

Community social services (non-residential) and COVID-19 safety

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Non-residential community-based services promote and support the health and well-being of individuals and communities across the province, and are delivered in office, clinic, public space, and home settings. Services may also be provided in the spaces of another employer. These services include but are not limited to: drop-in and crisis centres; outreach and therapy programs; children/youth and family services; women's, First Nations/Inuit/Métis, and LGBTQ2S services; harm reduction services; mental health and substances use services; employment and skills development services; and settlement and integration services for immigrants, refugees and temporary residents.

Employers may also benefit from reviewing protocols for community social services, as well as child care and day camps, health professions, in-person counselling, restaurants, cafes, and pubs, and office spaces.

For more information from WorkSafeBC, please see:

- Preventing exposure to COVID-19 in the workplace: a guide that employers may use to assess the risks and controls in their workplace.
- COVID-19 health and safety information: general information for all employers and workers about staying safe at work
- Frequently asked questions: answers to questions from British Columbian workers and employers on how to maintain a healthy and safe workplace

COVID-19 safety plans

Every employer is required to have a COVID-19 safety plan that assesses the risk of exposure at their workplace and implements measures to keep their workers safe.

To help you develop your plan, this page provides information and resources on keeping workers safe in industries that have been providing essential services since the start of the COVID-19 outbreak. In addition to updating this page, we have provided additional information on developing a safety plan at COVID-19 and returning to safe operation, including a template for a COVID-19 Safety Plan, and in our COVID-19 Safety Plan OHS Guideline, which includes information on the level of detail required and using supporting documentation.

WorkSafeBC will be reviewing plans of individual employers during their inspections of your workplace. Please be reminded that in accordance with the order of the provincial health officer, this plan must be posted at the worksite. During a WorkSafeBC inspection, we will ask employers about the steps they have taken to protect their workers and to see the plan if it has been developed. To learn more, read [Inspections during the COVID-19 pandemic](#).

Protocols for community social services (non-residential)

Special considerations

- Keep up to date and comply with all relevant direction from the public health officer, BCCDC, and government authorities, and professional regulatory bodies.
- The protocols in this document may not be appropriate to all settings and should be thoughtfully applied.
- Maintaining physical distance for 2 metres may not be appropriate in all situations, such as where direct care to clients is regularly required.
- Non-residential services are provided to a diverse range of individuals. When developing, communicating, and implementing protocols for service delivery related to COVID-19, the clients' ability to understand and comply with guidance must be considered (e.g., cognitive or physical disabilities, English as a second language considerations, young children). Consider using a trauma-informed approach.

Modify work flow and worker common areas

- Develop and communicate policies that workers must stay home if they have symptoms of COVID-19, have travelled outside of Canada in the last 14 days or have been directed by public health to self-isolate. Post signage and remind workers of this policy.
- Review work activities and carry out work virtually where deemed appropriate. Hold meetings with workers virtually through use of teleconference or online meeting technology. When in-person meetings are held, position people 2 metres apart.
- Consider staggering start times, break times, and/or developing alternating schedules to reduce the number of people in the workplace at a given time.
- Consider creating teams or groupings of workers and scheduling them to regularly work together to help minimize the total number of contacts.
- Establish and post occupancy limits for the location and for spaces such as meeting rooms, break rooms, and washrooms. Arrange work areas and break rooms to adhere to physical distancing guidelines. For small areas or rooms, such as a small laundry room, implement schedules and/or procedures for single-worker or limited-worker access to maintain physical distance.
- Minimize the shared use of workstations and equipment, including phones and pens, where possible. Clean and disinfect them between uses.

Scheduling appointments and communicating with clients

- Determine how many clients can be within the location at a given time while maintaining 2 metres of physical distance. Do not book appointments above this number.
- Ask clients to reschedule if they become sick, are placed on self-isolation, or have travelled out of the country within the last 14 days.
- Ask clients to arrive as close to their scheduled appointment time as they can.
- Only individuals whose participation in the appointment is necessary (e.g., individual's supporting clients with disabilities or providing psychological support) should be present.
- For worker visits to home settings, ask clients to ensure that only individuals whose participation in the appointment is necessary are present in the room or area where the services are to be provided.

- At the time of booking, and again at the start of the appointment where appropriate, share information on expectations and modifications clients can expect related to COVID-19 safety plans.
- Consider emailing the client any forms that need to be filled out so clients can complete them prior to the appointment.

Maintain physical distance

- Avoid close greetings like hugs or handshakes. Encourage clients, and any accompanying individuals, to avoid close greetings with individuals outside of their household or family/persons of significance (as determined by the individual or their guardian/primary support).
- Maintain a distance of 2 metres from clients wherever possible. Where appropriate, gently encourage clients, and any accompanying individuals, to maintain physical distancing with others outside of their usual social circles. Note that physical distancing may not be appropriate in all settings, such as where direct care to clients is required or when delivering vital overdose intervention services such as supervised injection.
- Furniture layout should be used to promote physical distancing, such as by reducing the number of chairs around tables.
- Consider developing one-way movement pathways and posting explanatory signage and markers.
- Include the use of outdoor space for activities where appropriate.
- Consider using tables, dollies or other aids for work tasks. When passing items directly to and from clients, ensure hand hygiene and respiratory etiquette is maintained.
- For programs that support people in groups, consider creating smaller groups to support physical distancing. Keep the members of these groups consistent and minimize the number of different workers that interact with the same group.
- Consider organizing day services such that some clients attend in the morning while others attend in the afternoon, or on alternating days. Clean and disinfect high contact surfaces between groups.

Office, clinic, and centre settings

- Monitor the number of people in the premises. Consider prioritizing indoor waiting space for a given service(s) if there is a safety concern related to the nature of the service(s) and the potential needs of the clients they may serve.
- Post signage at the entrance of the location to assist with communicating expectations, such as hand hygiene, physical distancing, respiratory etiquette, and reporting illness. Post in accessible formats (plain language, large fonts, and accessible placement) and multiple languages if appropriate for the setting.
- Consider providing a waiting area outdoors with markers to designate distances, and asking people to wait outside or in their vehicles if the facility is at capacity or clients are waiting for scheduled appointments.
- Where possible, all clients entering the location should be met by reception or signage should be posted to direct clients to check-in at the reception area.
- Provide hand-washing stations or alcohol-based hand sanitizer at entry points.
- Consider placing markers to indicate 2 metres distance from the reception desk.
- Consider use of a transparent barrier, such as a plexiglass shield around the reception desk, when there is insufficient space to maintain two metre distance between workers and clients.

- Arrange waiting areas in a way that allows 2 metres of physical distance between each client. Remove extra chairs to support this.
- Where no waiting area is present, consider creating a space for clients to wait to check in with a worker prior to entering communal areas.
- Track individuals who visit to the location to aid public health contact tracing in the event of a positive case at your site. Staff should complete the sheet or enter into an electronic system if possible. This could include the use of semi-anonymous nicknames or “handles” when privacy concerns might present a barrier to access.

Home settings

- Where virtual visits are not appropriate, home visits and outreach visits can be conducted with appropriate screening procedures and use of personal protective equipment (PPE) to protect staff. Prior to entering a home, conduct a health check of client and other individuals whose participation is necessary to the appointment (see “Health check” section)
- Remind clients of the need for physical distancing, hand hygiene, and respiratory etiquette.
- Direct workers, clients, and any accompanying individuals, to carry out hand hygiene upon, before and after the visit.
- Visits should take place in spaces large enough to allow adults from different households to remain 2 metres apart. This should be determined when scheduling the visit. Where this is not the case, consider:
 - » Meeting in an outdoor space.
 - » Choosing a different location.
 - » Reducing the number of adult participants in the space to include only those necessary to the appointment.
- After the visit staff should find a safe place to doff their PPE (if applicable). Staff should clean and disinfect any reusable equipment after each visit and perform hand hygiene upon leaving the home or at the close of the outreach visit.

Health check

- Implement a “yes/no” verbal confirmation, at minimum, that clients and other individuals whose participation is necessary to the appointment: do not have symptoms of common cold, influenza, COVID-19, or other respiratory disease; have not travelled out of the country in the last 14 days; or have been directed by Public Health to self-isolate. Support clients to use the BC COVID-19 Self-Assessment Tool or contact 811 if they are unsure.
- If client cannot effectively be screened (or example, due to cognitive or behavioral considerations), staff should use a Point-of-Care Risk Assessment to determine their level of risk and PPE required to provide safe care.
- If clear of symptoms and no risks are presented during the check, advise clients on the protocols to follow while at the location per the COVID-19 safety plan.
- Where a client or accompanying individual has symptoms or where another risk is presented:
 - » Postpone the visit or switch to a virtual visit. If they are unsheltered, support them to call 1.888.COVID19 (1.888.268.4319).

- » Where provision of the service is deemed necessary despite the risk, direct them to a separate room or designated area, offer a mask, and ask them to follow the protocols for physical distancing, hand hygiene and respiratory etiquette.
- » For worker visits to home settings, conduct the visit outdoors if possible. Where entry into the home is necessary despite the risk, offer a mask, and ask them to follow the protocols for physical distancing, hand hygiene and respiratory etiquette.

Hygiene

- Provide hand-washing stations or alcohol-based hand sanitizer at entry points. Provide alcohol-based hand sanitizer to workers that conduct home visits. Depending on the setting, ensure alcohol-based hand sanitizers are secured, and out of the reach of children.
- Direct workers, clients, and any accompanying individuals, to carry out hand hygiene upon entering and leaving the location, or in the case of a home visit setting, before and after the visit. Promote 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/adult briefs or assisting a client to use the toilet.
 - » After disposing of garbage or handling dirty laundry.
 - » Before and after using a mask or personal protective equipment.
 - » Whenever hands look dirty.
- Where possible, keep doors and entry ways open and accessible to prevent touching surfaces.
- Where food is distributed, follow the guidance of the restaurants, cafes, and pubs protocols.
- Avoid self-serve or family style eating where serving utensils, plates, trays and other objects may be handled by multiple people.
- In cases where temporary food stands are made available and plumbed handwashing stations are not present, set up a temporary hand washing station.

Working with groups

- For organizations serving multiple groups at once, implement measures to manage the number of people in the facility in order to support physical distancing measures. Consider the use of dedicated entrances and exits to reduce areas of congestion. Considering staggering program start and end times.
- Consider creating smaller groups to support physical distancing. Keep the members of these groups consistent and minimize the number of different workers that interact with the same group to minimize the total number of contacts.
- Ensure group activities take place in a room or area of sufficient size to maintain physical distancing.
- Place markers on the floor to assist with keeping chairs adequately spaced.
- Direct participants to wait outside until it is time for the session to begin and proceed directly to a seat when they enter the location. Physical distancing should also be maintained in outdoor areas.
- Provide information and direction to participants on COVID-19 protocols for the session and breaks.

- Where a form requires signing, provide a designated spot or drop box for participants to submit the forms. Provide alcohol-based hand sanitizer for participants to apply after use of communal pens. Clean communal pens between sessions.

Cleaning and disinfection

- Identify all common areas (e.g., washrooms, kitchens) and high contact surfaces (e.g., door handles, stair rails, chairs, and toys). Develop and implement a cleaning and disinfection schedule and procedures in accordance with the BC CDC's Cleaning and Disinfectants for Public Settings document.
 - » General cleaning and disinfecting of the workplace should occur at least once a day.
 - » Frequently-touched surfaces should be cleaned and disinfected at least twice a day.
 - » Shared bathrooms should be cleaned at least twice per day.
- 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.
- Ensure the safe use of cleaning products. This includes the use of PPE, good ventilation and other precautions as listed on the manufacturer's instructions and safety data sheet.
- Operators should ensure that handwashing, shared toilet and shower facilities, where available, are open, well-stocked, and regularly cleaned.

Transporting clients in personal or company vehicles

- Assess and prioritize the need for workers to provide transportation services to clients.
- Minimize the number of people in the vehicle. Consider using larger vehicles, such as vans or shuttles, where possible.
- Use a seating configuration that maximizes distance between people, such as eliminating the use of the front passenger seat. Where vans or shuttles are used, position clients in alternating seats and rows.
- Consider grouping clients into smaller groups that travel together exclusively to minimize the number of total contacts.
- Avoid using the recirculated air option for the car's ventilation; use the car's vents to bring in fresh outside air and/or lower the vehicle windows.
- Ask clients to practice good respiratory etiquette; ensure tissues are available and disposed of in a sealable plastic bag.
- Offer symptomatic or exposed clients a mask. Staff transporting symptomatic or exposed clients should wear appropriate masks.
- Provide alcohol-based hand sanitizers in all vehicles and require hand hygiene when entering and exiting the vehicle.
- Establish a cleaning protocol for vehicles. Clean and disinfect frequently touched surfaces between different clients. Carry out general cleaning at the beginning and end of each shift.

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

- Minimize the number of workers that work with a client.
- Conduct activities outdoors where possible.
- Test risk control strategies with the client in a safer situation prior to being in situations with higher risk of transmission of COVID-19.

- Where physical distancing cannot be maintained and close contact is required:
 - » Consider the use of barriers if appropriate for the configuration of the workplace and the type of services being provided. Where barriers are not practicable, consider the use of masks. Be aware of the proper use of masks.
 - » When providing direct care (e.g., bathing, toileting) to a resident that has symptoms or a confirmed case of COVID-19, follow the BCCDC infection control guidelines.
 - » Continue to use personal protective equipment (PPE) as identified for tasks prior to COVID-19. PPE such as gloves, face shields, and masks that are currently used by these workers to protect against blood borne pathogens and body fluids should continue to be worn.

Additional worker safety considerations

- The development of new protocols to prevent and control risks from COVID-19 should be carried out with consideration for other health and safety risks and programs. The changing work environment may require development of new, or modification of existing, policies and procedures to ensure the safety of workers. Some considerations include:
 - » Working alone
 - » Risk of violence
 - » Risk of musculoskeletal injuries
- Consider holding daily staff meetings or handover meetings, virtually or in a space that accommodates physical distancing, to discuss high risk issues or concerns.

Related links

See the following links for additional information, guidance, or resources that may assist you in the development of your plan.

- BCCDC: COVID-19 Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings
- BCCDC: Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities
- BCCDC Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Long-Term Care and Seniors Assisted Living
- BCCDC: COVID-19: Responding to Opioid Overdoses in Overdose Prevention Services (OPS) and Supervised Consumption Sites (SCS)
- VCH: Caring for Vulnerable Populations During a COVID-19 Public Health Emergency
- BCCDC: Interim Guidance for Long-Term Care and Seniors Assisted Living
- BCCDC: People who are unsheltered
- BCCDC: Social services providers
- BC Housing: Covid-19 Operations Manual
- Community Living British Columbia (CLBC): Stage 2 COVID-19 Recovery Information
- Ministry of Children and Family Development (MCFD): Interim Practice Guidelines
- Vancouver Coastal Health: Caring For Vulnerable Populations During a
- COVID-19 Public Health Emergency

Overdose response

- BCCDC: COVID-19 Harm reduction and overdose response
- WorkSafeBC: OFAA protocols during the COVID-19 pandemic: A guide for employers and occupational first aid attendants

Resolving concerns about unsafe work

Workers have the right to refuse work if they believe it presents an undue hazard.

An undue hazard is an “unwarranted, inappropriate, excessive, or disproportionate” hazard. For COVID-19, an “undue hazard” would be one where a worker’s job role places them at increased risk of exposure and adequate controls are not in place to protect them from that exposure.

If the matter is not resolved, the worker and the supervisor or employer must contact WorkSafeBC. Once that occurs, a prevention officer will consult with workplace parties to determine whether there is an undue hazard and issue orders if necessary.

For more information, see Occupational Health and Safety Guideline G3.12.

For more information

Note: The information on this page is based on current recommendations and may change. Content from health and safety associations and other parties is also subject to change and WorkSafeBC has not reviewed this material for the purpose of ensuring it is aligned with our guidance. For the latest guidance, visit the British Columbia Centre for Disease Control for health information and see the latest news from the government of British Columbia.

If you have a question or concern

Workers and employers with questions or concerns about workplace exposure to COVID-19 can call WorkSafeBC’s Prevention Information Line at 604.276.3100 in the Lower Mainland (toll-free within B.C. at 1.888.621.SAFE). You’ll be able to speak to a prevention officer to get answers to your questions, and if required, a prevention officer will be assigned to assess the health and safety risk at your workplace.