



**2020**

# **COVID-19 SAFTEY PLAN**

June 2020

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Squamish Helping  
Hands Society

Food. Shelter. Community. Purpose.

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## WHAT IS COVID-19

COVID-19 is a virus that causes respiratory illness – meaning it affects the lungs and/or other parts of the respiratory system. It can spread through droplets when people cough or sneeze, or if you touch an infected surface with your hands and then touch your face. The most common symptoms of COVID-19 may include:

- cough
- fever, and/or
- difficulty breathing

Most people who contract the virus, will experience mild to moderate symptoms similar to a cold or flu.

Individuals with underlying medical conditions such as heart disease; hypertension; diabetes; chronic respiratory disease, and cancer are at risk of developing more serious complications.

### Transmission of COVID-19

- Via larger liquid droplets when a person coughs / sneeze.
- Droplets enter through the eyes, nose or throat if you are in close contact (<2 meters).
- By touch if a person has used their hands to cover their mouth or nose when they cough.
- By touching a surface or an object contaminated with the virus. The virus is NOT known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin.
- Possible fecal-oral transmission (after using bathroom).

## How to protect yourself

The best way to protect yourself, your coworkers and our participants is to practice good hand washing. Washing your hands with soap and water or an alcohol-based hand sanitizer (with at least 60% alcohol content) for at least 20 seconds.

Always wash your hands:

- when you enter and leave a resident's room
- before and after you provide personal care
- before preparing any food
- after going to the washroom

Other Infection prevention measures:

- Avoid touching face (eye, mouth, nose)
- Refrain from handshaking, hugging, high fives
- Avoid contact with sick people
- Stay home if sick
- Cough or sneeze into sleeve, or into tissue and throw away and wash your hands
- Clean and disinfect frequently touched surfaces
- Wear a mask
- Limit your contact with others outside of work by practicing physical distancing.
- Avoid sharing pens, food, etc.

## WHAT RISKS EXIST IN OUR WORKPLACES

Squamish Helping Hands works with vulnerable individuals in our community. Many have pre-existing health conditions and compromised immune systems. In addition, those who use substances are at a greater risk of infection. Individuals seeking illicit substances to prevent withdrawal risk both overdose and exposure to and transmission of COVID-19. In addition, staff with compromised immune systems are also at heightened risk.

Risks include:

- Face-to-face interactions with clients, coworkers and community members
- Food Preparation
- Meal Service
- Handling of soiled laundry
- Cleaning of bathrooms and other parts of facility
- Poor compliance with physical distancing, respiratory hygiene and hand hygiene among participants due often to the lack of cognitive ability
- Direct physical contact with participants (such as lifting, first aid treatment etc.)
- Small space in the location at 37930 Third Ave.
- Handling of donated items from community
- Transporting clients in vehicles
- Shared workstations

## CLIENT ASSESSMENT

Staff should identify clients who are particularly vulnerable to ensure that they have the necessary supports in place. An at-risk client includes seniors, those with underlying health conditions (such as respiratory illnesses, heart disease, and immune compromised), as well as active substance users.

Staff should refer clients, when appropriate to OAT or substitution therapy.

## POINT OF CARE RISK ASSESSMENT

At all times, staff should assess a particular situation and assess the risk with respect to the likelihood of transmission from either a specific interaction (e.g. Face-to-face interaction with a client) or in a specific environment (such as in the hallway, while cleaning etc.).

Staff should choose the appropriate actions and equipment needed to minimize the risk:

Questions to ask:

1. Will my hands be in contact with a potentially contaminated surface or object such as soiled bedding or clothing?
2. Am I going to have direct contact with the client?
3. Will I need to be less than 2 metres from the client?
4. Is there a risk of splashes and sprays
5. Is the client able and willing to perform hand hygiene?

6. Is the client showing any symptoms such as cough, fever, difficulty breathing?
7. Is the client able to follow instructions?

## PROTOCOLS

### Physical Distancing

Staff, volunteers, and participants must keep separated from others by 2 meters (6 feet)

Programming that requires gathering of people, such as wellness classes have been suspended. During the summer months, we will consider outdoor programming limited to 5 people and where a minimum of 2 metres can be maintained between individuals.

Entry into suites/rooms is kept to a minimum. Staff should stay in the hallways, as such as possible, to perform wellness checks and room checks.

Where possible, SHHS will support staff whose job duties are amendable to working from home to do so.

Cohorts: As much as possible, we ensure consistent teams work together and mixing of staff is limited. Desks will be placed such as to allow 2 m of space between people. Where possible, plexiglass barriers will be employed to separate staff.

### Barriers and Partitions

Sneeze guards (physical barriers) are used at areas where staff have interactions with clients and community members. This includes the food pick up window. At Under One Roof, this will include the reception desk, workstations, dining room, market check out desk and client intake desk.

## Rules and Guidelines

### Participant and Visitor Screening

Ask the following symptom questions of clients upon entry to building (at Firehouse location) or on wellness check ins at the Bridge Temporary Housing and Home Instead:

- i. Do you have a fever?
- ii. Do you have a cough?
- iii. Do you have shortness of breath?
- iv. Do you have nausea or vomiting?
- v. Do you have diarrhea?
- vi. Do you have a runny nose/nasal congestion?
- vii. Do you have a sore throat?
- viii. Have you lost your sense of smell?
- ix. Do you have chills, muscle aches, fatigue?
- x. In the past 14 days have you been in contact with a person known to have COVID-19?

## Staff and Volunteers who are sick

Employees and volunteers at high risk of COVID-19 (seniors and those with underlying health conditions) **should not come to work if they are sick** and should not provide direct care to clients.

Staff and volunteers that have symptoms like coughing, shortness of breath, fever or sore throat are encouraged to call their primary care provider, local public health office or call 1-888- COVID19 (1-888-268-4319) and seek testing.

Staff who develop symptoms while at work are to put on a mask, finish any essential services they are providing or transfer client care, advise their manager, review the most recent COVID-19 testing guidelines to determine if they need to be tested, and go home.

## Residents who are Sick

If we have a resident that may have been exposed to the virus or is displaying symptoms, please:

- Contact the local public health office or call 8-1-1. If the resident has a health care provider, contact them by phone.
- Notify a manager immediately
- Ask the person to wear a mask
- Ask the person to wash their hands
- Ask the person to self-isolate in their room.
- If it is not possible for them to self-isolate, move them to a separate area or to a sheltered place outdoors where they are at least 2 meters from others.
- Contact BC Housing to discuss placement options at another site such as a hotel
- If the client is in distress, call 9-1-1

## Transporting Clients

Transportation of clients should be limited only to essential needs.

Any client with a cough or sneeze who is being transported in a car must be provided with – and wear – a mask. Staff transporting clients with symptoms must wear a mask, eye protection, gloves and gown.

Touch points in vehicles should be cleaned and disinfected after the client has exited the vehicle.

## Supplies on Hand

Squamish Helping Hands will seek to have extra supplies on hand, including:

- Soap

- Alcohol-based hand sanitizers for employees who have no access to soap and water
- Tissues
- Disinfecting wipes
- Trash baskets
- Gloves
- Masks to use for people who are sick
- Paper plates, disposable cups and utensils

## Signage

The following signs will be posted at entrances of facilities:

- Sign instructing visitors not to visit if they have symptoms of respiratory infection
- For the Temporary Housing location: Sign indicating no visitors allowed

## Meetings

As much as possible meetings take place via teleconference/online meeting.

In-person meetings should have no more than 5 people in a well-ventilated room and physical distancing of two meters must be in place.

## Meal Service

Dine-in Meal Service has been suspended and Squamish Helping Hands is providing meals to-go with food pick up a window. Self-service food has been eliminated.

In collaboration with the Squamish Food Bank, Squamish Helping Hands has moved to delivery-based food hamper program, though some hampers are picked up. Hampers contain both perishables and non-perishables so that clients do not need to travel to multiple agencies.

## Harm Reduction

- Give harm supplies in individual packages
- Minimize sharing of supplies, including for smoking or snorting (joints/ pipes/ straws)
- Clients should stock upon harm reduction supplies and drugs in case of need to self-isolate
- Wash hands and prepare your own drugs
- Keep surfaces clean before and after use (use microbial wipes, 70% alcohol, bleach)
- Prepare for overdose: Use the peer witness system, Naloxone, wellness check (through doors), or the Lifeguard App

## Overdose

Current guidance from the BCCDC states that, in the case of overdose, 911 should be called, naloxone should be administered, and rescue breaths should be given using a face shield mask found in take-home naloxone kits.

## Drop-In Services

Drop-in Services at the Firehouse location are limited to 2 people at a time. Upon entering the facility, staff will ensure that

- Screening questions are asked
- clients wash their hands prior to conducting any other activities.
- High touch surfaces will be cleaned and disinfected in between each client (including doorknobs, taps, counters, toilet flush levers, laundry machines, etc.)

## Personal Protective Equipment

When physical distancing is not possible staff should take precautions that include Personal Protective Equipment.

Activity	Type of PPE	Comments
Able to maintain distance of at least 2 m from clients	No PPE required Cloth Mask is optional	Hand Hygiene upon entry, before and after contact with client environment
NOT able to maintain 2 m distance from clients	Medical Mask Eye protection (goggles or face shield)	Change mask if becomes wet or soiled  Clean and Disinfect eyewear as soon as it taken off Hand Hygiene before and after client interaction
Direct care of clients with no symptoms	Medical Mask Eye protection (goggles or face shield) Gloves	Hand Hygiene before and after client contact
Direct Care of clients with symptoms	Medical Mask Eye protection (Goggles or face shield) Gloves Gown	Hand Hygiene before and after client contact
Changing Beds	Medical Mask Eye protection Gloves Gown	
Cleaning	Medical Mask Eye Protection Gloves	
Touching client's belongings	Gloves	

PPE works to protect us from droplets. **ALWAYS REMEMBER THAT THE FRONT OF YOUR PPE is considered DIRTY. Do not touch!**

**The best protection is proper hand washing: soap & water, 30 seconds**



At Reception or in shared spaces,  
if unable to remain 2 meters or 6 feet away



Direct care in any area, for clients who  
do **NOT** have signs of COVID-19



Direct care in any area,  
for clients who **DO** have signs of COVID-19

## Cleaning and Hygiene Practices

Cleaning and janitorial work are a priority (essential service) at all sites. Cleaning will concentrate on common areas and “high touch” points (i.e., elevator buttons/railings, common amenity spaces, laundry facilities, door handles, countertops, and bathroom surfaces) a minimum of three or more times a day. Important: the proper procedure is to first clean the area with soap and water, then apply the disinfectant and let it sit in place for about 10 minutes before wiping it with a clean cloth.

**Cleaning:** the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

**Disinfection:** the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

For disinfection, any of the following should be effective:

- Most common EPA–registered household disinfectants
- Alcohol solutions with at least 70% alcohol
- Diluted household bleach solution (10 ml bleach to 990 ml water) Note: a bleach solution is effective only for a maximum of 24 hours. **Fresh solutions should be mixed daily or more often.**

Agents effective against coronavirus: Bleach, Accelerated Hydrogen peroxide, Quaternary Ammonium Compounds.

A regular cleaning and disinfection schedule for washrooms, kitchen, common areas, offices, and touch surfaces is created and posted. Staff will check off when tasks are completed.

While cleaning and handling soiled laundry, staff should wear protective clothing (such as an apron or smock) as well as gloves, mask and eye protection. Protective clothing and gloves should be removed immediately after handling soiled laundry or completing a cleaning task.

Laundry bins should be disinfected after each use.

## For Participants

- Participants **arriving or leaving** any of our locations are reminded to wash their hands or rub their hands with hand sanitizer.
- Participants are also reminded to wash their hands **before and after eating**.
- Participants are reminded to wash their hands after using the washroom.

An staff member is designated to monitor participants for symptoms and hand hygiene at entrances.

## Washrooms

Ensure washrooms are well stocked with liquid soap and paper towels at all times  
Place hand hygiene signs in washrooms.

Close toilet seat lids before flushing

Washrooms should be cleaned after every use.

## Food Preparation and Service

Staff must wash their hands before handling, preparing and serving food.

If employees choose to use gloves, they should wash their hands thoroughly before putting on the gloves and change them often. Gloves should be changed before and after handling any equipment. Wearing gloves does not exclude staff from washing their hands.

Staff wear aprons when handling food and aprons should be removed prior to leaving the kitchen area.

Food is individually packaged.

Delivered food is left outside doors, for resident pick up. Staff and volunteers preparing hampers will wear masks and practice regular hand hygiene.

## Workstations

Staff and volunteers are encouraged to clean and disinfect their workspace at least twice a day and if workstations are shared, staff should disinfect between each use.

## Dress Code

Employees should:

- Avoid wearing watches and jewelry at work
- Wear clean clothes into work
- Bring designated shoes that will stay at work
- No Nail Polish
- Bring a change of clean clothes to change into after work
- Wash work clothes at end of day
- Regularly sanitize personal phone & glasses
- No hand shaking, high fives or hugs.
- Shower upon returning home after a shift involving contact with clients or their environment.

## Outreach

Outreach workers are equipped with cleaning and disinfection wipes that they can carry, as well as portable hand sanitizer, masks, gloves, and disposable gowns.

## POLICIES

### Training

All staff and volunteers will be trained on our COVID-19 protocols and how to properly don and doff Personal Protective Equipment.

Residents and clients will be instructed on physical distancing, hand hygiene and cough and sneeze etiquette.

## Mental Health Care

Squamish Helping Hands recognizes that COVID-19 has created a lot of uncertainty and change, and that this uncertainty creates stress.

- Staff have regular access to counselling supports
- Staff have access to peer debriefing
- Staff are encouraged to be aware of self care: eat healthy, exercise regularly, get plenty of sleep, make time to do activities you enjoy
- Take breaks from media coverage of COVID-19
- Being aware of our own anxiety and reactions to stress, as well as that of others.
- Checking in regularly with co-workers as well as participants.

## COMMUNICATON

As a result of the pandemic, Squamish Helping Hands has increased internal communications efforts, holding more regular meetings with staff and keeping staff and participants informed of how to protect themselves and others.

### Key Stakeholders in Communications:

- SHHS Executive Director- Designated Lead and Point person for communication both internally and externally
- SHHS Board Chair
- SHHS Management Team
- RCMP
- BC Housing
- District of Squamish
- Vancouver Coastal Health -Squamish Mental Health Team, Intensive Case Management Team
- Vancouver Coastal Health- Public Health Nurses
- Squamish Food Bank

### How is information acquired:

Squamish Helping Hands is adhering to all recommendations put forward by Vancouver Coastal Health, the Provincial Health Officer, BC Housing and the BC Centre for Disease Control.

### Communication Practices

- Daily Leadership meetings taking place online to discuss new developments, protocols, and current issues
- Weekly Participant Care meetings online for the purpose of creating Care Plans as a team, building understanding of individual needs and approaches to care.
- Monthly Team meetings covering a range of operational and programming issues.
- Regular memos to the team on protocols and procedures
- Community Outreach Network meetings: These take place weekly involving outreach workers from various local agencies to coordinate pandemic response, protocols and procedures and client care
- Team members are briefed by a manager or co-worker at the start of every shift and are encouraged to debrief at the end of each shift.
- Logbook and online logs are available for day to day operations and progress.

### Resident Communications:

- Signage on hand hygiene, physical distancing and symptoms to watch for will be posted on doors and in high use areas.



- Staff will verbally communicate with residents to remind them about these protocols

## MONITORING

This plan will be updated in August 2020 to adapt operations to the new Under One Roof facility and/or as new information and recommendations are issued by Vancouver Coastal Health.

## How to Hand Wash and Hand Rub

# HOW TO HANDWASH



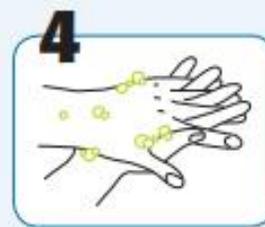
**1**  
Wet hands with warm water.



**2**  
Apply soap.



**3**  
Lather soap and rub hands palm to palm.



**4**  
Rub in between and around fingers.

Lather hands for a total of 30 seconds



**5**  
Rub back of each hand with palm of other hand.



**6**  
Rub fingertips of each hand in opposite palm.



**7**  
Rub each thumb clasped in opposite hand.



**8**  
Rinse thoroughly under running water.



**9**  
Pat hands dry with paper towel.



**10**  
Turn off water using paper towel.



**11**  
Your hands are now safe.

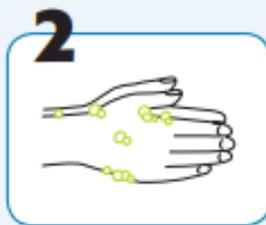


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# HOW TO HANDRUB



Apply 1 to 2 pumps of product to palms of dry hands.



Rub hands together, palm to palm.



Rub in between and around fingers.



Rub back of each hand with palm of other hand.



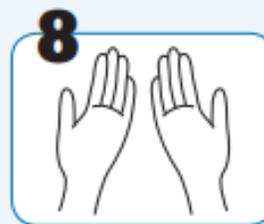
Rub fingertips of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



Rub hands until product is dry. Do not use paper towels.



Once dry, your hands are safe.



## Work Clothing

### Before Work

-  Remove all watches and jewelry
-  Wear clean clothes into work
-  Bring designated shoes that will stay at work
-  Bring a change of clean clothes in washable bag
-  Bring any food in disposable bag
-  No nail polish. Proper hand hygiene

### During Work

-  Sanitize phone, ID badge & glasses
-  Sanitize work-station and stethoscope
-  Hand hygiene before/after each patient interaction & when touching new surfaces
-  Sanitize meal surfaces and proper hand hygiene before eating. No shared food.
-  No hand-shaking or high fives
-  Wear appropriate PPE as directed

### After Work

-  Change into clean clothes. Put work clothes in washable bag. Wear clean clothes home.
-  Sanitize phone, ID badge, glasses & stethoscope
-  **Leave designated shoes AT WORK**
-  Shower at work or immediately at home
-  Water bottles/Tupperware in dishwasher
-  Work clothes in washer.

## Training Checklist

1. Staff must watch the following videos:
  - a. [How to Hand Wash](#)
  - b. [Donning Personal Protective Equipment](#)
  - c. [Doffing Personal Protective Equipment](#)
  - d. [Cleaning and Disinfecting Workspaces](#)
2. All staff must attend an education session on infection control including universal precautions and the chain of infection
3. All staff are trained in cleaning and disinfection:
  - a. 2 step process
  - b. the sequence of bathroom cleaning (working from clean to dirty)
  - c. What cleaning products to use in different situations
  - d. Safe handling and application of cleaning agents and disinfectants, including WHIMIS training and proper labelling.
  - e. Cleaning and disinfection of blood, feces and bodily fluids
  - f. Safe handling of Waste (general, biomedical, sharps)
  - g. Cleaning schedules and protocols
4. All staff are required to read and sign off on the following:
  - a. COVID-19 Safety Plan
  - b. Health Hygiene and Infection Control Plan