COVID-19: Guidance for Programs

Confidentiality
- A program receiving Violence Against Women Act (VAWA), Victims of Crime Act (VOCA), or Family Violence Prevention and Services Act (FVPSA) funds CANNOT disclose survivors’ personally identifying information, unless mandated to do so by a statute or court order.
- If there is a state statute requiring that a COVID-19 (or any other identified infectious disease) report be made to the U.S. Centers for Disease Control and Prevention (CDC) or a state or local health department, then that report should be made in accordance with the law. (The Ohio Department of Health does require that any case of COVID-19 be reported to them)
  - As with other types of legally mandated reports, the program should make reasonable efforts to have the survivor make the report; if the survivor chooses not to make the report, the program should communicate with the survivor that the program staff will have to make the report, and help the survivor prepare or plan for that as necessary.
- Remind staff that there will be absolutely NO disclosure of anyone’s health status outside of a legal mandate.

Precautionary Measures
- Preventative precautionary measures should be in place regardless of whether there is anyone who has identified potential exposure. With COVID-19, it is possible that residents or staff have been exposed or are carrying the virus without showing any symptoms.
- If a program has reason to believe someone who has been in shelter has been exposed to the virus, without disclosing ANY identifying information about the individual (that includes gender, age, whether staff or participant), the program could make an announcement, such as, “We have reason to believe that there may have been exposure to [name infectious disease] in our facility. Here are the measures we are taking.” (This is similar to what schools do when they send a letter home indicating “A person in your child’s school has [whooping cough, lice, measles, etc.]. Please watch for these symptoms and contact your doctor.”)
- Follow all general guidelines about “social distancing” and other prevention strategies (e.g., hand washing, etc.) that have been issued by public health authorities.
- Whenever possible, individual quarters should be provided to survivors and/or family units

Provision of Alternative Services
- Programs should not screen for coronavirus, and they should not use health status to discriminate in access to programs.
- Programs can locate information about testing and offer to assist in accessing it to anyone who wants it.
- If a person is found to have been exposed to COVID-19 (or other serious infectious diseases), generally the health care worker who completed the testing will have a protocol they ask them to follow (e.g., admit, quarantine or isolate).
  - Typically, the state will provide for admit or quarantine.
If a resident discloses that they were asked to isolate, programs should consider using off-site hotel rooms.

**Additional Things to Keep in Mind**

- Unless your state has a law requiring you to report communicable diseases, voluntarily choosing to report violates federal confidentiality law.
- Reporting could trigger invasive inquiries that require identifying information on all the people who interacted with the reported person. It may result in breaching the confidentiality of multiple clients and exposing many of them to various harm. Beyond being located, it could open them to CPS investigations and could be used against them to challenge custody.
- Programs need to balance the needs of their residents and clients with their capacity to adequately staff the shelter or program and make decisions accordingly. The nature of the pandemic will vary from community to community, and as a result, local authorities are issuing different regulations, guidelines and access to resources/testing.
- Programs must pay attention to their local laws, and their state public health guidance (which is changing daily); those details are beyond the scope of what technical assistance we can provide.