

COVID-19 RISK EXPOSURE & MITIGATION PLAN

Updated September 2020

Protocols for three worksites: Main Office, Transition House, and Cicada Place

Worksite: Main Office, 518 Lake Street, Nelson, BC

Step 1: Understanding and Assessing the Risks

We understand that:

- The virus that causes COVID-19 spreads in several ways including via droplets when a person coughs or sneezes, or if one touches a contaminated surface and then touches their face
- The risk of person-to-person transmission increases the closer one comes to other people, the more time they spend near them, and the more people one comes near
- The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time

In assessing the risks at our Main Office Worksite, we have:

- Involved our front-line workers, supervisors, administration staff, and our Joint Occupational Safety and Health (JOSH) Committee, in the assessment of risks
- Identified areas where people gather, for e.g. kitchen, hallways, copier areas, reception, and meeting rooms
- Identified job tasks or processes where workers are close to one another or members of the public
- Identified equipment that workers share while working, including copiers, shredder, kitchen equipment
- Identified surfaces that people touch often, including door handles, light switches, copiers, bathrooms, meeting room tables/chairs, kitchen counter, storage room, filing cabinets, and common areas of the building (e.g. stairwell, front door, elevator buttons, mailbox)

Step 2: Protocols for Reducing Risks of Person-to-Person Transmission

a. First Level Protection (Elimination)

We have:

- ✓ established and posted an occupancy limit for all of our office spaces, particularly common spaces such as kitchen, washrooms, meeting rooms, copier areas, and elevator
- ✓ maintaining work-from-home arrangements, virtual meetings, and staggering in-office hours so that no more than 50% of employees are in office at one time, and revising work schedules as needed
- ✓ Limited all in-person counselling work to our two large meeting room spaces as opposed to individual staff offices. Staff use on-line room booking calendar.
- ✓ Implemented measures to keep staff and others at least 2 metres apart, wherever possible.
- ✓ posted signage on main office door to notify clients/public that office remains closed except to those who have pre-arranged an appointment
- ✓ Closed waiting room to clients. Clients coming for in-person sessions are asked to come exactly on time for their appointments and staff will meet them at the front door so waiting is not required

- ✓ restricted our washrooms to staff and NCS clients only through use of signage and monitoring by Admin Assistant

b. Second Level Protection (Engineering Controls): Partitions and Barriers

We have:

- ✓ installed plexiglass across the reception desk to protect Admin Assistant
- ✓ included plexiglass cleaning in our cleaning protocols
- ✓ turned on the automatic main office door release so that any clients/patients using the elevator can self-navigate easily to other areas of the 2nd floor (doctors' offices)
- ✓ placed a separate PPE disposal covered container in a central area (kitchen)
- ✓ rearranged our meeting rooms for in-person sessions so that physical distancing can be maintained and contact with furnishings and objects is kept to a minimum
- ✓ moved the paper shredder from the kitchen area to a separate room; sanitizing spray available for cleaning area
- ✓ installed convex mirrors in corners of the hallway and copier areas to reflect oncoming traffic
- ✓ taped lines on the office and hallway floors to identify 2 metre spacing
- ✓ partitioned off the elevator traffic to go only one direction from elevator

c. Third Level Protection (Administrative Controls): Rules and Guidelines to Reduce Risk

We have:

- ✓ Identified rules and guidelines for how staff should conduct themselves while on-site. These have been sent to all staff via email
- ✓ Communicated the rules and guidelines clearly through a combination of written protocols and signage that include:

Employee Health/Self-Assessments

- Remaining at home if staff have symptoms of COVID-19
- Going home immediately should staff develop COVID-19 symptoms while on-site; advise supervisor immediately; call 811 and follow directives given; report outcomes of testing (if done) to supervisor
- Self-isolating for 14 days if they have traveled outside of Canada, or contact with anyone who has traveled outside of Canada, or have been directed to self-isolate by public health
- Conducting self-assessment when returning from travel outside of BC; if symptomatic must self-isolate 10 days

Office setting

- Monitoring the number of people on the premises at any given time (main office is limited to staff only; rotating schedule of office hours is in place)
- Removing access to agency toys and resource materials by closing waiting room
- Placing plain-language, easily-readable signage on main office door directing clients as to scheduled/non-scheduled appointments as well as what they can expect as they enter the offices around cleaning standards; frequently changing up the signage to attract people's attention
- Requesting contactless delivery to maintain physical distancing requirement (e.g., delivery person leaves packages in a pre-arranged location) where possible
- Using tables and baskets when passing items directly to and from clients, ensuring hand hygiene and possibly masks are used

Modifying work flow and common areas

- Maintaining virtual service delivery (whether from home or from office) where deemed appropriate and effective
- Staggering office hours so that no more than 50% of staff are present at any one time. Weekly schedule of office hours is managed and monitored by Administrative Assistant
- Holding all staff and team meetings virtually where numbers exceed 5 or more (for in-person meetings, staff must be 2 metres apart). Virtual meetings are always an option.
- Respecting all signage in office, including room occupancy signs, and drawing clients' attention to same
- Sanitizing each meeting rooms' surfaces after each client session
- Offering hand sanitizing stations at main entrances
- Removing all unnecessary kitchen equipment to simplify cleaning process; sanitizing spray available

In-Person appointments and communicating with clients

- Limiting in-person client counselling/support sessions to 3 large meeting rooms
- Reconfiguring furniture layout to promote physical distancing; reducing amount of furniture in each room
- Limiting number of in-person sessions to 9 per day (3 per room) or 45 per week max.
- Offering out-of-door options for in-person sessions or activities where appropriate; staff to wear masks if not confident they can maintain physical distancing
- Asking clients to arrive as close to their scheduled appointment time as they can; meeting clients as they enter the building and direct them to session rooms
- Limiting sessions to only those individuals whose participation is necessary (e.g. individuals supporting clients with disabilities or parent/caregivers)
- Offering common area/hallway waiting chairs for parents or caregivers of children in session, if necessary
- Rescheduling sessions if clients become sick or are placed under self-isolation or have traveled outside country within the last 14 days; resuming virtual sessions remains an option
- Staff wearing panic buttons when in session in large rooms; staff seated closest to exit door
- Restricting in-person group options to 6 people or less (including staff person); offering virtual group options where appropriate; no food allowed during groups; avoid supply sharing; clean and disinfect contact surfaces between group sessions
- Keeping track of all clients who receive in-person sessions in the event of a positive case at this site and to assist public health's contact tracing. This tracking is done through a confidential on-line calendar booking system

Home Visits/Supervised Visits/Outreach Visits

- Permitting limited use of in-home, in-person supervised parent/child visits, or in-person outreach visits (i.e. Family Support, Homeless Prevention, Street Outreach, Youth Outreach, and Women's Outreach) to situations where it is not possible to provide the services required in any other manner or it is deemed more expedient. In all cases, consider conducting the visits outdoors, if possible
- Conducting appropriate health screening procedures in advance of each visit
- Assessing ability to physically distance within the visit space. If this is not possible, consider meeting in an outdoor space, a different location, or reducing the number of adults in the space for the duration of the visit (i.e. limit individuals present to only those necessary for the visit)
- Following Work Alone Policy guidelines re notification of staff whereabouts, etc.
- Using personal protective equipment (masks, gloves, and safety shields) if 2 metre distancing cannot be maintained consistently
- Offering masks and hand sanitizer to clients

- At the time of the booking, sharing information on expectations and modifications clients can expect related to COVID-19 safety plans (e.g. physical distancing, hand hygiene, masks, etc.)

Health Checks

- Ensuring client health questionnaires are administered a maximum of 24 hours prior to each in-person session (note: parents/caregivers may respond to health questionnaire on behalf of their child(ren))
- If clear of symptoms and no risks are presented during the check, advise clients on protocols to follow while at the office
- Where a client has symptoms, postponing the visit or switch to virtual visit (if appropriate); suggesting that the client call 811 for further direction on how to proceed
- If client is unsheltered, supporting them to call (or call for them) 1-888-COVID19 (1-866-268-4319)
- Where provision of service is deemed necessary despite the risk, directing them to a separate room or designated area, offering a mask, and asking them to follow the protocols for physical distancing, hand hygiene and masks.

Transporting Clients

- Restricting any transporting of clients in staff vehicles, including for supervised child/parent visits, until further notice
- Arranging for taxis to transport clients if the need is urgent and no other options exist

Cleaning and Disinfection

- Establishing and respecting cleaning protocols:
 - All common area frequently touched surfaces are sanitized twice daily (noon and at close of day) by Admin Assistant with 70%+ alcohol solution, including things like copiers, door handles, fridge and dishwasher doors, elevator buttons, stair rails, hallway chairs/tables, etc.
 - Bathrooms are sanitized after each use (all staff to take responsibility)
 - Desk tops, phone sets, computers, and office chairs are sanitized once/week (on weekends by janitor)
- Minimizing use of shared pens and phones; disinfecting when needed
- Providing hand sanitizing stations at entry doors and kitchen area and kept out of reach of children
- carrying out hand hygiene upon entering and leaving the office and at various other points of contact such as:
 - Before and after preparing and eating food
 - After use of washrooms, sneezing or coughing
 - Before or after changing diapers
 - After disposal of garbage
 - Before and after using a mask or PPE
 - Whenever hands look dirty
- Keeping doors and entry ways open and accessible to prevent touching surfaces, for e.g. main door auto-release is in "on" position and reception doors are open during the day

Physical distancing

- Respecting 2 metre physical spacing between themselves, clients and others in the building; use reflective hallway mirrors to minimize contact
- Avoiding close greetings like hugs or handshakes with people outside your bubble; model same for clients
- Keeping social circle small – 'fewer faces, bigger spaces'

General Hygiene

- Handwashing regularly throughout the day
- Avoiding touching your face unless you've just washed your hands
- Covering coughs and sneezes; dispose of tissues in PPE containers; wash hands
- Applying hand sanitizer frequently
- Staying home and away from others if sick
- Cleaning surfaces often

d. Fourth Level Protection (Using PPE): Optional in addition to other controls

We support the use of PPE and a supply of PPE is readily available.

Use of Masks and other PPE

- Following protocols/signage for donning, doffing, and disposing safely of PPE
- Accessing the supply of masks (washable and disposable styles) available in the kitchen area for staff; masks may be offered to clients including instructing them in proper use
- Encouraging staff to wear masks while in the office, particularly when they do not feel that safe distancing can be maintained; staff are free to wear masks at all times if they wish
- Remembering that PPE should only be used in combination with other control measures such as handwashing and physical distancing

Step 3: Policies and Protocols

The following policies and/or protocols are in place and communicated to staff. Supervisors have been trained and are there to support staff to adhere to these policies/protocols. All of the below will be consolidated and kept on the Next Cloud Server for easy access:

1. Orders from BC's Public Health Officer and guidance from BC Centre for Disease Control and Worksafe BC for establishing minimum worker health and safety standards
2. Risk Assessment (including higher risk employees) and Reducing Risk
3. COVID-19 Self-Assessment
 - a. Staying Home even if having mild symptoms
 - b. Feeling sick at work
 - c. Calling 811 and following public health guidelines/recommendations
 - d. Limiting social circles
 - e. Severely ill at work, call 911
 - f. Disinfection of all surfaces of ill person
 - g. Self-isolation for minimum 10 days
 - h. Travel outside of BC; safety while travelling; self-assessment of symptoms upon return; 14-day self isolation returning from international travel
4. Working from Home
5. Staggered Office Hours/Adjusting work schedules
6. Selecting and Using Masks/PPE supply
7. Hygiene Protocols
8. Cleaning and Disinfecting Surfaces
9. In-Person Counselling
10. Sick Leave Policy (particularly related to COVID-19)
11. Annual Leave Policy
12. Leaves of Absence Policy
13. Reporting COVID +ve cases to Worksafe & CSSEA (Employers' Association) if workplace contracted

14. Undue Hazards/Unsafe Work
15. Employee Self-Care/Employee Assistance Program (Managing COVID-19 Stress and Anxiety)
16. Working Alone (Agency Policy #5014)
17. First Aid protocols
18. Transporting Clients
19. Violence Prevention (particularly as it relates to addressing risks that may arise as clients adapt to restrictions or modifications to the workplace)
20. Trauma-Informed Approach to Working with Vulnerable Clients during COVID-19
21. Service Continuity Plan (particularly as it relates to an outbreak in our community)

Step 4: Communications Plans and Training

- Executive Director will work in collaboration with Management Team and JOSH Committee in the development of policies and protocols and will communicate these in a timely manner, via email, as things develop (minimum on a monthly basis)
- Program Managers will communicate weekly with their program staff to support everyone's understanding of the protocols, changes, and directives; managers are there to provide site specific protocols, encourage self-care and provide resource materials, and convey staff's questions and concerns regarding protocols to Management team and JOSH Committee
- JOSH Committee worker reps are also a route for staff to communicate safety concerns
- Any specific safety training required will be organized for staff or directions provided (e.g. donning/doffing PPE, First Aid protocols, etc.)

Step 5: Monitoring and Updating the Safety Plan

- Executive Director and Program Managers are responsible for monitoring the day-to-day safety and risks of exposure by staff and to recommend changes to protocols and policies
- *Risk Exposure & Mitigation Plan* will be updated regularly as things change, particularly as new directives come from the Public Health Officer and/or Funders

Step 6: Relevant Links and Resources

Refer to the following links for up-to-date information on COVID-19 and guidance on safe operations:

- https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/bcs_restart_plan_web.pdf
- <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/phase-3>
- https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf
- <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>
- <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/in-person-counselling>
- <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>
- <https://www.canada.ca/en/public-health.html>
- <https://www.bcgeu.ca/covid>
- <https://www.ctvnews.ca/health/coronavirus/covid-19-exposure-notification-app-now-available-1.5046868>



COVID-19 Health & Safety Protocols June 2020

Worksite: Aimee Beaulieu Transition House (onsite)

Maintain physical distance

- Occupancy limits have been developed for program spaces; the staff office and shared spaces, meeting room, dining room, main floor living room, television rooms and laundry room. Some areas in the house have been closed to use.
- The number of staff on site at the Transition House has been limited. Work from home arrangements have been implemented where appropriate. Overall resident occupancy limits have been identified as 2 at one time; 1 resident in a main floor bedroom and another on the lower floor. One staff is on shift at all times, maintenance and cleaning staff will be in according to their work schedule.
- Close greetings like hugs or handshakes are avoided and staff and residents will maintain a distance of 2 metres from one another. Staff will encourage and support residents to maintain physical distance from other individuals, except for their close family members and persons of significance.

Modify work flow and use of common areas

- The number of chairs around the dining room table have been reduced.
- Residents will not share common living room space and instead, the main floor living room will be accessed by the main floor resident only and the lower floor living room by the resident in Room 4 only.
- Each resident will use other available common spaces sparingly and in accordance with posted occupancy signage.
- Residents will not share bedrooms.
- Team and Case meetings are conducted virtually
- Of the two bathrooms on site; one is identified as a staff bathroom (lower level) and the other for residents (main floor).
- Work spaces have been rearranged; 1:1 session will take place in the designated area in the meeting room rather than in the staff office. A plex glass barrier has been installed in the staff office entry. Other spaces (such as the activity room, children's place area) have been closed to use. Living Room spaces will be provided to each resident on each floor of the house. The dining room will be accessed by one resident at a time only. To aid with social distancing, 2 metre floor markings have been installed.
- Rules and Guidelines for how staff and clients should interact and conduct themselves has been developed. These have been communicated to staff at Team Teleconference, via email document distribution, in hard copy in the staff office and on the staff Cloud. They are communicated to clients at the time of crisis call, again at Intake and both verbally and through review of documents, daily check ins, signage and handouts.

Resident intake and daily health checks

Prior to an Intake into ABTH, review the Health Check questions to determine whether they have any [symptoms of COVID 19](#) or have been confirmed to have COVID-19 or have been directed by public health to self-isolate. Where the answer to any of these questions is yes, contact local public health.

- Where it is determined that the individual is appropriate for Intake into ABTH, implement a daily health check by asking individuals for “yes/no” verbal confirmation that they do not have symptoms of common cold, influenza, COVID-19, or other respiratory illness. Support clients to use the [BC COVID-19 Self-Assessment Tool](#) or contact 8-1-1 if they are unsure. Where the answer to any of these questions is yes, contact local public health for guidance.
- If client cannot effectively be screened (for example, due to cognitive or behavioral considerations), staff should decline Intake until such time that it can be conducted
- Upon entry to Transition House and each time a resident is out and returning to the program site, a temperature check must be taken using the no touch thermometer available on site.
- Staff temperature will be taken upon arrival to each shift.

Hygiene

- Hand-washing stations or alcohol-based hand sanitizer are available on site. Handwashing stations are marked as such and are easily identifiable. Hand sanitizer stations are available at entry points to the house (front and back door) and in common areas. Alcohol-based hand sanitizers are secured and out of the reach of children.
- Handwashing and Cover Coughs and Sneezes posters are displayed in all resident bedrooms and in house bathrooms.
- All staff and residents carry out hand hygiene upon entering the residence. Staff promote and support additional hand hygiene corresponding to the nature of the services and interactions, such as:
 - Before and after preparing, handling, serving, or eating food.
 - After personal body functions (e.g., using the toilet, sneezing, coughing).
 - Before and after changing diapers.
 - After handling used food service items, disposing of garbage, and handling dirty laundry.
 - Before and after using a mask or personal protective equipment.
 - Whenever hands look dirty.
- Staff ensure hand hygiene supplies are available at all times (i.e., soap, clean towels, paper towels, alcohol-based hand sanitizer).
- Strategies are in place to prevent residents from sharing personal items such as toothbrushes, towels and washcloths, bed linen, drinking glasses or unwashed utensils, electronic devices, and supplies such as cigarettes, joints, pipes, and injecting equipment. Personal items are kept separately for each resident.

- Self-serve or family style eating where serving utensils, plates, and other objects may be handled by multiple people is prohibited. Shared food containers such as pitchers of water and salt and pepper shakers have been removed. Individual servings are provided to residents instead.
- Staff prepares all meals. Where there are special dietary needs, residents may prepare their own meals. The number of people preparing food is limited to one at a time.
- All dishes will be washed using the dishwasher only, no hand washing is permitted.
- Procedures for safe laundering and laundry times will be reviewed with all residents.

Cleaning and disinfection

- All common areas (e.g., kitchens, television rooms) and high contact surfaces (e.g., counters, door handles, stair rails, shared tables and desks, light switches, toilet, sinks, and taps) have been identified. A cleaning and disinfection schedule and procedures in accordance with the [BC CDC's Cleaning and Disinfectants for Public Settings](#) document has been implemented. This includes frequency that they must be cleaned and timing (before and after shift, after lunch, after use).
 - General cleaning and disinfecting of the residence should occur at least once a day.
 - Frequently-touched surfaces should be cleaned and disinfected at least twice per 12-hour shift.
 - Bathrooms should be cleaned at least twice per day and immediately after use.
 - Enhanced cleaning will be provided by the onsite Maintenance/Cleaning staff
- Any equipment that is shared between residents will be cleaned and disinfected before moving them from one individual to the next.
- Soft items (cushions, blankets) and other shared items (CD's, toys) have been removed to simplify the cleaning process.
- Clients are provided with a bedding set. This bedding will be laundered and reused by residents during their stay.
- Upon closure, and before use by a different resident, bedrooms will be thoroughly sanitized and disinfected.
- Beds will be cleaned and disinfected between uses by different individuals.
- Toys, other objects, and surfaces known to have been in contact with bodily fluids should be cleaned as soon as possible and between uses by different residents. Toys will be provided to residents upon requests. The common indoor play area is not currently available for use.
- Plexi glass barrier in staff office entry is cleaned twice daily and at the end and beginning of each shift
- Staff has been provided with individual bedding packages that contain a mattress and pillow cover, sheet set and comforter for use on the murphy bed on night shift
- If public health advises that an individual confirmed positive for COVID-19 has moved through your setting, follow the direction they provide and clean the entire room/bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails). Any equipment that is shared between clients should be cleaned and disinfected before moving from one client to another.
- The safe use of cleaning products will be ensured. This includes the use of PPE, good ventilation and other precautions as listed on the manufacturer's instructions and safety precautions.

Other methods to control risk, including consideration for personal protective equipment

- The resident's ability to understand or comply with guidance will be considered in all instances, and any other relevant support needs, when creating, developing, communicating, and implementing protocols for service delivery related to COVID-19. Consider using a trauma informed approach.
- Residents are provided with information and education [about COVID-19](#), including the principles of hand hygiene, respiratory etiquette, and physical distancing.
- Workers should enter residents' rooms only when necessary.
- Use virtual communications and check-ins (e.g., phone or video chat), as appropriate with offsite clients
- Conduct activities outdoors where possible.
- Where physical distancing cannot be maintained and close contact is required, barriers have been put in place. The use of [masks](#) is available to all staff and residents. Be aware of the [proper use of masks](#).
- Personal protective equipment (PPE) such as gloves, face shields, and masks should be used to protect against blood borne pathogens and body fluids.
- A variety of masks (cloth and paper) are available on site as well as gloves in various sizes, shields and hand sanitizer.
- The program will post up to date information about COVID as new information is received.



COVID-19 Health & Safety Protocols June 2020

Worksite: Cicada Place – 605 Lake Street, Nelson BC

Maintain physical distance

- Occupancy limits have been developed for program spaces; the staff offices, amenities room, meeting room, laundry room and elevator.
- The number of staff on site at Cicada Place has been limited. Work from home arrangements have been implemented where appropriate. Overall resident occupancy has remained the same.
- Change made to our visitor policy (no visitors in the building except for 1 family member per resident).
- Maintenance and cleaning will be in accordance with the live-in caretaker contract and modifications due to COVID-19.
- Close greetings like hugs or handshakes are not permitted and staff and residents will maintain a distance of 2 metres from one another. Staff will encourage and support residents to maintain physical distance from other individuals, except for their close family members.

Modify work flow and use of common areas

- The number of persons in the amenities room will be limited to a maximum of 5.
- Each resident will use other available common spaces in accordance with posted limits.
- Team and Case meetings are conducted virtually and in person as required.
- There is only one staff washroom on site. Cleaning protocols are posted and supplies are available to use after accessing the washroom.
- Staff offices are for staff use only and no other persons will be permitted into their space. 1:1 sessions will take place in the amenities room or meeting room rather than in the staff office.
- Rules and Guidelines for how staff and clients should interact and conduct themselves has been developed. These have been communicated to staff. They are communicated to clients at the time of any call, and at again when staff are to meet with clients in person.

Resident intake and Meetings

Prior to any meetings or intakes at Cicada Place, review the NCS Health Questionnaire to determine whether the individual(s) have any symptoms of COVID-19. Where the answer to any of these questions is yes, the individual will not be permitted to enter Cicada Place and staff will encourage them to contact 811.

All meetings will occur in the amenities room or the back meeting room and attendees must abide by the occupancy limits.

Hygiene

- Hand-sanitizing stations and alcohol-based hand sanitizer are available on site. Hand-sanitizing stations are mounted at each entry to Cicada Place (front and back doors and the underground entry to the building) and are easily identifiable. Alcohol-based hand sanitizers are available in common areas and staff offices.
- Handwashing and Cover Coughs and Sneezes posters are displayed in the front entry area of the building.
- All staff, residents and guests to the building carry out hand hygiene upon entering to the building. Staff promote and support additional hand hygiene corresponding to the nature of the services and interactions, such as:
 - Before and after preparing, handling, serving, or eating food.
 - After personal body functions (e.g., using the toilet, sneezing, coughing).
 - Before and after using a mask or personal protective equipment.
 - Whenever hands look dirty.
- Staff ensure hand hygiene supplies are available at all times (i.e., soap, paper towels, alcohol-based hand sanitizer).
- Self-serve or family style eating where serving utensils, plates, and other objects may be handled by multiple people is prohibited. Shared food containers such as pitchers of water/juice and open snacks have been removed. Individual servings are provided to residents/clients instead.
- All dishes will be washed using the dishwasher only, no hand washing is permitted.

Cleaning and disinfection

- All common areas (e.g., kitchens, amenities area) and high contact surfaces (e.g., counters, door handles, stair rails, shared tables and desks, light switches, toilet, sinks, and taps) have been identified. A cleaning and disinfection schedule and procedures in accordance with the [BC CDC's Cleaning and Disinfectants for Public Settings](#) document has been implemented. This includes frequency that they must be cleaned and timing (before and after shift, after lunch, after use).
 - General cleaning and disinfecting of the building should occur at least once a day.
 - Frequently-touched surfaces should be cleaned and disinfected at least twice per 12-hour shift.
 - Bathrooms should be cleaned at least once per day and immediately after each use.
 - Enhanced cleaning will be provided by the onsite Maintenance staff.
- Soft items (cushions, blankets) and other shared items (CD's, toys) have been removed to simplify the cleaning process.
- Upon move-out, and before use by a different resident, apartments will be thoroughly sanitized and disinfected and carpets professionally cleaned.
- Beds will be cleaned and disinfected between uses by different individuals.
- If public health advises that an individual confirmed positive for COVID-19 has moved through our setting, the direction they provide will be followed.
- The safe use of cleaning products will be ensured. This includes the use of PPE, good ventilation and other precautions as listed on the manufacturer's instructions and safety precautions.

Other methods to control risk, including consideration for personal protective equipment

- The residents' ability to understand or comply with guidance will be considered in all instances, and any other relevant support needs, when creating, developing, communicating, and implementing protocols for service delivery related to COVID-19. Staff will use a trauma informed approach.
- Residents are provided with information and education [about COVID-19](#), including the principles of hand hygiene, respiratory etiquette, and physical distancing.
- Staff should enter residents' apartments only when necessary.
- Use virtual communications and check-ins (e.g., phone or video chat), as appropriate with all clients.
- Conduct activities outdoors where possible.
- Where physical distancing cannot be maintained and/or close contact is required, the use of [masks](#) is mandatory for all staff and residents. Staff are aware of the [proper use of masks](#).
- Personal protective equipment (PPE) such as gloves, face shields, and masks should be used to protect against blood borne pathogens and body fluids.
- A variety of masks (cloth and paper) are available on site as well as gloves in various sizes, shields and hand sanitizer.
- The program will post up to date information about COVID-19 as new information is received.