

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

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Community-based residential services promote and support the health and well-being of individuals and communities across the province and are delivered in facility, group home, shared living, and supportive living settings. These services include: substance use treatment and supportive recovery services; mental health services; residential services to children under the Child, Family and Community Services Act; Special Interventions and Youth Justice; shelters and transition houses; and support for individuals with a wide range of abilities from those who are fully dependent for care and support in all aspects of daily life to those who live with minimal support.

Note that the protocols described in this document are not requirements, and that employers should determine which protocols are required to ensure the health and safety of workers while ensuring that impacts to the delivery of vital services is minimized.

Employers may also benefit from reviewing protocols for community social services (non-residential community-based services), as well as accommodation, 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 (residential)

### Special considerations

- Keep up to date and comply with all relevant direction from the provincial health officer, BCCDC, government authorities, and professional regulatory bodies.
- The guidelines listed within may not be appropriate to all settings and should be thoughtfully applied. For example, in settings that are serving or housing individuals who may use substances or be at risk of overdose, guidance on minimizing in-person interactions and visitor policies should be balanced with increase in risk from residents using substances alone.
- Maintaining physical distance of 2 metres may not be appropriate in all residential settings, such as where residents are considered part of a household and share a bubble, where direct care to residents is regularly required, and where children and youth are in care.
- Residential services are provided to a diverse range of individuals. When developing, communicating, and implementing protocols for service delivery related to COVID-19, the residents' ability to understand and comply with guidance must be considered, including situations where residents choose not to follow directions. Consider using a trauma-informed approach.

### Maintain physical distance

- Establish and post occupancy limits for spaces such as elevators, breakrooms, meeting rooms and television rooms, exercise rooms and laundry rooms such that 2 metres of physical distance can be maintained in these spaces.
- Avoid close greetings like hugs or handshakes, and maintain a distance of 2 metres from co-workers, residents, and visitors wherever possible. Encourage and support residents to maintain physical distance from other individuals, except for their close family members and persons of significance as determined by the individual or their guardian/primary support.
  - » Physical distancing may not be appropriate in all residential settings, such as where clients are considered part of a household and share a bubble, where direct care to residents is regularly required, and where children and youth are in care.
- Furniture layout should be used to promote physical distancing, such as by reducing the number of chairs around tables.
- Where cots are provided in a shared room or area, ensure they are placed at least 2 metres apart. Orient cots head-to-toe or toe-to-toe.

## 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 and break times to reduce the number of people in common areas at a given time.
- Consider creating teams or groupings of workers and scheduling them to regularly work together to help limit the total number of contacts.
- Establish and post occupancy limits for office areas and 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.

## Resident intake and daily health checks

- Prior to an individual beginning to live at a residence, ask whether they have 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 to join the residence despite the risk, follow guidance provided by public health and ensure the resident is tested. Ensure there is a protocol in place, and workers are training on the protocol, for working with residents with suspected and confirmed cases of COVID-19.
- Implement a daily health check for residents by asking individuals for “yes/no” verbal confirmation, at minimum, 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 use a Point-of-Care Risk Assessment to determine their level of risk and PPE required to provide safe care.

## Visitors

- Develop a protocol to assess and approve visitors and visits as appropriate to the service. In some situations, determination of whether a visit should take place may need case by case considerations. Follow practice direction from government and public health authorities where present.
  - » Visitors should be limited to close family and persons of significance to residents as determined by the individual or their guardian/primary support. Use phone calls and other virtual visiting methods for residents to maintain contact with extended family and friends.
  - » Determine the number of visitors a resident may have at a given time, and ask visitors to schedule a time to visit, so that the number of people at the residence can be managed.
  - » Monitor the number of people in the premises at any given time.

- Develop and communicate policy that visitors 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. Ask visitors for “yes/no” verbal confirmation that they do not have symptoms of common cold, influenza, COVID-19, or other respiratory illness prior to them entering the residence. Post signage reminding visitors of these requirements.
- Use outdoor spaces for visits as much as possible.
- Consider posting signage at the entrance to assist with communicating expectations, such as hand hygiene, physical distancing, respiratory etiquette, and not entering the facility when ill. Post in accessible formats (plain language, large fonts, and accessible placement) and multiple languages if appropriate for the setting.
- Where reception and/or waiting areas are present:
  - » Consider placing markers to indicate 2 metres distance from the reception desk. Where it is not possible to maintain a two meter distance, consider use of a transparent barrier such as a plexiglass shield around the reception desk.
  - » Arrange waiting areas in a way that allows 2 metres of physical distance between each visitor. Remove extra chairs to support this.

## Hygiene

- Provide hand-washing stations or alcohol-based hand sanitizer at entry points and in common areas. Depending on the setting, ensure alcohol-based hand sanitizers are secured and out of the reach of children.
- Ensure workers, residents, and visitors carry out hand hygiene upon entering the residence. 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/adult briefs or assisting a resident to use the toilet.
  - » 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.
- Ensure hand hygiene supplies are available at all times (i.e., soap, clean towels, paper towels, alcohol-based hand sanitizer).
- Implement strategies 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 should be kept separately for each resident.
- Avoid self-serve or family style eating where serving utensils, plates, and other objects may be handled by multiple people. Remove shared food containers such as pitchers of water and salt and pepper shakers. Provide individual servings to residents where practical.
- Minimize the number of people preparing and serving food, and consider the installation of sneeze guards or barriers at food service counters, where present.
- Do not bring food carts into resident rooms. Regularly clean and disinfect carts used for transporting food between meal service and after picking up used dishes.

## Cleaning and disinfection

- Identify all common areas (e.g., kitchens, exercise rooms, television rooms) and high contact surfaces (e.g., counters, door handles, stair rails, toilet, sinks, and taps). 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 residence 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 and immediately after use by a symptomatic resident.
- Clean any equipment that is shared between residents before moving them from one individual to the next.
- Clean and disinfect cots 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.
- 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.

## Transporting residents in personal or company vehicles

- Assess and prioritize the need for workers to provide transportation services to residents. Drive residents only when all other means of transport have been ruled out and the service is deemed necessary.
- Minimize the number of people in the vehicle, such as limiting to one worker and one resident. 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 residents in alternating seats and rows.
- Consider grouping residents 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 residents to practice good respiratory etiquette; ensure tissues are available and disposed of in a sealable plastic bag.
- 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 residents. Carry out general cleaning at the beginning and end of each shift.

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

- Consider the resident's ability to understand or comply with guidance, 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.
- Provide residents with information and education about COVID-19, including the principles of hand hygiene, respiratory etiquette, and physical distancing.
- Test risk control strategies with the client in a safer situation prior to being in situations with higher risk of transmission of COVID-19.
- Minimize the number of workers that work with a client.
- Workers should enter residents' rooms or living quarters only when necessary. Use virtual communications and check-ins (e.g., phone or video chat), as appropriate.
- Conduct activities outdoors where possible.
- 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 who 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. Personal protective equipment, 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.

## Working with residents suspected or confirmed to have COVID-19

- Residents that have been identified by public health as a close contact with a confirmed case of COVID-19, or that have symptoms of COVID-19, must self-isolate. Follow directions from public health and the resident's health care provider. Information around providing accommodation to individuals in self-isolation may be found in the provincial health officer's Guidance to the Hotel Sector.
- Residents should be restricted to their isolation space, including during meals. Provide virtual communications methods for residents to be able to connect with family and persons of significance outside of the location.
- Keep residents with symptoms together, ideally in separate rooms and/or in a dedicated common area, and separate from residents who are not symptomatic.
- Determine tasks that workers will be required to complete to support the resident and establish safety protocols and controls.
- Support the resident to cover their coughs and sneezes:
  - » Where mask use can be tolerated by the individual, provide the resident with disposable masks. If disposable masks are not available, use cloth masks and ensure they are laundered daily.
  - » Residents that are provided a mask must be guided on how to properly put on and take off the mask.
  - » Where mask cannot be tolerated by residents, support them to cough or sneeze into their elbow and then immediately perform hand hygiene.
- Designate a separate bathroom for the unwell resident. If a private bathroom is not available, consider developing a schedule for use, with the unwell person going last, followed by a thorough cleaning of the bathroom or clean high touch surfaces after use by an unwell resident.

- Deliver meals outside of the room on a tray where appropriate, and ask the resident to place the tray and used dishes/utensils outside the room when done. Follow strict hand hygiene protocols.
- Avoid moving equipment or other items between areas with well and unwell residents. Ensure cleaning and disinfection occurs prior to moving any items.
- When laundering an ill resident's items:
  - » Place laundry in a laundry basket with a plastic liner.
  - » Don't shake dirty items.
  - » Wear gloves and a mask when handling dirty items. Use a gown or protective covering to prevent linens from coming in contact with clothing.
  - » Wash with regular laundry soap and hot water (60-90°C).
  - » Clean your hands with soap and water immediately after completing the task.
- When handling waste from an ill resident:
  - » Line the ill resident's wastebasket with a plastic bag. Contaminated waste should be placed in a plastic bag (double bagged) prior to disposing of it in a regular bin.
  - » Clean your hands with soap and water after emptying the wastebasket.
- Follow strict hand hygiene, and PPE donning and doffing protocols.

### **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.
- Consider creating or altering schedules to reduce mixing and close contact between residents, such as staggering meal and activity times. Consider forming smaller groups or cohorts of residents and keeping these groups separate from each other.

### **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.