

Step 1: Assess the risks at your workplace

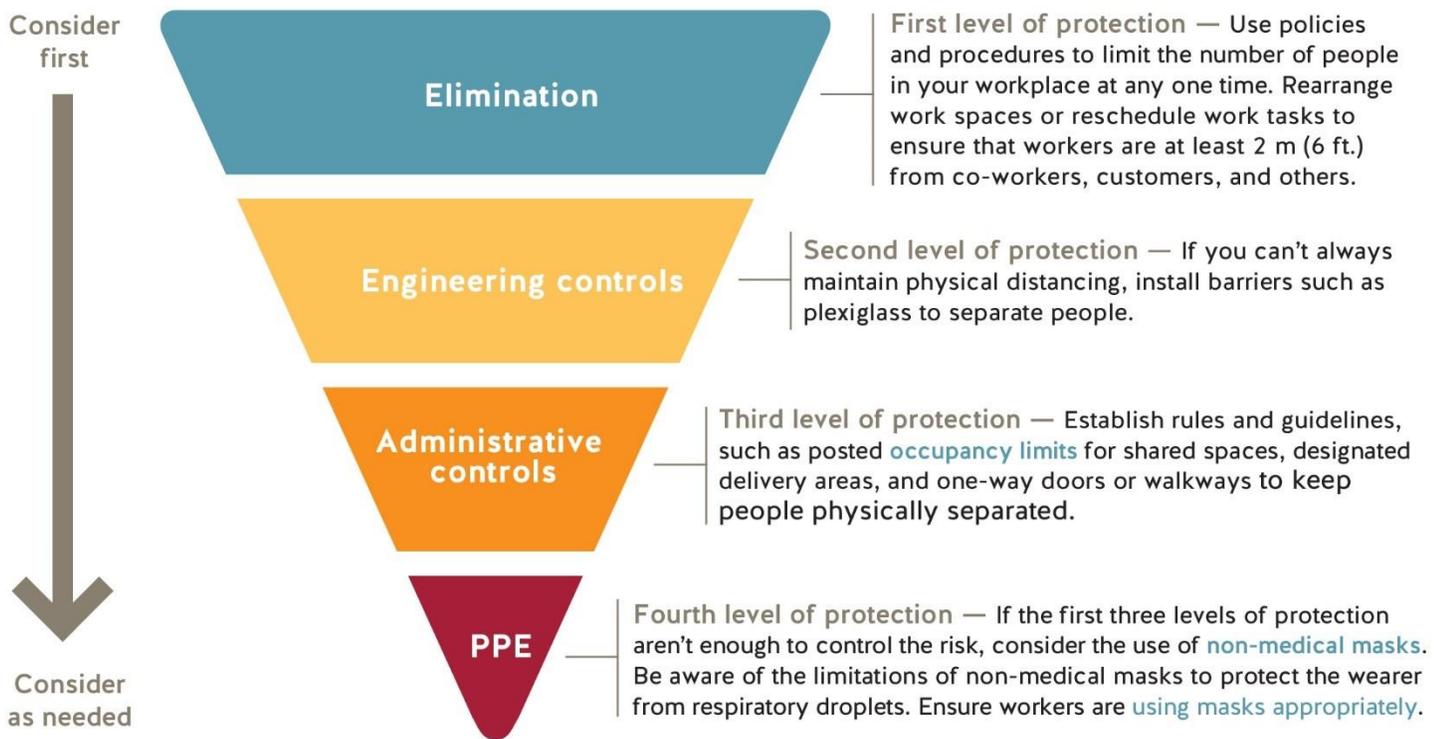
We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable). An email was sent out to all staff to answer safety questions re Covid - 7 people responded and a formal review took place at staff meeting May 28, 2020.

We have identified areas where people gather, such as break rooms, production lines, and meeting rooms. All spaces and equipment in Clubhouse are used by clients and staff - close contact under the 2 meter limit occurs when driving people. Gathering places at the office are the life skills office, peer support office, kitchen and general reception area

We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs). Driving clients, getting paperwork etc filled out, assisting with goal work like household maintenance, grocery shopping, banking etc.

We have identified the tools, machinery, and equipment and surfaces that workers share while working. - doorknobs, gate handles, railings, photocopiers, coffee pot, mugs, fridge door and interior, kitchen cupboards and counters, sinks, light switches, alarm pad, chairs, desks, pens staplers etc., file cabinets and contents, washrooms, computers, phones, wall files

Step 2: Implement protocols to reduce the risks



CMHA Prince George/Quesnel

First level protection (elimination):

Majority of staff providing direct service to clients will continue to provide that service remotely via phone, email, text or zoom/go to meeting platforms. All staff are expected to ensure that they are maintaining adequate social distancing whenever involved with any direct contact situations while working - such as meetings with care providers, meetings with case managers or those time periods when a decision is made to have some direct client contact. Under no circumstances are in home activities to take place with clients.

When it is required to transport a client in a vehicle, staff are required to pre and post sanitize the areas where the client will be sitting and the door handles. The client is required to sit in the back seat of the vehicle on the far right hand side in order to create as much distance as possible. Both staff and client are required to hand sanitize pre and post trip.

The CMHA van can be used to transport no more than 3 people (this include the driver) in order to ensure social distancing regulations are followed. Staff are required to pre and post sanitize the areas where the client will be sitting and the door handles and both client and staff are required to hand sanitize pre and post trip

Two Rivers Catering has continued to operate through the pandemic and follows all sanitizing rules. No more than 5 people can occupy the kitchen at one time and each participant will ensure the social distancing rules are followed at all times. Vehicles and product containers/transports will be sanitized pre and post delivery of food. Two Rivers catering staff and Clubhouse staff are allowed to enter and leave through the front doors of Aboriginal Housing ensuring adherence to covid rules at all times and hand sanitizing regularly.

When Second Chance Thrift store is allowed to open (following install of barriers) the following rules will be adhered to. No more than 2 customers at a time in the store and staff will ensure that no one enters until there is space in the store - this will be done by locking the entrance door until it is time for a new customer to enter. No change room activities will be allowed and individuals can return items with proof of receipt. Only 1 person at a time will be allowed at the till and once sale is completed the counter, barrier and debit machine will be sanitized. As customer leaves the door handles and any other clear public areas touched will be sanitized. Staff will be limited to 2 only - 1 to be behind the till and 1 to be in the sorting office area.

With donations to the Thrift store, the individual bringing the items to the basement must hand sanitize pre and post delivery. Items will be left untouched for a minimum of 7 days - the length of time the coronavirus lives on surfaces varies from 4 hours to 7 days so CMHA will be leaving items for the full length of time in order to protect staff and customers. Rotation schedule will be clearly defined. Once donations have expired then sorting will commence with those items and staff will hand sanitize pre and post sorting. A maximum of 2 staff can work in the basement and must adhere to social distancing while doing this thrift store work. Only 1 staff can do laundry.

Connections Clubhouse will remain closed until installation of barrier at till is completed and sufficient hand sanitizing materials are in place. At that time, limits on attendance will ensure that social distancing rules are firmly adhered to. This will mean no more than 10 clients and 1 staff in the main area at any given time. Only 1 person per table is allowed. People can also gather outside if honoring the social distancing. Work projects can only be undertaken if social distancing can be adhered to. This might mean that attendees are given a set time they can be at the clubhouse to allow a rotation of attendees. All people will be required to hand sanitize pre and post attendance. Only 1 person will be allowed in washrooms at any given time and will be required to sanitize the surfaces they touch prior to leaving the washroom. Lunch will be allowed for 1 person per table and for take home and commencement of lunches will occur only when Two Rivers Catering is able to support the process again. Aboriginal Housing will be maintaining a locked front door so all CMHA Clubhouse participants will enter and leave through the back side door. Use of washrooms will be done via permission with staff and no one will be allowed in the hallway or janitorial area without staff approval.

Cleaning services for Aboriginal Housing (office and apartment) can commence when sufficient PPE is available as all cleaners and support staff will be required to wear mask and gloves at all times. Booties may also be required.

Quesnel office will retain virtual counselling services and will provide face to face counselling by appointment only. Office will remain locked until client arrival and office seating is set up to ensure retention of social distancing. There will be two staff on at all times

COVID-19 Safety Plan

when a counselling session is occurring to ensure other safety measures are met. Sanitizing of office space will occur prior to and after each counselling event. Hand sanitizers are available for all clients and staff.

50% of office staff can now return to the office to work and will be in private offices so can maintain social distancing. Only 1 person at a time can traverse the hallways - only 1 person at a time can enter the kitchen and must sanitize the surfaces they touch prior to leaving the kitchen - only 3 people can share the peer support office at a time in order to ensure adequate social distancing - only 8-10 people at a time can occupy the large training room dependent on set up and social distancing possibilities -only 5 people at a time can occupy the Life Skills/Voc office at one time. Pre and post attendance at the office each staff member must sanitize their hands and their work surfaces. Cleaning staff will maintain daily sanitizing of all public surfaces such as doorknobs, gate handles, railings, photocopiers, coffee pot, mugs, fridge door and interior, kitchen cupboards and counters, sinks, light switches, alarm pad, chairs, desks, pens staplers etc., file cabinets and contents, washrooms, computers, phones, wall files etc.

Second level protection (engineering): Barriers and partitions

Office reception will have a plexiglass barrier installed at the front desk to ensure a level of protection from Sneezing and coughing particles etc. Second Chance Thrift Store will have a plexiglass barrier installed at the till. Connections Clubhouse will have a plexiglass barrier installed at their till. It is expected that all counters and plexiglass will be santized at the start of each day and after each client and at the end of each day. At this time the Quesnel office will not be considering a Plexiglass barrier due to low need and utilizing a locked entry door to manage appointments and walk ins.

Third level protection (administrative): Rules and guidelines

All our staff are aware of the rules related to health in the workplace and to avoiding any transmission of Covid 19. The following is the policy and guidelines enacted:

Last updated: May 25, 2020

Introduction

Taking appropriate precautions to ensure the health and safety of all employees is an ongoing priority of the Branch. We are closely monitoring guidance from our Provincial Health Officer (Dr. Bonnie Henry), the BC Centre for Disease Control, and the Health Employers Association of BC, to ensure that the guidance for CMHA PG employees specific to the Coronavirus (COVID-19) is accurate, updated regularly, and reflective of the changing local and international conditions

- [Introduction](#).....4
- [Table of Contents](#) **Error! Bookmark not defined.**
- [Information on the novel coronavirus and COVID-19](#) 5
- [If you have symptoms of COVID 19](#)..... 5
- [Taking Care of Mental Health during a Pandemic](#) 5
- [Updating Emergency Contact Information](#) 7
- [Social distancing versus Isolation/quarantine](#) 7
- [Status of Programming \(Program by program\)](#)..... 7
- [Working from Home](#)..... 7
- [Pay and Leaves During COVID-19](#)..... 8
- [If you get sick](#) 8
 - [If you self-isolate not under the direction of public health or for travel reasons](#)..... 9
- [Business Travel](#)..... 9
- [Personal Travel](#)..... 9

Information on the novel coronavirus and COVID-19

The novel coronavirus, is a respiratory virus that is transmitted person-to-person through contact with contaminated respiratory fluids (droplets from coughing, sneezing, nasal secretions, expressive talking, etc).

The vast majority of people who contract the infection will feel mild symptoms and need to be in isolation until the virus passes. The remaining people who contract the virus will have moderate to severe symptoms and likely require increased support through healthcare clinics and hospitals.

People most likely to fall into the minority bracket are those living with pre-existing conditions (namely lung/respiratory conditions), elderly, and immunocompromised. By ensuring all of us take appropriate prevention measures, we help to protect both those in the majority and the minority.

The most effective prevention actions we can and need to take are:

- Avoid all large gatherings such as concerts, sporting events, etc.
- Wash your hands with soap and water often and encourage clients to do the same
- Stay home if you have any of the symptoms of COVID-19.
- If a staff person or client becomes symptomatic while at the office/programming, they will immediately return home.
- Don't touch your face.
- Avoid shaking hands, hugging, kissing, or embracing people when greeting, saying goodbye, or being friendly. Elbow bumps and head nods the best options for the next few weeks. Ensure clients know about this as well.

Viruses don't discriminate, and we must not either. Do not make or tolerate statements that infer a person's racial/ethnic background changes the level of risk for contracting or spreading the virus.

Health care workers caring for patients with suspected or confirmed coronavirus should use standard infection prevention and control precautions. This includes wearing appropriate personal protective equipment. Please note that the medical community is fairly unanimous in saying that wearing masks do little to protect people who are not sick, but if someone has symptoms (i.e. a cough), having the person wear a mask until able to self isolate can help prevent viral spread.

Public Health Agency of Canada:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

Northern Health:

<https://www.northernhealth.ca/>

If you have symptoms of COVID 19

Ensure you take the self-assessment screening at covid19.thrive.health or call 811 and if results indicate it is likely that you have COVID 19 then you must self-isolate for 10 days following onset of symptoms. A chronic cough may persist following this time period but health authorities are stating that you are no longer infectious to others.

Taking Care of Mental Health during a Pandemic

Copied and adapted from <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks> (see original for references)

Infectious disease outbreaks, such as the novel coronavirus (COVID-19), create significant distress for the public and strain health care systems tasked with caring for affected individuals and containing the disease. Fear and uncertainty heavily influence public behaviors (1). Concerns focus on personal and family safety, inability to distinguish the new

disease from more established and benign illnesses, potential for isolation and quarantine, effectiveness of treatments being used, and trust in institutions responsible for managing the response.

Adverse psychological and behavioral responses to infectious disease outbreaks are common and include insomnia, reduced feelings of safety, scapegoating, increased use of alcohol and tobacco, somatic symptoms (physical symptoms, such as lack of energy and general aches and pains), and increased use of medical resources (2). While media can be a useful tool for sharing knowledge, it also enables rumors and conspiracy theories to be amplified, which can distract public attention from accurate sources of information, reduce participation in health-promoting behaviors, and further community divisions (3). Distress about the infectious disease outbreak is often increased by exposure to traditional and social media content, which is often sensational in nature and may contain misinformation (4).

Health care workers experience additional challenges during infectious disease outbreaks, including concerns about the health of themselves and their family, stigma from within their communities, and managing the distress of patients (5). In more highly affected areas, health care systems are often overwhelmed by a surge in care demand that is simultaneously experiencing staffing shortages. The shortages result from illness in health care workers, the need for health care workers to care for sick relatives, or absence due to fear of contracting the illness (6). Health care workers working with infected patients often experience concern about the adequacy of their personal protective equipment, the use of which can be uncomfortable as well as restrict the ability to communicate and perform work tasks.

During an outbreak, timely and accurate information play a critical role in controlling the spread of illness and managing fear and uncertainty. Knowing what to do helps people feel safer and enhances the belief that they can take meaningful steps to protect themselves. During an infectious disease outbreak, the recommendations below are helpful for patients and their families:

1. **Stay informed.** Obtain current information from the websites listed in this document.
2. **Educate.** Follow and share basic information about hygiene to reduce spread of illness, such as handwashing and cough etiquette.
3. **Correct misinformation.** For health care workers, help correct inaccurate information and misperceptions by sharing credible, established public health resources.
4. **Limit media and social media exposure.** Use media enough to make informed decisions, then turn it off.
5. **Anticipate and address stress reactions.** Keep in mind that it's normal to feel stress in reaction to an infectious disease outbreak and be aware of signs of stress in yourself or family members. Take steps to minimize and address stress, such as keeping normal routines, taking part in enjoyable activities, focusing on positive aspects of your life and things that you can control; seeking support from friends and family; and engaging in stress reduction techniques and physical activity.

In addition to the recommendations above, health care workers whose patients are affected by the outbreak should be encouraged to take care of themselves through these additional recommendations:

1. **Meet basic needs.** Eat, hydrate, and sleep regularly to optimize your ability to provide care for yourself and others.
2. **Take breaks.** Rest and relaxing activities can provide a helpful distraction.
3. **Stay connected.** Giving and receiving support from family, friends, and colleagues can reduce feelings of isolation.
4. **Stay updated.** Rely on trusted sources of information. Participate in work meetings where relevant information is provided.
5. **Self check-ins.** Monitor yourself for signs of increased stress. Talk to a family member, friend, peer or supervisor if needed.
6. **Honor service.** Remind yourself (and others) of the important work you are doing. Recognize colleagues for their service whenever possible.

The recommendations above for patients and families are adapted from mental health education fact sheets at the Center for the Study of Traumatic Stress at www.cstsonline.org. See more information on coronavirus response from CSTS.

By
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Updating Emergency Contact Information

If there have been any changes in your contact information please let management know as soon as possible - everyone has email options on their phone so you can email, text or phone your supervisor to provide updated information. This applies to each individual staff as well as any emergency contact changes with your clients.

Social distancing versus Isolation/quarantine

The majority of us and our clients are recommended to function with social distancing. Social Distancing is something every person must be practicing at this time - keeping 2 metres or 6 feet between yourself and the next person with no physical contact of any kind. Staff are allowed to come in and work from the office if they wish as long as all social distancing rules are followed. Majority of staff will continue to work from home providing phone, email and text connection with clients. If your client or yourself are under an isolation or quarantine order then all contacts must remain phone, text or email - you are not allowed to leave your home and not allowed to have physical contact with others. Hence any work we are doing with individuals in isolation or under quarantine must be done differently - for example if they are in desperate need of groceries - we have an emergency fund at the office that can be accessed - staff will buy the groceries and leave them at the individuals door after texting them that they have arrived. If you have any concerns about a client's health or your health, please err on the side of caution.

Status of Programming (Program by program)

Peer Support - There are two remote peer support workers - Lori Ann and Devon as well as a part-time peer support worker Nada who is available for face to face work with social distancing being adhered to.

Main office - The main office will remain closed to the general public until it is clear that BC has retained the ability to flatten the curve after opening up has occurred. This might be feasible by mid-June if all goes well.

Clubhouse - Depending on what occurs with expansion of contacts we will consider some limited reopening of clubhouse with client involvement - please see specifics in level 1.

Moss House - staff attached to Moss House are considered essential service - schedule has been developed and those staff will work regular Moss hours for now with management as back up.

Two Rivers Catering - This program is continuing and is the only program operating out of Aboriginal Housing who have also sent all staff home to work. Two Rivers Catering is maintaining vital service to Active Support Against Poverty with meal production as well as keeping on hand 200 frozen meals that can be accessed for our clients in emergency circumstances. Allen will be monitoring his health and the health of his team at all times and is following the rules set in a recent conversation with Public Health. Please contact Allen if you need to access frozen meals for your clients.

Working from Home

All staff have the capability now of having emails received via your work cell phone. Please ensure that your calls to clients occur only with your work cell so a client does not inadvertently end up with access to your personal phone number. You have the option of logging on to Input Health to record your daily contacts with clients or you can keep a running record of your conversations and input on your return if you do not have access to a computer or WIFI at home.

Team meetings and large staff meeting will continue to occur via Go To Meeting - individual supervision support will also occur in this fashion. As the province opens up more and more we will commence these meetings in person - all except the large staff meeting as it is impossible to maintain adequate social distancing in current available spaces.

As noted we have asked everyone to work on operations manuals during this time period of slowed client work. It can also be a great time to review any readings you might have that you never quite got to - possibly from training with Joanna or even going on line to review the basics of cognitive behavioral or trauma informed practice or supported employment etc. It remains important that you fulfill your work hours in a way that is beneficial to the agency and funder.

Pay and Leaves During COVID-19

If you get sick

If you are a regular part- or full-time employee, and display symptoms of illness, you will be required to go on sick leave for the duration of the symptoms - do not come to work. For those with sufficient sick leave balance to cover the length of time you are off, you will continue to get paid at your regular rate. Continue to report your absences on ANNI but during this pandemic you are NOT required to get a doctor's note after 3 days of illness - our medical system is likely to become very strained so we will be operating on the honor system. Should management have any doubts or concerns about your illness or your ability to be healthy enough to work from home, we retain the right to request a doctor's note and the time period required to obtain such a note from a walk-in clinic or doctor's office will be honored.

If you believe you have symptoms of COVID-19, please do not go to your doctor's office or the ER for testing. Instead, check the self-assessment on line or call 8-1-1 to receive information and directions.

If you are directed to self-isolate by a qualified medical practitioner or need to self-isolate due to travel to an impacted region commencing before March 13, 2020.

If a qualified medical practitioner (public health official, primary care provider or 8-1-1) directs you to self isolate but you do not have symptoms or if you have to self-isolate due to travel to an impacted region (see <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html> for the current list of impacted regions) and do not have symptoms, you will be placed on a general, paid leave for the length of your self-isolation. If a public health official directs you to self-isolate, you will need to ask them to send a letter directly to CMHA Prince George confirming this direction (we have been informed they are prepared and set up to do this). If your self-isolation is required due to travel, please ensure you inform you supervisor about your travel plans before you travel (even if it isn't currently an impacted region) and when you return.

If you are a casual staff and have to go on general leave for these reasons, you will be paid for any shifts that you had accepted at the time general leave commences. No further shifts will be scheduled until you are available to return to work.

On March 12, 2020, the BC Center of Disease Control through BC's Medical Health Officer announced that they are strongly recommending against all non-essential international travel (including to the United States) and on March 13, 2020 the Federal Government issued a warning against all non-essential international travel. Both levels of government have requested all people returning from international travel to self-isolate for 14 days after your return. The Health Employers Association of BC (HEABC) is requiring 14 days self-isolation for international travelling return from Iran, Italy or Hubei Province only. All other travellers are expected to self-monitor and immediately leave work if they have flu-like symptoms.

COVID-19 Safety Plan

While CMHA recognizes this is a voluntary measure, it is the expectation of the Government that people will follow this direction as part of their civic duty. CMHA is asking that all employees refrain from international travel during this time (see **Personal Travel** section for more information).

If you self-isolate not under the direction of public health or for travel reasons

Although concerns about potential exposure in the community are understandable, employees who do not have symptoms of illness or who are not actively receiving/seeking direction from a qualified medical practitioner are expected to attend work as usual. This work is now "work from home" with an option to attend the main office as long as social distancing rules are adhered to.

Business Travel

Effective immediately, CMHA Prince George is suspending all international and out of region business travel except and unless approved by the Executive Director. Travel within the region is also discontinued.

Personal Travel

On March 12, 2020, the BC Center of Disease Control through BC's Medical Health Officer announced that they are strongly recommending against all non-essential international travel (including to the United States) and on March 13, the Federal Government announced a warning against all international travel. As a result, CMHA Prince George is also strongly discouraging staff from traveling internationally for personal reasons. Anyone travelling outside of BC will be required to self-quarantine for 14 days prior to returning to work.

COVID-19 Safety Plan

Fourth level protection: Using masks (optional measure in addition to other control measures)

All Personal Protective Equipment is housing in the life skills/voc office space upstairs at 1152 3rd Avenue. There are gloves, surgical masks, home made masks , gowns , booties and sanitizing fluid. They are there for the use of staff and clients as required. Instructions on use are included with all items. Information on proper use of masks are posted in the room.

COVID-19 Safety Plan

Cleaning protocols

Those who are employed to clean have information on Whimis and are well trained in process of cleaning and disinfecting surfaces.

We have handwashing facilities in every washroom as well as disinfecting stations on each floor and in each facility

We have policies in regards to following all handwashing protocols

Cleaning of common surfaces are set out as procedures for all staff

We will be utilizing disposable products for all group based activities such as paper cups and stir sticks rather than use of mugs etc.

All those utilizing a mug are responsible for cleaning and disinfecting their mug at the end of each day.

Entry Protocols

Each facility has posted signage regarding the need to be healthy prior to entering and a reminder to go home immediately if not feeling well. There is also posted signage on hand washing and sanitizing as well as safe distancing protocols. Anyone who chooses to breach these policies will be asked to leave - and in the case of staff, may be subject to disciplinary action. Occupancy limits are also posted for each site

Within the clubhouse, reception area and Second Chance thrift store there will be foot markers assisting people to understand how far back to remain from the person in front of them.

Occupational Health and Safety Committee will review all Covid policies and changes as required and will communicate those changes to all staff and clients.

We have a training and orienting policy for all new staff and clients on safe entry into the facilities.

