



DIVERSE*city*
community resources society

DIVERSEcity COVID-19 Safety Plan





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DIVERSEcity COVID-19 Safety Plan

In March, 2020, the COVID-19 pandemic led to the closure of all DIVERSEcity sites. This plan outlines a phased approach to reopening DIVERSEcity’s physical locations, following WorkSafeBC recommendations, specifically [child care](#), [education](#), [health](#) and [1:1 counselling](#) settings. This plan provides general recommendations, and each site will use supplementary recommendations and safety plans based on their specific environment. This plan is required to be posted at all worksites.

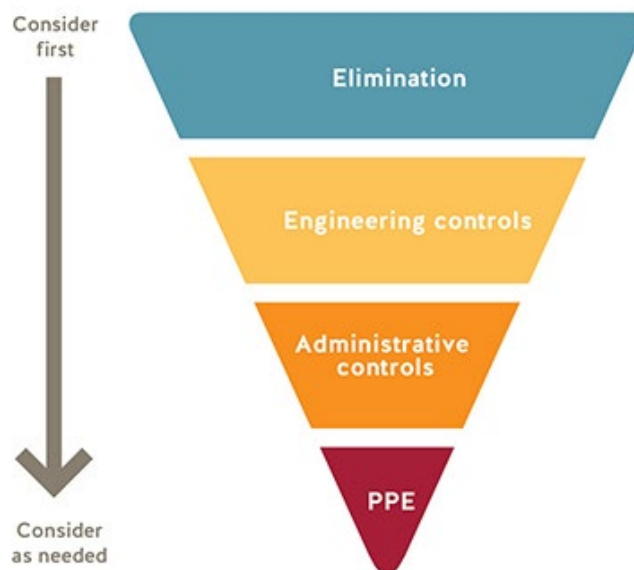
Understanding the Risk

The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, and from touching a contaminated surface before touching the face. Higher risk situations require adequate protocols to address the risk.

- The risk of person-to-person transmission is increased the closer you come to other people, the amount of time you spend near them, and the number of people you come near. Physical distancing measures help mitigate this risk.
- The risk of surface transmission is increased when many people contact the same surface, and when those contacts happen in short intervals of time. Effective cleaning and hygiene practices help mitigate this risk.

Selecting Protocols for Each Workplace

Note that different protocols offer different protection. Wherever possible, use the protocols that offer the highest level of protection and add additional protocols as required.



First-level protection (elimination): Use policies and procedures to keep people at a safe physical distance from one another. Limit the number of people in your workplace at any one time, and



implement protocols to keep workers at least 2 metres from other workers, customers and members of the public.

Second-level protection (engineering controls): If you cannot always maintain physical distancing, [install barriers such as Plexiglas to separate people.](#)

Third-level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers not to share tools, or implementing one-way doors or walkways.

Fourth-level protection (PPE): If the first three levels of protection are not enough to control the risk, use [non-medical masks](#). Be aware of the limitation of non-medical masks to protect the wearer from respiratory droplets. [Ensure workers are using masks appropriately.](#)

Recommended Protocols

General Safety

Physical distancing:

- Determine and follow occupancy limits for each workplace area to maintain the physical distancing requirement. Total occupancy shall not exceed this limit.
- Establish and [post occupancy limits](#) for shared spaces such as reception areas, kitchens, lunchrooms and break rooms. Consider removing chairs or tables to ensure occupancy limits are not exceeded. If possible, provide additional areas for staff to have their breaks, including outside areas if available.
- Stagger start and end of shift times as well as break times for staff to prevent crowding when entering and leaving the workplace.
- Arrange common areas in a way that allows at least 2 metres of physical distance between each staff. For small areas or rooms, such as a file storage or copy room, implement schedules and/or procedures for single-worker or limited-worker access to maintain physical distance. *Masks are required in all areas (children under age 2 are exempt).
- Maintain 2 metres of physical distancing whenever possible between staff, contractors, volunteers and clients. Consider the use of virtual meetings or other means to reduce the number of staff onsite. Modify work processes and practices to encourage physical distancing between staff and program participants.
- Provide instructions to staff on methods for maintaining physical distance such as not greeting others by hugging or shaking hands.
- If staff need to meet in person, ensure there is a 2-metre space between each staff. Schedule virtual meetings when possible.
- Manage the flow of people in common spaces such as hallways and on stairs, consider the use of one-way systems.
- Minimize sharing office space or workstations. Ensure staff use their own equipment and limit sharing of supplies and equipment (e.g., pens, staplers, computers, telephones, tablets, computer mouse) between staff. Clean and disinfect frequently touched surfaces before leaving the space, such as the computer keyboard and mouse, desk surface and telephone.
- Refrain from providing and consuming communal food. Consider providing bottled water instead of community water coolers or fountains.
- If staff need to travel between worksites, maintain physical distance in vehicles wherever possible. Consider separate vehicles if possible. Larger vehicles may be able to accommodate physical distancing by using a seat configuration that maximizes distance between people. Masks must be worn by all passengers in the vehicle when carpool or traveling together.
- Consider creating cohorts of staff who work together and who do not interact with other cohorts. This will assist in reducing transmission throughout the workplace in the event that a staff member becomes ill.

Hygiene:

- Encourage staff to remain on site during lunch or at break times. For staff who do leave the site for lunch, contactless delivery or pick-up options are recommended when possible.
- Establish hygiene practices that address the needs of the workplace and include the requirement to wash or sanitize hands after coming into contact with public items.
- Ensure hand washing supplies are available at all times (e.g., soap, clean towels, paper towels and, if needed, 60% alcohol-based hand sanitizer).
- Develop and establish handwashing policies and procedures for all staff and others. [WorkSafeBC handwashing signage](#) is provided to communicate good handwashing practices. Post handwashing signs near all sinks. All staff should wash their hands frequently to reduce the risk of transmission.
- Ensure staff, volunteers & contractors are provided with appropriate supplies and facilities with soap and water. If soap and water are not available, use hand sanitizer and disinfectant wipes. Hand hygiene stations should be set up at the building entrance and other locations as appropriate.
- Consider the maximum number of staff and program participants required to wash their hands at peak times and ensure that sufficient hand washing or sanitizing stations are available for these times.
- Promote effective hygiene practices. Refer to WorkSafeBC's hygiene practices signage.
- Ensure good respiratory etiquette by covering the mouth and nose with the crease of the elbow or with a disposable tissue when coughing or sneezing.
- Where practical, use of touchless hand sanitizer dispensers, garbage bins, etc. can be helpful to minimize transmission through physical contact.
- Ensure used tissues, disinfectant wipes and PPE are properly disposed of in a lined waste receptacle that is emptied at least daily. Waste receptacles should not require physical contact (e.g., removal of lid) to discard items.
- Staff should ensure that they are sanitizing all high-touch services (e.g., doors, door handles, light switches, tables, chairs, couches) before and after a program participant attends an in-person appointment.

Access to DIVERSEcity sites:

- All staff, contractors, volunteers and clients who have symptoms of COVID-19 or have travelled outside Canada in the last 14 days or were identified as a close contact of a person with a confirmed case of COVID-19 must stay home and self-isolate in accordance with guidance from the [BC Centre for Disease Control](#). This health check can be completed in the language of the client.
- All Health Checks will be completed via online survey, see Appendix A.
- All staff, contractors, volunteers and clients will only work at or access services at one site, unless it is essential that they attend more than one site. Supervisor (Manager or & Director)



approval is required and supervisor will ensure that staff, contractors, volunteers and clients attend the least amount of sites possible.

- Meetings of any type will be conducted virtually, using telephone or video conferencing. If this is not possible and in-person service/meeting is required, a distance of at least 2 metres between people must be maintained.
- In no case will any meeting or event of greater than 50 people be hosted by DIVERSEcity or attended by any DIVERSEcity staff, contractor or volunteer.
- Staff, contractors or volunteers will not travel in a vehicle together, unless a distance of 2 metres can be kept between them. Masks are required.
- Client service will be provided remotely, to the extent possible, while accommodating client needs. Where those client needs cannot be adequately met through remote service, appropriate precautions will be taken for in-person meetings/services.
- Visitors to any site will be limited to those essential to the circumstances.
- Supervisors must ensure that staff follow these guidelines and any additional site-specific guidelines that may be established.
- All staff, contractors and volunteers accessing or working at a DIVERSEcity site shall sign in upon arrival and sign out when leaving, using their own pen. Staff, contractors and volunteers shall be responsible for signing in and out all clients using their own pen.

Scheduling appointments and communicating with clients:

- Determine how many clients can be in the building at a given time while maintaining at least 2 metres of physical distance. Do not book appointments above this number.
- In order to accommodate physical distancing, appointment times may need to be staggered.
- When speaking with clients during scheduling and appointment reminders, ask them to reschedule if they, or anyone in their household has become sick, have been placed on self-isolation, or have travelled out of the country within the last 14 days.
- Consider emailing the clients any forms that need to be filled out so they can complete them prior to the appointment.
- Programs with a webpage should consider posting information on modifications made to the location and appointment visit procedures.
- Communicate illness policy and safety protocols with clients through email or website before entry into the workplace.

Before the appointment:

- Establish policies and procedures around when clients can access the site. Ask when booking whether they have symptoms of COVID-19. Ask them to cancel or reschedule their appointment if they develop symptoms or have a family member who has confirmed or suspected COVID-19. Remind clients of this policy when they arrive for their appointment.
- Ensure that all in-person appointments are scheduled and staggered to allow time to sanitize surfaces between appointments (e.g., schedule a break or virtual session following an in-person appointment) and to minimize contact with others.

- Identify any risks that arise from the reduction of people at the worksite; for example, staff working alone and/or with high-risk populations under the COVID-19 guides. Address these risks as required.
- Post COVID-19 protocols using signage for both staff and clients throughout the workplace.
- Clients will be asked to wait in their vehicles, or outside the office, until just before their appointment, when possible.
- Plan the work and anticipate areas where physical distancing cannot be maintained (e.g., corridors, small offices, etc.). Consider single-person access if entry into a constricted area is required.

Pick up and drop off:

- Implement strategies to ensure physical distancing is maintained at drop-off and pick-up areas at the beginning and end of appointments. Consider staggered drop-off and pick-up times, using multiple entrance points if available, and placing markers at entrance points to support physical distancing.
- Use alternative forms of greetings and avoid close greetings such as hugs and handshakes. Remind children and youth to keep their hands to themselves when possible.

Reception and waiting area:

- Post signage at the entrance to the building and within the building to assist with communicating expectations, such as hand hygiene, physical distancing, respiratory etiquette, reporting illness or travel history, occupancy limits and no entry if unwell or in self-isolation.
- Post signs in the reception area identifying concerning symptoms and ask clients to identify themselves if they are experiencing any of them.
- Waiting areas should be arranged to maintain the physical distancing requirement.
 - Install barriers (e.g., Plexiglas) between receptionists and visitors. Place markings on the floor directing visitors where to stand to communicate with front desk staff.
 - Arrange the waiting area in a way that allows at least 2 metres of physical distance between individuals. Consider removing extra chairs and coffee tables from the area to support this.
 - Provide clients with a direct and accessible route to sit in the waiting area (i.e., by marking the route on the floor using signage) to ensure physical contact is not required to access the seating area.
- Include consideration for disabled individuals and those who require accompaniment (e.g., a parent or guardian).
- Remove unnecessary items and offerings such as magazines, booklets, pamphlets, toys, candy and beverages. Use disposable cups or single use items where necessary.
- Ask clients to arrive no more than five minutes before their expected appointment.
- Where reception/waiting area size or layout presents challenges to physical distancing, consider alternative approaches, such as asking clients to wait to enter the building until they

receive a text message or phone call to advise that their appointment can start, or meeting clients outside pre-appointments.

- Where elevator use is required to access the office, ensure staff, contractors, volunteers and clients maintain physical distancing and use of the elevator is staggered. WorkSafeBC has occupancy limit signage to post.

Hand hygiene and respiratory etiquette:

- Establish hand washing, hygiene and respiratory protocols for everyone in the workplace.
- Set up hand hygiene stations at the entrance to the workplace. Provide alcohol-based hand sanitizer stations where a sink is not available. Ensure there is an adequate supply of hand washing supplies and alcohol-based hand sanitizer. Antiseptic agents are to be used as a last line of defense only.
- All staff, contractors, volunteers and clients are required to wash their hands or use alcohol-based hand sanitizer immediately upon entering the facility. Keep hand sanitizer out of the reach of children and supervise its use.
- Require staff to wash their hands regularly throughout the day, including:
 - When they arrive at the workplace and before they go home
 - Before and after handling food (raw, cooked or pre-packaged)
 - After using the toilet
 - After contact with body fluids (e.g., phlegm, mucus, spit, vomit, blood)
 - Before donning and after doffing personal protective equipment
 - After cleaning tasks
 - After handling garbage
 - Whenever hands are visibly dirty
 - When moving between different environments (e.g., outdoor-indoor transitions)
- Provide education and direction to staff and clients to:
 - Cough or sneeze into their elbow sleeve or a tissue.
 - Throw away used tissues and immediately perform hand hygiene.
 - Not touch their eyes, nose or mouth with unwashed hands.

Virtual services:

- Where possible, provide virtual services for clients.
- Utilize DIVERSEcity client consent form specific to offering virtual services.
- Where possible, refrain from home visits and transportation of program participants to minimize physical contact.

Cleaning and disinfection:

- Workstations, desks, tables, counselling rooms and buildings should be cleaned and disinfected in accordance with the [BC CDC's Cleaning and Disinfectants for Public Settings](#).
- Remove toys that have surfaces that are not easily cleaned, such as plush stuffed animals.

- Remove unnecessary items from the counselling room or classroom to reduce surfaces that could become contaminated.
- Develop a cleaning policy that focuses on high-traffic areas and high-contact surfaces such as reception areas, washrooms, shared office spaces, doors and cabinet handles, stair railings, desks, keyboards, light switches and communications devices.
- Identify all common areas (e.g., reception areas, halls, kitchens, washrooms) and frequently touched surfaces (e.g., door knobs, doors, cupboard handles, light switches, faucet handles, tables, chairs, toys and books). Develop and implement a cleaning and disinfection schedule and procedures for these areas and materials in accordance with the BC CDC's Cleaning and Disinfectants for Public Settings document.
- General cleaning and disinfecting of the workplace should occur at least once a day.
- Frequently touched surfaces should be cleaned and disinfected at least twice a day.
- Empty garbage containers daily at a minimum.
- If a staff member or client leaves the building due to symptoms of COVID-19, clean areas those individuals were in, including surfaces they may have touched, immediately upon their departure.
- Maintain an adequate supply of cleaning and disinfection products and materials.
- Incorporate end-of-shift wipe downs for all shared spaces.

Use of Personal Protective Equipment (PPE):

- Masks are required for all staff, volunteers, contractors and clients when they are in common areas like classrooms, hallways and washrooms, and anytime they cannot safely distance from others. Exceptions will be made for children under the age of 2 and those who cannot wear masks for medical or disability related reasons. Even when wearing a mask, physical distancing should be maintained. If it is not possible to maintain physical distancing with program participants, consider the use of Plexiglas barriers in addition to mask use. Refer to [WorkSafeBC's guidance on the selection and use of masks](#).
- Face shields are not considered an acceptable substitute for a mask.
- Staff seated at their workstations may remove their mask temporarily while working independently, but shall put their mask back on before getting up from their workstation and/or when collaborating with others.
- Masks are required for all staff, volunteers, contractors and clients during the delivery of in-person client service, including but not limited to, accompaniment, appointments and small group sessions. Masks are not required for virtual services.
- The use of masks as part of in-person services may inhibit the ability to hear the individuals you are working with and may inhibit your ability to see people's facial expressions. Specific programs may utilize alternative methods of protection, including clear plastic face coverings or Plexiglas barriers (physical barriers) for service delivery.
- Plexiglas barriers are available for use in some classrooms to provide barriers between clients and employees.
- Where PPE has been used for workplace tasks prior to the COVID-19 pandemic, continue to use this PPE when performing these tasks.



- Post signage about the correct use of masks in common areas.
- Wear disposable gloves when cleaning body fluids (e.g., phlegm, mucus, vomit, stool, urine).
- Determine what PPE may be required for workers who are responsible for cleaning and disinfecting. Read product labels and Safety Data Sheets associated with the products to help make this determination.

Meals and snacks:

- Do not allow sharing of food or drink by staff, contractors, volunteers or clients.
- Do not use a self-serve option. Provide snacks directly to clients in individual servings.
- Wash all fruits and vegetables with soap and cold water then rinse before consuming.
- Consider providing bottled water instead of community water coolers or fountains.
- Provide pre-packaged snacks (granola bars, etc.) or boxed lunches when providing food is necessary.
- Provide a handwashing or hand sanitizing station prior to consumption of food.
- Provide individually wrapped utensils to clients.
- Consider distancing the tables in rooms where food is being offered or installing Plexiglas dividers at the tables.
- Do not allow clients to participate in food preparation.
- Paper and plastic disposable products can also be used for individual servings and then discarded by the individual.

Additional Safety Guidelines for Programs

Delivering Supplies to Clients at Home:

- Discuss contactless delivery to maintain physical distancing requirement (e.g., staff person leaves packages in a pre-arranged location) where possible.
- Provide staff or volunteer with hand sanitizer to use.
- Masks are required when physical distancing cannot be maintained.

Client Services at the Clients' Residence:

- Conduct a health assessment for COVID-19 symptoms with staff and clients prior to entering a client's home. This assessment can be done in the language of the client.
- All Health Checks will be completed via online survey, see Appendix A.
- Provide clients a reminder of physical distancing and hand hygiene etiquette.
- Remind staff of hand hygiene requirements before and after the home visit
- Discuss with clients the space where home visits will take place prior to the visit. Ensure that it is possible to conduct the home visit while remaining 2 metres apart. When possible and weather permitting, opt to conduct meetings outdoors.
- Provide hand sanitizer to workers that conduct home visits.
- Masks are required by all participants for home visits.

Accompaniment and Public Transportation:

- Staff, volunteers, contractors and clients must complete a health check prior to any accompaniment appointments to ensure that they are healthy and not displaying any COVID-19 symptoms. This health check can be completed 12 to 24 hours prior to the appointment and subsequently confirmed verbally prior to service. This assessment can be done in the language of the client.
- All Health Checks will be completed via online survey, see Appendix A.
- If staff or clients display symptoms, the accompaniment appointment will be rescheduled.
- Hand sanitizer should be used upon entry and exit from public transportation.
- Adhering to Translink recommendations, staff and clients using public transportation are required to wear a face mask that should be worn at all times.
- Appointments at peak periods should be avoided and travel should be undertaken during non-busy times to allow for maximized physical distancing.
- Maintain physical distance from other transit passengers when possible and follow transit physical distancing markers.
- Staff should maintain 2 metres of physical distance to clients where possible.
- Use bus seating when possible. Allow extra time to arrive at the appointment. Take the next bus if the bus is too full.
- Walk to the appointment where possible. Or arrange to meet the client at a meeting point close to the appointment.



- For accompaniment visits to other agencies, try to complete the visit using virtual technology where possible.
- Staff should be knowledgeable about the COVID-19 guidelines of the organization/agency where the accompaniment visit will take place prior to the appointment.
- For appointments where the staff member is attending in the role of an interpreter, try to conduct interpretations virtually.

LINC Classes and Field Trips, Conversation Circles:

- Staff and clients must complete a health check prior to any in-person language class, field trip or conversation circle to ensure that they are healthy and not displaying any COVID-19 symptoms. This health check can be completed via email, phone or text 12 to 24 hours prior to the appointment. If staff or clients display symptoms, they will be instructed not to attend the class. For classes or reoccurring sessions, health checks will be required prior to each session.
- All Health Checks will be completed via online survey, see Appendix A.
- Remind students to avoid close greetings like hugs or handshakes.
- Consider teaching classes outside when practical and weather permitting. Inform students that outside classes may be an option and for them to bring appropriate clothing.
- Organize students into smaller groups that stay together throughout the day.
- Strive to minimize the number of different staff (instructors, assistants, etc.) that interact with students.
- Consider different classroom configurations to maintain distance between students and adhere to room occupancy limits.
- If it is not possible to maintain physical distancing with students, consider the use of masks for instructors. If the usage of a mask hinders language learning for individuals with low language levels, consider using a face shield for the instructor so that the client can see their mouth.
- Incorporate more individual activities or activities that encourage more space between students and staff.
- Develop policies around when students should wash their hands. Provide handwashing stations or hand sanitizer.
- Stagger start and end of class times as well as break times for students and staff to prevent crowding when entering and leaving the site.
- Conduct field trips virtually where possible.
- When possible and weather permitting, opt to conduct field trips that take place outdoors.

Group Workshops / Youth Programming:

- Staff and clients must complete a health check prior to any in-person youth programming, group or field trip to ensure that they are healthy and not displaying any COVID-19 symptoms. This health check can be completed 12 to 24 hours prior to the appointment. If staff or clients



display symptoms, they will be instructed not to attend the class. For classes or reoccurring sessions, health checks will be required prior to each session.

- All Health Checks will be completed via online survey, see Appendix A.
- For programs that support people in groups, consider creating smaller groups to support physical distancing. Keep the members of these groups consistent and minimize the number of different workers that interact with the same group.
- Ensure workshop participants use their own equipment (e.g., pens, paper, computers) where possible.
- Conduct workshops virtually or outside when possible.
- If computers need to be shared, clean and disinfect frequently touched surfaces such as the computer keyboard and mouse as well as desk surfaces.
- Implement hand hygiene practices before and after breaks or workshops.
- When possible and weather permitting, opt to conduct youth programming that takes place outdoors.

Information and Orientation Appointments (1:1):

- Staff and clients must complete a health check prior to any in-person appointments or sessions to ensure that they are healthy and not displaying any COVID-19 symptoms. This health check can be completed 12 to 24 hours prior to the appointment. If staff or clients display symptoms, they will be instructed not to attend the appointment or session. For reoccurring appointments or sessions, health checks will be required prior to each session.
- All Health Checks will be completed via online survey, see Appendix A.
- Minimize the shared use of workstations and equipment (e.g., pens, headsets, computers, etc.) where possible and clean and disinfect in between uses for shared equipment.
- Ask clients to attend appointments alone when possible. Only individuals whose participation in the appointment is necessary should be present.
- Staff should ensure that they are sanitizing all high-touch services (e.g., door handles, light switches, desk) before and after a client attends an in-person appointment.
- Staff should conduct hand hygiene practices between client meetings.
- When possible and weather permitting, opt to conduct 1:1 meetings outdoors.

Community Kitchens:

- Limit the number of clients and staff in a food preparation area at any one time.
- Establish separations using Plexiglas between workspaces in kitchens.
- Consider creating cohorts of clients and staff who work together in the kitchen.
- Establish directional arrows on the floor in kitchen settings to control flow of traffic.
- If it is not possible to maintain physical distance at all times, clients and staff should use a mask.
- Enhance cleaning and disinfecting practices for high-contact surface areas.
- Ensure staff and clients are provided with a handwashing station or hand sanitizer.
- Establish a cleaning protocol for communal equipment and kitchen tools.



Community Gardens:

- Staff and clients must complete a health check prior to any in-person garden activity to ensure that they are healthy and not displaying any COVID-19 symptoms. This health check can be completed via survey 12 to 24 hours prior to the appointment. If staff or clients display symptoms, they will be instructed not to attend the garden. For reoccurring sessions, health checks will be required prior to each session.
- All Health Checks will be completed via online survey, see Appendix A.
- Enhance cleaning and disinfecting practices for high-contact surface areas.
- Ensure staff and clients are provided with a handwashing station or hand sanitizer.
- Establish a cleaning protocol for communal equipment and tools.
- Limit the number of individuals in the community garden at one time.

Client Outreach Activities:

- Staff should be knowledgeable about the COVID-19 guidelines of the organization/location where the client outreach activity will take place prior to the outreach activity being planned.
- Staff must complete a health check prior to any outreach activities to ensure that they are healthy and not displaying any COVID-19 symptoms. If staff are sick or display COVID-19 symptoms, staff will be instructed to reschedule the outreach activity.
- All outreach staff are required to complete the online Health Check prior to outreach services.
- Provide a reminder of physical distancing and hand hygiene requirements before, during and after the outreach activity.
- Discuss with staff and potential partners the space where client outreach activities will take place during the planning phase. Ensure that it is possible to conduct the outreach activity while remaining 2 metres apart. When possible and weather permitting, opt to conduct outreach activities outdoors.
- Provide hand sanitizer to workers that conduct outreach activities.

Providing Service at a 3rd party organization:

This includes Interpreters providing service at Health Care centres.

- Conduct a health assessment for COVID-19 symptoms with staff and clients prior to entering the facility or organization. This assessment can be done in the language of the client.
- All Health Checks will be completed via online survey, see Appendix A.
- Provide clients a reminder of physical distancing and hand hygiene etiquette.
- Remind staff of hand hygiene requirements before and after the visit
- Discuss with client the space where the visit will take place prior to the visit. Ensure that it is possible to conduct the visit while remaining 2 metres apart. When possible and weather permitting, opt to conduct meetings outdoors.



- Face masks are recommended at all times for clients & contractors conducting in-person services at an external facility/organizations, even if not explicitly required by the facility/organization.
- Adhere to all facility/organization procedures & requirements, including, but not limited to, use of face mask and health screening protocols.

Additional Safety Guidelines for Children and Youth Programming, including Counselling and Childminding

Note that these guidelines are in addition to all guidelines listed above.

Pick up and drop off:

- Where parents or caregivers must enter for drop off or pick up and/or they are participating in the appointment with their child:
 - Designate an area within the site for this.
 - Direct them to maintain physical distance from staff and other children, and practice hand hygiene.
- Use alternative forms of greetings and avoid close greetings such as hugs and handshakes and remind children and youth to keep their hands to themselves when possible.

During the appointment:

- Incorporate more individual activities or activities that encourage more space between clients and staff. For younger clients, adapt activities to minimize physical contact and reduce shared items.
- It is not always possible for staff to maintain physical distance from children, and between children. Adhere to the principle of physical distancing where possible, by:
 - Minimizing the frequency of direct physical contact with children.
 - Note that children who live in the same home do not need to maintain physical distance from each other.
 - Minimizing the number of different staff that interact with the same child or group of children.
 - Including the use of outdoor space for various activities, including snack/meal time, while adhering to physical distancing and hygiene principles.
- Separate toys and activities into small containers and create separate play areas in order to facilitate easier cleaning after appointments. Consider creating a “to be washed” bin where toys and supplies can be placed to be disinfected in between appointments or at the end of the day.
- Provide adequate amounts of high touch materials, such as art supplies, activity sheets and books in order to minimize sharing between children.
- According to the BC Ministry of Health, “There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution or sharing of books or paper based resources”¹ However, as a precaution, books or any shared paper supplies or products should be set aside after use for a minimum of 24 hours before using again with another program participant. Plastic coverings on books can be wiped down with cleaning solution.
- Store children’s belongings separately, for example by using individual cubbies.

- Consider placement of children when facilitating groups, for example keeping children within small groups, and placing children with an empty seat beside them and diagonally between rows.
- Discourage any food or drink sharing.
- Eliminate group food preparation activities.
- Masks are required for all staff, volunteers, contractors and clients when they are in all common areas including classrooms, hallways and reception area, and anytime they cannot safely distance from others. Exceptions will be made for those who cannot wear masks for medical or disability related reasons. Even when wearing a mask, physical distancing should be maintained. If it is not possible to maintain physical distancing with program participants, consider the use of Plexiglas barriers in addition to mask use. Refer to [WorkSafeBC's guidance on the selection and use of masks](#).
- Where appropriate, consider outdoor sessions to ensure the physical distancing requirement. Importantly, confidentiality considerations should be considered when you are planning to provide sessions outdoors or in public settings and this topic could be addressed in your intake and informed consent forms.
- Consider whether a different informed consent form for in-person services during COVID-19 is appropriate. Discussion of these service delivery frameworks should be communicated to program participants/caregivers before starting in-person and virtual services during COVID-19.
- Consider providing or maintaining virtual services if the in-person service delivery framework and informed consent is not agreeable to the program participant during COVID-19 times.

Hand hygiene and respiratory etiquette:

- Support children, youth and caregivers to wash their hands including:
 - When they arrive and before they go home
 - Before and after eating and drinking
 - After using the toilet
 - After playing outside
 - After handling pets and animals
 - After sneezing or coughing
 - Whenever hands are visibly dirty
 - When moving between different environments (e.g., outdoor-indoor transitions)
- Provide education and direction to staff and clients to:
 - Cough or sneeze into their elbow sleeve or a tissue
 - Throw away used tissues and immediately perform hand hygiene
 - Not touch their eyes, nose or mouth with unwashed hands

Cleaning and disinfection:

- Workstations, desks, tables, counselling rooms and buildings should be cleaned and disinfected in accordance with the [BC CDC's Cleaning and Disinfectants for Public Settings](#).

Cleaning practices should be in line with the Provincial Health Officer's [COVID-19 Public Health Guidance for Childcare Settings](#).

- Remove toys that have surfaces that are not easily cleaned, such as plush stuffed animals.
- Ask program clients only to bring personal comfort items (e.g., stuffed animals) if they are clean and laundered before each appointment.
- Toys and objects that children have placed in their mouths should be set aside, for example in a “to be washed” bin, until they are cleaned and disinfected. Toys, objects and surfaces known to have been in contact with bodily fluids should be cleaned as soon as possible and between uses by different children.
- Allow additional time for staff to complete disinfection of shared equipment (toys) prior to the next child/group arriving.
- Frequently touched surfaces should be cleaned and disinfected prior to and after children/groups arrive.

Use of Personal Protective Equipment (PPE):

- COVID-19 [Public Health Guidance for Child Care Settings](#) states that personal protective equipment, such as masks and gloves, are not needed beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work.
- Masks are required for all staff, volunteers, contractors and clients when they are in common areas like classrooms, hallways and washrooms, and anytime they cannot safely distance from others. Exceptions will be made for those who cannot wear masks for medical or disability related reasons. Even when wearing a mask, physical distancing should be maintained. If it is not possible to maintain physical distancing with program participants, consider the use of Plexiglas barriers in addition to mask use. Refer to [WorkSafeBC's guidance on the selection and use of masks](#).
- Masks are required for all staff, volunteers, contractors and clients during the delivery of in-person client service, including but not limited to, accompaniment, appointments and small group sessions. Masks are not required for virtual services.
- The use of masks as part of in-person services may inhibit the ability to hear the individuals you are working with and may inhibit your ability to see people's facial expressions. Specific programs may utilize alternative methods of protection, including clear plastic face coverings or plexiglas barriers (physical barriers) for service delivery. This may be a topic that you want to discuss as part of the intake process before in-person services begin to discuss how this may impact program participants and how to respond.
- Post signage about the correct use of masks in common areas.



Appendix A – List of all Health Check Links

DIVERSEcity staff, volunteers & clients:

Employees & Contractors: <https://www.surveymonkey.com/r/DCRSemployee>

Volunteers: <https://www.surveymonkey.com/r/DCRSvolunteerhealthcheck>

Clients: <https://www.surveymonkey.com/r/DCRSclient>

Children’s Programs (First Steps), including Options and Umoja staff & clients:

Employees & Contractors:

<https://www.surveymonkey.com/r/ChildrensProgramsEmployeeHealthCheck>

Clients: <https://www.surveymonkey.com/r/ChildrensProgramsClientHealthCheck>

Community Programs – including Better at Home, Food Hamper and Food Hub, contractors & clients:

Contractors: <https://www.surveymonkey.com/r/BaHContractor>

Clients: <https://www.surveymonkey.com/r/BaHClient>



Appendix B – Resources

BC Centre for Disease Control COVID-19 home page: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

BC COVID-19 Self Assessment Tool: <https://bc.thrive.health/covid19app>

Self Quarantine Upon Return to BC: <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/self-isolation-on-return>

BC CDC Symptoms: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>