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COVID-19 Infection Prevention and Control in Shelters for Women and Children Survivors of Domestic and Family Violence in the Caribbean

Updated (July 4, 2020)

*These recommendations are preliminary and subject to review as new evidence becomes available.*¹

Introduction

On 30 January 2020, the World Health Organization (WHO) announced that the COVID-19 outbreak was a Public Health Emergency of International Concern.

COVID-19 is an acute respiratory illness (ARI) caused by a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Most people infected with this virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Others, however, may become seriously ill. Older people, and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

COVID-19 spreads primarily through contact and droplets of saliva or discharge from the nose when an infected person coughs or sneezes. The best way to prevent and slow down transmission is to be well informed about COVID-19, including how it spreads and how to protect yourself and others. While there is still much to learn about the novel coronavirus that causes COVID-19, basic protective measures focus on washing your hands or using an alcohol-based rub frequently, keeping at least a 1 meter (3 feet) distance from others, avoiding to touch your face, practicing respiratory etiquette (e.g., by coughing into a flexed elbow), and seeking medical care early in case of symptoms (e.g., fever, cough and difficulty breathing). Additional infection prevention and control (IPC) measures that are needed will depend on the local COVID-19 transmission dynamics and the type of contact required by the shelter activity, including any care activity.

Wearing masks can be considered in specific circumstances as part of a comprehensive package of the IPC measures in line with national protocols and local guidance/guidelines² Additional references to medical³ and non-medical (fabric) masks have been included in this document. The decision of governments and

¹ Updated information on the COVID-19 can be obtained at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

² For more information on the use of masks, please see: <https://apps.who.int/iris/handle/10665/332293>

³ *Medical masks* are defined as surgical or procedure masks that are flat or pleated; they are affixed to the head with straps that go around the ears or head or both. Medical masks should be certified according to international or national standards to ensure they offer predictable product performance. In settings where medical masks are in short supply, medical masks should be reserved for health workers and at-risk individuals when indicated. See <https://apps.who.int/iris/handle/10665/332293>

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local jurisdictions whether to recommend or make mandatory the use of masks should be based on the above criteria, and on the local context, culture, availability of masks, resources required, and preferences of the population.

Why shelters are important in the context of COVID-19

Gender-based violence (GBV) violence shelters⁴ are safe places where survivors of intimate partner, domestic, and/or family violence can get help and temporary housing. GBV shelters provide critical support, immediate protection, safe emergency shelter, and longer-term transitional housing. Because of the nature of the shelters, survivors of violence may reside in proximity, for either a limited or extended period of time, and there may be a high degree of interaction among survivors, shelter staff, and other essential service providers. These and other aspects of shelter living, such as restrictions on resident movement and lack of alternative work schedules for staff, can make these environments especially vulnerable to infectious diseases.

WHO recently called on all countries to include services for survivors of violence as essential services that must continue during the COVID-19 response. Evidence suggests that violence tends to increase during emergencies, including epidemics. Stress, physical distancing, the disruption of social and protective networks, and decreased access to essential services all can exacerbate the risk of violence for women and children, including intimate partner and family violence. Women and children may need to leave their existing living arrangements immediately in order to be safe from violence. They may be at risk of homelessness. Given the increased risk of violence in the context of COVID-19, shelters are likely to experience increased demand. They provide an entry point for ensuring access to lifesaving services for survivors including emergency safe housing and shelter, case management services, frontline psychosocial support, and access to sexual and reproductive health services, especially the clinical management of rape. Therefore, shelters should remain open for the safety and protection of survivors. Therefore, it is essential that shelters are provided with guidance to enable them to continue operations and respond to survivors of violence, while preventing the infection and reducing the spread of COVID-19.

Objectives

The objectives of this document are to provide guidance on infection prevention and control (IPC) measures in shelters for women and children survivors of family violence in the context of COVID-19, including how to:

- 1) prevent COVID-19-virus from entering the facility;
- 2) prevent COVID-19 from spreading within the facility;
- 3) prevent COVID-19 from spreading to outside the facility; and

⁴ This document will use the term “GBV shelters” as an umbrella term encompassing a range of shelters and refuges for survivors of intimate partner, domestic, and family violence, and other forms of violence against women and children.

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4) ensure shelters for violence survivors continue to operate and provide safe and ethical services during the pandemic.

Overview of the document

This document includes a series of recommendations targeting shelter management, employees, and residents. It is structured as follows:

- Recommendations for cross-cutting concerns: system and service coordination
- Recommendations for the prevention of COVID-19
- Recommendations for the response to COVID-19

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Cross-cutting Concerns: System and Service Coordination

Shelter management should do the following:

Coordination & management

- Create a crisis response team in the shelter composed of the management team and employees for case management and activation of the protection protocol and isolation measures, and coordination with health authorities.
- Ensure that there is an IPC COVID-19 focal point at the facility to lead and coordinate IPC activities, ideally supported by an IPC team directly (if this is not possible, remote support should be ensured).
- Establish clear coordination with the national emergency response team and other relevant health authorities to:
 - Ensure that the GBV shelter is on an established and/or updated list of GBV shelters/guest houses/hotels⁵ that are a) open and functional, b) accepting new residents, and c) accepting COVID-19 high-risk new residents.
- Define procedures for consultation of suspected cases of COVID-19 and procedures for referral. (If possible, one medical staff should be assigned as the focal point to take calls from shelters to assess potential cases.)
- Coordinate with relevant authorities (e.g. Ministry of Health, Ministry of Social Welfare, Ministry of Justice, etc.) and service providers to provide continuous care and support to survivors on violence:
 - This includes updating the GBV referral pathway (health, police, justice, social services) in line with the current COVID-19 response scenario.
 - It is crucial that survivors have timely access to clinical management of rape services, either in the facility or that they can be escorted to (and prioritized at) a facility providing post-rape care.
 - It may require coordination and communication with hospitals and health facilities, who will be often overwhelmed, as well as police/security authorities, in order to allow for easier referrals of survivors both to health services related to COVID-19 or to GBV/SRH services.
 - It is critical to ensure that there is a specialist on violence against women and girls/GBV service provider providing support to survivors who may be accommodated in a guest house/hotel and that access to other essential services is maintained.

⁵ Guidelines for guest houses/hotels will be available soon. For more information, please refer to: <https://www.paho.org/en/documents/considerations-use-hotels-during-covid-19-pandemic>.

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Prevention

Shelter management

Protocols and policies

- Develop new or update existing policies and protocols, including:
 - Updating staffing policy that staggers shift in order to reduce the number of employees at a given time, ensuring the capacity to continue essential service delivery, including in case of employee absences and prioritizes cross-training of employees to cover all shelter shifts.
 - Updating policies and programs to promote physical distancing and reduce direct physical contact with over 10 residents at a time:
 - Enforce a minimum of 1-meter (3 feet) distance between residents.
 - For group activities, ensure physical distancing. If not feasible, cancel group activities.
 - Stagger meals to ensure physical distance is maintained between residents; if not feasible, close dining halls and serve residents individual meals in their rooms.
 - Require residents and employees to avoid touching (e.g., shaking hands, hugging, or kissing).
 - Where possible, residents should be placed in adequately ventilated single rooms. When single rooms are not available residents' beds should be placed at least 3 feet apart in adequately ventilated rooms
 - Restrict the number of visitors as much as possible. Alternatives to in-person visiting should be explored (e.g. by phone, internet etc.), including for children who may be temporarily separated from their family and social network.
 - Establish protocols to restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other staff or residents. If not feasible, implement appropriate disinfection or cleaning protocols of shared devices.

Facility setup and equipment

- Keep the shelter ventilated as much as possible. Ensure the availability of at least one well-ventilated isolation rooms for residents with suspected COVID-19 cases, and at least one room for confirmed COVID-19 disease.
- Ensure that annual influenza vaccination and pneumococcal conjugate vaccines are administered to employees and staff, according to local policies.
- Ensure adequate supplies of alcohol-based hand rub (ABHR) (containing at least 60% alcohol) and availability, for residents and staff, of soap and potable water. Place them at all entrances, exits, and points of care.
- Ensure adequate supplies of personal protective equipment, including medical masks for use by staff, and non-medical mask, for use by residents, as appropriate⁶

⁶ For more information on the use of masks, please see: <https://apps.who.int/iris/handle/10665/332293>

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- Ensure adequate supplies of tissues and appropriate waste disposal (in a bin with a lid).
- Develop a sanitation check list for the shelter (suggestion attached).
- Establish a routine (at least twice a day) for cleaning and disinfecting of surfaces in the shelter using bleach-water solution of 1,000 ppm concentration.⁷

Information and training

- Provide or make accessible training on violence and COVID-19 to protect employees and prevent both employees and residents from COVID-19 and violence-related stigma through regular exchanges of information, including information sessions, posters, flyers, reminders etc.
- Ensure access to the government COVID-19 hotline for employees and violence survivors.
- Raise awareness of the community of increased risks of violence in the context of COVID-19 and how to get help. Examples of risk communication materials are available with PAHO/WHO, UN Women, UNFPA, and other partners and can be adapted as needed.⁸
- Communicate with residents in shelters, other at-risk groups, different service providers (particularly those listed in the GBV referral pathways) and communities about any changes made or to be made in the methods of service provision. Ensure residents understand how they can access these services during the pandemic and who they can contact in case of an emergency. If hotlines are available and functioning, ensure they are aware of the pathways to refer survivors to shelters.
- In case of any outreach activities led by staff, do not send staff into crowded areas or situations where they cannot maintain the suggested IPC advice. Rather, actively consider new forms to continue essential service and outreach activities, including through phone and online means, change in working hours, etc.
- Ensure continued safe storage of sensitive documentation and respect for the confidentiality and privacy of survivors.

Employees

All employees should do the following:

Information and training

- Be aware of the increased risk of violence in the context of COVID-19 and have the capacity to provide frontline support to survivors (including providing information about other support services, e.g. hotline numbers). It is important to stress that violence is never justified, and that the survivor is not to blame. Be careful to listen to survivors, do no harm, and respect their wishes.
- Reassure survivors and their communities that support services will still be available in some capacity, even if the modality changes, and that they will not be alone.

⁷ For more information, please see: <https://www.paho.org/en/documents/key-recommendations-water-sanitation-and-hygiene-covid-19>

⁸ See, for example: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/healthy-parenting>.

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- Be aware of and provide information on other essential services available to survivors, including alternative consultations or services in place/open during the pandemic (e.g., essential SRH/GBV services).
- Scale-up shelter surveillance of residents and those in isolation to ensure that they receive adequate psychosocial support.
- Access standard training to protect themselves and residents from COVID-19 and stigma (this can be provided virtually).
- Post reminders, posters, and flyers around the facility, targeting employees, residents, and visitors about basic protection measures, such as hand hygiene, respiratory etiquette, physical distancing and the correct use of masks when required, including the fact that use of a mask alone is insufficient to provide an adequate level of protection or source control.
- Familiarize themselves with the COVID-19 hotline for assistance and post the hotline information for use by residents.
- Keep up to date on the latest guidance on COVID-19,⁹ including violence in the context of COVID-19.

Personal health and hygiene

- Follow basic protection measures¹⁰ and encourage residents to do so, including:
 - Frequently wash hands with soap and water for at least 20 seconds or rub hands with an alcohol-based hand rub if hands are not visibly dirty. This should be performed frequently, at the beginning of the workday, before and after touching residents, after using the toilet, before and after preparing food, and before eating.
 - Practice physical distancing of at least 3 feet to be maintained between employees, between residents, and residents and employees, where possible.
 - Practice respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue.
 - Refrain from touching eyes, nose, or mouth with gloved or bare hands.
 - Use medical masks and gloves when dealing with residents with suspected or confirmed cases.¹¹
 - Stay at home if ill and do not to show up at the shelter if they show any symptoms.
- Regularly audit IPC practices among residents.

Service delivery:

- Liaise with authorities to advocate for the opening/repurposing of new shelters to host survivors (such as hotels) and be prepared to coordinate with them and ensure they follow these

⁹ In addition to national and local guidance, please see: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> and <https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19>.

¹⁰ For more information, please see: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

¹¹ For more information on masks, please see: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

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guidelines accordingly (please refer to Annex 3 for a suggested checklist for alternative accommodation).

- When alternative accommodation is required, the referral pathway to access the essential service package should be ensured
- Be ready to assign frontline staff who can shadow/accompany survivors from different locations into the shelter. Be prepared for possible extra communication with authorities in case lockdown restrictions should have to be lifted for specific cases.
- Explore options for providing remote support to shelter staff and to survivors, including any need for developing new protocols and referral pathways for remote service supervision and delivery. This includes ensuring staff have access to needed tools to provide support in the context of COVID-19, for example, cell phones and cell phone credit.
- Regularly monitor and update referral pathways (including revised opening hours, contact points, etc., in the context of COVID-19 measures) to guide survivors and ensure timely and “warm” referrals for survivors.

New residents

When accepting new residents (including those using alternative accommodation), employees should:

- Provide frontline response to survivors,¹² including:
 - Listening closely, with empathy and no judgment;
 - Inquire about and respond to survivors’ needs and concerns;
 - Validate their experiences, showing you believe and understand them;
 - Explain why you are not able to physically approach them;
 - Enhance the safety of survivors; and
 - Support survivors to connect with additional services.
- Administer a brief survey (see questions in Annex A):
 - If the new resident has answered no to all the questions:
 - Provide training on respiratory hygiene/cough etiquette to new residents.
 - Give a packet of soap and/or alcohol-based hand rub solution.
 - Encourage the use of masks in line with local and national protocols. Please note the following WHO recommendations¹³ that should be adapted to the given local context and be aligned with national protocols (see also Annex V):
 - Persons with suspected or confirmed COVID-19 should wear a medical mask, as should shelter staff, residents or other caregivers when in close contact or when a distance of at least 1 m cannot be maintained.
 - Vulnerable populations, including older women, should wear a medical mask for their protection in settings where physical distancing cannot be achieved and increased risk of infection and/or negative outcomes.

¹² More information on first-line support can be found at:

<https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>.

¹³ For more information on when and how to use masks, please see:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> (advice for the public) and <https://apps.who.int/iris/handle/10665/332293> (technical note).

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- In shelter settings with cramped living or working conditions, physical distancing cannot be achieved (close contact), all staff, residents, and guests should be encouraged to use non-medical masks.
- The use of masks in asymptomatic children should follow the country's protocol. WHO currently does not have specific guidance for the use of masks in asymptomatic children.
 - Take them to new resident assigned quarantine rooms.
- If the new resident has answered yes to any of the questions:
 - Call the hotline and seek guidance.
 - Contact Covid-19 focal point who will follow up with MOH and other relevant authorities.
 - Take them (and their children) to a separate room designated for new residents who need to be isolated.
 - Distribute welcome packet including packet of medical masks, soap and alcohol-based handrub solution.
- For GBV shelters who cannot accept new residents because of limited space due to distancing and isolation measures, arrange for alternatives in order to be able to provide ongoing support to survivors, including:
 - Establish relationships with similar shelters, hotels, and guest houses; and
 - Seek guidance through the hotline for alternate isolation points (in case of suspected/confirmed diagnosis).

Residents

- Should be encouraged to stay in touch with their own support networks, e.g., trusted family members or friends, through texting, use of WhatsApp, FaceTime, where possible.¹⁴
- Have access to remote psychosocial support, including specialized support for children (e.g., speaking to a trained counselor on the phone, through SMS or linking to a safe “chat” online at specified times).
- Receive standard information on COVID-19' this can be provided virtually by the government or UN agencies such as PAHO/WHO, UNFPA, and UN Women.
- Have access to the government's COVID-19 hotline.
- Restrict sharing of personal devices (mobility devices, books, electronic gadgets) with other residents.
- When physical distancing cannot be achieved, for example due to cramped living and working spaces, use masks and practice proper mask etiquette (see Annex V for additional info on settings and types of masks)¹⁵
- Familiarize themselves with basic information/safety tips, e.g., from NNEDV – see <https://www.techsafety.org/covid19>. This will help keep residents as safe as possible when

¹⁵ For more information on when and how to use masks, please see:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> (advice for the public) and <https://apps.who.int/iris/handle/10665/332293> (technical note).

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using these methods or other online platforms, e.g., when connecting with a legal aid provider or receiving psychosocial support.

In exceptional cases where visitors are allowed:

- Visitors should be screened for signs and symptoms of acute respiratory infection or significant risk for COVID-19 (ask them to complete survey in Annex A, if they answer yes to any question, they should be denied entry).
- No visitor with signs or symptoms should be allowed to enter the premises.
- Visitors should be limited to one at a time to preserve physical distancing.
- Visitors should be instructed on respiratory and hand hygiene practices and to keep at least a 2-meter (6-feet) distance from residents.
- Visitors should only be allowed to visit the resident directly upon arrival and leave immediately after the visit.
- Direct contact by visitors with residents with confirmed or suspected COVID-19 should be prohibited.

Response

The response to COVID-19 is based on early recognition, isolation, care, and source control (prevention of onward spread for an infected person).

Early recognition

Early identification, isolation, and care of COVID-19 cases is essential to limit the spread of the disease in the shelter. Prospective surveillance for COVID-19 among residents and staff should be established:

Shelter management

- Ask employees to report and stay at home if they have fever or any respiratory illness.
- Ask employee to report and stay at home if in contact with someone with suspected or confirmed COVID-19.
- Follow up on employees with unexplained absences to determine their health status.
- Ensure that any employee who is visibly ill at work goes on immediate sick leave.
- Support the availability of a counselor using technology-based interventions to provide psychosocial support to staff.

Employees

- Report and stay at home if they have fever or any respiratory illness.
- Ask residents to report if they are experiencing any of the following symptoms:
 - fever (>38°C),
 - cough,
 - shortness of breath,
 - pain on swallowing food and fluids, and
 - fatigue

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(Note: these are the most common symptoms of COVID-19 but not the only ones).

- Assess each resident daily (or as often as possible) for the development of symptoms, as listed above.
- Immediately report residents with symptoms to the COVID-19 focal point and to established mechanism with the MOH.

Residents

- Report to shelter staff if experiencing any of the symptoms associated with COVID-19 (see list above).

Source control (care for the COVID-19 patient and prevention of onward transmission)

If a resident is suspected to have, or is diagnosed with, COVID-19, the following steps should be taken:

Employees

- Notify the COVID-19 focal point, who should alert shelter management and the local authorities about any suspected case and isolate residents with onset of respiratory symptoms who have been in contact with the person. Take care to maintain the confidentiality and privacy of sensitive information about the survivor.
- Provide additional medical masks to the resident(s) with any symptoms suggestive of COVID-19 and for others in close contact with them or when physical distancing of at least 1 meter cannot be maintained.
- Promptly notify the resident(s) and appropriate public health authorities that the resident requires a test for COVID-19.
- Use contact and droplet precautions by wearing gloves and a medical mask when attending to/caring for the resident, entering the room, or when within 1 meter (3 feet) of the resident.
- If possible, move the COVID-19 patient to a single room. If no single rooms are available, consider placing in room(s) with other residents with suspected or confirmed COVID-19. Note that:
 - Residents with suspected COVID-19 should be placed only with other residents with suspected COVID-19; they should not be placed with residents with confirmed COVID-19.
 - Do not place suspected or confirmed patients in rooms next to immunocompromised residents or those with other underlying medical conditions.
- Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room.
- Limit the number of employees and residents who are in contact with suspected or confirmed COVID-19 patients.
- Maintain a record of all persons entering suspected cases rooms, including all employees and family members.
- Ensure survivor's continued access to support services despite suspected or confirmed diagnosis of COVID-19, including essential health care after sexual assault, mental health care for violence survivors, and any other needed support, through distance- and phone-based methods where possible.

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In addition, if a resident's COVID-19 diagnosis is confirmed, the following steps should be taken:

Employees

- Promptly notify the COVID-19 focal point/shelter management for onward notification to the national emergency response team and/or other relevant health authorities that there is a confirmed case of COVID-19, maintaining confidentiality protocol.
- Inform residents that there was a positive case in the shelter and request testing for all residents and staff.
- WHO recommends that COVID-19 patients be cared for in a health facility to the extent possible, in particular patients with risk factors for severe disease which include age over 60 and those with underlying comorbidities (e.g., obesity, high blood pressure, and diabetes). A clinical assessment is required by a medical professional with respect to disease severity, for the resident to be transferred to a health facility with the capacity to treat COVID-19. All IPC measures must be ensured when residents are transferred to a health facility.
- If the symptoms are deemed mild, move the confirmed COVID-19 patient to a single room. If not, move resident to a temporary health care facility until the resident tests negative.
- Ensure appropriate cleaning and disinfecting of facilities:
 - Cleaning and disinfecting agents are recommended for all horizontal and frequently touched surfaces (e.g., light switches, door handles, bed rails, bed tables, phones) and bathrooms being cleaned at least twice daily and when soiled.
 - Surfaces should be cleaned with a detergent (commercially prepared or soap and water). If commercially prepared hospital-grade disinfectants are not available, the LTCFs may use a diluted concentration of bleach to disinfect the environment. The concentration of chlorine should be 1,000 ppm or 0.1% (equivalent to a 1:19 dilution of 5% concentrated liquid bleach).
- When providing routine care for a resident with suspected or confirmed COVID-19, contact precaution and droplet precautions should be implemented.
 - Medical masks should be put on and removed carefully following recommended procedures to avoid contamination (Infographic guidance attached).
 - Hand hygiene should always be performed before putting on and after removing PPE.
 - Employees should take off PPE just before leaving a resident's room.
 - Discard PPE in medical waste bin and perform hand hygiene.

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Annex I

Assure the prospective resident that they will get support regardless of how they answer the following questions:

- Have you or anyone in your family travelled recently?
- Have you been in contact with a known case of COVID-19?
- Have you been in contact with someone who has displayed symptoms of COVID-19?
- Have you had any COVID-19 symptoms?

If the answer is yes to any of these questions, notify the COVID-19 focal point, who should alert shelter management and the local authorities about any suspected case and isolate residents with onset of respiratory symptoms who have been in contact with the person. Take care to maintain the confidentiality and privacy of sensitive information about the survivor.

COVID-19

ANNEX II

Sanitation Checklist

Name of Shelter		
Date of Assessment		
Does the shelter have a coordination mechanism established with a health facility?	<input type="checkbox"/> Yes (specify): <input type="checkbox"/> No	
Section 1 – Staff Safety		
All personnel receive training on COVID-19 prevention and the use of PPE.		
Section 2 - Resident Safety		
The shelter currently has a written policy to assess risk (based on regional, community data) and provide screening to residents on admission.		
The shelter documents resident immunization status at time of admission.		
The shelter coordinates annual influenza vaccination to residents.		
Section 3 - Surveillance		
The shelter has written intake procedures to identify potentially infectious persons at the time of admission.		
The shelter has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.		
The shelter has systems to follow-up, when residents are transferred to acute care management of suspected infections.		
Section 4 - Disease Reporting		
The shelter has a current list of diseases reportable to public health authorities.		
The shelter has focal point(s) of contact at the local or state health department for assistance with outbreak response.		
Section 5 - Hand Hygiene (HH)		
Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas.		
The shelter has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform HH after contact with respiratory secretions?		

COVID-19

The shelter provides resources for performing HH near the entrance and in common areas.	
Section 6 - Environmental Cleaning	
The shelter has written cleaning/disinfection policies that include routine and terminal cleaning and disinfection of the bathrooms and rooms.	
Section 7 – Environmental	
The shelter keeps the beds at least 3 feet apart from each other.	
The shelter has natural ventilation that permits air exchange with outside.	

Infection Control and Prevention Focal Point: _____

COVID-19

Annex III

Checklist for using alternate accommodation for survivors of GBV

	Meets	Does not meet	N/A	Comments
Administrative considerations				
It has the corresponding permissions and/or certifications that enable its regular operation				
Administrative arrangements have been made for use of the hotel's facilities (rental, loan, etc.)				
Measures are in place to ensure the safety and well-being of women and children. (locks, bars, security guard)				
Access				
Protocols, alarms, evacuation routes, and exits are written, posted, visible, and audible.				
The hotel's evacuation and escape routes have a lighting system				
The fire/smoke detector system works properly				
Access to water				
Accessible to the shelter coordinator and other service providers				
Environment				
If double rooms are considered, a bed should be at least 3 feet apart				
Rooms should be well ventilated				
Disposable dishes and utensils are available				
Dining area has been set up				
Area available for children's entertainment				
Women and children have access to a telephone				

Approved by the Infection, Prevention and Control Focal Point: _____

COVID-19

Annex IV

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

Do's →



A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.

[who.int/epi-win](https://www.who.int/epi-win)



COVID-19

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.

[who.int/epi-win](https://www.who.int/epi-win)



World Health Organization

COVID-19

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Wash your hands before touching the mask



Inspect the mask for tears or holes



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI·win



COVID-19

ANNEX V

Examples of where the general public can be encouraged to use medical and non-medical masks in areas with known or suspected community transmission

Situations/settings	Its relevance to shelters	Purpose of mask use	Type of mask to consider wearing if recommended locally
Settings with high population density where physical distancing cannot be achieved; surveillance and testing capacity, and isolation and quarantine facilities are limited	People living in cramped conditions – this may potentially include selected shelters where space may be limited due to increase in demand.	Potential benefit for source control	Non-medical mask
Settings where a physical distancing cannot be achieved (close contact)	Selected shelters may include working or living conditions which places residents and employee in close contact or potential close contact with others e.g., including as caregivers.	Potential benefit for source control	Non-medical mask
Settings where physical distancing cannot be achieved and increased risk of infection and/or negative outcomes	Shelter staff and residents may include vulnerable populations, for example:	Protection of shelter staff/health workers	Medical mask

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	<ul style="list-style-type: none"> • People aged ≥ 60 years • People with underlying comorbidities, such as cardiovascular disease or diabetes mellitus, chronic lung disease, cancer, cerebrovascular disease, immunosuppression 		
Any setting in the community*	People accessing shelter services may include persons with any symptoms suggestive of COVID-19	Source control	Medical mask

*This applies to any transmission scenario

Adapted from WHO Advice on the use of masks in the context of COVID-19, Interim guidance 5 June 2020 – the above information should be carefully adapted to the country and local context, taking into account all relevant national and local protocols, local COVID-19 transmission dynamics and the type of contact between people required by the shelter activity.

COVID-19

COVID-19 Infection Prevention and Control in Shelters for Women and Children Survivors of Domestic and Family Violence in the Caribbean,
4 June 2020

PAHO/ECC/COVID-19/20-001

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