and is updated regularly with new, factual information.

Coronavirus facts

• There is currently a global outbreak of respiratory illness caused by a new coronavirus.
• Coronaviruses typically cause mild illnesses like a cold, to more serious illnesses like pneumonia. The current outbreak is a new type of coronavirus named COVID-19.
• For updated information on affected areas worldwide, visit www.cdc.gov/coronavirus
• Symptoms include fever, cough, and shortness of breath.
• Most people (80%) with COVID-19 will recover without hospitalization.
• Some people will require hospitalization, especially if the illness escalates to pneumonia. People who are at most risk for severe illness are elderly and/or have other health conditions.
• At this time, there is no vaccine to protect against COVID-19.
• The best current intervention is to slow the spread by washing hands, social distancing, etc.

Communication

• CHMO leadership will continually evaluate the local situation and will:
  o update and share the emergency response plan with all staff via email as necessary.
  o send information regarding the illness and prevention strategies to all staff via email and text alerts as such information is received.
  o collaborate with CHI and other Covenant House locations to identify best practices.
  o stay in contact with the City of St. Louis Department of Health (hotline: 314-657-1499), the state of Missouri Department of Health & Senior Services (hotline: 877-435-8411) and housing partners such as the St. Louis city COC to collaborate with efforts within our local community, and to notify of any CHMO outbreak.
  o notify housing partners of any changes to CHMO programming as a result of the illness.
• In the event of an active case on campus, the following entities will be notified: CHI, COC, City Health Department, and the Missouri DHSS hotline
• The COO is the central point of contact for coordinated response
• The CEO is the point of contact for media inquiries and communications, which will be handled in collaboration with CHI VP of Public Relations (tmanning@covenanthouse.org; 845-300-2126).

Steps to Take to Prevent Illness – for all Youth and Staff

• Wear a surgical-style mask at all times when interacting with others
• Practice social distancing – stay six feet away from others while interacting.
• Move chairs and furniture in the offices to support social distancing.
• Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
• Cover your mouth and nose with a tissue when coughing or sneezing
• Avoid touching your eyes, nose, or mouth with unwashed hands.
• Avoid close contact with people who are sick.
• Comply with the state’s stay home order. The order mandates that everyone stay at home, with the exception of essential activities.
Essential activities include but are not limited to: working in an essential business, obtaining supplies or necessary services, seeking medical care, and caring for a family member or loved one. Practice social distancing to the extent feasible while engaging in these activities, and stay home if not engaging these types of activities.

What Should Staff Do?

- **Take care of your physical health**
  - Stay home if you are sick
    - if you are experiencing virus related symptoms, it is critical that you self-quarantine and remain home.
    - Contact your supervisor immediately to notify them.
    - Contact the Health Department hotline, 314-657-1499, for assessment and testing.
  - If you are in an at-risk category (elderly or with a pre-existing condition), you can work with your supervisor and Human Resources to develop a working plan that best meets your health and safety needs.
  - If you or a member of your family is quarantined:
    - Contact your supervisor immediately to notify them.
    - If you are ordered to stay home by a public health official, you will be paid for up to 2 weeks and not charged your PTO.

- **Take care of your mental health**
  - The stress and worry of the pandemic crisis can take a toll on the mental health of our youth and ourselves. Please see the included guidance on coping with stress from the World Health Organization.
  - The Employee Assistance Program is available to all employees. See the attached flyer.

- **Provide Education and Support to Youth**
  - Provide youth with clear explanation of how to prevent illness - increased hygiene practices of hand washing and taking action to avoid contracting the virus.
  - Provide education on the statewide stay-home order and how important it is to only leave the building for essential outings (work, medical, etc.)

Health Screenings and Follow Up Procedure

- **Staff Screenings**
  - When team members arrive at the building for work, they should stop at the front desk and do the following:
    - Confirm you have a mask to wear
      - If you do not have a mask with you, please ask the person at the front desk for one, or the supervisor on duty
    - Take your temperature
      - Use the forehead thermometer at the front desk
      - If your temperature is below 100.4 degrees Fahrenheit, continue with your work
      - If your temperature is at 100.4 or higher, return to the parking lot and contact your supervisor for further instruction
    - Wash your hands
      - Use one of the restrooms on the first floor to wash your hands before beginning your work

- **Youth Screening**
  - All youth will receive a daily health screening
    - Community youth will be screened by front desk staff when they enter the building
    - Residential youth will be screened by residential management or designee each day
The screening will follow the flow chart outlined in the COVID-19 Screening and Triage Tool from Berkeley Public Health (attached).

Applicable information will be filled out for each youth on a daily tracking log.

Results of health screenings will be tracked and monitored and shared with leadership.

- **Youth Who Have Symptoms**
  - Provide them with a surgical style facemask.
  - Place them in self-quarantine in a private room with a closed door.
  - Immediately report the potential COVID-19 case to the COO and CEO, who will notify CHI and the state of Missouri Department of Health & Senior Services (hotline 877-435-8411).
  - With the youth, contact the City of St. Louis Department of Health (hotline: 314-657-1499). Notify them that the individual is homeless, staying at Covenant House, and will need to access the community quarantine center.
    - The Health Department will assess and provide instructions regarding:
      - how to send the youth for testing and/or medical care.
      - how to send them to the community quarantine center.
      - when to call 911 for severe symptoms, which may include:
        - extreme difficulty breathing (not being able to speak without gasping for air).
        - bluish lips or face.
        - persistent pain or pressure in the chest.
        - severe persistent dizziness or lightheadedness.
        - confusion, or inability to arouse.
        - new seizure or seizures that won’t stop.
  - All staff interacting with a youth who has symptoms consistent with COVID-19 should wear an N-95 facemask. These are available from the Director of Residential Services.

If a youth or staff member tests positive for COVID-19

- Notify the COO and CEO immediately.
- The CEO and COO will coordinate to ensure the following entities are also notified: CHI, COC, City Health Department, and the Missouri DHSS hotline.
- Individuals who have been in close contact without a surgical mask with someone who has been confirmed to have COVID-19 should go on self-quarantine for 14 days from the last time they had close contact.
  - Close contact is defined as being less than 6 feet apart for more than 10 minutes with neither person wearing a surgical mask.
- Self-quarantine for youth means they should be either given a private room or given a surgical mask to wear, depending on room availability.
- Self-quarantine for staff means that they should not return to work for 14 days from their last exposure to the individual. Please note that self-quarantine is not necessary if they were wearing a surgical mask during their interaction.

**Residential Programs**

- Emergency Overnight residential services are suspended until further notice.
- Campus capacity will be monitored by senior leadership and adjusted as necessary to meet youth needs and allow for social distancing space.
- All intakes should be scheduled when program management is available to complete a health assessment before a youth is admitted into the program.

**Essential Staffing Standards**

- Minimum staffing standards:
A minimum staffing ratio of 1 staff to every 10 youth during daytime hours and 1 staff to every 12 youth during overnight hours must be maintained at all times. A minimum of 2 staff members must be in the building at all times.

- Custodial staff must also be available daily to keep the facility clean and limit the spread of disease.
- In the event of essential staff shortage due to the virus, residential staff may be asked to cover more than one shift, and admin staff may be asked to substitute where possible. Please see the Residential Staffing Substitution Plan that is included for further guidance.

**General Staffing Guidelines**

- Stay home if you are sick - if you are experiencing virus related symptoms, it is critical that you self-quarantine and remain home. Contact your supervisor immediately to notify them. If you are ordered to stay home by a public health official, you will be paid for up to 2 weeks and not charged your PTO.
- If you or a member of your family is quarantined, contact your supervisor immediately to notify them.
- Employees at home must remain in contact with Human Resource for ongoing and updated instructions.
- To preserve the health of the team, so we have the ability to implement our residential staffing substitution plan if needed, the building will staffed by essential personnel only. All other team members will be working remotely. Essential staff are defined as those that are required for direct program delivery to young people:
  - Each residential floor will be staffed by two case managers to maintain proper ratios.
  - One of the program managers or assistant program managers will be on site each day to support the case managers and the youth.
  - One of the two program directors (Residential and Support Services) will be on site each day to provide additional program support.
  - The support services team will work with community youth in the building between the hours of 2 and 5 pm, work with youth in the community in safe locations, and provide telehealth support to youth over the phone.
  - One support services team member from the therapy team, outreach team and career team will be in the building each day in their respective areas to support community youth.
  - Six members of the Senior Leadership Team (CEO, COO, Director of Advancement, Director of Finance, Director of HR and Director of Quality Assurance) will have a rotating schedule to ensure one Senior Leadership Team member will be on site seven days a week to provide overall support and assist with administrative functions that need to happen on campus.
  - All other personnel will be working remotely in a safe location.
- Employees always have access to their PTO benefits and can use their PTO during this time as they navigate their personal needs and needs of their families. The two week notice requirement to request PTO outlined in the PTO policy is being suspended so employees have real time access to their benefits.
- Employees providing staffing “in-ratio” for the residential programs must stay on shift until they are relieved by the staff arriving for the next shift.

**Facilities**

- Cleaning of the facility occurs in a heightened fashion.
- The facilities team has updated their routine cleaning plan in response to COVID-19. All cleaning practices will follow the guidelines from the CDC for infection control measures. Those guidelines can be found at this link: [https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)
- Post “illness prevention” posters.
• Put hand sanitizer in conspicuous places and keep re-filled.
• Practice excellent infection control measures, cleaning the facility and vehicles daily and documenting cleaning practices.
• Daily wipe down all surfaces that would be touched by someone’s hands (door knobs, handles, cabinets, railings, surfaces, toilet handles, etc.) with a diluted bleach solution
• Plexiglass has been installed at the front desk, to add an additional layer of protection to the team members working there.
• Ensure necessary stock of supplies, overseeing or delegating to ensure the following are kept on hand and available to our site.
• Keep up to date inventory of the following items:

<table>
<thead>
<tr>
<th>Facility Sanitation</th>
<th>Food</th>
<th>Medications/Personal Health supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• N95 Masks</td>
<td>• Vegetables</td>
<td>• Kleenex</td>
</tr>
<tr>
<td>• Surgical masks</td>
<td>• Grains</td>
<td>• Towels/wash cloths</td>
</tr>
<tr>
<td>• Hand sanitizer</td>
<td>• Rice</td>
<td>• Fresh linens</td>
</tr>
<tr>
<td>• Disinfecting wipes</td>
<td>• Beans</td>
<td>• Blankets</td>
</tr>
<tr>
<td>• Disinfecting spray</td>
<td>• Pasta</td>
<td>• OTC meds for the common cold</td>
</tr>
<tr>
<td>• Hand soap</td>
<td>• Bottled water</td>
<td>(dextrorphan, mucolytics,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>antihistamine, benadryl, cough</td>
</tr>
<tr>
<td></td>
<td></td>
<td>drops, cepastat, nasal spray, etc.)</td>
</tr>
<tr>
<td>• Trash bags</td>
<td>• Canned food</td>
<td></td>
</tr>
<tr>
<td>• Toilet paper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Paper towels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rubber gloves</td>
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</tr>
</tbody>
</table>

**Community**

• Program Partner visits will be suspended to limit the number of people coming in and out of our buildings, except for essential Program Partners identified as: IFM, Dr. Mamah, and H&M Food Management.
• We are restricting in-person participation in meetings outside of our campus with external stakeholders.
• Board and Committee meetings will be conducted virtually, rather than in person
• Use of our meeting facilities by outside groups is suspended.
• Community based employment and outreach services are suspended.
• All youth group outings are suspended with the exception of outdoor activities in large open spaces.
• If one on one community based services are needed for any young person, coordinate with your manager on the safest way to provide the support.
• Guest visits for residential youth are suspended. Residential youth overnights are suspended.
• Interns and Internships are suspended.

**Community Youth**

• Community Youth services are limited to essential services (basic needs, wellness services and case management) during the hours of 2:00pm to 5:00pm seven days a week, or as a pre-scheduled appointment exists and is verified by a team member.
• Community Youth access in the building is restricted to the first floor during these hours
• Sack meals will be available for community youth.
• When possible, support to community youth be provided virtually.

**Development**

• Gatherings of over 10 people will be cancelled, postponed or converted to a virtual meeting until the CDC changes their current recommendations.
• Tours of the facility are suspended.
• Volunteer activities are suspended.
• Acceptance of in-kind donations is suspended, and alternative methods of supporting the organization are available, such as the Amazon Wish List.
• Development team will be vigilant in communicating need for financial support during this time, and continue stewardship and communication with donors in a safe and virtual fashion.

**Travel**

• All Covenant House related travel is suspended until further notice.
• Employees are encouraged to limit their own personal travel whenever possible. Employees are prohibited from returning to work for a minimum of two weeks if they travel to any area for which the CDC has issued a travel advisory warning. Additional information on the CDC website: [https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)
• Employees are expected to notify their manager and HR regarding any personal travel plans.

**Attachments:**

• COVID-19 Screening Tool
• Residential Staffing Substitution Plan
• Resource Guide
• Coping with Stress
• EAP Brochure
• Guidance for Homeless Service Providers – City of STL

**Plan Version Date:**

March 11, 2020
March 16, 2020
March 17, 2020
March 19, 2020
March 24, 2020
April 1, 2020
April 4, 2020
April 9, 2020
Providers are encouraged to continue providing shelter and services to clients who have no symptoms of COVID-19 and clients who are mildly ill who can be separated. This tool is meant to help providers safely support clients and to guide providers in case a client is sick or has symptoms of COVID-19.

A. Safely Screen for Symptoms: Should I provide a mask?

**CDC guidelines:** Disposable facemasks should be kept on-site and used only when someone is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear while staying at the shelter.

**WASH HANDS** with soap and water OR hand sanitizer:
- Each client as they walk in
- Providers between each client

### SCREEN FOR SYMPTOMS --- ASK:

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a fever or chills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a cough?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been feeling short of breath or are you having trouble breathing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been sneezing or do you have a runny nose?</td>
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<td></td>
</tr>
</tbody>
</table>

**CHECK TEMPERATURE WITH A THERMOMETER**

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is temperature at or above 38°C or 100.4°F?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Screen for Underlying Conditions: Does client have any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>NO</th>
<th>YES</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoimmune disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung problems</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pregnancy</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>High dose steroid treatment</td>
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<td></td>
</tr>
</tbody>
</table>
If client checked **NO TO EVERY QUESTION** in Part A, provide education to stay healthy:

1. Wash your hands often with soap and water for at least 20 seconds
2. Avoid touching your eyes, nose, and mouth with unwashed hands
3. Cover your cough or sneeze with a tissue, then throw the tissue in the trash

If client checked **YES TO ANY QUESTION** in Part A:

**MILDLY SICK**
Has some or all symptoms, may have aches or pain, but overall feels well enough to take part in daily activities

Do they have an underlying condition? (see Part B.)

**MODERATELY SICK**
Has some or all symptoms and feels tired like they can't get out of bed

**VERY SICK**
Has fever or cough plus severe shortness of breath (trouble talking or with daily activities), chest pain, blue lips, dizziness, chills, and/or confusion

**FOLLOW COUNTY GUIDELINES by calling the following number:**

____________________

**911/ EMERGENCY ROOM**

Refer to CDC guidelines for resources to support people experiencing homelessness:

If you have any questions, please contact engagesph@berkeley.edu
Covenant House Missouri
Residential Staffing Substitution Plan
Developed March 2020

This plan will be implemented in the event of COVID outbreak and quarantines on or off campus which impact staff. Due to the needs of our youth, every effort should be made to maintain the typical staffing coverage and backup plans. In the event of a significant staff shortage due to widespread impact, these steps will be implemented where possible.

If the Residential Staffing Substitution Plan is enacted, communication will be put out by the COO, or designee. When the plan is enacted, all non-essential personnel will be asked to work remotely in a safe place to preserve their health so they can adequately serve and support the residential program as needed. Leadership Team will coordinate and provide additional on-site and on-call support.

In the event of an outbreak in the building, intakes will be halted, community youth services will be halted, and staffing will be reduced to the minimum level necessary to support our required ratios in the building. The required minimum residential ratios are 1:10 during daytime hours and 1:12 during overnight hours. All staff must be awake during all shifts.

Essential Residential staffing will be provided by these staff roles, in the following order:

1. Case Managers and Residential Advisors
2. PRN staff Case Managers and Residential Advisors
3. Outreach Case Managers
4. APMs
5. PM
6. Director of Residential Services
7. Front Desk staff
8. HR coordinator
9. Therapists
10. Employment staff
11. Director of Support Services
12. COO
13. CEO
14. Quality Assurances team
15. Development team
16. HR team
17. Accounting/Facilities team

This plan is prioritized based on training, skills, and experience, as well as ensuring that hourly employees are still given ample opportunity to work as needed to continue to receive their pay.
<table>
<thead>
<tr>
<th>General Medical Information</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>COVID-19 Information</td>
<td>State of Missouri</td>
<td>General questions about Missouri’s response</td>
</tr>
<tr>
<td>St. Louis County Coronavirus Help Line</td>
<td>St. Louis County</td>
<td>Hotline for residents experiencing symptoms (fever, cough, and difficulty breathing)</td>
</tr>
<tr>
<td>City of St. Louis Health Department</td>
<td>St. Louis City</td>
<td>Information about testing and city resources</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Testing</th>
<th></th>
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</thead>
</table>
| Drive Through Testing | Mercy (Chesterfield) | Must be exhibiting:  
 • 100.4 fever (or higher)  
 • Dry cough  
 • Shortness of breath | 314-251-0500 |

Virtual Testing | SSM | Virtual visits for anyone concerned about exposure – Free for MO and IL residents | [https://ssmhealth.zipnosis.com/](https://ssmhealth.zipnosis.com/)

<table>
<thead>
<tr>
<th>Utility Assistance</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>Ameren</td>
<td>Suspending disconnections; Late fee forgiveness</td>
</tr>
<tr>
<td>Gas</td>
<td>Spire</td>
<td>Suspended disconnection</td>
</tr>
<tr>
<td>Water</td>
<td>City of St. Louis</td>
<td>Suspending water disconnection</td>
</tr>
<tr>
<td>Internet</td>
<td>Charter</td>
<td>Free wifi for households with students</td>
</tr>
</tbody>
</table>
## Crisis Hotlines

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Hotline</td>
<td>Behavioral Health Response</td>
<td>314-469-6644</td>
</tr>
<tr>
<td>Crisis Text Line</td>
<td>Crisis Text Line</td>
<td>Text HOME to 741741</td>
</tr>
<tr>
<td>Suicide Hotline</td>
<td>National Suicide Prevention Lifeline</td>
<td>800-273-8255</td>
</tr>
<tr>
<td>Domestic Violence Hotline</td>
<td>ALIVE</td>
<td>314-993-2777; alivestl.org</td>
</tr>
</tbody>
</table>

## Drop-In Center

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop-in Center</td>
<td>Covenant House Missouri</td>
<td>314-533-2241</td>
</tr>
<tr>
<td>Drop-in Center</td>
<td>Epworth Drop-in Center</td>
<td>314-952-8689</td>
</tr>
</tbody>
</table>

## Housing

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Hotline</td>
<td>Referrals to adult housing resources</td>
<td>2-1-1</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Covenant House Missouri</td>
<td>314-533-2241 Ages 16-24</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Marygrove</td>
<td>314-830-6272 Ages 16-19</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Youth Emergency Services</td>
<td>314-727-6294 Ages 11-19</td>
</tr>
</tbody>
</table>

## Food

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunger Hotline (Food Resources)</td>
<td>Operation Food Search</td>
<td>314-726-5355 ext. 1</td>
</tr>
</tbody>
</table>

Call for information about food pantries in operation in your zip code
Coping with stress during the 2019-nCoV outbreak

It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talking to people you trust can help. Contact your friends and family.

If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.

Don’t use smoking, alcohol or other drugs to deal with your emotions. If you feel overwhelmed, talk to a health worker or counsellor. Have a plan, where to go to and how to seek help for physical and mental health needs if required.

Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website or, a local or state public health agency.

Limit worry and agitation by lessening the time you and your family spend watching or listening to media coverage that you perceive as upsetting.

Draw on skills you have used in the past that have helped you to manage previous life’s adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.
What does the EAP cost?

There is no charge for services provided within the EAP. Your employer has provided short-term counseling, research, consultation and referral services for you, your family and your significant others. When necessary, you may be referred to services that go beyond the scope of the EAP. Charges for services outside the EAP are your responsibility. In some cases, however, your health insurance may cover a portion of the cost of the services you require.

How confidential is the EAP?

No information, including your name, can be released without your written consent. The only exceptions are those required by law such as the duty of counselors to warn someone of a serious threat or the mandated reporting of child and elder abuse.

H&H Health Associates believes...

We can make a significant contribution to the well-being of our clients.

Health is the product of both physical and mental factors affecting productivity and profitability.

Fully functioning associates are a company's greatest asset.

In treating our clients and their families compassionately.

We will help our clients find answers.

People are capable of change that can improve their quality of life.

In meeting the changing needs of business, through our pursuit of continuing education, credentialing, and licensing.

There is a healing partnership between our clients and ourselves.

Free, confidential & available to all employees.

In-person counseling sessions by appointment.

24/7/365 800.832.8302

E-mail: Info@HHHealthAssociates.com

Website: www.HHHealthAssociates.com
What is the Employee Assistance Program (EAP)?

The EAP is a confidential service designed to help employees and families with personal or work/life balance issues. Your employer is providing the EAP to help you toward an early resolution of most any personal concern.

What kinds of issues are addressed by the EAP?

- Stress Management
- Emotional Issues
- Depression, Anxiety, and Panic Attacks
- Elder Care Resources
- Relationship and Family Problems
- Chemical Dependency
- Eating Disorders
- Domestic Violence
- Job Stress
- Career Frustration
- Child Care Needs
- Grief or Loss
- Work/Life Issues
- Financial Guidance
- Nutritional Questions
- Legal Guidance
- Health Coaching Needs

Types of services included in the EAP

**Live, Crisis Counseling (24/7)**
Immediate intervention including suicides and violence prevention

**Short-term Counseling**
Problem solving oriented for all types of issues including individual and family situations

**Multiple/Easy Points of Access**
In-person, video, telephonic, chat & messaging options available to best fit your needs

**Stress Reduction**
Assessment of stress, burnout, and mental health issues

**Child Care Resources**
Research and referral for all types of child care needs

**Elder Care Resources**
Research and referral for all types of elder care needs

**Legal Guidance**
Legal consultation and referral for most non-employment related issues

**Financial Guidance**
Consultation and referral assistance with money management for most financial concerns

**Work/Life Resources**
Research and referral to convenient services to help associates balance work and personal life

**Online Resources**
Library of resources, self-assessment tools, training modules, educational videos, etc.

**Health Coaching**
Telephonic and online health coaching on topics such as weight management, physical activity, nutrition, stress management, smoking cessation, mindfulness, healthy baby, sleep, ergonomics, heart health, diabetes, chronic conditions, etc.

What happens when I call the EAP?

Accessing the EAP is easy. Simply call the EAP. Counselors are available, 24 hours a day, 7 days a week. The EAP will gather some information, evaluate your needs, and suggest a possible plan of action.

What happens next?

The next step will depend on your unique situation. If you are calling about an emotional or family issue, the EAP counselor will always suggest a face to face meeting. This will give you a private opportunity to talk about your concerns in depth. This meeting will take place at a convenient, private office away from the work-site.

What about resources other than counseling?

The EAP has a variety of professionals available to help you free yourself from personal worries at work. Locating day care resources, financial consultations, and legal assistance, are all examples of how the EAP can assist you with work/life issues. The EAP also provides Health Coaching services for you and your loved ones on such issues as weight management, fitness and smoking cessation.

314.845.8302 / 800.832.8302

EAP SERVICES—Here to assist you!
April 7, 2020

TO: St. Louis Continuum of Care
From: Fredrick L. Echols, M.D., Director of Health for the City of St. Louis
Re: Guidance for Homeless Service Agencies

The unhoused population is one of the City of St. Louis’ most vulnerable populations. Thus, homeless service providers have a critical role in protecting and maintaining the health of unhoused persons. As you may know, there is evidence that COVID-19 is spreading in our community. No one is exempt for getting infected. Thus, it is important to have protocols in place in the event that someone (staff or client) associated with the shelter facility may test positive for COVID-19.

In the event that staff tests positive for COVID-19, the following steps should be completed:

1. The person should be excluded from work immediately.
2. The supervisor/manager should work with the staff to identify all close contacts.
   a. Close contact is defined as:
      ) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
      – or –
      b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
3. The name of the staff and all close contacts and their contact information (working cell phone number and email address) should be reported to the City of St. Louis Department of Health. To report this information, they should call (314) 657-1569.

The City of St. Louis Department of Health will monitor all persons according to protocols established by the Centers for Disease Control and Prevention (CDC). The staff who tested positive for COVID-19 will have remain off work until they are cleared by their medical provider. All close contacts shall be excluded from work for 14 days. If they develop symptoms during their monitoring period, they will need to obtain COVID-19 testing with their medical provider. In the event assistance is needed, the organization should contact the health department.
If a person in the shelter develops symptoms consistent with COVID-19 infection, the homeless service provider should call 911. If the agency is located in the City of St. Louis, they should request the City of St. Louis Fire/EMS Infectious Disease EMS Unit and inform the dispatcher that the person has symptoms consistent with COVID-19 infection. If the person’s test is positive, the organization should notify the City of St. Louis Department of Health immediately to ensure they are isolated and all close contacts are identified and quarantined.

The homeless service provider should work with the City of St. Louis Department of Human Services to ensure the person with the positive COVID-19 test and their contacts are placed in housing separate from the general population. If a close contact is an employee who has housing, they can complete their monitoring at home. However, they must be excluded from work during while under self-quarantine. The City of St. Louis Department of Health will monitor the case and all close contacts.

In addition, the CDC has issued interim guidance for homeless service providers (enclosed) that will be useful for said providers in the City of St. Louis.

Thank you for the work you’re doing to protect one of our most vulnerable populations.

Please do not hesitate to contact me if you have questions or need additional information.
Plan, Prepare and Respond to Coronavirus Disease 2019 (COVID-19)

This interim guidance is based on what is currently known about Coronavirus Disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

COVID-19 is caused by a new virus. There is much to learn about the transmissibility, severity, and other features of the disease. Everyone can do their part to help plan, prepare, and respond to this emerging public health threat.

CDC has developed recommendations for homeless service providers about how to protect their staff, clients, and guests. The Before, During, and After sections of this guidance offer suggested strategies to help homeless service providers plan, prepare, and respond to this emerging public health threat.

Before a COVID-19 outbreak occurs in your community: Plan

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, preparing now is the best way to protect people experiencing homelessness, homeless service provider staff, and volunteers from this disease. An outbreak of COVID-19 in your community could cause illness among people experiencing homelessness, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among homeless service provider staff. Community, take time to improve your household’s plan. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your household also have an important role to play in ongoing planning efforts.

Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak.

Having an emergency plan in place can help reduce the impact of the outbreak. During your planning process, homeless service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect their staff, clients, and guests. Set a

In this guidance

- Before a COVID-19 outbreak occurs: Plan
- During a COVID-19 outbreak: Act
- After a COVID-19 outbreak: Follow-up
- Readiness Resources
time to discuss what homeless service providers should do if cases of COVID-19 are suspected in their facility, if a confirmed case of COVID-19 is identified in a client, or if a confirmed case of COVID-19 in a person experiencing homelessness is discharged from a local hospital. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility.

**Connect to community-wide planning**

Find out if your local government has a private-public emergency planning group that meets regularly. Building strong alliances before an outbreak may provide your organization with the support and resources needed to respond effectively. Also, in recognition of the “whole community” approach to emergency planning and management, your input as community leaders and stakeholders helps ensure that your local government’s emergency operations plan is complete and represented.

**Develop or update your emergency operations plan**

- **Identify a list of key contacts** at your local and state health departments.
- **Identify a list of healthcare facilities** and alternative care sites where clients with respiratory illness can seek housing and receive appropriate care.
- **Include contingency plans** for increased absenteeism caused by employee illness or by illness in employees’ family members that requires employees to stay home. These plans might include extending hours, cross-training current employees, or hiring temporary employees.

**Address key prevention strategies in your emergency operations plan**

- **Promote the practice of everyday preventive actions.** Use health messages and materials developed by credible public health sources, such as your local and state public health departments or the Centers for Disease Control and Prevention (CDC). Read more about everyday preventive actions.
- **Provide COVID-19 prevention supplies at your organization.** Have supplies on hand for staff, volunteers, and those you serve, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and disposable facemasks. Plan to have extra supplies on hand during a COVID-19 outbreak.  
  *Note: Disposable facemasks should be kept on-site and used only when someone is sick at your organization. Those who are sick should be immediately isolated from those who are not sick and given a clean disposable facemask to wear while staying at the shelter.*
- **Plan for staff and volunteer absences.** Develop flexible attendance and sick-leave policies. Staff (and volunteers) may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members.  
  *Note: Use a process similar to the one you use when you cover for staff workers during the holidays.*
- **Be prepared to report cases of respiratory illness that might be COVID-19 to your local health department and to transport persons with severe illness to medical facilities.** Discuss reporting procedures ahead of time with a contact person at your local health department.
- **If possible, identify space that can be used to accommodate clients with mild respiratory symptoms and separate them from others.** Most persons with COVID-19 infections will likely have mild symptoms and not require hospital care. Furthermore, it might not be possible to determine if a person has COVID-19 or another respiratory illness. Designate a room and bathroom (if available) for clients with mild illness who remain at the shelter and develop a plan for cleaning the room daily.
Identify clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) to ensure their needs are taken into consideration.

Prepare healthcare clinic staff to care for patients with COVID-19, if your facility provides healthcare services and ensure facility has supply of personal protective equipment.

Plan for higher shelter usage during the outbreak. Consult with community leaders, local public health departments, and faith-based organizations about places to refer clients if your shelter space is full. Identify short-term volunteers to staff shelter with more usage or alternate sites. Consider the need for extra supplies (e.g., food, toiletries, etc.) and surge staff, ensuring they have personal protective equipment.

Communicate about COVID-19 and everyday preventive actions

Create a communication plan for distributing timely and accurate information during an outbreak. Identify everyone in your chain of communication (for example, staff, volunteers, key community partners and stakeholders, and clients) and establish systems for sharing information. Maintain up-to-date contact information for everyone in the chain of communication. Identify platforms, such as a hotline, automated text messaging, and a website to help disseminate information to those inside and outside your organization. You also can learn more about communicating to workers in a crisis.

Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information to workers, volunteers, and those you serve. Learn more about reaching people of diverse languages and cultures.

Help counter stigma and discrimination in your community. Speak out against negative behaviors and engage with stigmatized groups.

People experiencing homelessness may be at increased risk of adverse mental health outcomes, particularly during outbreaks of infectious diseases. Learn more about mental health and coping during COVID-19.

Get input and support for your emergency operations and communication plans

Share your plans with staff, volunteers, and key community partners and stakeholders and solicit feedback on your plans.

Develop training and educational materials about the plans for staff and volunteers.

During a COVID-19 outbreak in your community: Act

If cases or clusters of COVID-19 disease are reported in your community, put your emergency plan into action, to protect your clients, staff, and guests.

Early action to slow the spread of COVID-19 will help keep staff and volunteers healthy and help your organization maintain normal operations.

Put your emergency operations and communication plans into action

Stay informed about the local COVID-19 situation. Get up-to-date information about local COVID-19 activity from public health officials. Be aware of temporary school dismissals in your area because these may affect your staff, volunteers, and families you serve.

Note: Early in the outbreak, local public health officials may recommend schools be dismissed temporarily to allow time to gather information about how fast and severe COVID-19 is spreading in your community. Temporary school dismissals also can help slow the spread of COVID-19.
✓ Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread. Meet with your staff to discuss plans to help clients implement personal preventive measures.

✓ Communicate with your local health department if you are concerned that clients in your facility might have COVID-19. Learn more about COVID-19 symptoms at: https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html.

✓ Download COVID-19 posters and CDC Fact Sheets and keep your clients and guests informed about public health recommendations to prevent disease spread and about changes to services that might be related to the outbreak. Messaging may include:
  - Posting signs at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
  - Providing educational materials about COVID-19 for non-English speakers, as needed.
  - Encouraging ill staff and volunteers to stay home (or be sent home if they develop symptoms while at the facility), to prevent transmitting the infection to others.

✓ Minimize the number of staff members who have face-to-face interactions with clients with respiratory symptoms. Use physical barriers to protect staff who will have interactions with clients with unknown infection status (e.g. check-in staff). For example, install a sneeze guard at the check-in desk or place an additional table between staff and clients to increase the distance between them. Note: Disposable facemasks should be reserved for use by clients who exhibit respiratory symptoms. Clients who become sick should be given a clean disposable facemask to wear while staying at the shelter.

✓ Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.

✓ If staff are handling client belongings, they should use disposable gloves. Make sure to train any staff using gloves to ensure proper use.

✓ Limit visitors to the facility.

Ensure that clients receive assistance in preventing disease spread and accessing care, as needed

✓ In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 3 feet apart, and request that all clients sleep head-to-toe.

✓ Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues.

✓ Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing. Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your shelter) at key points within the facility, including registration desks, entrances/exits, and eating areas.

✓ At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
  - If there is person to person spread in your local community, clients may have COVID-19.

✓ Monitor clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and reach out to them regularly.

✓ Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
Follow CDC recommendations for how to prevent further spread in your facility.

- If individual rooms for sick clients are not available, consider using a large, well-ventilated room.
- In areas where clients with respiratory illness are staying, keep beds at least 6 feet apart, use temporary barriers between beds (such as curtains), and request that all clients sleep head-to-toe.
- If possible, designate a separate bathroom for sick clients with COVID-19 symptoms.
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to ill persons to as-needed cleaning (e.g., of soiled items and surfaces) to avoid unnecessary contact with the ill persons.

Decisions about whether clients with mild illness due to suspected or confirmed COVID-19 should remain in the shelter or be directed to alternative housing sites should be made in coordination with local health authorities. Similarly, identifying respite care locations for patients with confirmed COVID-19 who have been discharged from the hospital should be made in coordination with local healthcare facilities and your local health department.

√ **If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care.** If this is a client with suspected COVID-19, notify the transfer team and medical facility before transfer. Severe symptoms include:

- Extremely difficult breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won’t stop

√ **Ensure that all common areas within the facility follow good practices for environmental cleaning.** Cleaning should be conducted in accordance with CDC recommendations.

**After a COVID-19 outbreak has ended in your community: Follow Up**

Remember, a COVID-19 outbreak could last a long time, and the impact on your facility may be considerable. When public health officials determine the outbreak has ended in your community, take time to talk over your experiences with your clients and staff. As public health officials continue to plan for COVID-19 and other disease outbreaks, you and your organization have an important role to play in ongoing planning efforts.

**Evaluate the effectiveness of your organization’s plan of action**

√ **Discuss and note lessons learned.** Were your COVID-19 preparedness actions effective at your organization? Talk about problems found in your plan and effective solutions. Identify additional resources needed for you and your organization.

√ **Participate in community discussions about emergency planning.** Let others know about what readiness actions worked. Maintain communication lines with your community (e.g., social media and email lists).

√ **Continue to practice everyday preventive actions.** Stay home when you are sick; cover your coughs and sneezes with a tissue; wash your hands often with soap and water; and clean frequently touched surfaces and objects daily.
Maintain and expand your emergency planning. Look for ways to expand community partnerships. Identify agencies or partners needed to help you prepare for an infectious disease outbreak in the future.

**COVID-19 Readiness Resources**

- Visit [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19) for the latest information and resources
- Handwashing: A Family Activity [https://www.cdc.gov/handwashing/handwashing-family.html](https://www.cdc.gov/handwashing/handwashing-family.html)

**CDC Interim Guidance for Specific Audiences**


**CDC Communication Resources**

- Additional Resources Specific to Homeless Shelters