BSS CORONAVIRUS (COVID-19) EXPOSURE CONTROL AND CONTINUITY PLAN

December 2020 Update – Continuing to Deliver Services Plan

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SECTION 1: INTRODUCTION

As indicated in Policy 2009 Infection Control, the policies and procedures outlined within this plan are to be used in conjunction with BSS's General Pandemic Continuity Plan and all other relevant policies and procedures. In the event the information in this plan is contradictory to other policies and procedures, the information below will prevail for the duration of the COVID-19 Pandemic (as determined by Public Health).

BeConnected Support Services is committed to providing a safe and healthy workplace for all BSS personnel and persons supported. A combination of measures will be used to minimize exposure and spread of pandemic COVID-19 in our workplaces. Our work procedures will protect not only our employee(s), but also the people we serve and others who enter our programs. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to infectious disease.

Thoughtful planning whilst at the same time ensuring persons supported by BeConnected continue to receive their needed and funded supports, is the overarching theme. BeConnected will continue to operate with the understanding that we may need to be able to nimbly respond to a future outbreak of the virus by returning to earlier phases in BeConnected's *BSS Coronavirus (COVID – 19) Exposure Control Plan*.

A. COVID-19 Information

COVID-19 *(also known as Coronavirus and SARS-CoV-2)* is an infectious disease cause by a newly discovered coronavirus. The most common symptoms of this respiratory illness include fever, dry cough, shortness of breath, and difficulty breathing however an individual may experience a wide variety of other symptoms.

The incubation period is currently believed to be within 1-14 days of exposure with an average of 5-6 days between infection and the onset of symptoms. Transmission primarily occurs from close contact with individuals who are experiencing symptoms however the virus may also be transmitted by pre-symptomatic/asymptomatic individuals and by touching contaminated surfaces prior to touching your face, nose, or eyes.

B. Definitions

Close Contact: face-to-face contact while a person is infectious for an extended period of time. While a close contact may not develop COVID-19, out of an abundance of caution they must monitor themselves for symptoms and follow the direction of the health authority.

Outbreak: Any resident or personnel is *diagnosed* with COVID-19 OR two or more cases of influenza-type illness are detected in individuals or personnel within a 12-day period with at least one case identified as a resident.

Personnel: BeConnected leadership personnel, administrative personnel, coordinators and managers, front-line employees and front-line contracted personnel.

SECTION 2: RESPONSIBILITIES

A. All BSS Personnel

- Follow control measures including:
  - Screening for Symptoms
  - Following Universal Safe Work Procedures (see Appendix 1);
  - Conducting Point of Care Risk Assessment (see Appendix 2);
  - Personal Protection Equipment Procedures (see Appendix 3).
- Complete the required training provided by BSS.
- Be informed by credible health and news agencies (see Appendix 4)
- Check the BSS ShareVision site and other communications regularly (every shift at a minimum) for updates on the COVID -19 situation.
- Stay home if you have symptoms of illness.
- Prepare in advance for your personal life in the event of an outbreak e.g. childcare, schools closing, quarantine of yourself and/or a member of your family.
- Follow all BSS Policies, Procedures and Plans related to disease outbreak.
- Contact your Coordinator if:
  - You suspect an individual you support has symptoms of COVID-19;
  - You suspect an immediate family member or co-worker has symptoms of COVID-19;
  - You have symptoms of COVID-19.
- Contact your Coordinator if:
  - You are travelling to or from anywhere there is a travel advisory;
  - You have visitors arriving from anywhere there is a travel advisory.
- Contact 8-1-1 if you have questions or are concerned about illness or symptoms experienced by yourself or family members. Medical professionals at 8-1-1- are available 24/7. Employee self-isolation for the 14-day incubation period to monitor for symptoms of illness should **only** be done with the approval of a medical professional or as declared by the Provincial MHO.

B. Leaders and Coordinators

- Ensure that all personnel have reviewed and are following BSS's Pandemic Contingency Plan, COVID-19 Contingency Plan and all other BSS Policy and Procedure related to disease outbreak.
- Notify BSS Human Resources Manager of all staff plans for travel until further notice.
- Oversee distribution and proper utilization of all Personal Protective Equipment (PPE).
- Manage all coverage and communicate with Human Resources regarding challenges.

- Arrange medical care for supported individuals as recommended.
- Communicate on a regular basis with your Director.
- CS Coordinators to prompt planning with Home Share and Community Inclusion Providers and increase frequency and depth of check-ins with individuals receiving SIL services.

C. Leadership

- Regular review and dissemination of most up to date information from Government sources.
- BSS Senior Leadership Team meets regularly to review, update, and enact Plan.
- Communicate with all family/advocates of persons supported. Ensure updates are made available on the BSS website and through BSS social media
- Liaise with professional stakeholders (funders, licensing, other).
- Ensure adequate supply of all Personal Protective Equipment (PPE).
- Making decisions regarding essential services.
- Comply with reporting obligations.

D. Exposure Control Steering Committee (JOSHC)

The Committee is comprised of leadership members and frontline personnel

- Reviewing the BSS COVID-19 Pandemic Continuity Plan and advising Leadership of recommendations as they relate to health and safety of personnel across BSS worksites.
- Participating in Program COVID-19 Risk Assessments, identifying areas of increased risk and priority action.
- Advise on/participate in training specific to COVID-19 in workplaces.
- Liaise between front line personnel, Site Health and Safety Representatives, and Leadership to address concerns surrounding the risk of COVID-19 exposure.

SECTION 3: CRITICAL STAFFING LEVELS

Where reasonable, BSS will endeavor to maintain all locations during a pandemic threat.

BSS considers staffed residential homes to be essential services and will prioritize these to maintain service delivery and staffing during an infection outbreak. Leadership will determine the staffing levels necessary to ensure the safety of the individuals supported under emergency conditions.

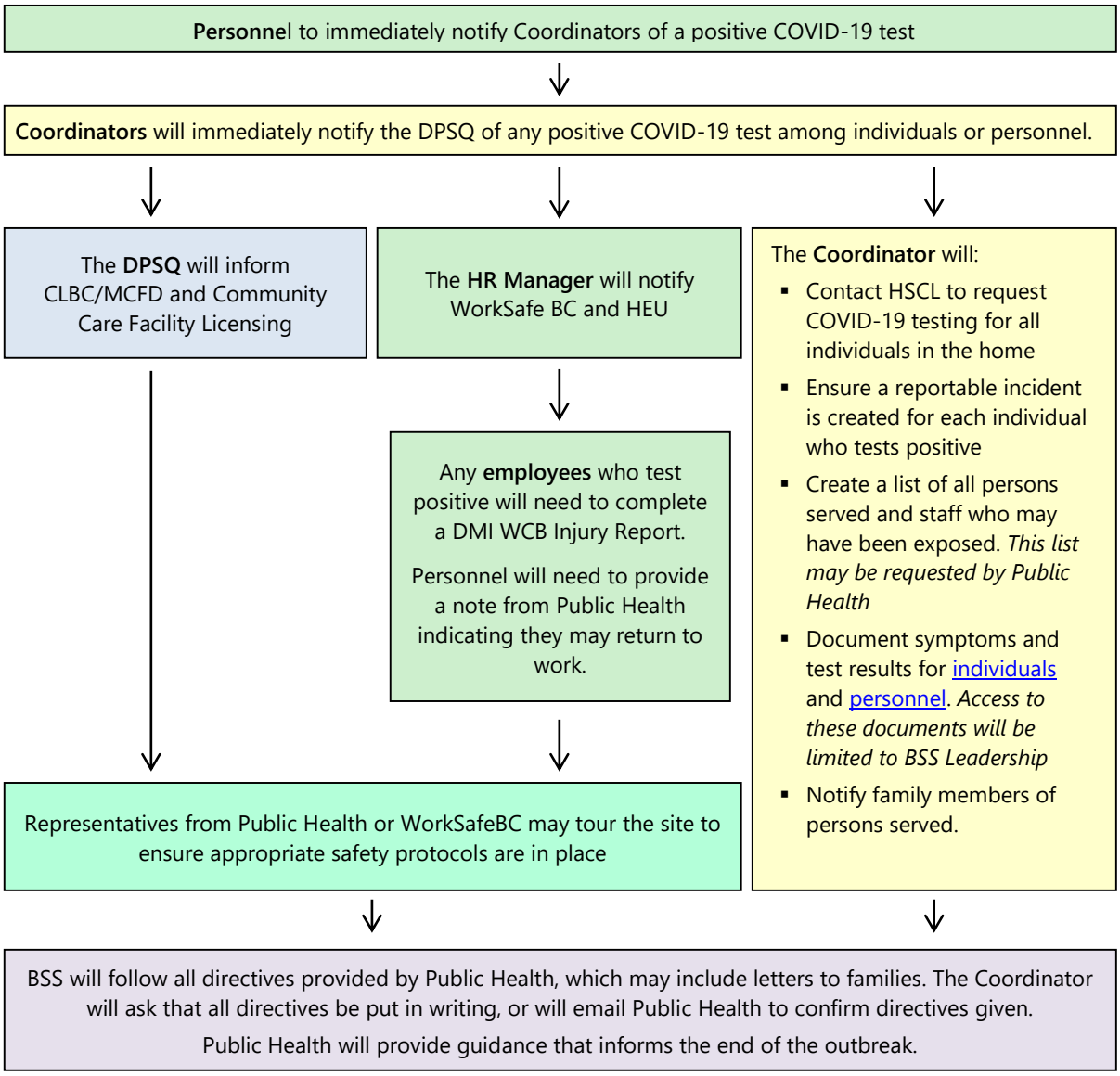
If necessary, additional human resources will be sought out and processed in an expedited manner. BSS personnel may be required to fulfill roles outside of their usual role and responsibility, to ensure essential staffing levels. Personnel may be required to provide other

support, ie online/virtual, purchasing, delivery for any service area (staffed residential, home sharing) in order to continue key operation such as groceries and medications.

*Throughout the plan personnel may be identified as requiring 14 day isolation. Should this recommendation lead to a *critical staff shortage*, essential staff with exposure to COVID-19 who have no symptoms and are not sick can come to work provided they are self-monitoring and will self-isolate immediately if they develop symptoms. These personnel should wear masks when available. This does not apply to personnel who have been mandated by the government or health authority to quarantine.

SECTION 4: ORGANIZATION WIDE RESPONSE PROTOCOLS

A. Communication Flow Chart in the Event of a Positive COVID-19 Test



B. Reporting to the Funder and Regulatory Bodies

Service providers must report the following situations as an urgent critical incident to CLBC/MCFD when a person served:

- Is symptomatic/presumed to have COVID-19 as a *Disease/Parasitic Outbreak*
- Has been diagnosed with COVID-19 as a *Disease/Parasitic Outbreak*
- Has been hospitalized due to COVID-19 as an *Unexpected Illness/Food Poisoning* (Note: the hospitalization incident report is in addition to the outbreak report)
- Has passed away due to COVID-19

After hours, service providers are to use the *MCFD After Hours Emergency line (1-800-663-9122)* to report COVID-19 related situations. For CLBC funded resources the MCFD After Hours line will notify the CLBC Director of Regional Operations who will liaise with the CLBC Manager and Health to provide support and guidance.

Service providers must also notify CLBC/MCFD of any COVID-19 case involving an employee, contractor, or household member.

To report any COVID-19 issues to Island Health, phone 811, and also connect with HSCL staff.

C. Enhanced Cleaning Protocols

To prevent the spread of COVID-19 through contaminated surfaces, enhanced cleaning protocols will be implemented in all BeConnected locations. These enhanced protocols include:

i. More frequent disinfection of commonly touched surfaces/items (e.g. door knobs, light switches, cupboards, tables/countertops). In Staffed Residential Services these surfaces must be cleaned at least once per shift.

ii. Safe disposal of contaminated items.

iii. Disinfection of equipment between use (e.g. thermometers, lifts)

D. Protocols for Hospital Transfer

If an individual presents severe symptoms and transfer to hospital is deemed necessary, personnel will call 911 and indicate to the operator that the individual has suspected/confirmed COVID-19 so that the First Responders can arrive prepared. When tolerated the individual should wear a mask.

BeConnected has developed a Patient Summary Form that should accompany an individual to the hospital when a family member or support worker cannot accompany them. *Note: Many individuals supported by BSS will be permitted a care worker/family member to accompany them in the hospital as it is paramount to the individuals care and mental well-being. Families/care workers can request an immediate review if denied access.*

Personnel assisting in the transfer should wear full PPE (gloves, gown, mask, and eye protection).

Once the individual has been transferred to hospital the entire room should be thoroughly cleaned and disinfected.

SECTION 5: SERVICE AREA SPECIFIC PLANNING

BeConnected Support Services will endeavor to continue to provide services to persons supported across all service categories during the COVID-19 pandemic. Each service area has plans and protocols specific to their service area in addition the protocols identified in Section 4.

A. Staffed Residential

Coordinators and OHS Site Representatives have completed a site specific COVID-19 Risk Assessment. The risk assessment evaluated the risk of the COVID-19 virus entering their Program/Residence and identifies the groups of people who may be harmed. The Joint Occupational Health and Safety Committee have developed a COVID-19 Risk Assessment Guide to assist personnel in completing the COVID-19 Risk Assessment form. The assessments were reviewed by the Joint Occupational Health and Safety Committee who may make recommendations to increase the health and safety of our programs. Final program-specific assessments are posted at each program location.

The following procedures are in addition to program specific planning and apply to all locations.

1. Screening and Admission to the Program

All residents, employees, and visitors will be directed to wash/sanitize their hands upon entry to the site. Employees or visitors who have had been identified by *BC Contact Tracers* as a close contact with a known case of COVID-19 should self-isolate for 14 days and are not permitted on site*. In the event an individual has had a close contact exposure they must isolate in their rooms and follow procedures for symptomatic residents outlined below.

Additional restrictions are assigned to the different phases of BeConnected's COVID-19 response. These restrictions will be identified by colour coded signs:

- **Phase 1:** Orange - No entry to visitors or employees if symptoms of illness or recent international travel.
- **Phase 1.5:** Red/Orange *used in addition to the Orange Phase 1 Sign* - Visitors limited to one pre-arranged visit at a time, visits to take place in the individual's room/personal living space or a designated visitors area, masks required for duration of the visit. Temperature Checks in place.
- **Phase 2:** Red - Visitors limited to essential only; Employees working at another facility with a presumed case of COVID cannot enter. Temperature Checks in place.
- **Phase 3:** Purple *used in addition to the Red Phase 2 Sign* - In person visits with persons served not permitted.

Visitors: Employees will perform screening questions about symptoms and exposure risk

using the Self-Assessment Form prior to permitting a visitor into the program. Visitors must abide by all signage and follow respiratory and hand hygiene. Additional visitor restrictions may apply as determined by the health authority and current health risk in British Columbia. During Phase 1.5 and above visitors must sign in using the COVID-19 Visitor Admission Screening form.

Residents: Enhanced screening of residents for respiratory symptoms will be conducted. All residents should be monitored for fever, new cough, difficulty breathing/shortness of breath, at least once per day.

Employees: Employees will perform self-assessment for respiratory or flu-like symptoms and are not to come to work if they are experiencing them. During Phase 1.5 and above employees must fill out the Daily Screening form upon entry to the site.

2. **Prevention and Monitoring**

Frequent and thorough hand washing will take place among all residents, employees, and visitors while in the home. Employees should reinforce hand hygiene and respiratory hygiene practices.

Contact between residents should be minimized wherever possible and appointments should be minimized. Appointments that do not risk the health or well-being of the individual should be cancelled or rescheduled until the outbreak has passed.

Formal monitoring of residents for fever, new cough, and difficulty breathing/ shortness of breath should occur. All residents will have baseline medical information taken and documented on the BSS Individual Baseline and Pre-Existing Conditions form which will allow personnel to more effectively monitor a resident who is diagnosed with COVID-19.

All personnel and visitors must wear a 3 ply surgical mask while in BeConnected programs, vehicles, and in public spaces. Masks must also be worn outdoors when unable to physically distance by 6ft. Personnel will receive one mask per shift. If their mask becomes wet or visibly soiled they may receive one replacement (maximum 2 masks per shift).

Temperature checks will be taken and recorded for all employees and visitors upon entry to the site at *Phase 1.5* and above. Normal body temperature for adults using a non-contact thermometer is around 37˚C. Any individual, employee, or visitor with a temperature over 38˚C is considered to have a fever. Visitors with a fever are not permitted to enter the site. Employees will follow the *Response to COVID-19 Symptoms-Employees* below. Temperature checks for residents will occur daily and be recorded on ShareVision. In the event a resident has a fever, employees are to follow the procedures identified in *Response to COVID-19 Symptoms-Residents* below.

3. **Response to COVID-19 Symptoms – Employees**

Employees are encouraged to use the BC COVID-19 Self-Assessment Tool to help determine if further testing is required. If a test is indicated, employees should isolate promptly and call the COVID-19 testing line to book a COVID-19 test. Symptomatic direct

care providers can call a designated line from 8:30am-4:30pm seven days a week at 1-833-737-9377. In the interest of minimizing disruption to our programs and feelings of anxiety/concern of coworkers and persons supported, employees must call the testing line within 24 hours. Employees will contact their Coordinator with the name of the individual they spoke with, the date/time of the call, and the date/time of the appointment as BSS will need a declaration that they have received this directive from a medical professional. Employees will immediately call their Coordinator once they receive their test results.

***Should a Coordinator become ill they will follow the same procedures, reporting directly to Head Office.*

Employee symptoms and testing results will be documented using BSS Surveillance for Symptomatic Personnel as a template.

i. Developing Symptoms on Shift

Should an employee develop fever or respiratory symptoms while on shift, they are to notify their Coordinator immediately and arrange for a replacement as soon as possible. Employees will wear a mask and avoid unnecessary contact with residents while waiting for the ability to leave. If employees must provide direct support to an individual they must wash their hands before contact with an individual. Employees will then call the testing line as indicated above.

ii. Developing Symptoms on Days Off

Employees are not to attend work while experiencing symptoms of illness. Employees will call the testing line as indicated above and follow BeConnected's Emergency Absence Call In Procedures.

iii. Returning to Work Following Illness

Employees who are sent for testing may not return to work until they have received negative test results.

****COVID-19 Protocol for Employees Visual*

4. Response to COVID-19 Symptoms – Residents

Employees are to notify the Coordinator immediately if a resident beings developing symptoms. Coordinators will call 8-1-1 or an individual's physician (whichever results in the quickest action) and follow their advice for testing. If an individual is active with CHS/HSCL the Coordinator may first call the HSCL RN (or CSC/Team Leader if unavailable) to see if mobile testing is available.

The individual will be closely monitored for worsening symptoms. Should symptoms become severe 911 will be called (see Section 4.C for *Hospital Procedures*).

Residents should be restricted to their rooms to reduce contact as much as possible until symptoms resolve. Staff must serve all meals in the resident's room. Wherever possible, employees working with symptomatic residents should avoid working with residents who

are well. Where this is not possible, employees should provide direct support (e.g. medication administration, meal delivery, etc) to residents who are well prior to working with symptomatic residents.

Designate bathroom facilities which are to be used by symptomatic residents only. Where this is not possible, ensure thorough cleaning and disinfecting after use by a symptomatic resident.

Prior to contact with a symptomatic resident, employees are to conduct a Point of Care Risk Assessment (see Appendix 2 for more information). If tolerated, the resident is to wear a mask when a support worker is in their room or providing direct support. When the resident will not tolerate wearing a mask, employees must wear full PPE (gown, gloves, mask, and eye protection). Employees are to practice strict hand hygiene at all times.

Resident symptoms and testing results will be documented using BSS Surveillance for Symptomatic Residents as a template.

Reminder: Should two or more residents develop symptoms within 12 days the outbreak protocol will be triggered.

****COVID-19 Protocol for Residents Visual*

5. Response to Confirmed Case of COVID-19 (Outbreak Protocol)

The Coordinator will immediately report the outbreak to the CEO, DPSQ, and relevant regulatory bodies (see section 4.A.) Head office will immediately dispatch program outbreak kits to the site and contact *BeConnected's Outbreak Response Team* (BORT).

One entrance/exit to the home must be designated with outbreak signage. All other exits must indicate no entry. A donning and doffing station must be set up at the designated entrance as well as outside of the individual(s) room. BeConnected's Phase 4 poster must be placed outside of the resident's room(s) indicating the necessary precautions.

Until support from the Health Authority arrives, all symptomatic residents are to be isolated and employees are to use full PPE when entering the individual's room(s). Directions from the Health Authority for managing the outbreak will likely include:

- Preventing employees who are working at a program with an outbreak from working at other programs to prevent the potential spread of transmission between programs, where possible.
- Reviewing PPE, donning and doffing stations, and existing plans/protocols.

Review Island Health's Home Isolation Handout for further information.

Control measures will be continued until the outbreak is declared over by the Medical Health Officer

B. Home Share – Network of Home Living

1. Planning and Precautions

Home Share Providers are required to complete their own planning around COVID-19 preparedness and response. Home Share Providers are required to complete and return a *Home Share Contingency Plan* to allow Contracted Service Coordinators to assess and identify which persons served and contractors have enhanced need for coordination. Home Share Providers are expected to have a quarantine kit with the appropriate PPE and sanitizer.

BeConnected has created a My COVID-19 Emergency Plan which has been distributed to all Home Share Providers to prompt the planning and discussion surrounding an individual's needs during the COVID-19 pandemic. CLBC's COVID-19 Quick Reference Guide for Home Share document has also been distributed to all Home Share Providers.

Home share providers have been provided reusable cloth masks and should wear them as recommended by the PHO.

2. COVID-19 Symptoms in an Individual or Home Share Provider

- Home Share Providers will be instructed to contact the Provincial Nurse Line (811) and to follow their recommendations. Home Share Providers are required to contact their Coordinator to report any illness and to keep the supported individual at home (away from CI program and other non-essential services/locations).
- If COVID-19 is verified or strongly suspected, the individual and the Home Share Provider will be quarantined within their home where possible. In some cases the individual who is ill may need to be transferred to hospital or other appropriate health care facility.
- Where the Home Share Providers are unable to provide care for the individual and do not have additional support, the individual's family will be contacted for assistance. If there is no capacity for family assistance, a "Plan B" will be developed on a case-by-case basis, and may include option for relocation of an individual (ie to another home share provider or to a hotel), where supports will be provided to the person by satellite.

The Health Authority will provide support to individuals living on Home Share who have been diagnosed with COVID-19.

i. Precautions for Household Members in the Event of Illness

If an individual becomes ill in a Home Share, household members are to take precautions to prevent transmission to others in the home. These include:

- Performing regular hand hygiene.
- Practicing good respiratory etiquette followed by hand hygiene.
- Limiting the number of caregivers – contact within 2 meters of the individual

should be limited to one person.

- Preventing exposure to contaminated items and surfaces – do not use personal items that belong to the individual (electronic devices, towels, bed linen, etc.)
- Put the lid of the toilet down before flushing to prevent contamination of the environment.
- Frequent cleaning and disinfecting – high touch areas cleaned daily using an approved hard surface disinfectant or a diluted bleach solution (5mL bleach t 250mL water).
- Disposing of waste – all contaminated disposable items should be placed into a lined container before disposing of them with other household waste.
- Taking laundry precautions – place contaminated laundry into a laundry bag or a basket with a plastic liner, do not shake laundry, wear gloves and a mask while in direct contact, use regular laundry soap and hot water (60-90˚C), dry thoroughly, disinfect laundry container if contaminated.
- Using PPE – If having direct contact with the individual caregivers should wear a medical mask or face covering, eye protection, and gloves when available.

Review Island Health's Home Isolation Handout for further information.

C. Community Inclusion (Home Based)

See "A. Staffed Residential," above. The same considerations apply as this service takes place in a person's staffed residential home.

When supporting individuals who do not reside at the site it is recommended that individuals and personnel wear non-medical masks while in vehicles and when unable to socially distance.

D. Community Inclusion (Contracted – BecoNetwork)

1. Planning and Prevention

BeConnected will distribute its planning form My COVID-19 Emergency Plan in order to prompt the planning and discussion surrounding an individual's needs during the COVID-19 pandemic. Individuals receiving contracted CI services are encouraged to complete the document with a family member or support person, as required. Contracted Service Coordinators will assess the completed plans and identify which persons served and contractors have enhanced need for coordination.

When possible, Community Inclusion services should be limited to one-to-one support or with a small group from the same household.

i. Hand Washing and Sanitizer

Upon the start of services and end of services both the individual and contractor should wash their hands or apply hand sanitizer. Individuals and contractors should additionally sanitize their hands after any activities requiring physical contact.

ii. Face Masks:

It is recommended that all persons served and contractors use face masks for the duration of their services, especially when unable to socially distance (e.g. while in vehicles). Both persons served and contractors should carry their face mask at all times for personal use when out in community. Cloth or paper masks are acceptable. Cloth face masks will be provided by BeConnected to all personnel, and personnel are free to use their own if they wish.

While BeConnected recommends the use of face masks at all times, **a face mask is required to be worn in the following situations**:

- Any person who begins to feel ill while providing/receiving services.
- Conducting a health assessment or otherwise providing first aid for a person feeling ill.
- A contractor who is accompanying a person served who is being isolated while waiting for pick up.
- A contractor providing close (< 2m) support to any person served who is at greater risk of health complications from Covid-19 due to pre-existing health conditions.
- In public spaces as required by BC Public Health Orders.

iii. Self Assessment

Upon the start of services both the individual and contractor should review the Self-Assessment Form. If a person answers "yes" to any of the questions service should be terminated immediately and the Coordinator contacted. Person served should avoid direct contact with people until you hear from us. In the case of persons served where it's not possible to immediately send the person home, they will be quarantined until a caregiver can pick them up.

iv. Vehicle Use

Contractors are permitted to transport persons served in their own vehicles, but foot and public transportation is encouraged where possible. All policies regarding the use of personal vehicles remain in effect, i.e. driving record, insurance coverage, safety equipment

Windows of the vehicle should be cracked open to allow air flow to/from the outside and vehicles should be sanitized before and after use

It is recommended that individuals and contractors wear face masks when in vehicles and when unable to socially distance.

2. Symptoms of COVID-19

If either a person served or contractor requires an assessment due to feeling ill, coordinator must be notified.

Persons served: If a person served complains of feeling unwell or otherwise shows signs of

being sick, they should be immediately evaluated.

- If it is determined that the person served is sick or may likely be sick, the person served should be isolated, offered a mask if they're willing to wear one, and arrangements will be made to get the person home (calling the caregiver and asking for a pick-up as an option or driving ourselves).
- If the individual appears to be severely ill (i.e. difficulty breathing, loss of consciousness, etc.), call 911.
- The caregiver should be notified of symptoms and recommend calling 8-1-1 for the advice of a medical professional.

Contractor: If personnel begins to feel unwell during a shift they must wear a mask and make arrangements for the person served. They should immediately notify their Coordinator and contact 8-1-1 for guidance.

3. Confirmed Case of COVID-19

If a person served or contractor is diagnosed with COVID-19 they, or their caregiver, are required to inform their Coordinator. The PHO will determine close contacts and notify those individuals of their requirement to self-isolate and monitor for symptoms. Individuals and contractors will require a written confirmation from a qualified medical practitioner indicating they are no longer contagious before receiving/providing services.

Should an individual or contractor be a close contact of a person diagnosed with COVID-19 they, or their caregiver, must notify their Coordinator and follow the instruction of the PHO for self-isolation and monitoring.

E. Supported Independent Living (SIL)

1. Planning and Prevention

BeConnected will distribute its planning form My COVID-19 Emergency Plan in order to prompt the planning and discussion surrounding an individual's needs during the COVID-19 pandemic. Individuals receiving SIL services are encouraged to complete the document with a family member or support person, as required. Contracted Service Coordinators will assess the completed plans and identify which persons served and contractors have enhanced need for coordination and monitoring.

Individuals should also review and complete the following document Toolkit for People with Disabilities in BC: For Health Care Settings During COVID-19. This toolkit is designed to provide essential information to health care professionals about the individual's support needs in the event they require hospitalization during the COVID-19 pandemic.

Individuals and personnel are to follow the hand washing, mask, and vehicle protocols noted in the Contracted Community Inclusion section, above.

2. COVID-19 Symptoms or Diagnosis

In the event a person supported has symptoms or is diagnosed with COVID-19 their

Coordinator should be notified. Where the individual's family is not able to provide support, the Coordinator will create a plan on a case-by-case basis which may include check-ins by phone/video and dropping off supplies (e.g. groceries and medications). In the event of a diagnosis the individual will require written confirmation from a qualified medical practitioner indicating they are no longer contagious before regular supports can continue. The individual may be supported to ensure a deep clean of their living space.

Contractors providing SIL services will follow the guidelines identified in Contracted Community Inclusion (Section 5.D), above.

F. Office Spaces

1. Screening and Prevention

Personnel should perform a self-assessment for respiratory symptoms and should not come to work if they are experiencing them. If experiencing symptoms of illness, office personnel will follow the same procedures as employees in Section 5.A.3. If an employee with respiratory symptoms has been exposed to a known case of COVID-19 they will contact 8-1-1 and self-isolate for 14 days if instructed.

During BeConnected's Phase 1.5 and above all visitors and personnel must be screened for symptoms, have their temperature taken upon arrival, and sign in on BeConnected's Screening forms (Personnel & Visitors).

Personnel and visitors must abide by posted signage at all times and follow respiratory/hand hygiene. All personnel and visitors must wash their hands or use the provided hand sanitizer upon entry and personnel are asked to wash their hands every two hours. Visitors are to follow markings on the floor to maintain appropriate distances. Delivery personnel must minimize contact with people and surfaces and utilize contactless drop-off procedures whenever possible. BSS personnel accepting deliveries must wash their hands after handling deliveries.

Masks: All visitors are required to wear a mask at all times. Office personnel are required to wear a mask in *common spaces*.

All office personnel have the recommended amount of personal space to conduct business either in offices or cubicles, with the exception of Head Office's front desk where barriers have been installed to provide separation.

2. Cleaning Protocols

Commonly touched areas and shared equipment must be cleaned and disinfected at least twice daily, when visibly soiled, and following meetings where visitors are present. Staff will perform the office cleaning, including cleaning of the restrooms at Head Office, on a rotating schedule during normal business hours. If office staff work outside of normal business operating hours, they are responsible for cleaning the office prior to leaving. Examples of high touch areas to be cleaned include:

- Front door handle
- Reception counter

- Bathroom door handles
- Copy machine
- Fax machine
- Light switches
- Refrigerator handle
- Single Use Coffee Machine

All dishes/cutlery at Head Office must be cleaned in the dishwasher to ensure thorough sanitization.

Personnel will be provided with alcohol wipes and are required to clean their own work surfaces daily.

3. **Protocol for BC Phase 1 (Essential Services Only)**
   Office personnel may work from home where appropriate and permitted. BSS procedures for working from home shall be adhered to.

   Head Office: The building manager will keep the main doors locked at all times. To promote accessibility and business continuity as best practice, BeConnected will aim to have at least one employee in the office during regular business hours to answer phones and provide support to programs. Essential visits to BeConnected will be by appointment only.

   Duncan Office: The doors to the BeConnected office will remain locked and essential visits will be by appointment only.

4. **Protocol for BC Phase 2+ (Community Reopening)**
   Visitors should be limited to BeConnected leadership, delivery personnel, and those with appointments.

   Where possible, meetings should continue to take place virtually (See *BSS Video Conferencing Risk Management Plan*). When meeting in person personnel are to ensure appropriate distancing at all times. It is recommended that all participants wear non-medical masks for the duration of the meeting and that doors and windows are left open if privacy and confidentiality can be maintained. The meeting space must be thoroughly cleaned after each use.

   - Head Office Meeting Spaces: In person meetings may take place in the boardroom for groups of 6 or less. The small meeting room is being used for storing essential supplies and is not open for meetings at this time.
   - Head Office Common Rooms: Only 3 people may be in the kitchen and 2 people in the file room at any given time.

Duncan Office: In person meetings may take place in the boardroom for groups of 4 or less.

SECTION 6: CONTACT TRANSMISSION OF COVID-19

Both coughs and sneezes produce large droplets and smaller airborne particles. The smaller particles remain suspended in the air for longer periods and can be inhaled. In addition, large droplets can evaporate quickly to form inhalable particles. As the distance from the person

coughing or sneezing increases, the risk of infection from airborne exposure is reduced, but can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. As the number of infected people in a room increases, all things equal, the risk of infection can increase.

A. Droplet Transmission

Transmission spread from person-to-person happens among *close contacts*. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can travel approximately 2 meters and can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

B. Contact Transmission

The virus can spread by touch. This may happen if a person touches something with droplets containing the virus and then touch their face, eyes, nose or mouth. The most important thing you can do to is to wash your hands regularly and avoid touching your face.

APPENDIX 1: UNIVERSAL PRECAUTIONS

Consult BSS Policy and Procedures for reporting an exposure incident to Infectious Disease, our Licensing Authority and Funders. Continue to follow routine practices, which include hand hygiene (hand washing is the simplest, most effective means of controlling the spread of Covid-19) and the use of PPE such as masks, gloves, eye protection and gowns, as indicated.

A. Hand Washing

Washing your hands not only prevents you from getting sick, but it also reduces the risk of infecting others. If you don't wash your hands properly before coming into contact with others, you can infect them with the germs on your hands. Other people can also get sick from the germs unwashed hands leave on shared objects like doorknobs, keyboards, and other equipment in the home or workplace. Residents should be taught how to perform proper hand washing and when unable they should be assisted. *Anyone entering a BSS site must perform hand hygiene immediately upon entering.*

1. **When to Wash Your Hands:**
    - Before and after eating or feeding someone else
    - Before preparing food
    - After using the washroom or helping someone use the washroom
    - Before and after providing personal care
    - After sneezing, coughing or using a tissue
    - After helping someone with a runny nose

- Before and after caring for someone who is sick
- Before performing first aid
- After handling shared objects
- After cleaning or handling garbage
- Before and after putting on and taking off PPE

2. **Proper Methods of Hand Washing**
   Although hand washing might seem like a simple task, you should follow these steps to thoroughly rid your hands of germs:

   i. What Kind of Soap to Use:
      - Use plain soap that does not contain antibacterial agents. Plain soap will remove the dirt and grease that attract bad bacteria. Plain soap will not kill the good bacteria that live on the hands.
      - Using antibacterial products unnecessarily increases the concentration of antibiotics in the water supply and in the environment.

   ii. Steps When Using Soap:
      - Remove any hand or arm jewelry you may be wearing.
      - Wet your hands with warm water.
      - Apply plain soap to your hands and rub together for 20 seconds (the length of time it takes to sing Twinkle, Twinkle Little Star or Happy Birthday)
      - Wash the front and back of your hands, as well as between your fingers and under your nails.
      - Rinse your hands well for 10 seconds under warm running water, using a rubbing motion.
      - Wipe and dry your hands gently with a paper towel or a clean towel.
      - Turn off the tap using the paper towel so that you do not re-contaminate your hands. When using a public bathroom, use the same paper towel to open the door when you leave.
      - Remember that proper hand washing techniques should be practiced all the time, not just during flu season or a pandemic alert. They should become second nature to you at work, at home and out in the community.

B. Respiratory Hygiene (Cough/Sneeze Etiquette)

Respiratory hygiene refers simply to covering your mouth and nose with a tissue when you cough or sneeze. Throw tissues away immediately then wash or sanitize your hands. If you don't have a tissue, cough or sneeze into the bend of your elbow or into your upper arm or sleeve, not your hands. These parts of the arm seldom come into contact with anyone else. Residents

should be taught how to perform respiratory hygiene practices. Residents with respiratory symptoms should wear a mask (if tolerated) when others are present.

1. **Minimizing Your Risks**

   Here are further steps you can take to protect yourself, your co-workers, the supported individuals and your family:

   - When you cough or sneeze, use a tissue or raise your arm up to your face and aim for your sleeve. Do not sneeze into your hand. Throw away tissues as soon as you use them.
   - Keep the surface areas in your home, your work environment at BSS and office free of germs by cleaning them. Doorknobs, light switches, telephones, and keyboards are especially important to keep clean.
   - Teach the individuals you support good hygiene and how to wash their hands properly.
   - As necessary, the individuals you support should be supervised while washing their hands or using hand sanitizers.
   - Use fresh running water to rinse your hands rather than using a standing basin of water.
   - Use individual hand towels and avoid sharing towels.
   - Change cleaning cloths daily and launder them using detergent. Germs thrive on moist surfaces.

Video demonstrating sneeze/cough etiquette.

C. Cleaning and Disinfecting During a COVID-19 Outbreak

Staff should develop schedules to ensure disinfection of contaminated surfaces. Pay attention to commonly touched areas such as door knobs and handrails and ensure these areas are washed twice daily. Bathrooms and toilets need special care and they should be disinfected often with a diluted bleach solution (1 part bleach to 4 parts water). Any equipment shared between residents should be cleaned and disinfected before moving from one resident to another.

When using disinfectant products other than a bleach solution, ensure the product has an Identification Number on its label and that it is effective against enveloped viruses. Ensure you follow product instructions for dilution, wet contact time, and other safety instructions such as the use of PPE and good ventilation.

(Ensure a printed copy of SDS is placed in the programs WHMIS binder).

When surfaces are visibly soiled, clean them prior to disinfecting (unless otherwise stated on the product instructions).

All disposable cleaning supplies are disposed of in a sealed bin that is identified for the sole purpose of disposing of COVID-19 contaminated materials. It should be clearly marked.

1. **Cleaning up after a vomiting or diarrhea accident:**
    - Cleaning up after a vomiting accident, using hot water and detergent is important. Surfaces should then be wiped down with a dilute bleach solution to kill the virus. Any food that has been handled by an ill person, or food that could have been exposed when someone vomits, should be discarded.
    - It is recommended that the person cleaning up vomit or diarrhea of a person with COVID-19 wear surgical mask, disposable, waterproof gloves and clothes that can be changed and washed in hot water and/or a disposable gown. Gloves are essential.

Steps to follow when cleaning up vomit or feces during and after illness:

- Wear appropriate PPE.
- Use paper towels to soak up excess liquid. Transfer these and any solid material directly into a plastic garbage bag.
- Clean the soiled area with detergent and hot water, and rinse. Do not use the cleaning cloth or sponge to clean other areas of the house as this may lead to further spread of the virus.
- Wipe area with freshly made bleach solution (as above). Keep the area wet with solution for 2 minutes.
- Dispose of all cleaning cloths and gloves into a garbage bag.
- Wash hands thoroughly using soap and running water for at least 30 seconds.

Cleaning dishes, carpets, towels, bedding and other laundry:

- Dishes or utensils should be washed in a dishwasher, on the hot cycle, or with hot water and detergent.
- Soiled carpets should be cleaned with detergent and hot water if possible.
- Do not share towels, and quickly machine-wash any towels used by an ill person.
- Wash any soiled bedding as soon as possible on a “hot cycle” – soiled fabrics must always be washed separately.

Follow these guidelines for handling soiled or contaminated laundry:

- Handle laundry carefully. Don’t hold close to your body. Use disposable gloves.
- Isolate contaminated laundry from other linen, and bag it separately.
- Place wet laundry in leak-proof bags or containers.
- Wash contaminated laundry and laundry bags in hot water (minimum 70°C) with detergent for 25 minutes. If using lower water temperatures, use an appropriate

concentration of cold water and low temperature detergents, which may include bleach.

APPENDIX 2: POINT OF CARE RISK ASSESSMENTS

In the case of a pandemic or outbreak of COVID-19, specific precautions and procedures will be identified. BSS personnel will be educated and trained on these specifics at the time they are identified, as outlined below.

Prior to any interaction with a potentially contagious individual, all personnel have a responsibility to assess the infection risk posed to themselves and to other individuals, visitors, and coworkers. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific residence has designed and implemented various controls, along with the availability and use of Personal Protective Equipment (PPE).

In reality personnel conduct point of care risk assessments every day however during a respiratory illness outbreak it is especially important that personnel be vigilant in identifying risk of exposure when assisting those who are ill.

A. When should I conduct a Point of Care Risk Assessment?

The Point of Care Risk Assessment (PCRA) is an assessment that must be performed by personnel before every interaction with a supported individual who is exhibiting symptoms of COVID-19. This can be performed at the individual's home, his or her day program, or prior to providing transportation for the individual.

The PCRA is designed to help personnel decide what level of risk they are exposed to by the tasks done throughout the day as well as what actions or precautions they should take in order to reduce the risk of exposure to infectious disease.

BSS Leadership, JOHSC are responsible to ensure BSS personnel are trained in how to conduct a PCRA.

B. How to Conduct a Point of Care Risk Assessment

STEP 1: Before every interaction with a supported individual who is showing signs or symptoms of COVID-19, BSS employees must ask themselves the following questions:

a. What tasks are you doing with the supported individual? Classify task as either direct care or indirect care.

- Most hands-on support would be considered *direct care*. Direct care would increase the risk of exposure to COVID-19 or any infectious disease to the

employee. Transporting an individual may be classified as direct care also, depending on the level of support required.

- *Indirect care* might be accompanying an individual on a walk (unless direct support is required), preparing dinner in the residence, setting the table and cleaning up; socializing with the individual etc.

b. What is the health status of the individual(s)?

Is the individual symptom-free and healthy, or does the individual have symptoms associated with COVID-19?

c. Where are you performing the tasks and are there any other people with symptoms present?

For example, if you are performing the tasks in a more confined space (ie bathroom) or in a space with poor ventilation, the risk of exposure to influenza virus or other infectious disease (if airborne) would be increased.

If you are providing care outside or in a larger, well-ventilated area, the risk of exposure to the virus would be less.

If there are other people present with symptoms of infectious disease, the risk of exposure would be increased.

d. Is the individual able to follow instructions?

Will the individual follow direction to maintain social distancing, follow hand and respiratory hygiene, etc.

STEP 2: Based on the answers to the above questions, you must determine:

i. What actions to take and;

ii. What (if any) Personal Protective Equipment (PPE) you should use.

The following is a suggested list, but remember, each circumstance is different depending on the nature of the virus, infection or ailment:

Indirect Care/Healthy person – No PPE is required; all hand hygiene, cough/sneeze etiquette should be followed, including the use of hand sanitizers as necessary.

Indirect Care/Supported Individual has symptoms of illness – The PPE required is a surgical mask for the supported individual (if tolerated);

Direct Care/Supported Individual has symptoms of illness – The PPE required is a surgical mask for the supported individual (if tolerated); It is recommended employees wear gloves, a surgical mask, gown, and eye protection.

Direct Care/Supported Individual has confirmed or probable infection of COVID-19 – The PPE required is a surgical mask for the person who is ill (if tolerated); for the employee, a surgical mask, gloves, gowns, and eye protection are required. The BSS procedure is to separate the person who is ill to the bedroom.

APPENDIX 3: PERSONAL PROTECTIVE EQUIPMENT

Employees can eliminate or control the prospect of occupational hazards by knowing about possible hazards and by getting protection through use of personal protective equipment (PPE).

PPE can include the following:

- Gloves
- Gowns/Aprons
- Masks
- Face shields

Under the Occupational Health and Safety Act, [Section 25(1)] requires employers to:

- Provide equipment, materials and protective devices
- Make sure they are used as prescribed and
- Maintain them in good condition.

A. Why is PPE Important?

Making the workplace safe includes understanding instructions, procedures, and training so that you and everyone around you are safe and responsible.

Even where controls and safe systems of work have been applied, some hazards might remain. These include injuries to:

- the lungs from breathing in contaminated air
- the head and feet from falling objects
- the eyes from flying particles or splashes of bodily fluids
- the skin from contact with infectious diseases
- the body from sprains and breaks

PPE is needed in these cases to reduce the risk to you and any individuals that you may support.

B. Training

All personnel providing direct support to persons served are responsible for completing the Relias Course on Personal Protective Equipment and reviewing BeConnected's Pandemic Outbreak Plan, *inclusive of all of its embedded attachments, videos and appendices.* Once completed and understood employees are required to sign the program's PPE Training Sign Off.

This training should be reviewed regularly (recommended every 6 months). All questions and concerns should be directed to the Coordinator, OHS Site Rep, JOHSC committee, or Human Resource Manager.

Further training will be provided by the Coordinator or Island Health should an individual become ill with a confirmed or presumed case of COVID-19.

C. Selection and Use

The first step is to identify and assess the hazards that come with a particular job or work process.

You need to determine:

- who is exposed and to what
- the nature of the hazard (physical, biological or chemical)
- the duration of exposure to the hazard – long term versus short term
- the exposure level of the hazard

Consider why and for how long the PPE is needed, such as:

- for a short time due to a temporary process or in case of temporary breakdown of regular routines
- for long term, regular use
- to compensate for lack of engineering control or inadequate control
- during handling of substances, clean-up of spills

Also consider:

- the nature and size of the hazard
- the degree of protection the PPE will provide
- how easy the PPE is to use

The following is a list of commonly used PPE. Please refer to Island Health resources for putting (Poster and Video) and removing (Poster and Video) PPE.

1. Disposable Gloves

i. Putting on gloves

The use of disposable, waterproof gloves is another effective way to prevent contact transmission of infectious materials. Gloves should always be the last piece of PPE that you put on. Follow these steps:

1. Select the appropriate type of gloves for the task in the right size for you.
2. Insert your hands into the gloves, and adjust as necessary.

3. If you are wearing an isolation gown, tuck the gown cuffs securely under each glove.

ii. Removing gloves

For gloves to be effective they must be removed safely - BSS employees should remove gloves:

- After completing a task that required gloves
- Before leaving the work area
- As soon as possible if the gloves become damaged or contaminated

Glove Removal Procedure:

1. With both hands gloved, grasp the outside of one glove at the top of your wrist.
2. Peel off the first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.
3. Hold the glove you just removed in your gloved hand.
4. With your ungloved hand, peel off the second glove by inserting your fingers inside the second.
5. Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second.
6. Dispose of the entire bundle promptly into a waterproof garbage bag in the specified waste receptacle for used PPE. Do not reuse the glove.
7. Wash your hands thoroughly with soap and water as soon as possible after removing the gloves and before touching any objects or surfaces.

2. Disposable Gowns

i. Putting on Gowns

Follow these steps:

1. Select the gown that is the right size for you.
2. Make sure the opening of the gown is in the back, and secure the gown at the neck and waist.
3. If the gown is too small to cover your torso fully, use two gowns. Put on the first gown with the opening in front and the second gown over the first one with the opening in the back.

ii. Removing and disposing of gowns

Follow these steps:

1. Pull the gown off inside-out

2. Roll the gown away from your body so the outer surface of the gown is on the inside of the roll.
3. Hang your gown on your designated hanger, ensuring the inside does not become contaminated.
4. At the end of your shift, put the disposable gown into a waste receptacle that is specifically designated for used PPE.

3. Disposable Masks

i. Putting on the mask

Follow these steps:

1. Place the mask on your face
2. Make sure the mask fits snugly and fully covers the mouth and nose
3. Adjust the string ties or elastic bands as needed

ii. Removing the mask

Follow these steps:

1. The front of the mask is considered contaminated. Do not touch
2. Handle only the ties or elastic bands, starting with the bottom then the top band or tie.
3. Lift the mask away from the face and discard it into the garbage*

Note: If using a **reusable cloth mask, the same procedure applies except discarding the mask into the garbage. Reusable cloth masks should be washed regularly.*

4. Goggles or Face Shield

i. Putting on the goggles

Follow these steps:

1. Place goggles/shield on your face/head
2. Goggles should fit snuggle over and around the eyes or personal prescription lenses.

ii. Removing the goggles

Follow these steps:

1. Using an ungloved hand, grasp the clean ear/head piece and lift away from the face
2. Discard in the garbage (if disposable). If re-usable – sanitize, label with your name, and store for future use.

*Note: Goggles and Face Shields must be sanitized after every use. Do not provide care to another resident prior to sanitizing your face shield.

5. **Disposing of garbage and other potentially infected materials (used PPE)**

Follow these guidelines for handling and disposing PPE:

- Handle garbage as little as possible.
- Use waterproof garbage bags or other appropriate containers.
- Never reach into garbage or disposal containers with your bare hands.
- Don't compress garbage bags.
- Don't overfill garbage bags. Leave enough free space at the top so the bag is light and easy to grab.
- Don't use bare hands to pick up bags or to support them from underneath. Use disposable gloves.
- Hold bags by their tops, away from your body. Don't hold them against your body.

Hand hygiene is the cornerstone of preventing infection transmission. You should perform hand hygiene immediately after removing PPE. If your hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE. Wash your hands thoroughly with soap and warm water or, if hands are not visibly contaminated, use an alcohol-based rub.

APPENDIX 4: COVID-19 RESOURCES

General Information about COVID-19

Vancouver Island Health Authority
HealthLink BC
HealthLink BC – Fact Sheet
BC Centre for Disease Control
- CDC Additional Guidelines for Long-Term Care Facilities

Public Health Agency of Canada
- Public Health Management of Cases and Contacts Associated with COVID-19

Centre for Disease Control
World Health Organization

Information from Stakeholders and Regulatory Bodies

BC Housing
BC Housing – Fact Sheet
CLBC
CLBC – Message to Service Providers
HEU
WorkSafeBC Announcement: What Employers and Employees Need to Know about COVID-19
WorkSafeBC Infectious Diseases
CSSEA

Infection Prevention Resources

VIHA Home Isolation Handout
VIHA Putting on PPE Poster and Video
VIHA Taking off PPE Poster and Video
Sneeze/Cough Etiquette (Video)
WorkSafeBC – Controlling Exposure: Protecting Workers From Infectious Disease
WHO – Q&A on Infection Prevention and Control for Health Care Workers Caring for Patients with Suspected or Confirmed 2019-nCoV
Public Health Agency of Canada
Social Distancing
Social Distancing Plain Language
Guidance for the Use of Video Conferencing and Privacy
Environmental Cleaning and Disinfection Recommendations (CDC)
Self-Isolation Instructions (Ottawa Public Health)
Planning for Being Safe and Staying Inside (Plain Language)

Policy and Procedure

- 2009 Infection Control
- 2010 Communicable Disease Immunization
- Attachments: Infection Prevention and Control Best Practices (June 2007)
- Collective Agreement Article 22.9 Communicable Diseases and Parasitic Infestations
- Draft Revision CYS Resident and Family Handbook:

  In order to ensure the health and wellbeing of all individuals receiving services at our programs and to minimize the exposure and transmission of illness we ask that families cancel their respite stay in the event of illness.
- Emergency Manual – Pandemic (Draft Revision from Influenza Pandemic)

  British Columbia Centre for Disease Control officials in collaboration with public health officials oversee an extensive surveillance network monitoring developments related to the spread of potentially pandemic viruses. BC has an extremely vigilant and responsive public health system in place. BeConnected will update all homes and programs via internal memo of any additional safety precautions being recommended in the event of suspected pandemic in our area. Routine practice of Universal Precautions is recommended at all times. BeConnected employees should not attend work when ill with flu-like symptoms such as fever with cough, vomiting or diarrhea.

Staffing Requirements

Residential Care Regulations Staffing Coverage 42 (1)

Collective Agreement 16.7(a) - Overtime

Other Resources

WHO COVID-19 Advice for the Public Videos

WHO Free Online Courses

- Infection Prevention and Control for COVID-19
- Other COVID-19 Courses