

# COVID -19 Safety Plan

---

## EXPOSURE CONTROL PLAN

Updated: May 20, 2020

# Contents

- Purpose..... 1
- Background – Pandemic Influenza ..... 1
- Exposure Control Plan Responsibilities..... 1
  - Employer..... 1
  - Supervisors/Coordinators..... 2
  - Workers..... 2
  - Joint Occupational Health and Safety Committee ..... 2
- COVID-19 Facts ..... 2
- Transmission..... 2
  - Signs and Symptoms..... 3
- Risk Identification..... 3
- Risk Assessment ..... 3
  - Contact Transmission..... 4
    - Direct and Indirect ..... 4
    - Droplet Transmission..... 4
    - Airborne Transmission..... 4
- Risk Assessment Table ..... 4
- Risk Controls ..... 5
  - Hierarchy of Controls ..... 5
- Controls in place at ACAWS..... 5
  - Physical Distancing Controls..... 5
  - Engineering Controls ..... 5
  - Administrative Controls..... 6
    - Hand Washing..... 6
  - Hand washing procedure..... 6
    - Cough and Sneeze Etiquette ..... 7
  - PPE Controls..... 7
- Appendix 1..... 8

## Purpose

Alberni Community and Women's Services Society is committed to providing a safe and healthy workplace for all our staff. A combination of measures will be used to minimize or eliminate staff exposure to COVID-19. Our safe work procedures and instructions are in place not only for our staff but also for all workers who enter our facilities including volunteers. All staff must follow the procedures and/or instructions outlined in this plan as this will minimize the risk and reduce exposure of COVID-19.

Exposure Control Plan (ECP) is specific to WorkSafeBC Occupational Health & Safety Regulation requirements (Section 5.54). This ECP is based on the current understanding of COVID-19 Influenza. This ECP also follows the guidelines outlined in the Social Service Providers for the Prevention and Control of COVID-19 guidelines by the BC Centre for Disease Control and BC Ministry of Health.

## Background – Pandemic Influenza

A Pandemic is the outbreak of an infectious disease that occurs over a large geographical area, often worldwide, affecting a large proportion of the population with elevated rates of illness.

- When viruses combine or mutate they evolve into a new virus.
- When people have little or no immunity to a new virus, it results in a greater person-to-person spread of illness
- Wide-spread illness that affects all age groups, including young adults, may lead to a pandemic.
- The results of a pandemic can lead to more serious outcomes like hospitalization and death.

The World Health Organization (WHO), Health Canada, and the BC Centre for Disease Control have recommended that all workplaces create pandemic influenza preparedness plans to diminish the potential adverse effects of a flu pandemic.

## Exposure Control Plan Responsibilities

### Employer

Alberni Community and Women's Services Society will:

- Ensure that the exposure control plan is implemented, maintained, and available to workers.
- Select, implement, and document the risk assessment and appropriate site-specific control measures.
- Ensuring that engineering controls and safe work procedures suitable to the identified exposure risks are established to minimize or eliminate an employee's potential for exposure to communicable diseases.
- Ensure that all resources and materials required to implement and maintain the plan are reasonable made available as practical when required.
- Ensure that supervisors and workers are informed and understand the content of this plan.
- Review the ECP's effectiveness as new information becomes available on COVID-19 or on an annual basis.
- Maintain records of training and inspections.

## Supervisors/Coordinators

Supervisors/Coordinators will:

- Ensure that workers are adequately instructed on the controls for the hazards at the location.
- Ensure that workers use proper PPE
- Direct work in a manner that eliminates or minimizes the risk to workers.

## Workers

Workers will:

- Know the hazards of the workplace.
- Follow established work procedures and instructions as directed by the employer.
- Appropriately use and maintain any required PPE as instructed and trained (e.g., coughing into sleeve, regular hand washing, etc.)
- Report any unsafe conditions or acts to the supervisor/coordinator.
- Know how and when to report exposure incidents.

## Joint Occupational Health and Safety Committee

The Joint Occupational Health and Safety Committee will:

- Participate, review, and make recommendations to the employer on the prevention of transmission of communicable diseases.

## COVID-19 Facts

Coronaviruses (SARS CoV 2) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. COVID-19 is a new strain that was discovered in 2019 and has not been previously identified in humans. Coronaviruses are zoonotic, meaning they are transmitted between animals and people.

## Transmission

According to the BC Centre for Disease Control, the virus is transmitted by droplets which may be generated when an infected person coughs or sneezes. Droplets can be deposited on inanimate surfaces or in the eyes, nose, or mouth. Scenarios with an increased risk include a person who has:

- Close contact (within 2 meters) with COVID-19 case experiencing respiratory symptoms (e.g., sneezing, coughing) is at risk of being exposed to potentially infective respiratory droplets.
- Droplets do not hang in the air, but can land on surfaces and contaminate them (e.g., doorknobs, light switches, counters) AND/OR
- If the person coughs or sneezes into their hands, they can transfer the virus onto things that they touch.
  - Therefore, it is recommended to cough into your elbow, or a tissue that can be thrown away immediately and do frequent hand hygiene with plain soap and water or alcohol-based sanitizer with 60% alcohol content.

## Signs and Symptoms

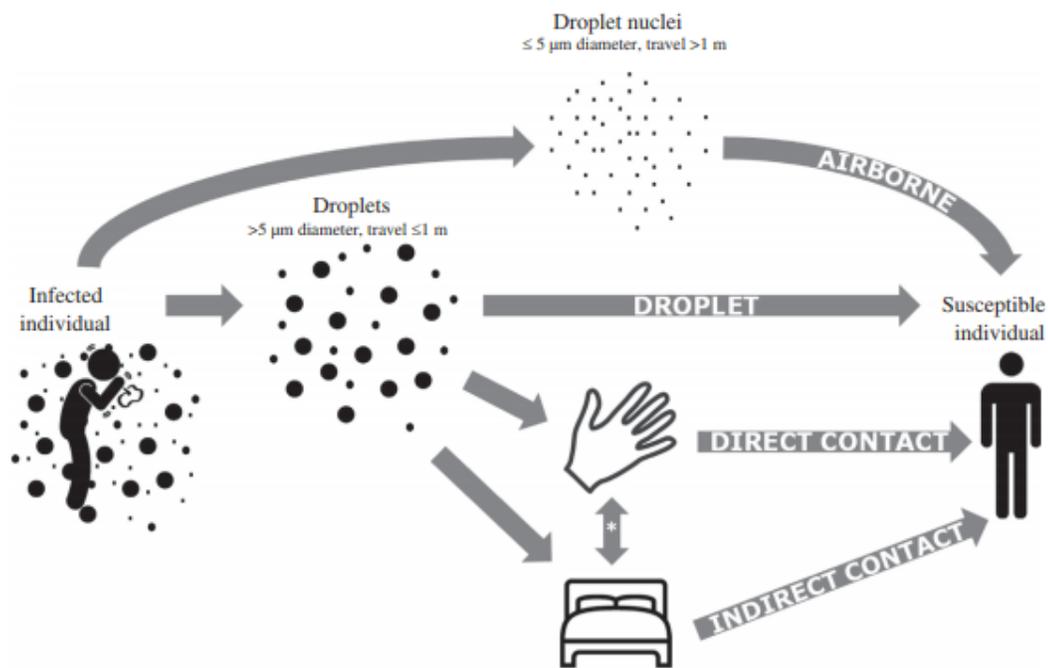
The symptoms of COVID-19 are similar to other respiratory illnesses, including the flu and common cold. They include:

- Cough
- Sneezing
- Fever
- Muscle aches
- Sore throat
- Difficulty breathing

Symptoms may appear 2-14 days after exposure. These symptoms are usually mild and begin gradually.

## Risk Identification

Currently there are two (2) primary routes of transmission for COVID-19, each of which need to be controlled. These include contact, and droplet transmission.



\* Transmission routes involving a combination of hand & surface = indirect contact.

## Risk Assessment

A 'risk' is the *chance* of injury or occupational disease occurring. 'Risk Assessment' is the process of analyzing the condition, which could create a chance for injury or disease. A risk assessment takes into account:

- The chance of the occupational disease occurring.
- Who is at risk of exposure.
- Which workers have a higher risk of exposure because of the clients with whom they may have contact with.

## Contact Transmission

### Direct and Indirect

Direct contact involves skin-to-skin contact. Indirect contact involves a worker touching a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard, and then touching their eyes, nose, or mouth. Contact transmission is important to consider because viruses can persist on hands and on surfaces. There is currently no data available on stability of COVID-19 on surfaces. Data has shown that the stability in the environment depends on several factors including relative temperature, humidity, and surface type.

### Droplet Transmission

Large droplets may be generated when an infected person coughs or sneezes. Droplets can travel a short distance through the air, and can be deposited on inanimate surfaces or in the eyes, nose, or mouth.

### Airborne Transmission

Small droplet nuclei may travel more than 1 meter from sneezing or coughing.

Those infected may be most contagious when they are symptomatic. However, some spread might be possible before people show symptoms (asymptomatic).

## Risk Assessment Table

	<u>Low Risk</u> Workers who typically have no contact with people infected with pandemic influenza	<u>Moderate Risk</u> Workers who may be exposed to infected people from time to time in relatively large, well ventilated workspaces	<u>High Risk</u> Workers who may have contact with infected patients or with infected people in small, poorly ventilated workspaces
<i>Hand Hygiene</i>	Required- washing with soap and water	Required- washing with soap and water	Required- washing with soap and water
<i>Physical Distancing</i>	Required	Required	Required
<i>Social Etiquette</i>	Required	Required	Required
<i>Travel Restrictions</i>	Required	Required	Required
<i>Self-Monitor</i>	Required	Required	Required
<i>Cleaning Measures</i>	Required	Required	Required
<i>Pre-screen Clients</i>	Not required	Required	Required
<i>Disposable Gloves</i>	Not required	Not required	Required
<i>Masks</i>	Not required	Not required	Required

\*All staff at ACAWS are at low to moderate risk because of the controls ACAWS has put in place (PPE, physical distancing, cleaning protocol, hand washing protocols etc.).

\*Each program must develop their own risk assessment for their specific risks for a completion date of May 22, 2020.

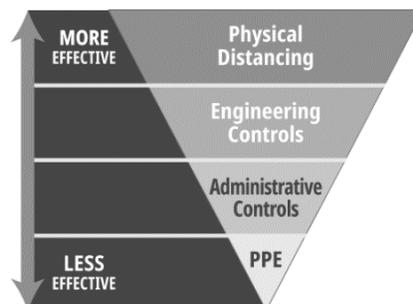
## Risk Controls

Infectious disease controls shall be considered for implementation in the following order of preference:

1. Physical distancing:
  - a. standing 6 ft ( 2 meters) away from coworkers and clients
2. Engineering controls:
  - a. Providing hand sanitizer, cleaning of personal workspace by the employee using cleaning supplies provided by ACAWS, follow enhanced cleaning protocols cleaning of common areas and high touch areas, alternative client service delivery methods where practicable (e.g., telephone, video conference).
3. Administrative controls:
  - a. Hand hygiene, signage, awareness for cough/sneeze etiquette, social etiquette, communications, self monitor, self isolate, isolate, sick days' policy, work from home flex options.
4. Personal Protective Equipment (PPE):
  - a. gloves, masks

It is expected that administrative controls will have the most significant impact on exposure risk.

## Hierarchy of Controls



## Controls in place at ACAWS

### Physical Distancing Controls

- Practice physical distancing > 2 meters if face-to-face meetings are required
- Refrain from typical handshaking and hugging
- Avoid over crowding of common rooms or areas (meeting rooms, lobby, hallways, etc.)
- Stagger lunch breaks to accommodate physical distancing protocols
- Use virtual communication methods like Zoom, emails, and conference calls to communicate

### Engineering Controls

- Using hand sanitizer when hand washing isn't easily accessible
- Cleaning personal workspaces regularly with provided cleaning supplies
- Following enhanced cleaning protocols, in common areas and high touch spots.
- Using alternative client service delivery methods where practicable (e.g., telephone, video conference etc.) To be determined by Program Coordinators and Executive Director.

## Administrative Controls

- Do not come to work when you are sick, or if you have been told to self-isolate or isolate. Take the BC Health Link COVID-19 self assessment test <https://bc.thrive.health/>
  - Stay at home and away from others for at least 10 days if you have the symptoms.
  - After 10 days, if your symptoms have been improving for at least 72 hours and your temperature is normal, you can return to your routine activities
  - If after 10 days your temperature has not resolve and there has not been an improvement in your symptoms for at least 72 hours, you should remain isolated and seek medical attention.
- Notify your supervisor/coordinator of any symptoms you are experiencing when at work

## Hand Washing

Hand washing is one of the best ways to minimize the risk of infection. Proper hand washing helps prevent the transfer of infectious material from the hand to other parts of the body – particularly the eyes, nose, and mouth – or to other surfaces that are touched.

Hand washing is required:

- Before leaving home, on arrival at work, and before leaving work
- After using the toilet
- Before and after breaks
- Before and after eating any food, including snacks
- Before touching face (nose, eyes, or mouth)
- Before food preparation, handling
- After handling materials that may be contaminated
- When going to and from one zone to another (see Appendix 1 for zone list)

All food must be prepared and consumed in a designated area.

Hand washing procedure:

**REDUCE THE SPREAD OF COVID-19.  
WASH YOUR HANDS.**

- 1 Wet hands with warm water
- 2 Apply soap
- 3 For at least 20 seconds, make sure to wash:
  - palm and back of each hand
  - between fingers
  - under nails
  - thumbs
- 4 Rinse well
- 5 Dry hands well with paper towel
- 6 Turn off tap using paper towel

1-833-784-4397 | [canada.ca/coronavirus](https://canada.ca/coronavirus)

Public Health Agency of Canada / Agence de la santé publique du Canada | Canada

### Cough and Sneeze Etiquette

- Cover your mouth and nose with a tissue
- Dispose of your tissue properly
- If there is no tissue, cough or sneeze into the bend of your elbow – not your hand.
- If you sneeze or cough into your hand, wash your hands as soon as possible.

### PPE Controls

- Using provided masks and gloves when required (i.e., when physical distancing cannot be achieved or if client presents as unwell).

# Appendix 1

<u>Zone</u> <u>#</u>	<u>Location</u>
1	Transition House – Ian Ave.
2	Front Reception – main floor 3 <sup>rd</sup> Ave.
3	Drop In Centre – 3 <sup>rd</sup> Ave.
4	CBVS – main floor 3 <sup>rd</sup> Ave.
5	Spare office
6	STV – 2 <sup>nd</sup> floor 3 <sup>rd</sup> Ave.
7	PEACE – 2 <sup>nd</sup> floor 3 <sup>rd</sup> Ave.
8	Outreach
9	Spare office
10	Admin Offices – 1 <sup>st</sup> & 2 <sup>nd</sup> floors 3 <sup>rd</sup> Ave.
11	Washrooms

## Zone 1

### Transition House

COVID-19 Staff protocols for the Port Alberni Transition House updated November 3, 2020

#### **General Protocols:**

- Staff need to practice universal precautions as if everyone has COVID-19.
- Staff with chronic health issues that cause coughing, congestion, or sneezing (i.e. allergies, COPD, asthma) will provide a health note and will wear a mask as needed when around others.
- All residents, staff, service providers and contractors are required to wear masks in all common areas of the house.
- Staff who feel unwell prior to a shift will call (not text) staff on shift to request that their shift be filled. If symptoms are flu like, they will inform the supervisor and will obtain a COVID test as soon as possible. If results are negative, staff may return to work when symptoms abate.
- Wellness checks should be done daily with the women residing at Transition house. Documented if anyone is feeling unwell or showing flu like symptoms.
- Residents will be provided with new masks when requested.
- Gloves must be worn for all cleaning, food prep, etc.
- Residents must be on site every night to keep their room (no nights away).
- All new residents are to be screened for health risks on the phone (prior to intake or meeting with staff).
- Women requiring transition house services and who answer “yes” to health screening questions will be assessed for the available motel room instead of Transition House in house services.
- Staff and residents are always required to maintain the 6ft social /physical distance.
- No donations are to be accepted until further notice.

#### **Entering and Exiting the facility**

- All staff and residents will wash their hands immediately upon entering with soap and warm water for the appropriate amount of time.

#### **Interactions between residents and staff**

- Staff and residents will wear masks when engaged in face to face support work.
- Staff will not provide childcare for resident children.
- Staff will not touch children and will avoid being in the same room as them. Interactions outside and at a distance are permissible.
- Staff will provide individual support or check ins with woman. No group House meetings currently.

**Sanitation of common touch surfaces and equipment at the Transition House:**

- Signage is at front and back door directs incomers to wash / sanitize their hands immediately.
- Inside front door, playroom door and in the kitchen, area is hand sanitizing dispensers. Also, a hand free dispenser is just outside the staff office.
- Staff will perform high touch surface sanitization throughout the house at least once per shift per day.
- Residents are encouraged to sanitize common area such as kitchen counters and bathrooms after every use.

**Transportation:**

- Staff will not transport residents; taxi will be used if needed and public transit if appropriate.

**Prevention protocols for specific areas:****Staff areas:**

- Staff will sanitize the workstation and office equipment at least once during their shift.
- Employees will only use the staff washroom which always needs to be kept locked. Staff will sanitize staff bathroom after every use.
- Staff on shift together or overlapping will decide on the level of masks required while sharing the office space on their shift.
- Masks and physical distancing are mandatory for residents and staff while in the office for support or intakes.
- Children are not permitted in the office.
- Masks and gloves should be made available to staff and residents.

**Common Areas:**

- Masks must be worn in common areas.

**Kitchen:**

- Kitchen capacity is 2 – 3 unrelated residents/staff (physically distance) or one family at a time.
- Washing hands before commencing meal preparation.
- Sanitizing sprays and single use towel are available in the kitchen.
- Hand sanitized dispenser is in the kitchen.
- All dishes and utensils are washed in the dishwasher.
- Meal preparation time can be staggered to avoid congestion in the kitchen.
- Residents must wear gloves when handling shared food products.
- Residents are required to clean and disinfect counters and surfaces after use. Paper towel is available for single use.

**Bathrooms:**

- Single use hand towels available.
- Residents must keep all personal products/items in their bedroom.
- Hand washing after using facilities.
- Residents must sanitize high touch surfaces before and after use. The sink the toilet, taps, door handles and dispensers. The lid to the toilet should be closed before flushing. This does not replace the need for cleaning as needed.

**Living room areas:**

- Residents are asked to space themselves out in the room allowing social /physical distancing.

**Toy room:**

- Toy room has been adjusted to a minimal number of toys that can be sanitized daily by put thru the dish washer.
- Mothers must wipe down the hard-high touch surface with disinfectant spray prior to room use.
- Room is limited to 1 family at a time with a schedule for use to be used if needed.

**Bedrooms:**

- No room sharing by unrelated residents.
- Residents or their children are not permitted in other residents' bedrooms.

**Clients and their children need to practice the recommended process of:**

- Hand washing regular such as before preparing food, after using the washroom after blowing their nose, etc.
- Coughing into the crook of one's elbow or cover one's mouth. Wash hands afterward.
- If a client becomes ill with any symptoms they are to be directed to self-isolate. They will be assigned a washroom to use and not to use others and will be requested to stay in their room. Staff will assist ill clients by preparing meals for them, so they do not need to be in the kitchen area.

**Intakes:****Over and above our assessment we need to be asking if the individuals calling are:**

- Sick with symptoms of fever, cough, sore aching muscles or difficulty breathing. Have traveled out of town recently or have been in contact with anyone who has travelled abroad. COVID questions list is posted at staffs' desk for easy access.
- Thorough assessments need to be done. Ensure the individual meets our criteria and will be able to fit within the houses existing clients.
- If yes, then they need to self-isolate for 14 days before accessing in house services.

**Staff on duty:**

- Staff need to be vigilant in the duties of house safety check. Looking for risks while practicing universal precautions:
- Evening / night Staff are to sanitize the Kitchen thoroughly...not just counter tops but cupboard fronts, handles knobs and dining table and chairs with disinfectant spray (after the kitchen has been shut down for the evening).
- Staff on all shifts need to do regular house check for cleanliness of the kitchen and bathrooms and step in where needed by either directing a client to follow thru on sanitizing with a staff check afterwards or doing it themselves.
- Staff should spray down the staff bathroom after every use.
- Staff should disinfect the workspace after every shift.
- Every day the door handles and light switches keypads, etc. need to be disinfected.
- Staff need to keep themselves safe, so we ask that if you develop any symptoms of COVID-19 you stay home and call the on-call management for replacement.
- For mild symptoms it is recommended you call 8-1-1 and self-isolate.
- For more severe symptoms seek immediate medical help.

**Sanitizing tips:** The disinfectant needs to sit on a surface for 2 – 5 minutes to be effective. Spray where you can and left it dry naturally instead of wiping it away after spray. Be careful to not spray electronics that would not fare well.

**Zone 1**  
**Transition House**  
**Virus Prevention Checklist – please ✓ when done on your shift**

**Date:** \_\_\_\_\_

**Between 11am – 3pm:** \_\_\_\_

- KITCHEN DISINFECT** – Handles & drawer pulls, fridge handle, backs and seats of chairs, stove knobs & handle, dishwasher handle, small appliance handles, light switches
- UPSTAIRS HALL & STAIR WELL** – stair rail (both sides), doorknobs, phone
- OFFICE, STAFF ENTRY, FILE ROOM (at end of shift)** – Keyboards, mice, chair arms, handles, desk surface & drawer handles, doorknobs, light switches, thermostat, photocopier
- STAFF BATHROOM** - Door handles, faucets handles, counter, toilet handle, light & lamp switches
- STORAGE ROOM** – door handles, light switches, freezer

**IF USED:**

- MAIN FLOOR BATHROOM** – Door handles, faucets handles, counter, toilet handle, light switch
- UPPER FLOOR BATHROOM** - Door handles, faucet handles, counter, toilet handle, light switch, grab bars

**Between 8 pm – 8 am:** \_\_\_\_.

- KITCHEN DISINFECT** – Handles & drawer pulls, fridge handle, backs and seats of chairs, stove knobs & handle, dishwasher handle, small appliance handles, light switches
- OFFICE, STAFF ENTRY, FILE ROOM (at end of shift)** – Keyboards, mice, chair arms, handles, desk surface & drawer handles, doorknobs, light switches, thermostat, alarm panel, photocopier
- STAFF ROOM** – doorknobs, drawer/cupboard handles, counter, appliance handles, light switches, chair backs and seats, phone
- COUNSELLING/COMPUTER ROOM** - Keyboards, mice, chair arms, handles, desk surface & drawer handles, doorknobs, light switches, thermostat
- STAFF BATHROOM** - Door handles, faucets handles, counter, toilet handle, light & lamp switches,
- MAIN FLOOR HALLWAY** – Door handles, phone, light switches, back door handles

**If Used:**

- Toy Room (after 9 pm)** Door handles, couch arms, kids chairs, light switches
- TOYS from used toy bin in Toy room to dishwasher (after 8 pm)**
- MAIN FLOOR BATHROOM** – Door handles, faucets handles, counter, toilet handle, light switch
- UPPER FLOOR BATHROOM** - Door handles, faucet handles, counter, toilet handle, light switch, grab bars
- BASEMENT** – stair rail, doorknobs, freezer handles, laundry machines knobs and handles, counter surface, laundry room faucet

**Zone 1**

**Transition House  
Quarantined / Self Isolation Protocol**

**Unwell Residents:**

- All residents who have flu-like symptoms will be required to be quarantined in their room to protect others. Call 8-1-1 or compare to chart of symptoms if unsure. Act on the side of caution, and isolate if still unsure.

**Quarantined Protocols:**

- Unwell residents with flu like symptoms will be required to be tested for COVID and to quarantine until test is returned negative or for one week past the abatement of symptoms.
- Residents will be placed in a hotel room if available for quarantine period/testing unless it is deemed more appropriate to shelter on site.) This includes confirmed exposure to COVID where self-isolation is required.
- **If in-house support is determined necessary**, then the following is put into play:
  1. **Only one bathroom on the main floor will be accessible only** for symptomatic residents. That will be determined by the dynamics of the house at the time.
  2. **There will be no access to common areas**, and the resident will be required to wear a mask if they need to pass through common areas.
  3. **No access to the kitchen**. Staff will deliver food outside their door (easily prepared food, slow cooker food, restaurant take-out if needed). Gloves will be worn when picking up used dishes and putting them in the dishwasher or disposable dishes and utensils are the preferred use.
  4. Quarantined residents will be provided with snack foods that they can keep in their room, a carafe of tea or coffee in the morning, and a jug of water.
  5. Quarantined residents may **keep their medications in their room**.
  6. Unwell residents who need to smoke will be asked to use smoking area when no one else is using it.
- **Residents who are moved to a motel during their quarantine or self-isolation period** will be supported by staff thru:
  1. Daily check in with resident for wellness check, needs and emotional support. More frequent check if needed but minimally once daily.
  2. Groceries will be purchased (with resident's input) and delivered weekly to resident.
  3. Once quarantine is lifted the resident would be relocated back to transition house.
- **Women who cannot manage within these guidelines will be supported to find another option (may be provided with a hotel room if available or explore other possible options).**

**Zone 1**  
**Transition House**  
**Virus Prevention Checklist – please ✓ when done on your shift**

**Date:** \_\_\_\_\_

**Between 11am – 3pm:** \_\_\_\_

- KITCHEN DISINFECT** – Handles & drawer pulls, fridge handle, backs and seats of chairs, stove knobs & handle, dishwasher handle, small appliance handles, light switches
- UPSTAIRS HALL & STAIR WELL** – stair rail (both sides), doorknobs, phone
- OFFICE, STAFF ENTRY, FILE ROOM (at end of shift)** – Keyboards, mice, chair arms, handles, desk surface & drawer handles, doorknobs, light switches, thermostat, photocopier
- STAFF BATHROOM** - Door handles, faucets handles, counter, toilet handle, light & lamp switches
- STORAGE ROOM** – door handles, light switches, freezer

**IF USED:**

- MAIN FLOOR BATHROOM** – Door handles, faucets handles, counter, toilet handle, light switch
- UPPER FLOOR BATHROOM** - Door handles, faucet handles, counter, toilet handle, light switch, grab bars

**Between 8 pm – 8 am:** \_\_\_\_.

- KITCHEN DISINFECT** – Handles & drawer pulls, fridge handle, backs and seats of chairs, stove knobs & handle, dishwasher handle, small appliance handles, light switches
- OFFICE, STAFF ENTRY, FILE ROOM (at end of shift)** – Keyboards, mice, chair arms, handles, desk surface & drawer handles, doorknobs, light switches, thermostat, alarm panel, photocopier
- STAFF ROOM** – doorknobs, drawer/cupboard handles, counter, appliance handles, light switches, chair backs and seats, phone
- COUNSELLING/COMPUTER ROOM** - Keyboards, mice, chair arms, handles, desk surface & drawer handles, doorknobs, light switches, thermostat
- STAFF BATHROOM** - Door handles, faucets handles, counter, toilet handle, light & lamp switches,
- MAIN FLOOR HALLWAY** – Door handles, phone, light switches, back door handles

**If Used:**

- FAMILY ROOM (after 9 pm)** Door handles, couch arms, kids chairs, light switches
- TOYS from used toy bin in family room to dishwasher (after 8 pm)**
- MAIN FLOOR BATHROOM** – Door handles, faucets handles, counter, toilet handle, light switch
- UPPER FLOOR BATHROOM** - Door handles, faucet handles, counter, toilet handle, light switch, grab bars
- BASEMENT** – stair rail, doorknobs, freezer handles, laundry machines knobs and handles, counter surface, laundry room faucet

**Zone 1  
Transition House  
Isolation Protocol**

**Unwell Residents:**

- All residents who have flu-like symptoms will be required to be quarantined in their room to protect others. Call 8-1-1 or compare to chart of symptoms if unsure. Act on the side of caution, and isolate if still unsure.

**Quarantined Residents:**

7. **Only one bathroom on the main floor will be accessible only** for symptomatic residents. That will be determined by the dynamics of the house at the time.
8. **There will be no access to common areas**, and the resident will be required to wear a mask if they need to pass through common areas.
9. **No access to the kitchen.** Staff will deliver food outside their door (easily prepared food, slow cooker food, restaurant take-out if needed). Gloves will be worn when picking up used dishes and putting them in the dishwasher or disposable dishes and utensils are the preferred use.
10. Quarantined residents will be provided with snack foods that they can keep in their room, a carafe of tea or coffee in the morning, and a jug of water.
11. Isolated residents **may keep their medications in their room.**
12. Unwell residents who need to smoke will be asked to use **smoking area when no one else is using it.**
13. Women who are unwell will be supported to explore if other safe options for their shelter, where they can safely self-isolate in greater comfort.
14. **Women who cannot manage within these guidelines will be supported to find another option (may be provided with a hotel room if available or explore other possible options).**
15. Clients and Staff will wear masks in common areas

Zone 2  
Reception Protocol

Doors may be locked. If doors are locked clients can ring the doorbell for assistance. We are planning to get an intercom soon.

Clients will be asked COVID-19 screening questions and asked to use a mask and hand sanitizer when entering the reception area.

Clients will be asked to wait outside for their counsellor

Counsellor will escort their client out

For people coming in for information/referral forms/general inquiries.

- Referral form is available on the website
- clients can take the referral form home and return them to us
- Referrals will be taken over the phone as well

We are only receiving new and monetary donations.

Reception area will be wiped down frequently.

Photocopier will be wiped down by user after each use.

### Zone 3 Drop-in Protocol

Open Mon – Fri from 9:00am – 3:30pm while closing for lunch from 11:30am – 12:30pm.

Closed every other Friday.

We have a removable door that acts as a kiosk which we “replace” our main door with every morning, allowing clients and staff to communicate face-to-face while providing safety to both parties due to the solid base and clear plexiglass upper window. We have a panel that slides open horizontally underneath our upper window which allows us to pass items to clients. Anything handed to clients through our window (panel) is not taken back, with a few exceptions such as our portable phone and laptop, which are sanitized thoroughly upon retrieval. Forms handed back through our window are to be handled with gloves and placed into a clear page protector immediately.

Services provided are:

- Hygiene products
- Clothing
- Harm reduction supplies
- Wi-Fi access
- Phone use
- Laptop use
- Coffee and water to-go
- Food items
- Intake forms
- Emotional support
- Information

A step-on garbage can and step-on hand sanitizer station are provided outside our removable door to minimize touchpoints. A side table with two chairs are also provided in the large alcove outside our door where clients can fill out paperwork, sit and use our portable phone, or relax and enjoy a cup of coffee. Clients are asked and expected to follow the 6-foot rule (sitting on opposite ends of the alcove) if two separate clients are visiting outside. If two clients are together, they may sit together. If more than two clients are present, they will be distanced at least 6 feet away from one another on the sidewalk outside the alcove.

Clients who wish to enter Drop-In are required to sanitize their hands and equip themselves with a face mask before entering the building. We are allowing no more than 4 clients inside of Drop-In at one time. Any item that a client uses is sanitized as soon as they are finished with the item, or the client departs; this includes seating and surfaces. Clients are not to freely touch items that cannot be easily sanitized (i.e. clothing). Clients inside Drop-In are not to freely grab water and/or coffee; a staff member must handle these tasks to further minimize touchpoints.

We are only able to accept monetary donations currently to adhere to Covid-19 protocols. Washroom access is available only for clients who are in the building. Clients will be asked and expected to wash their hands, spray down the toilet and sink with sanitizer, and then wash their hands again before exiting the washroom.

All supplies stationed outside during business hours, including the outside of the removable door, are sanitized before being brought back into the building.

Zone 4  
Procedures for Returning Back to Work

**CBVS**

Procedures and services offered at the CBVS for the hours of 8:30-4:30

Clients will enter through the Administration/Reception Door. A pre-screen by phone will be done in advance and at time of the in-person appointment. Clients will hand sanitize upon entry and put a mask on.

There will be a place for client pens which will be wiped with a disinfectant when handed back in for the next use. Clients are encouraged to bring their own pens.

The office has been reconfigured to allow for a 2-metre safety distance between the client and myself which will enable the client to have a writing table for forms as well.

Washroom will not be accessible to the clients. Employee will utilize the washroom and sanitize spray the facility after use, paper towel will be used to open the door handle.

Clients will exit through the Drop in door(if closed) or the emergency door. Handles will be sanitized.

The CBVS office will be sanitized for the next client, including the seating.

## Zone 5

This space is vacant and may be used by ACAWS staff. Any staff using the space will maintain cleaning protocols.

**Zone 6**  
Procedures for Returning Back to Work

**STV PROCEDURES FOR COUNSELLING**

1. During initial telephone contact client will be given the option of receiving counselling by telephone, or video from home. If the client's preference is for video but they do not have the equipment or a confidential, private space in their home, they will be invited to participate in video counselling at ACAWS. They will have the option of sitting in a separate room from the STV counsellor to receive counselling by video.
2. If the client chooses in person counselling, they will be advised what they can expect when they arrive at ACAWS. This includes answering a series of questions regarding their health; a requirement to sanitize their hands and maintaining personal distance between themselves and all staff of 2 metres.
3. At the time of the appointment they will arrive to find the door locked. They will be asked to wait to be let in and the receptionist will advise the STV Counsellor that their client is here. The STV Counsellor will come to the front door to greet their client and will be responsible for asking the health questions prior to letting the client in. Once the STV counsellor is satisfied the client is in good health, the client will be asked to sanitize their hands before proceeding upstairs to the counselling room.
4. At the door, on the stairs, in the hallways and in the STV Counselling office, physical distancing of a minimum of 2 metres will be required at all times.
5. The client will have access to the washroom while on the premises and the STV Counsellor will be responsible for spraying the washroom with sanitizer after use.
6. After the session, the client will be escorted to the front door and let out. The STV Counsellor will be responsible for sanitizing door handles, bannister railings and any surfaces that may have been touched by the client on the way out. The STV Counsellor will then sanitize all surfaces in the STV Counselling room.
7. The upholstered chairs will not be used for the foreseeable future and will be replaced with chairs that can be wiped down.

These procedures may be modified by staff and management at any time and may change once WorkSafeBC has released their recommendations to Counsellors regarding in-person counselling.

## Zone 7 – PEACE

### PEACE Program Safety Plan Steps for In-person Counselling

- Call client, let her know that we are continuing with phone calls and will eventually move to zoom meetings when we are ready if that works for them, and we will also be starting up in person meetings once we have been given clearance from our employer
- When we begin in person sessions with clients, the client will be notified on what our procedures in the building are before she arrives. Clients will be asked to call ahead to let counsellor know she is outside. Client will be asked a series of questions for health safety before she can enter in the building. Client will be met by counsellor at the door with social distancing in mind. Client will be shown where the hand sanitizer is and asked to use it, she will also be given a Lysol wipe to make her way upstairs and to wipe the banister if she uses it. Counsellor will ask client to follow her upstairs for session and remain 6 ft. behind her.
- Counsellor will ensure physical distancing is followed during session. In office, client will be sat down in a chair that can be cleaned with disinfectant spray and paper towel after the appointment. With physical distancing in mind. Once meeting is complete client will be escorted out with counsellor. Counsellor will bring wipe with her to clean banister on stairs and doors and lock door once client has left the building.
- Bathroom access for clients only will be available upstairs for clients. After client is done counsellor will spray down bathroom and door and taps.
- All fabric toys and materials in playroom will be removed and contained only toys that can be washed and rinsed in bleach will be available to children.
- Children will be met at the door; parents will be asked to wait outside. Child will be asked to hand sanitize upon entering the building.
- Child will be led upstairs with social distancing in mind and continue with it in playroom. Counsellor will show the child where the washroom is. Child will be asked to wash hands in bathroom before we begin.
- Parents/caregivers will be asked not to bring anyone else when they come for meeting.
- Same procedure when an adult leaves-disinfect room, toys, door handles etc. Wash toys in bleach solution and air dry, put away.

## Procedures for Returning Back to Work

### STV Outreach

May 15<sup>th</sup>, 2020

1. Every morning when the outreach worker first comes into the office, she will wash her hands, sanitize the office door, chair, phone, desk, and other surfaces. Continually throughout the day she will wash her hands, sanitize all surfaces she touches and the washroom after she uses it. Will wear a mask most likely while in common spaces, wearing gloves at times and staying 6 feet apart from co-workers and clients.
2. While booking appointments with clients to come into the office, the outreach worker will ask clients screening questions, as directed by the agency, to ensure clients coming into the office are healthy, and not showing any signs or symptoms for any type of sickness or COVID-19. If the client is not comfortable coming into the office, options of working over the phone, or video (Doxy.me) will be suggested.
3. When asking the screening questions, if a client said yes to any of the questions, she will be politely told she is not be able to come into the office at this time, but can be supported over phone, video (Doxy.me), or can re-schedule when she is better.
4. After a client passes the screening questions, the outreach worker will ask if she is able to come to the office, or if transportation is a barrier, where she would like to meet. (outside her house, or another safe area outside) The client will also be noted, that just like going anywhere right now, there is a risk of contracting COVID-19, and in the case of anyone being tested positive in our office, she will be informed. If she understands and agrees, we will book an appointment.
5. For those who can come to the office, she will be informed of the procedures being taken, and what to expect when she arrives to the office. (That the office doors will be locked, she will be asked to sanitize her hands when she first enters the building, remain 6 feet apart from all workers and other clients, and will be offered a mask and gloves, if interested, and that other staff might be wearing masks and gloves.) It will be emphasized that all procedures put in place are to try to keep everyone safe, and to stop the spread of the virus.
6. On the day of the appointment (for in office appointments) the outreach worker will wait inside the door that has been decided as point of entry for clients. The outreach worker will open it, let her in and give her hand sanitizer (point to the wall, with a foot pump), offer a mask and gloves (if interested), and asked to follow while keeping distance, to where the meeting space is.
  - a. There will be a private space set up, with chairs 6 feet apart, pens and a table. (That will all be freshly sanitized)
  - b. When completing paperwork, two copies will be printed out, so both the client and outreach worker can see what form they are working on, and one will fill it out, all depending on what the client wants, and sanitized pens will be on the table.

- c. Regarding photocopying IDs, papers and submitting paperwork/ applications, the outreach worker will put gloves on, take it to the photocopier and sanitize all surfaces afterwards.
  - d. If the client needs to use the washroom, the outreach worker will be sure to sanitize all surfaces once she has left. (In the case of other clients being in the building at the same time, the outreach worker will sanitize right after she has used it)
  - e. If the client needs to use the phone, it will be sanitized before passing it to her, and then sanitized afterwards.
  - f. Once the meeting is over, the outreach worker will walk her out of the office, be offered hand sanitizer, unlock the door for her, and say goodbye. After leaving, the outreach worker will wash her hands, and sanitize all surfaces in the space that was met in (chairs, table, pens, and anything else used or touched)
7. When transportation is a barrier, the outreach worker will meet clients outside their house, or another area decided upon that is safe and outside. When booking the appointment, the outreach worker will let her know the procedures that are in place (maintain 6 feet apart, the outreach worker might be wearing a mask, and the at this time the outreach worker is unable to transport clients) It will be emphasized that all procedures put in place are to try to keep everyone safe, and to stop the spread of the virus.
  - a. Before going to a client's home, or other area, the outreach worker will advise Carol of where she is going, and when she expects to be back in the office.
  - b. During the meeting, if it is expected that the meeting might be longer than previously thought, the outreach worker will update Carol by text or phone.
  - c. After the meeting is over, before getting into her car, the outreach worker will sanitize her hands, and then wash her hands once she is back in the office.
8. When a client needs to go to another service agency, and would like support, the outreach worker will plan ahead, and arrange a meeting, ensuring that there is a safe place to meet and inquire about any procedures the other service provider is taking. The outreach worker will advise the client of where and when, and what to expect when there.
9. At any time, if the outreach worker displays any symptoms of sickness, she will not come into work and will call in sick for that day(s), to stop the spread of any sickness and to ensure that the agency remains a safe place for all staff and clients.
10. IF - the outreach worker is tested positive for COVID-19, she will inform Ellen immediately.

Zone 9 –

Zone 9 is currently vacant

Zone 10  
Administration Offices

Administrative staff will be responsible for sanitizing their respective offices and wiping down surfaces, light switches doorknobs, etc.

Any visitors will be pre-screened in advance by telephone and again upon arrival to the building.

Administrative staff will observe all handwashing protocols.

**Zone 11**  
**Washrooms**  
**Bathroom Cleaning Protocol for staff**

All washrooms will be for staff use and will be labeled as such, with the exception of one washroom upstairs reserved for client use. The client washroom will be cleaned after every use by the corresponding counselor/staff member, using the same protocol as outlined below for staff use washrooms.

Upon use of washroom facilities please adhere to the following safety protocol:

- A bottle of sanitizer will be placed and left in each washroom
- After each use, the washroom must be fully sanitized for the next user
- Each area touched should be sprayed and the solution left to dry, these areas include:
  - Door handles on both sides of the door
  - Light switches
  - Sink and taps
  - Countertop
  - Soap dispenser
  - Toilet seat, toilet top and flush handle a.k.a. Toilet Trip Lever (...yes I googled it)