



CUCS | Janian Medical Care

COVID-19 (Coronavirus) UPDATE

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.

Policy regarding Telephonic/Remote Services, Field Work, Escorting and Face to Face Services

The purpose of this policy is to promote aggressive social distancing and public health advice as possible while serving the needs and tending to the health and safety of our clients and staff.

March 17, 2020

Introduction

This policy works in tandem with the “*Protocol for Face to Face Meetings*” applicable for your site.

This policy provides guidance for determining when a Face to Face Meeting is necessary.

The “*Protocol for Face to Face Meetings*” gives instructions for the health screening questions and applicable next steps that must be conducted at the beginning of all face to face meetings.

Policy

CUCS shall maintain, and in many cases, increase, contact with our clients during COVID 19 outbreak. However we will perform most routine, non-urgent, non-emergency services by phone or through other remote technology. We will provide in-person services when necessary. This policy employs the recommended social distancing strategies to their fullest and is necessary to protect the health of our clients and our staff.

Step One: Determine if You Should Provide the Service In Person

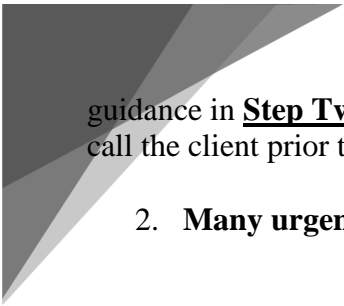
The determination of whether you should provide the service in person is unique to each client, circumstances, and program type. This guidance applies to all types of in-person work including meeting with clients on site, field work, and escorting.

- 1. In general all routine, non-urgent, non-emergencies, services should take place by phone or via other remote technology.**

Assistance with self administration of medication is an exception because of the logistical limitations to providing this service remotely. We will distribute more specific guidance on providing AWSAM soon.

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.

Applicable to all routine non-emergency services – face to face can only proceed if the client is NOT symptomatic with new or worsening cough, new or worsening shortness of breath, or fever. Follow the



guidance in **Step Two** for questions to ask prior to proceeding with the service to ensure this. If possible call the client prior to the meeting to ask these questions by phone.

2. Many urgent and emergency interventions will continue to need to be provided in person.

If possible complete the health screening in **Step Two** and follow the necessary health related steps when applicable.

Follow the guidelines for social distancing and hygiene outlined in **Step Three**.

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

Please complete the health screen applicable to your program. Most updated protocols are available on the CUCS COVID-19 Staff Resources page: www.cucs.org/covid19staff

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

Step Three – Employing Public Health Strategies for Field Work, Escorting and In Person Meetings

Applicable to Field Work and Escorting: Using Public Transportation, Car Service, or Emergency Transport

1. If using the subways or buses, try to ride in the least crowded cars
2. If possible, use a seat (this allows you to avoid holding the poles)
3. If you are taking a car, keep the car windows open to allow for plenty of ventilation
4. Avoid touching your face and encourage your client to avoid touching their face
5. After arriving at location, immediately wash or sanitize hands and encourage your client to do the same. Follow CDC guidance on washing and sanitizing hands.

Social Distancing: Maintain 6 feet of distance from client

1. Choose a meeting location that allows for maintaining social distancing of 6 feet
 - a. Try to meet the client outside
 - b. Try to meet with clients in open spaces
 - c. Avoid meeting in client apartments
 - d. Arrange office meetings with clients in larger spaces to have 6 foot distancing
2. CN staff will not meet with external clients at CUCS supportive housing programs. All meetings with external clients will be telephonic or in open spaces in the community.
3. 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.



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. 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. Preparing a client for a housing interview

Services that are *mostly* face to face:

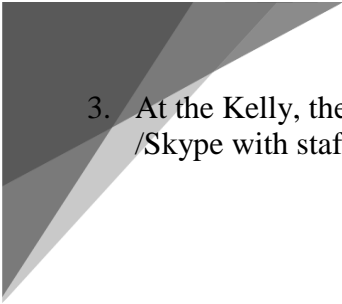
1. Mediating a dispute between roommates/neighbors
2. Assessing someone in a suicidal or psychiatric crisis
3. Helping with entitlements paperwork

Examples of 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. Escorts to large offices such as HRA or SSA: Some clients can be adequately prepared over the phone so that they can attend in-person appointments without an escort. Some appointments for entitlements, such as for food stamps, can be completed over the phone and should be whenever possible. There may be some urgent issues that affect income that will require an in-person escort. For making joint calls (client and worker on the same call) regarding entitlements, whenever possible use a conference line so that the phone is not shared between client and worker.
3. 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.