



TOOLKIT

**For Re-emerging
Child Advocacy
Centers**



SOUTHERN REGIONAL
Children's Advocacy Center



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PURPOSE OF THIS TOOLKIT

The purpose of this toolkit is to provide guidance and sample documents regarding how Child Advocacy Centers can re-emerge and provide services while protecting the health of their staff, clients, MDT partners, board members, and visitors. These recommendations are based upon guidelines outlined by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Act (OSHA).

We will provide the “Sample CAC COVID Operational Protocol” as a Word document on our site (srcac.org) under “Resources” that CACs are welcome to modify to include their branding and language relative to their program operations.

SRCAC would like to thank and acknowledge Kentucky Children’s Advocacy Centers for providing a draft of their COVID-19 Response Protocol created for Kentucky CACs and the Children’s Advocacy Center in Tampa, FL for the “CAC Infection Mitigation Guidelines & Process,” which was revised to create the “Sample CAC COVID-19 Operational Protocol,” “Face Mask Procedures,” and “Sample CAC Cleaning Schedule” documents.

This toolkit will be made available for distribution to Southern Regional Children’s Advocacy Centers and state Chapters, as well as partnering Regional CACs.

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Recommendations for Use

CAC Cleaning Supply Checklist

This sample checklist provides a basic list of supplies that CACs will need prior to re-opening and should be well stocked on an on-going basis.

The checklist can also be used for distribution to community members and organizations seeking to donate supplies to the center.

CAC Cleaning Guidelines

This sample document could be included as an addendum to the existing CAC protocol, or stand-alone policy for the CAC. It should be distributed electronically to CAC staff and

MDT members prior to re-opening or immediately, if the CAC has already resumed operations.

It is suggested that Executive Directors provide a virtual in-service prior to opening with their staff to review the details of the cleaning guidelines. Staff should sign a document stating they have read, understand, and will practice the guidelines as part of their job responsibilities.

To ensure that proper cleaning of the CAC is performed regularly, it is recommended that the CAC develop a rotation-of-duties schedule that utilizes recommendations in the cleaning guidelines.

“The CAC Cleaning Guidelines” document should be posted and visible in high traffic areas of the CAC.

SAMPLE CAC COVID-19 Operational Protocol

This sample document could be included as an addendum to the existing CAC protocol, or stand-alone policy for the CAC. It should be distributed electronically to CAC staff and MDT members prior to re-opening or immediately, if the CAC has already resumed operations. This sample document will be provided to you so that you can pick up and modify it with your branding and specific language.

It is suggested that Executive Directors provide a virtual in-service prior to opening with their staff to review the details of the operational protocol. Staff should sign a document stating they have read, understand, and will practice the guidelines within the protocol as part of their job responsibilities.

Appendixes

Included in this toolkit are several documents from the CDC that can be distributed or displayed at your CAC: “How to Protect Yourself,” “Stop the Spread of Germs Flyer,” “Handwashing Flyer,” “Cloth Face Covering Instructions,” and the “Cleaning and Disinfection Decision Tool.” These documents are reminders that safety precautions are in place and should be practiced by all who enter the facility. The “Additional Resources” appendix document will be updated and available on the SRCAC website (srcac.org) on an ongoing basis.



CAC CLEANING GUIDELINES

Basic Infection Prevention Measures (OSHA)

For most employers, protecting staff, clients, and community partners will depend on emphasizing **basic infection prevention measures**. As appropriate, all employers should implement **good hygiene and infection control practices**, including:

Promote frequent and thorough hand washing, by providing all who enter the facility with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand sanitizer containing at least 60% alcohol.

- Encourage **staff, clients, and community partners to stay home** if they are sick.
- Encourage everyone to practice **respiratory etiquette**, including covering coughs and sneezes (into arm or tissue). Post CDC flyers as a reminder in high traffic areas.
- **Provide** staff, clients, and community members **with masks upon entering the center**.
- **Supply tissues and trash receptacles** in every room of the facility.
- **Establish policies and practices**, such as flexible worksites (e.g., **telecommuting**) and flexible work hours (e.g., **staggered shifts**), to increase the physical distance among employees and others if state and local health authorities recommend the use of social-distancing strategies.
- **Discourage** staff and visitors from **using others' phones, desks, offices, or other work tools and equipment**.
- **Remove work tools, i.e. staplers, pens, etc. from common workrooms** or copier rooms to encourage staff to use these items from their own offices.
- **Place disinfecting wipes and hand sanitizers in copier rooms** and provide instructions and signs for staff to wipe down copiers after use.
- Maintain regular housekeeping practices, including **routine cleaning and disinfecting of surfaces**, equipment, and other elements of the work environment.

When choosing cleaning chemicals, employers should **consult information on Environmental Protection Agency (EPA)-approved disinfectant** labels with claims against emerging viral pathogens. Visit <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> to find the current checklist ("List N: Disinfectants for

Use Against SARS-CoV-2”) of products that meet EPA’s criteria for use against SARS-CoV-2, the cause of COVID-19.

CAC Supply Checklist

- ✓ No touch infrared forehead thermometer
- ✓ 60% alcohol-based hand sanitizer
- ✓ Hand soap
- ✓ Paper towels (for cleaning and drying hands)
- ✓ Disposable gloves (for cleaning and disinfecting)
- ✓ Tissues and trash receptacles (in every room)
- ✓ Masks (see attached “CDC Cloth Face Covering Instructions”)
- ✓ N95 masks (for medical providers)
- ✓ Soap for cleaning surfaces
- ✓ EPA-approved disinfectant or diluted bleach solution (see “CAC Cleaning Guidelines”)
- ✓ 70% alcohol-based wipes or sprays for electronics

Cleaning and Disinfecting Your Facility (CDC)

Frequently Touched Surfaces

For frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.:

- **Practice routine cleaning (see “SAMPLE CAC Cleaning Schedule”).**
- **Wear disposable gloves.**
- **First, clean surfaces using soap and water.**
- **Then, use EPA-registered household disinfectant.** Follow the instructions on the label to ensure safe and effective use of the product. (See the EPA checklist, “List N: Disinfectants for Use Against SARS-CoV-2,” mentioned above.)

Many EPA-registered products recommend:

- Keeping surface wet for a period of time (see product label).
- Taking precautions, such as **wearing gloves** and making sure you have **good ventilation, during use** of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - **Follow manufacturer's instructions** for application and proper ventilation.
 - **Never mix** household bleach **with ammonia** or any other cleanser.
 - **Leave solution on the surface** for **at least 1 minute**.
 - **To make a bleach solution**, mix: 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water.
- **Alcohol solutions** may be used with at least **70% alcohol**.

Soft Surfaces

For soft surfaces such as carpeted floor, rugs, and drapes:

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

or

- Disinfect with an EPA-registered household disinfectant that meets EPA's criteria for use against COVID-19. (See the EPA checklist, "List N: Disinfectants for Use Against SARS-CoV-2," mentioned above.)

Laundry

For clothing, towels, linens and other items:

- Wear disposable gloves.
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely. (Dirty laundry from a sick person **can be washed with other people's items**.)
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.

Electronics

For electronics, such as tablets, touch screens, keyboards, and remote controls:

- Consider putting a wipeable cover on electronics.
- Follow manufacturer's instruction for cleaning and disinfecting.
- If no guidance, use alcohol-based **wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Disinfecting Your Facility If Someone Is Sick (CDC)

Close Off Areas Used by the Sick Person

- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- **Clean and disinfect all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, and remote controls.
- If it's been **more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.

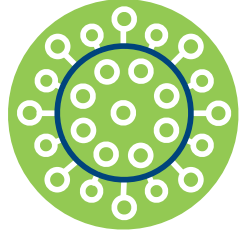
When Cleaning

- Wear disposable gloves for all tasks in the cleaning process, including handling trash.
 - **Additional personal protective equipment (PPE)** might be required based on the cleaning/disinfectant products being used and whether there is a **risk of splash**.
 - **Gloves should be removed carefully** to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always **wash immediately** after removing gloves and after contact with a sick person.
 - **Hand sanitizer:** If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains **at least 60%**

alcohol may be used. However, **if hands are visibly dirty, always wash hands with soap and water.**

- Additional key times to wash hands include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

SAMPLE CAC COVID OPERATIONAL PROTOCOL



Introduction

The purpose of this document is to provide guidance regarding how **[CAC Name]** can safely operate while protecting the health of its staff, clients, and community partners. These recommendations are based upon the guidelines put forth by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Act (OSHA). As our knowledge about the virus and its transmission expands and evolves, these recommendations may change as well.

According to the CDC, “The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.”

The pillars of these recommendations are those that have been reiterated by the experts at the CDC and reflect the mode of spread suggested above: **staying safe at home** as much as possible, **staying home when ill**, **protecting others** from anyone who potentially could be spreading the coronavirus, **social/physical distancing**, and **cleaning workspaces** and high touch areas frequently.

Risk of Infection

According to OSHA, “Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk.” *In general, **CAC employees** are in the **medium risk** category.*

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.



High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings). Workers' may have individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy) that place them at higher risk for complications should they become infected.

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Screening Staff & Visitors with Self Reporting of Symptoms

Before coming to the CAC, staff, clients and community partners should be able to answer “no” to each of these screening questions:

1. *Do I have fever of 100.0 degrees F or greater?*
2. *Do I have a new cough that is unrelated to seasonal allergies?*
3. *Do I have a new sore throat that is unrelated to seasonal allergies?*
4. *Do I have new respiratory symptoms that are unrelated to seasonal allergies?*
5. *Do I have vomiting or diarrhea?*
6. *Do I have flu-like symptoms?*
7. *Do I have new muscle aches or pains?*
8. *Have I experienced a loss of my sense of smell or taste?*
9. *Have I been in close contact with a COVID-19 infected individual or person with symptoms consistent with COVID-19 in the last 14 days?*

Anyone answering “yes” to any one of the screening questions *should be rescheduled and advised to contact their medical provider* for care and follow-up. Any employee or community partner who has been in contact with a *COVID-19 positive individual (see*

below)* should monitor themselves for the development of COVID-19 symptoms and quarantine for 14 days.

***Close contact** with a sick person is **defined as:**

- *Living in the same household as a sick person with COVID-19*
- *Caring for a sick person with COVID-19*
- *Being within 6 feet of a sick person with COVID-19 for about 10 minutes or more*
- *Being in direct contact with secretions from a sick person with COVID-19 (being coughed on, kissing, sharing utensils, etc.)*

CAC staff should consider **asking the screening questions** at each of these times before allowing clients and community partners entry to the building:

1. *At the time the appointment is scheduled;*
2. *At the time of the reminder call or email for the appointment; and*
3. *Before entering the building for their appointment.*

*It is recommended that **clients and community partners are greeted in the entryway or parking lot** to assess their health before entering the building. Clients and community partners will be allowed entry if their response is “no” all questions. **Upon entering the CAC**, their temperature should be taken by a designated CAC staff person, preferably with a **non-contact infrared thermometer**. If they do not have a temperature above 100 degrees F, they will be escorted to their specified space in the building.*

Testing for COVID-19 is not 100% accurate. False negative test results (test is negative but person has the virus) can occur. Therefore, if an individual has symptoms consistent with COVID-19, regardless of the test results, that individual should not come to the CAC. Regardless of diagnosis, children who are sick cannot participate to the fullest extent in the forensic interview process or therapy.

What to Do If Someone Comes to the CAC Who Is Sick

If the client or caregiver is identified as ill at the time of screening, the appointment must be rescheduled. In the case where a child needs an emergent medical examination and the child or caregiver is ill with COVID-19 symptoms, then the exam should be conducted in the local emergency department where procedures for isolating patients who are potentially COVID-19 positive have been established.

Visitors or staff who exhibit signs and/or symptoms of COVID-19 after they have entered the building should be immediately isolated and moved to a location away from other workers and other visitors. The potentially infectious person should be placed in a room with the doors closed until they can depart from the CAC. After a sick individual leaves the building, the room should be closed off. Open outside doors and windows and use ventilating fans to increase air circulation in the area if possible. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection. For instructions regarding cleaning refer to Appendix F, “CDC Cleaning and Disinfection Decision Tool.”

Policy for Visitors Entering the CAC

Practicing good hygiene, limiting the number of visitors, limiting the time spent at the CAC, and wearing face masks.

Each individual entering the CAC must wash their hands with soap and water or use hand sanitizer upon arrival. Hand sanitizer that is at least 60% alcohol-based and Kleenex, as well as trash receptacles to dispose of soiled material, should be readily available throughout the facility. Paper towels and disinfectant for cleaning should be readily available to staff. Signs reminding individuals to wash their hands should be posted in each restroom. Restrooms should be cleaned frequently. (See Appendixes A, B, and C for CDC flyers that can be used as signage).

It is highly recommended that a child being seen at the CAC arrive without siblings (unless they too are being seen) and with **only one accompanying caregiver**. One family unit (child and caregiver) should occupy the waiting room at a single time and all high touch areas in the waiting room should be cleaned before the next client arrives (all surfaces, clipboards, pens, tables, door handles). Toys in the waiting room should be kept to a minimum as they too will need to be cleaned between clients. Only toys that can be wiped down with disinfectant or placed in a dishwasher should be available for play. Limiting the number of toys reduces the amount of items needing to be cleaned. Stuffed animals, dolls, etc. should be removed from the waiting rooms unless they can be washed in a washing machine and placed in the dryer. Consider swapping out one set of toys for another so that toys can be washed at a later time.

Appointments should be scheduled so that **appointments do not overlap** and **allow time** for forensic interview rooms and waiting rooms **to be cleaned between families**. If that is not possible, the overlapping families should be separated in different waiting rooms.

All persons who enter the CAC should wear masks when interacting with one another. Non-medical employees can wear cloth masks. Clients and community partners should wear masks as well. Clients and community partners should be encouraged to

bring their own masks; however, masks should be available at the CAC for those who do not have them (see Appendix D, “CDC Cloth Face Covering Instructions”). These masks should be given to visitors and not recycled for future use by others. Cloth masks, if properly made and worn, can prevent persons from spreading the virus to one another. Medical providers should wear N95 masks. Any patient with COVID-19 symptoms who needs an emergent medical exam should be referred to an emergency department where procedures for isolating patients who are potentially COVID-19 positive have been established. This recommendation is made to avoid contaminating the medical clinic and waiting room (see Appendix E, “Face Mask Procedures”).

The child and caregiver should stay in a waiting room without other clients, and the time that the family has contact with CAC staff should be minimized. Advocates are encouraged to conduct as much of their work with clients over the phone if the caregiver feels safe in providing that information in this manner (verification of information, addresses, and discussing what the procedure/forensic interview/CAC appointment will look like, etc.). Clipboards and writing instruments should be cleaned with disinfectant between clients. Ideally, the CAC should attempt to obtain as much information and consent electronically to minimize paper exchange. Any face-to-face interaction should be made while limiting the number of individuals in the room as well as while maximizing the distance between advocate and client. CACs should consider providing lists of resources and other information electronically when a family indicates that they have a computer or phone and can receive the information in this manner. Anyone working with papers touched by others should wash their hands regularly. Papers touched by staff, MDT members, clients, or visitors should rest 24 hours before being filed away (<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>).

Performing all necessary components of the CAC’s interaction with a family in one location/room (as opposed to moving the family from one room to another to meet with various individuals) is encouraged to limit the number of spaces a family has occupied at the CAC.

Addressing Specific Services Offered at the CAC

- Mental health screening should be performed while social/physical distancing, and if possible, over the phone.
- Advocacy should be performed while social/physical distancing, and if possible, over the phone.
- Therapy should be provided via telehealth whenever possible.
- MDT partners, when present during forensic interviews, should practice social distancing and wear masks.

- Forensic interviews should be provided according to MDT/CAC recommendations (either while social/physical distancing, or in separate rooms if capacity allows).
- MDT meetings and case review should continue to be held remotely via phone or via HIPPA-compliant virtual platform (i.e., Zoom).
- MDT pre- and post-forensic interview meetings should be held according to MDT/CAC recommendations (while social/physical distancing, remotely via phone, or via HIPPA-compliant virtual platform (i.e., Zoom).

Issues Specific for CAC Staff

Staggering staff present at the CAC, working off site, social/physical distancing for staff, cleaning common workspaces, developing policies for staff who must isolate, quarantine, or care for family members.

If possible, CAC staff should stagger their hours or stagger working from home to decrease the number of individuals in the workspace at one time. This way, if one employee falls ill, there are still staff members who can fill in. Employees should be cognizant that their behavior outside of work could potentially affect others in the workspace should they fall ill as a result of not following the guidelines provided by the CDC and **your state government**. Employees should be encouraged to discontinue nonessential travel to locations with ongoing COVID-19 outbreaks. The CDC regularly provides travel warnings at: www.cdc.gov/coronavirus/2019-ncov/travelers.

Employees should **continue to practice social/physical distancing in common areas** such as shared spaces (copier and break room). High touch areas like doorknobs, copier, microwave, coffee machine and refrigerator should be wiped with disinfectant frequently. It might be useful to assign employees designated duties with respect to cleaning so that these things are attended to frequently and not missed (see Appendix G, “SAMPLE CAC Cleaning Schedule”). Employees should have their own workspace, phone, office supplies to avoid touching those of others.

Policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19:

Employees should be excused from work immediately at the onset of illness or symptoms. Employees must remain home if they are ill. An employee who has been diagnosed as having COVID-19 should NOT return to work until fever free for 72 hours WITHOUT antipyretics, symptoms are gone, AND at least 7 days have passed since the first symptom appeared. Per OSHA, employees should be able to stay home to care for a sick relative or children with COVID-19 symptoms.

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should instruct fellow employees about how to proceed based on the CDC Public Health Recommendations for Community-Related Exposure per OSHA. Employers should identify a medical professional who can answer questions in a timely fashion that may arise regarding the health of staff who might either have exposure to or symptoms of COVID -19.

Environmental Considerations

When choosing cleaning chemicals, employers should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, and PPE). CACs can consider whether it is possible or useful to install high-efficiency air filters or physical barriers, such as clear plastic sneeze guards.

COVID-19 Employee Returning to Work

When it is safe for an employee to return to work is a decision that should be made in consultation with a physician or health department representative.

If you have not been in close contact with a person with COVID-19, you are at low risk for infection. You may go to work and maintain social/physical distancing.

If you have had close contact (defined on page 12) with someone with COVID-19 while they were ill or within 48 hours before they became symptomatic, but you are not sick, then you should monitor your health for fever, cough, and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school and should avoid public places for 14 days.

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications;
- Improvement in respiratory symptoms (e.g., cough, shortness of breath);
- At least 7 days have passed *since symptoms first appeared*; and

- If tested for COVID-19, negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive specimens collected ≥ 24 hours apart.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue practice social/physical distancing and wear mask when around others.

How to Protect Yourself and Others

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact



- **Avoid close contact** with people who are sick.
- **Stay at home as much as possible.**
- **Put distance between yourself and other people.**
 - » Remember that some people without symptoms may be able to spread virus.
 - » This is especially important for **people who are at higher risk of getting very sick**. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html



cdc.gov/coronavirus

Cover your mouth and nose with a cloth face cover when around others



- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face cover when they have to go out in public**, for example to the grocery store or to pick up other necessities.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others**. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



When in public, wear a cloth face covering over your nose and mouth.

Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



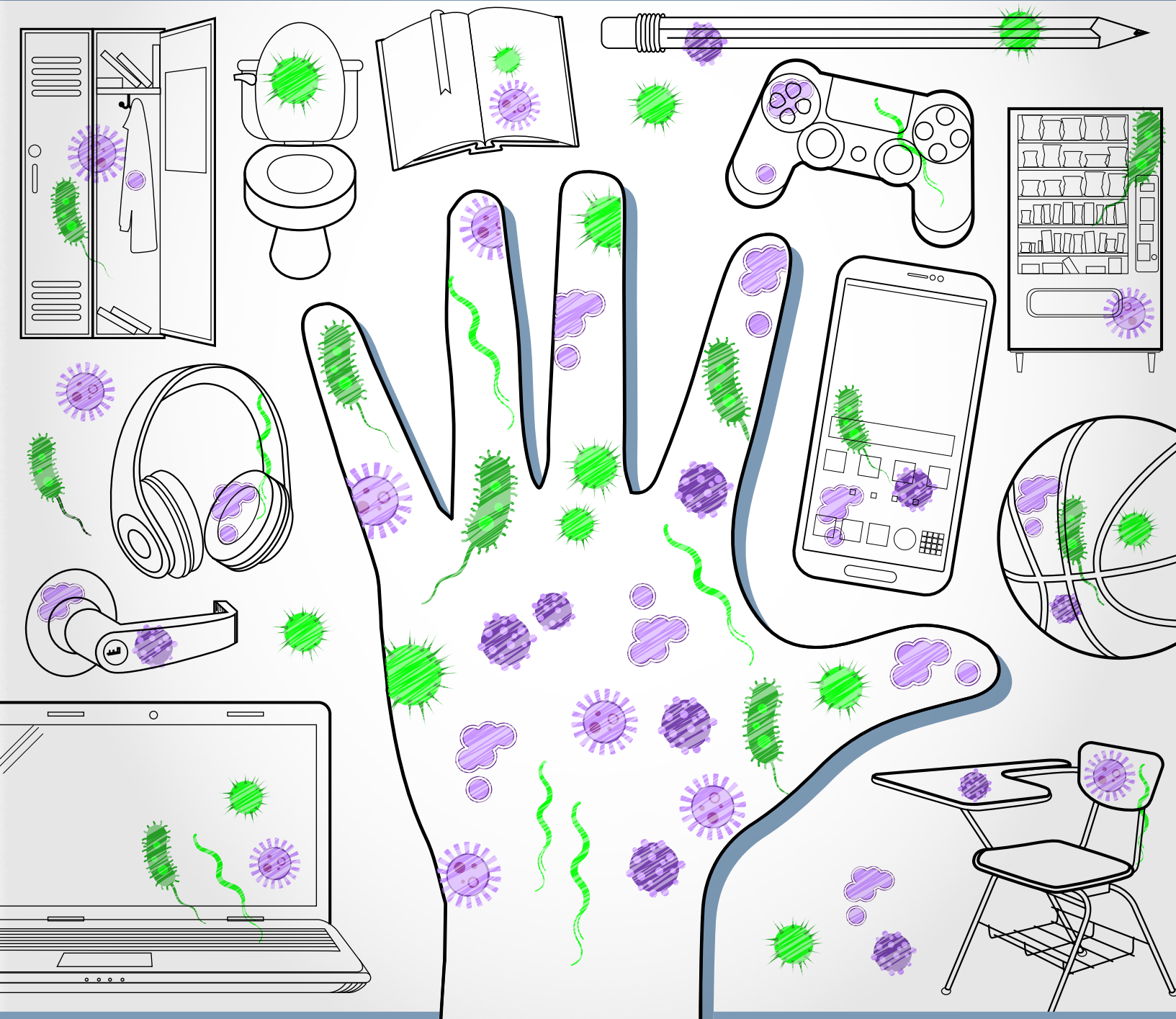
Wash your hands often with soap and water for at least 20 seconds.



cdc.gov/coronavirus

GERMS

are all around you.



Stay healthy.
Wash your hands.

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

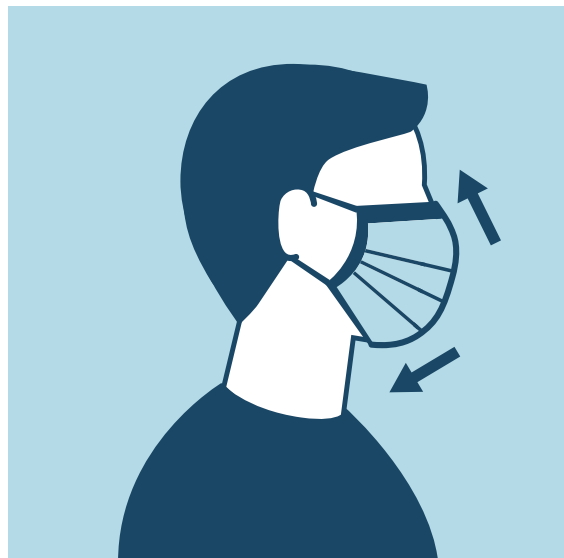
Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.

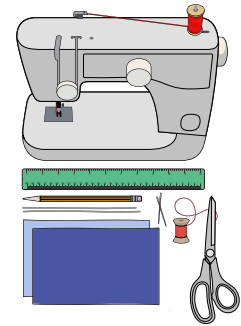


cdc.gov/coronavirus

Sewn Cloth Face Covering

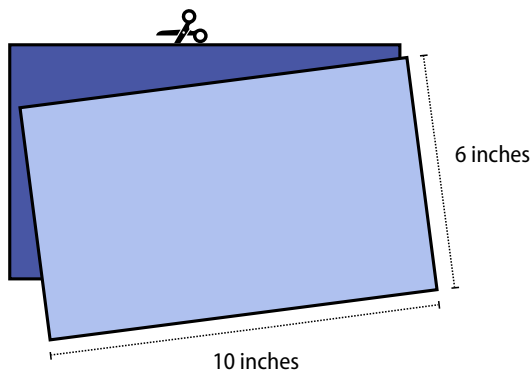
Materials

- Two 10"x6" rectangles of cotton fabric
- Two 6" pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

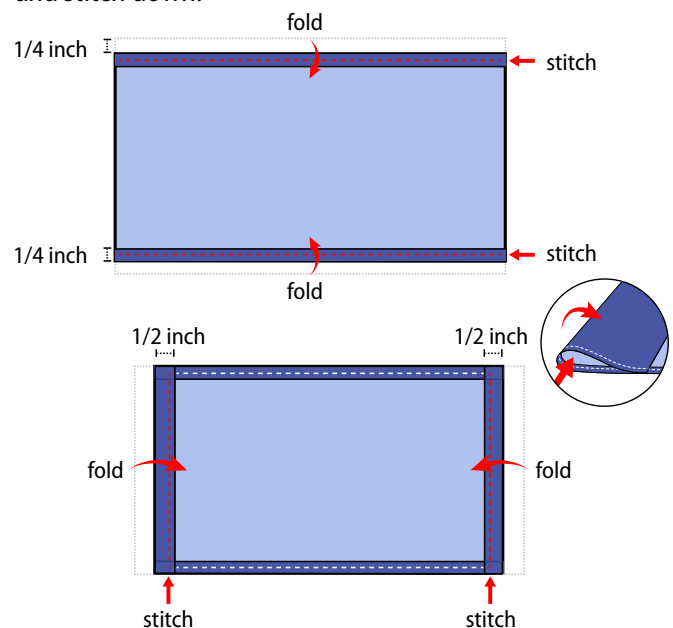


Tutorial

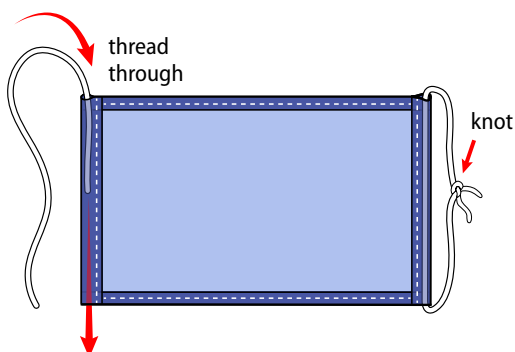
1. Cut out two 10-by-6-inch rectangles of cotton fabric. Use tightly woven cotton, such as quilting fabric or cotton sheets. T-shirt fabric will work in a pinch. Stack the two rectangles; you will sew the cloth face covering as if it was a single piece of fabric.



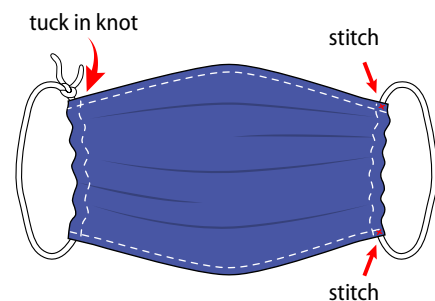
2. Fold over the long sides $\frac{1}{4}$ inch and hem. Then fold the double layer of fabric over $\frac{1}{2}$ inch along the short sides and stitch down.



3. Run a 6-inch length of $\frac{1}{8}$ -inch wide elastic through the wider hem on each side of the cloth face covering. These will be the ear loops. Use a large needle or a bobby pin to thread it through. Tie the ends tight. Don't have elastic? Use hair ties or elastic head bands. If you only have string, you can make the ties longer and tie the cloth face covering behind your head.



4. Gently pull on the elastic so that the knots are tucked inside the hem. Gather the sides of the cloth face covering on the elastic and adjust so the mask fits your face. Then securely stitch the elastic in place to keep it from slipping.

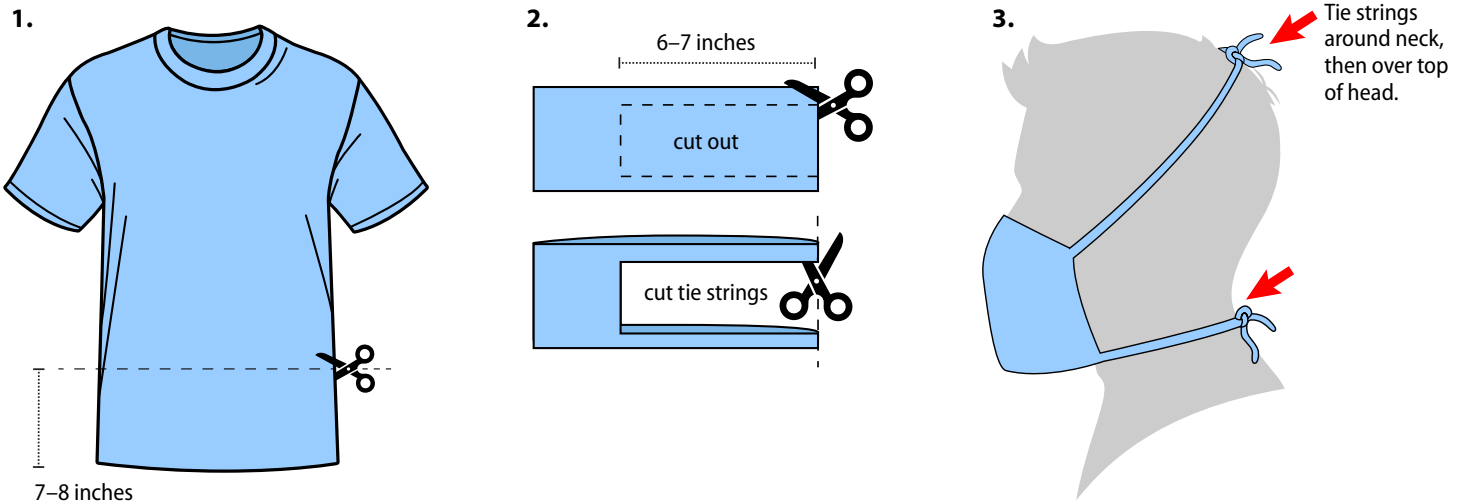


Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

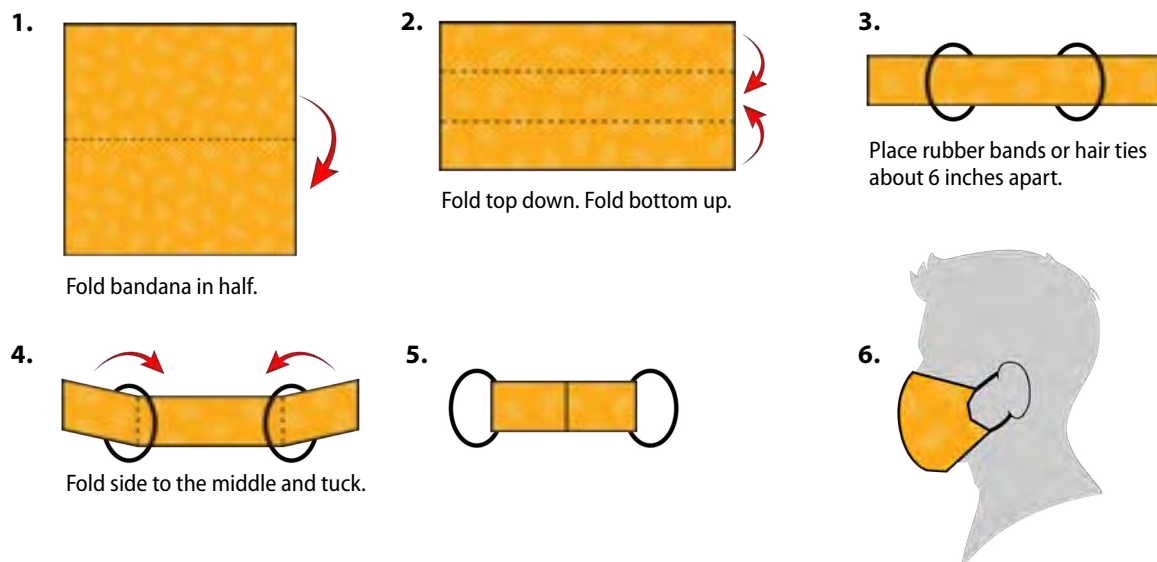


Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial



APPENDIX E: FACE MASK PROCEDURES

How to Wear a Mask Correctly

Before putting on the mask, wash your hands for at least 20 seconds with soap and water, or rub your hands together thoroughly with alcohol-based hand sanitizer that is 60% alcohol-based.

Steps to putting on your face mask:

1. Check for defects in the face mask, such as tears or broken loops.
2. Position the colored side of the mask outward.
3. If present, make sure the metallic strip is at the top of the mask and positioned against the bridge of your nose.
4. If the mask has:
 - Ear loops: Hold the mask by both ear loops and place one loop over each ear.
 - Ties: Hold the mask by the upper strings. Tie the upper strings in a secure bow near the crown of your head. Tie the bottom strings securely in a bow near the nape of your neck.
 - Dual elastic bands: Pull the top band over your head and position it against the crown of your head. Pull the bottom band over your head and position it against the nape of your neck.
5. Mold the bendable metallic upper strip to the shape of your nose by pinching and pressing down on it with your fingers.
6. Pull the bottom of the mask over your mouth and chin.
7. Be sure the mask fits snugly.
8. Don't touch the mask once in position.
9. If the mask gets soiled or damp, replace it with a new one.

What **NOT** to Do When Wearing a Mask

Once the mask is positioned securely, there are certain precautions to keep in mind to ensure that you don't transfer pathogens to your face or hands.

Do not:

- Touch the mask once it's secured on your face, as it might have pathogens on it
- Dangle the mask from one ear
- Hang the mask around your neck
- Criss-cross the ties
- Reuse single-use masks

If you have to touch the face mask while you're wearing it, wash your hands first. Be sure to also wash your hands afterward, or use hand sanitizer.

How to Remove and Discard a Surgical Mask

It's important to remove the face mask correctly to ensure that you don't transfer any germs to your hands or face. You also want to make sure you discard the mask safely.

Steps to taking off your face mask

1. Before you take off the mask, wash your hands well or use hand sanitizer.
2. Avoid touching the mask itself, as it could be contaminated. Hold it by the loops, ties, or bands only.
3. Carefully remove the mask from your face once you:
 - Unhook both ear loops, or
 - Untie the bottom bow first, followed by the top one, or
 - Remove the bottom band first by lifting it over your head, then do the same with the top band.
4. Holding the mask loops, ties, or bands, discard the mask by placing it in a covered trash bin.
5. After removing the mask, wash your hands thoroughly or use hand sanitizer.

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES



SCAN HERE
FOR MORE
INFORMATION

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED.

Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

Follow guidance from state, tribal, local, and territorial authorities.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION.

Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

For more information, please visit **CORONAVIRUS.GOV**



MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.



Is the area indoors?

YES

It is an indoor area.

NO

Maintain existing cleaning practices.

Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

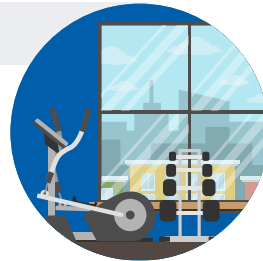
Has the area been occupied within the last 7 days?

YES

Yes, the area has been occupied within the last 7 days.

NO

The area has been unoccupied within the last 7 days.
The area will need only routine cleaning.



Is it a frequently touched surface or object?

YES

Yes, it is a frequently touched surface or object.

NO

Thoroughly clean these materials.

Consider setting a schedule for routine cleaning and disinfection, as appropriate.



What type of material is the surface or object?

**Hard and non-porous materials
like glass, metal, or plastic.**

Visibly dirty surfaces should be cleaned prior to disinfection.

Consult EPA's list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

**Soft and porous materials like carpet,
rugs, or material in seating areas.**

Thoroughly clean or launder materials.

Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.



APPENDIX G: SAMPLE CAC CLEANING SCHEDULE

Wear Mask and Disposable Gloves to Clean and Disinfect

Room:	Date & Time	Initials
<i>Follow Instructions in CAC Cleaning Guide – Soap and Water First – Disinfect Second</i>		
Frequently Touched Surfaces:		
Table/Desk/Countertops		
Copiers		
Chairs		
Doorknobs/Door surfaces		
Light switches		
Phone		
Keyboard/Mouse		
Monitor		
Remote control		
Pens/Markers		
Clipboards		
Kitchen/Break room - sink, faucet, microwave, and refrigerator		
Bathroom - sink, faucet, toilet, hand-towel rack and toilet paper holder		
Soft surfaces – rugs, carpet, curtains, upholstered furniture		
Laundry – towels, washcloths, throws, toys (if machine washable)		
HEPA filter		

APPENDIX H: ADDITIONAL RESOURCES

UPDATED: 6/9/20

American Professional Society on the Abuse of Children

COVID-19 Resources for Parents and Children, Professionals, CACs, Child Welfare, Law Enforcement, Home Visiting, Telemedicine, Policymakers, Advocacy, General Resources

<https://www.apsac.org/covid-19>

Centers for Disease Control and Prevention

COVID-19 Links to Resources and Fact Sheets for Guidance for General Public

<https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc>

National Children's Advocacy Center

NCAC's Response to Covid-19

<https://www.nationalcac.org/ncacs-response-to-covid-19/>

National Child Traumatic Stress Network

Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019

<https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>

National Children's Alliance

NCA Engage - COVID-19 Resources for CACs, Partners, and Caregivers

<https://learn.nationalchildrensalliance.org/covid>

TEND Academy

COVID-19 Resources for Managing Compassion Fatigue & Secondary Trauma Stress

<https://www.tendacademy.ca/resources/>

Western Regional Children's Advocacy Center

Considerations for Hosting In-Person Trainings & Events

<https://files.constantcontact.com/15fa05ac001/1832601f-6881-4af5-abe7-29c17a73ad71.pdf>