



# CUCS | Janian Medical Care

## COVID-19 (Coronavirus) UPDATE

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**This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). CUCS and Janian will update this interim guidance as needed and as additional information becomes available.**

### **Protocol for Telephonic, In Person and Field Work Services**

**The purpose of this policy is to ensure that the current public health guidance about aggressive social distancing is employed as much as possible while serving the needs of our clients.**

April 1, 2020

### **Introduction**

This policy provides guidance for determining when a face to face meeting is necessary.<sup>1</sup> It works in tandem with the protocols for face to face meetings applicable to your site, which include:

- [Protocol for Face to Face Meetings – Outreach,](#)
- [Protocol for Face to Face Meetings – Shelters and Transitional Residences,](#)
- [Protocol for Face to Face Meetings – Supportive Housing, ACT, IMT, and Career Network.](#)

These protocols describe the health screening questions that must be asked and the applicable next steps that must be followed at the beginning of all face to face meetings.

### **Policy**

Consistent with funder requirements, CUCS shall maintain, and in many cases, increase, contact with our clients during the COVID 19 outbreak. We will continue to provide essential services to our clients; however we will perform most of these services telephonically. We will provide in-person services when necessary. This policy employs the recommended social distancing strategies to their fullest which is necessary to protect the health of our clients and our staff. We will continue to provide services which our funders have deemed non-essential, such as vocational support, exclusively telephonically.

### **Step One: Determine if You Should Provide the Service In Person or Telephonically**

The determination of whether you should provide the service in person is unique to each client, circumstances, and program type. This guidance applies to all types of in-person work including meeting with clients on site, field work, and escorting.

- 1. In general all routine, non-urgent, non-emergency services should take place telephonically.**

Assistance with self administration of medication (AWSAM) is an exception because many aspects of this service can not be provided remotely. Please see the specific [Protocol for AWSAM](#) for more details.

Providing services by phone will be more challenging in shelter and Safe Haven settings. These programs should do the best they can and work creatively to implement this policy as much as possible.

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<sup>1</sup> This policy is consistent with guidance disseminated by the NYS Office of Mental Health on 3/19/2020, the NYC department of Health and Mental Hygiene on 3/18/2020, and the Office of Civil Rights.

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2. **Some essential, urgent and emergency interventions will continue to need to be provided in person.**

Examples are provided at the end of this document for services that would continue to be provided in person and services that should be provided remotely.

### **Step Two: Complete the Health Screening**

Complete the screening questions applicable to your site to determine if you can proceed with meeting in person. Use the links below.

We recommend that you complete these questions **over the phone** prior to your in person meeting.

Routine non-emergency services may **only proceed** in person if the client is NOT symptomatic with **new or worsening cough**, **new or worsening shortness of breath**, a **sore throat**, or a **fever**.

- [Protocol for Face to Face Meetings – Outreach](#)
- [Protocol for Face to Face Meetings – Shelters and Transitional Residences](#)
- [Protocol for Face to Face Meetings – Supportive Housing, ACT, IMT, and Career Network](#)

### **Step Three – Employ Recommended Public Health Strategies**

Once you have determined that you may proceed with an in person meeting, use these strategies to minimize the risk of COVID-19 transmission:

1. **\*\*Social Distancing – required for all meetings – maintain 6 feet of distance between you and your client**
2. Choose as spacious a meeting place as possible, such as building lobbies, or outside spaces, like roof gardens, or terraces
3. Avoid meeting in client apartments
4. Arrange office meetings with clients in larger spaces, such as conference rooms
5. Avoid touching your face and encourage your client to avoid touching their face
6. If traveling with your client
  - a. On a subway car or bus, use the least crowded option available, and use a seat to avoid having to hold onto a handrail
  - b. In a car or van, keep the windows open to allow for plenty of ventilation
  - c. When you arrive at your location, immediately wash or sanitize your hands and encourage your client to do the same. Follow CDC guidance on washing and sanitizing hands

IMT and ACT staff will not meet with clients in CUCS supportive housing to minimize the number of staff coming and going in the buildings.

### **Documentation**

Staff should document that the service was provided telephonically in the applicable progress note fields.

### **Services on Hold**

Routine DOHMH and HASA apartment inspections are on hold. Staff will continue to address urgent apartment issues such as fire hazards and health concerns.



## Examples

### Services that should be provided by phone most of the time:

1. Supportive counseling, motivational interviewing, reminders for appointments
2. Check-ins about health and health screening questions
3. Review of instructions from medical providers
4. Inquiries about adherence to medication and medical treatment and related counseling
5. Case conferences with Breaking Ground or outside service provider using conference calls
6. Psychosocial assessments or service plans
7. Following up on entitlement issues with SSA or HRA as most issues can be addressed by phone. Staff can conference clients into calls with these centers
8. Preparing a client for a housing interview

### Services that are *mostly* face to face:

1. Mediating a dispute between roommates/neighbors
2. Assessing someone in a suicidal or psychiatric crisis
3. Helping with entitlements paperwork

### Services that could be either Face to Face or Telephonic:

1. Escort to the hospitals or other medical appointments: for some clients, it may be necessary to provide an in-person escort to ensure arrival to a hospital, while for many clients, follow up by phone is sufficient.
2. Assessing someone in a medical crisis: often times we get enough information over the phone to know that we need to escalate the issues to a medical provider. Sometimes we may need to be in person with the client to understand the appropriate next step.

### Example of How to Use the Phone for Services in Shelters and Safe Havens

1. If a client has a cell phone, ask for their phone number and to talk over the phone while they are in their assigned space.
2. There are phones available for clients to use. Create a schedule for clients to use for talking with workers. Have instructions for clients to wipe down the phone before and after each use. Leave disinfectant and paper towels by the phone.
3. At the Kelly, there is WIFI for clients to use. They can use the WIFI for either calls or Face Time /Skype with staff and avoid using their phone data.