

Hi Megan,

Ken shared your email below, as I'm helping to head up our COVID-19 leadership team and response. Here is a synopsis of our efforts across California and Washington, and I'm happy to provide more detail, where helpful!

Given the ever-changing circumstances, one of the first steps our team took was developing a leadership team that meets daily to discuss the evolving needs regionally and confirmed cases, as well as school and other entity closures. This leadership team includes our Medical Services Director, Nursing Services Director, Nursing Services Manager, Human Resources Director, and Chief Operating Officer.

In order to ensure that team remains consistent in the communication and assessment of individual staff and program needs, we have also developed an email group that has been disseminated throughout the organization, intended to be utilized for any questions (confidential or otherwise) that staff, supervisors, or leadership might have about how to respond to a particular situation. We also have a manager from our Health Services team organizing these questions, and we are replying often within an hour to those inquiries. In addition, where there are particularly complex questions that arise and are emailed to our group, we assess and address them on our daily phone calls.

We have also developed several documents and toolkits to disseminate to staff and leadership, depending on the content of the information and the audience (see attached). Additional information has also been planned and disseminated addressing the following:

- Program Closures. Thus far we have experienced very few program and school closures in California, but numerous school closures in Washington - all of which have been defined by our school district partners. We have developed metrics for defining when a program would close (including when there is a certain number of staff called out sick, direct exposure or a predominance of clients on site presenting with active Covid-consistent symptoms). We are also taking the lead of our funders and partners as it relates to determining ongoing service provision and managing risk for our clients and staff. We have also developed process that address how to handle notifications to funders, partners, families, clients, and staff; determinations for the re-opening of the program; and opportunities for remote services or distance learning in the event of program closures.
- Staff exposure at work. Agency leadership is helping to make decisions when there is a risk of secondary exposure from clients to staff, including assessing the contact and level of risk, assessing the contact and exposure the client may have had, and making determinations for providing in-person or remote services, or cancelling services if the client is actively sick.
- Staff exposure outside of work. Staff exposure or concern of exposure outside of work is being monitored individually, including prompting the staff person to seek out their primary care physician, providing consult by our nursing staff, proactively and preemptively asking staff to self-quarantine.
- Tracking and reporting information. In addition to the broad dissemination of information the Covid leadership group reports number of cases and school closures in the areas we serve to agency leadership daily.
- Supply management. There are assigned staff to monitor supplies throughout agency. Sharing is happening between programs in cases of shortage.
- Cleaning/sanitation. Increased cleaning protocols with contractors and verified their cleaning agents are effective.

- Agency restrictions. Seneca has explicitly limited nonessential travel agency wide, and limited meeting and training sizes to 25 ppl or less. All staff are encouraged to utilize online/teleconferencing for meetings, when possible.
- Managing staff workflow. The agency is developing an on-going list of opportunities for staff to work from home or in a modified status in order to reduce their risk of exposure in program.
- Managing staff pay/resources. Leadership is in the process of developing a plan to help manage PTO, paid administrative leave, and unpaid time off. In light of the significant amount of time off or time out of the office that staff may need to anticipate, we are currently developing contingency plans that could include having employees donate PTO to other employees, and/or having staff utilize disability resources freed up in California and Washington specifically for this purpose.

Our organization is finding the changing nature of this outbreak to require significant administrative resources, and it would be my recommendation that any organization in a similar circumstance devote full-time resources to the management of their agency's impact.

Please let me know if there's anything else that might be helpful to you or other organizations!

Leticia

**Leticia Galyean, LCSW • Chief Operating Officer**

[Pronouns: she, her, and hers.](#)

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## COVID-19 FAQ

- **I've been seeing a lot about coronavirus/COVID-19 on the news. What is it?**
  - For more information look here:
    - CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
    - WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- **I am sick. What do I do?**
  - In general, you should stay home and take care of yourself if you are ill.
  - You can do a quick self-screening by asking yourself the following:
    - Do I have a cough (that is more than any normal cough you may have)?
    - Do I have a fever and/or chills?
    - Do I have shortness of breath and/or breathing difficulties that are out of the ordinary for you?
    - If yes to any of the above, please contact your primary care provider for further guidance.
  - If after contacting your primary care provider they suspect you may have COVID-19, please contact us at [COVID19Questions@senecacenter.org](mailto:COVID19Questions@senecacenter.org).
- **My client is sick. What do I do?**
  - In general, clients who are ill should be sent home for the day and/or have the appointment/visit/contact rescheduled.
  - You can do a quick screening by asking them the following:
    - Do you have a cough (that is more than any normal cough you may have)?
    - Do you have a fever and/or chills?
    - Do you have shortness of breath and/or breathing difficulties that are out of the ordinary for you?
    - If yes to any of the above, please contact your primary care provider for further guidance.
  - If after contacting their primary care provider they suspect you may have COVID-19, please contact us at [COVID19Questions@senecacenter.org](mailto:COVID19Questions@senecacenter.org).
- **What do I do if a case is reported at my site?**
  - Contact your supervisor immediately. They will activate the chain of command for your site.
  - Program leadership will contact the county public health department for further instructions.
- **What if I my site is closed?**
  - Agency leadership teams are developing contingency plans in the event of site/school closures. If this happens, you will hear from your program leadership and/or supervisor regarding any decisions to close your site.
- **What if I have to self-quarantine?**
  - California and Washington have provided additional state benefits related to COVID-19.
    - Here is the link to CA EDD's information page: [https://edd.ca.gov/about\\_edd/coronavirus-2019.htm](https://edd.ca.gov/about_edd/coronavirus-2019.htm)

- Here is the link to WA PFML's information page on the topic: <https://paidleave.wa.gov/coronavirus/>
  - If you have questions about your specific situation, please contact HR directly.
- **What if a close contact in my personal or professional life was quarantined due to a confirmed case in their own network?**
  - Contact your primary care provider for screening or contact [COVID19Questions@senecacenter.org](mailto:COVID19Questions@senecacenter.org) so we can help triage your specific situation.
- **I'm concerned that staff/clients are being discriminated against based on ethnicity/country of origin due to fear around coronavirus/COVID-19.**
  - Please contact your supervisor. You can also contact HR and/or [COVID19Questions@senecacenter.org](mailto:COVID19Questions@senecacenter.org).
- **I have more specific questions and/or concerns, who should I go to?**
  - Our Leadership, Health Services, and Facilities teams have created an email group for staff to ask additional questions: [COVID19Questions@senecacenter.org](mailto:COVID19Questions@senecacenter.org)



## COVID-19 PROCEDURES

### PURPOSE:

To proactively keep our teams, clients, and communities healthy and minimize further spread of COVID-19, aka “Coronavirus”.

### BACKGROUND:

#### Transmission

COVID-19 (a new type of coronavirus) is transmitted through **direct contact** with the virus and/or **airborne routes**. This means if someone has the virus and touches a surface and then another uninfected person touches that same surface within a proximate timeframe, the virus can be transmitted. Exactly how long the virus stays alive on a surface is not known, however we do believe it could live for several hours – up to a few days – depending on the type of surface and environmental temperature. Researchers are currently trying to narrow down the length of time.

### PROCEDURES:

#### Decreasing transmission

- **Disinfect surfaces** with anti-microbial wipes that are effective on viruses.
- Practice **standard precautions**.
  - **Frequent and thorough handwashing** (at least 20 seconds with soap and warm water). If soap and warm water are not available, use a dime-sized amount of hand sanitizer and vigorously rub hands for 30 seconds until it evaporates.
  - **Use PPE (Personal Protective Equipment)** such as gloves when needed.
  - **Practice good cough and sneeze etiquette** by coughing or sneezing into your elbow (i.e. “do the vampire”) or cover your cough or sneeze with a tissue and then throw the tissue away.
- **Avoid touching your face and food** without first washing your hands.
- **Avoid unnecessary direct skin to skin contact** (i.e. handshaking) with others – especially if there is any chance that person is ill or has been in contact with someone ill, and/or has had recent travel to a country where COVID-19 is spreading.
- **Avoid close contact with people who are sick**. If possible, try to maintain a distance of 6 feet from others in public spaces.

## Minimize risk of transmission

- **Encourage those who are ill to stay home** until they are without a fever for a full 24 hours. If you learn that you were in contact with anyone who has tested positive for Coronavirus, you should contact your primary care provider and follow their instructions.
- **Wear a mask to cover your cough if you are ill with a fever** until you can remove yourself from public places.
- **Notify the appropriate people if you are ill.** This helps us take appropriate precautions in the workplace to prevent it from spreading. We will not share personal protected health information and the employee hotline is anonymous.
  - Call the employee hotline if you are ill: (510) 481-1222 x500.
  - Notify your supervisor as well as your Primary Care Provider if you develop symptoms: cough, shortness of breath, and/or fever.
  - Notify your supervisor if you or someone you have been in contact with is diagnosed with or tests positive for Coronavirus and/or any recent travel you have had.
- **Practice contact precautions.** Disinfect common surfaces, shared objects, doorknobs, light switches, toys, etc. daily. Wipe down these common surfaces at your site(s) with disinfectant wipes at the beginning of each day and any additional time(s) you feel it's necessary.
- **Avoid nonessential work travel.** If you're unsure about whether the travel is essential, ask your Supervisor.
- **Limit trainings and meetings to 25 people or less.** Coordinate with your Supervisor and or the Training Department.
- **Make sure your site has adequate infection control supplies.**
  - Make sure you have a sufficient amount of hand sanitizer, Kleenex, gloves, masks, etc. based on the amount of staff, clients, and type of setting for your program.
  - **Sites should choose one point person for medical supply orders.** Ideally this would be a Site Safety Officer, Nurse, or Program Assistant. This will reduce duplicate orders, ensuring there are enough supplies for everyone. The point person for your site can contact Jacquelin Escobar in our Health Services department with supply requests.

## Talking to families and youth about Coronavirus

- If clients/families/visitors are ill (cough, fever, shortness of breath), reschedule the visit/appointment and refer them to their Primary Care Provider.
- Sites should have posters to alert families and visitors to refrain from visiting our sites if they are ill. If your site does not, contact your Site Safety Officer.
- **If you become aware that an exposure has happened at your site, contact your Supervisor immediately!**
- Youth are likely to have questions about this. Kid friendly information can be found here:

<https://www.npr.org/sections/goatsandsoda/2020/02/28/809580453/just-for-kids-a-comic-exploring-the-new-coronavirus>

### Travel questions

- During this time, we know staff are faced with difficult decisions regarding travel plans. **We strongly encourage staff to consider minimizing or cancelling any non-necessary airplane travel. Check CDC travel alerts before traveling** for restrictions: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- If you have recently returned from travel to a country where COVID-19 is spreading, **please follow the recommendations from the CDC and airport authorities on quarantine and self-quarantine.**  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- Some **additional factors** for staff to consider when deciding whether to leave the country for voluntary travel:
  - What health risk factors do I, or other people in my family and/or home, have that could place us at higher risk if exposed?
  - How close is where I'm traveling to an area where COVID-19 is spreading? Keep in mind that the map and spread will change daily and could change while you're there.
  - Be aware there is a risk that wherever you go, you could be temporarily blocked from re-entry into the USA if COVID-19 spreads there.
  - Consider the financial impact if you must self-quarantine upon re-entry for 14 days. Do you have enough PTO to be paid for this time? Is your position such that you could work from home for that long?

### Additional resources and other considerations

- Self-care is vital! Make sure YOU are getting enough rest and eating well.
- If you, someone in your home and/or family, or one of the clients/families that you work with have a pre-existing health condition such as lung diseases, heart diseases, diabetes, cancer, weakened immune systems, etc. please encourage them to keep a 14-day supply of medication on hand during this time. This is to prevent them from running out should they be in a situation where they are quarantined – voluntarily or involuntarily.
- Because the situation is changing rapidly, if you have additional questions, please review information from the CDC and WHO.
  - CDC: <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>
  - WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Our Leadership, Health Services, and Facilities teams have created an email group for staff to ask additional questions:  
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