Background

On 30 January 2020, WHO announced that the COVID-19 outbreak was a Public Health Emergency of International Concern.

COVID-19 is an acute respiratory illness caused by a novel human coronavirus (SARS-CoV-2, called COVID-19 virus), which causes higher mortality in people aged ≥60 years and in people with underlying medical conditions such as cardiovascular disease, chronic respiratory disease, diabetes and cancer.

While there is still much to learn about the novel coronavirus that causes the COVID-19 virus, presently the general guidelines to prevent the spread of COVID-19 are the same strategies (to date) used every day to detect and prevent the spread of other respiratory viruses like influenza.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it is important to practice respiratory etiquette (for example, by coughing into a flexed elbow).

It is important to note that survivors of gender-based violence need support and even more so due to COVID-19 now that they are possibly isolated in an unsafe environment. Therefore, gender-based violence shelters should remain open for the safety and protection of survivors and mechanisms to strengthen the capacity of individuals and organizations serving domestic violence survivors and their children should be in place.

Communal settings like domestic violence shelters are environments where a number of people reside, meet, or gather in close proximity for either a limited or extended period of time. Other aspects of shelter living such as restrictions on resident movement and lack of alternative work schedules for staff, make these environments especially vulnerable to infectious diseases.
Objective:
The Objective of this document is to provide guidance on Infection Prevention and Control (IPC) measures to adapt in Short Term Care and Long-Term Care Facilities (TCFs), for survivors of gender-based violence and their children, in the context of COVID-19 to:

1) Prevent COVID-19 from entering the facility;
2) Prevent COVID-19 from spreading within the facility; and
3) Prevent COVID-19 from spreading to outside the facility.

This Document was adapted from the World Health Organization (WHO) Long Term Care facilities in the context of COVID-19 Interim guidance (21 March 2020)

Although it is not always possible, better practice indicates that a safety plan should be in place if a woman and her children have to flee their home and go to a shelter. Service providers e.g. GBV hotline workers or police, should undertake a risk assessment in consultation with a survivor and with other referral partners from which a safety plan would be developed for a survivor. This safety plan should be in place before a survivor and their children have to flee their homes and seek alternative shelter. Safety planning together with a survivor to minimize risk to their safety, especially if the survivor is in contact, or still living with an abusive partner, helps survivors to identify safe places within their own house, or if necessary, emergency shelters or other ‘safe space’ options. These steps should be identified in the safety plan.

System and service coordination

Shelter Management:

- Create a crisis response team in the shelter composed of the management team and employees for case management and activate the protection protocol, isolation measures and coordinate with health authorities.

  Ensure that there is an IPC (Infection and prevention control) COVID-19 focal point at the facility to lead and coordinate IPC activities, ideally supported by an IPC team directly, (if this is not possible, remote support should be ensured).

- Collaborate with main service providers to ensure the Shelter is on established and/or updated list of GBV Shelters/Guest Houses/Hotels that are a) Open and Functional b) accepting new residents c) accepting COVID-19 high risk new residents.

- It is critical to ensure that there is a Specialist Violence Against Women and Girls/GBV service provider providing support to survivors who may be accommodated in a guest house/hotel.

- Partner with service providers to ensure that the GBV referral pathway (health, police and justice, social services) is updated to the current Pandemic scenario.

- Establish clear coordination with the Health authorities to define procedures for consultation of suspected cases and procedures for referral. (If possible one medical staffer should be assigned as the focal point to take calls from Shelters to assess potential cases).

1 Guidelines for Guest Houses/Hotels will be available soon.
- Coordinate with relevant authorities in your country (e.g. Ministry of Health, Ministry of Social Welfare, Ministry of Social Transformation, Ministry of Justice, etc.) to provide continuous care.
- Provide information sessions for residents on COVID-19 to inform them about the virus, the disease it causes and how to protect themselves from infection including IPC measures during pregnancy and breastfeeding.
- Ensure availability of hand-washing and personal hygiene products for residents and staff and Personnel Protection Equipment (PPEs).

**Employees:**
- Be informed of the health facilities in the coverage area of the shelter that provide essential and emergency health services.
- Have access to the government COVID-19 Hotline.

**Prevention**

**Shelter Management**
- Provide mental health and psychosocial support (MHPSS) for the employees as the frontline workers. Better practice indicates that this support should be free of charge and available (remotely) to all employees.
- Provide standard training on COVID-19 for employees to protect themselves and prevent both employees and residents from COVID-19 infection and stigma. This can be provided virtually by the Gov’t or UN agencies such as PAHO/WHO, UNFPA and UN Women.
- Regularly audit IPC practices (hand hygiene compliance) and provide feedback to employees.
- Update all shelter policies and programmes to reduce direct contact with more than 10 residents at a time.
- Cross train so that all staff can cover all shelter shifts.
- Have staggered shifts so that there are fewer people in the climate at any one time.
- Provide cleaning and disinfecting agents to clean all horizontal and frequently touched surfaces (e.g., light switches, door handles, bed rails, bed tables, phones) and bathrooms.
- Provide detergent (commercially prepared or soap and water). If commercially prepared hospital-grade disinfectants are not available, the LTCFs may use a diluted concentration of bleach to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
**Employees:**

**Personal Health and Hygiene**

- Increase emphasis on hand hygiene and respiratory etiquette among residents. i.e. cough into elbow or tissues. Frequently wash hands with soap and water for at least 20 seconds or rub hands with an alcohol-based hand rub if your hands are not visibly dirty. This should be performed frequently, in particular at the beginning of the workday, before and after touching residents, after using the toilet, before and after preparing food, and before eating.
- Wear gloves and a mask when dealing with residents.
- Refrain from touching eyes, nose, or mouth with gloved or bare hands.
- Stay at home if ill and do not show up at the shelter if you show any symptoms. Call the COVID hotline for assistance, and alert Shelter Management.

**Environment**

- Establish a routine (at least twice a day) for cleaning and disinfecting.
- Keep the Shelter ventilated as much as possible.
- Ensure adequate supplies of alcohol-based hand rub (ABHR) (containing at least 60% alcohol) and availability of soap and clean water. Place them at all entrances, exits and points of care.
- Develop a sanitation checklist for the shelter.

**Communications**

- Post reminders, posters, flyers around the facility, targeting employees, residents, and visitors to regularly use ABHR or wash hands.
- Post the COVID-19 hotline information.
- Include other health essential information available at the shelters concerning alternative consultations or services in place/open in the current pandemic (e.g. essential SRH/GBV services).
- Encourage and support residents to perform hand hygiene frequently, in particular when hands are soiled, before and after touching other people (although this should be avoided as much as possible), after using the toilet, before eating, and after coughing or sneezing. Ensure adequate supplies of tissues and appropriate waste disposal (a bin with a lid). Post reminders, posters, flyers around the facility, targeting employees and residents, to sneeze or cough into the elbow or to use a tissue and dispose of the tissue immediately in a bin with a lid.

**Training**

Complete standard training on COVID-19 to protect employees and prevent both employees and residents from COVID-19 infection and stigma, this can be provided virtually by the Gov’t or UN agencies such as PAHO/WHO, UNFPA and UN Women.
**Policy and Protocol**

- Update all shelter policies and programmes to reduce direct contact with more than 10 residents at a time.
- Establish protocols to restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other staff or residents.

**When accepting new residents Employees should administer a survey (see Annex A):**

- If the new resident has answered no to all of the questions:
  - Provide training on respiratory hygiene/cough etiquette to new residents.
  - Give a packet of soap and hand sanitizer.
  - Take them to new resident assigned quarantine rooms.
- If the new resident has answered yes to any of the questions and the Shelter is accepting residents:
  - Call the relevant hotline and take the new resident (and their children) to a separate room designated for new residents who need to be isolated.
  - Distribute welcome packet including packet of soap and hand sanitizer.
  - Contact Covid-19 Focal point who will follow up with MOH and other relevant authorities.
  - For GBV shelters who cannot accept new residents who are at high risk i.e. answered yes to any of the questions because of space, collaborate with other shelters to identify alternative spaces.
Residents:

- Should be encouraged to stay in touch with their own support networks, e.g., trusted family members or 1-2 friends, through texting, use of WhatsApp, FaceTime, where possible.
- Have access to remote psychosocial support, including specialized support for children, (e.g., speaking to a trained counsellor on the phone, through SMS or linking to a safe ‘chat’ online at specified times).
- Receive standard training on COVID-19, this can be provided virtually by the Gov’t or UN agencies such as PAHO/WHO, UNFPA and UN Women.
- Have access to the government COVID-19 Hotline.
- Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents.
- Use masks and practice proper mask etiquette.
- Familiarise themselves with basic information/safety tips e.g., from NNEDV – see https://www.techsafety.org/covid19. This will help keep residents as safe as possible when using these methods or other online platforms, e.g., when connecting with a legal aid provider or receiving psycho-social support.
- Visitors should be discouraged as much as possible.

In exceptional cases where visitors are allowed:

- Visitors should be screened for signs and symptoms of acute respiratory infection or significant risk for COVID-19 (ask them to complete survey in Annex A, if they answer yes to any question, they should be denied entry);
- No one with signs or symptoms should be allowed to enter the premises.
- Visitors should be limited to one at a time to preserve physical distancing.
- Visitors should be instructed on respiratory and hand hygiene practices and to keep at least 6 feet distance from residents.
- Visitors should only be allowed to visit the resident directly upon arrival and leave immediately after the visit.
- Direct contact by visitors with residents with confirmed or suspected COVID-19 should be prohibited.
Response

The response to COVID-19 is based on early recognition, isolation, care, and source control (prevention of onward spread by an infected person).

Early recognition

Early identification, isolation and care of COVID-19 cases is essential to limit the spread of the disease in the shelter. Prospective surveillance for COVID-19 among residents and staff should be established:

Shelter Management:

- Ask employees to report and stay at home if they have fever or any respiratory illness.
- Follow up on employees with unexplained absences to determine their health status.
- Ensure that any employee who is visibly ill at work goes on immediate sick leave.
- Support the availability of a counselor using technology-based interventions to provide psychosocial support to staff.

Employees:

- Report and stay at home if they have fever or any respiratory illness.
- Ask residents to report if experiencing any of the following symptoms: fever (> 38C), cough, shortness of breath, odynophagia, and fatigue (Note: these are the most common symptoms of COVID-19 but not the only ones).
- Assess each resident daily (or as often as possible) for the development of symptoms: fever (> 38C), cough, shortness of breath, odynophagia, and fatigue (Note: these are the most common symptoms of COVID-19 but not the only ones).
- Immediately report residents with symptoms to the Covid-19 focal point and to established mechanism with the MOH.

Residents:

- Report to shelter staff if experiencing any of the following symptoms: fever (> 38C), cough, shortness of breath, odynophagia and fatigue (Note: these are the most common symptoms of COVID-19 but not the only ones).
Source control (care for the COVID-19 patient and prevention of onward transmission)

If a resident is suspected to have, COVID-19, the following steps should be taken:

**Employees:**

- Notify the COVID-19 Focal point who should alert shelter management and the local authorities about any suspected case and isolate residents with onset of respiratory symptoms who have been in contact with the person.
- Provide additional masks to the resident and on others staying in the room.
- Promptly notify the resident/s and appropriate public health authorities that the resident requires a test for COVID-19.
- If possible, move the suspected COVID-19 patient to a single room.
- If no single rooms are available, consider placing in room/s with residents who also are suspected to have COVID-19.
- Residents with suspected COVID-19 should be only be placed in rooms with other residents with suspected COVID-19; they **should not** be placed in rooms with residents with confirmed COVID-19.
- Do not place suspected or confirmed patients in rooms next to immunocompromised residents or residents with other underlying medical conditions.
- Limit the number of employees and residents who are in contact with suspected COVID-19 patients.
- Maintain a record of all persons entering suspected cases rooms, including all employees and family members.

If a resident is diagnosed with COVID-19, the following steps should be taken:

**Employees:**

- Promptly notify the affected resident and the COVID-19 focal point/Shelter Management that there is a confirmed case of COVID-19, maintaining confidentiality protocol.
- Inform residents that there was a positive case in the Shelter and request testing for all residents and staff.
- WHO recommends that COVID-19 patients be cared for in a health facility to the extent possible, in particular patients with risk factors for severe disease which include age over 60 and those with underlying comorbidities e.g. obesity, high blood pressure, diabetes. A clinical assessment is required by a medical professional with respect to disease severity, for the resident to be transferred to a health facility with the capacity to treat COVID-19. All IPC measures must be ensured when residents are transferred to a health facility.
- If the symptoms are deemed mild, move the confirmed COVID-19 patient to a single room. If not, move resident to temporary facility until the resident tests negative.
Annex A

Assure the prospective resident they will get support regardless of how they answer the questions:

- Have you or anyone in your family travelled recently?
- Have you been in contact with someone who has displayed symptoms of COVID-19?
- Have you had any COVID-19 symptoms?
References

2. WHO risk assessment tool to identify employees who have been at high risk of exposure to COVID-19
3. Detailed instructions on precautions for COVID-19