

## PURPOSE:

This *Stage 2 Recovery: Self-Assessment for Service Providers* is intended to aid service providers in evaluating their readiness in planning for services in Stage 2 of COVID-19 response in alignment with guidance in the BC Government's Restart Plan, while also observing Public Health Officer (PHO) directions and WorkSafe BC (WSBC) requirements WorkSafe BC COVID-19. This Tool is an additional piece of assistance but is not meant to replace, override or amend the guidance provided by experts in the field such as the Provincial Health Officer (PHO), BC Centre for Disease Control (BCCDC), WorkSafe BC and others. Service providers may choose to use this self-assessment tool and the accompanying appendix to help them to determine any changes in their service delivery entering into Stage 2 of COVID-19 Recovery. However, these materials are not meant to replace the guidance offered by the experts referred to above.

The BC Government has issued a Ministerial Order to help protect you when you follow the PHO, BCCDC and WorkSafeBC guidelines. Ministerial Order 094 is the Protection Against Liability (COVID-19) Order. It provides immunity to persons who operate or provide essential services. It protects those who provided the service in accordance with all applicable emergency or public health guidance or believed they were doing so. For that reason, it is important for every service provider to make certain that they are following the emergency and public health guidance as defined in the Ministerial Order (see Definitions (1) in the Order [www.bclaws.ca/civix/document/id/mo/mo/2020\\_m094](http://www.bclaws.ca/civix/document/id/mo/mo/2020_m094)):

*"Emergency and public health guidance", in relation to an essential service, means any of the following with respect to the COVID-19 pandemic:*

- (a) an order made under the Act;*
- (b) an instruction or order of a health officer, as defined in the Public Health Act;*
- (c) guidelines of the British Columbia Centre for Disease Control;*
- (d) guidelines of the Public Health Agency of Canada;*
- (e) guidelines published on a website maintained by or on behalf of the government;*
- (f) guidelines of a health authority;*
- (g) guidelines of a regulatory authority or body having jurisdiction with respect to a person operating or providing the essential service;*

Each service provider knows their homes, facilities, the people for whom they care, and their staff best. In these difficult times, every plan should be designed to meet our terms of service in your CLBC contract and particularly the outcomes spelled out in Appendix A to those terms.

**SELF ASSESSMENT:**

The Stage 2 Recovery: *Self-Assessment for Service Providers* Tool consists of four sections outlining characteristics to consider when planning to safely move into Stage 2:

- Individual specific considerations
- Workplace specific considerations
- Staff specific considerations
- Service specific considerations

Used together with the Stage 2 Recovery: Interim Guidance and Requirements document, this resource is intended as an additional supportive resource to aid service providers in evaluating their readiness in alignment with the BC Governments Restart Plan and WorkSafe BC COVID-19 and returning to safe operations. The plan for your organization is ultimately your responsibility.

<b>Characteristics: Individual Specific Considerations</b>
<b>Risk Consideration:</b> Specific areas of identified and known risk related to the individuals accessing services

*Below are some points to consider when assessing your organization’s readiness for service delivery during this phase; these points do not include all possible considerations. Please utilize all available Public Health Officer, WorkSafe BC and other regulatory bodies while assessing readiness.*

**Vulnerable individuals that are at a higher risk to develop serious COVID-19 infection.**

- Individuals with underlying medical conditions (cardiac, diabetes, chronic respiratory illnesses, compromised immune systems etc.)
- Some CLBC supported individuals are more likely to develop serious COVID-19 infection or more likely to contract COVID -19.
- Older individuals (60+ and especially into late 70s+)
- The population with developmental disabilities can display early symptoms of aging, up to 10 -20 years earlier. Consider possible premature aging *as a factor to increase vulnerability of serious illness if the individual contract COVID-19.*
- During the pandemic situation in BC, individuals with prevalent concurrent conditions in the community living population may be more susceptible to chronic respiratory illness, therefore increasing their risk of contracting COVID-19 and/or possible serious illness should they contract COVID-19.
- Whether individuals are living with, or supported by, any vulnerable people.

**Individuals with diminished ability to understand or comply with infection control, and preventative health measures.**

- If the individual cannot be supported to adapt to the changes, the program itself may need to be adapted.
- Consider identifying specific 'bubbles' of contacts for individuals, and wherever possible limit increasing contacts (e.g. small pod of staff to work with an individual; participate in programs that include only the individual's house mates/intimate circle at first).
- Increasing an individual's contact bubble significantly to continue services as prior to COVID-19 may place the individual at too high a risk, therefore adjust service delivery to accommodate.
- Address any underlying reasons for refusal to comply with recommended preventive measures (e.g. fear of the look of protective materials, discomfort from dry/chapped hands, headache from use of shield or goggles, can't understand conversation when a person is wearing protective materials, feeling lonely, isolated, or boredom).

**Individuals requiring personal care (especially feeding – requiring prolonged, close contact with support staff)**

- Focus on measures that help maintain physical distancing, hand hygiene, environmental cleaning of high touch objects, and cough etiquette wherever possible outside of personal care.
- Consider non-medical masks or face shields appropriate for the service type and individual, or other "engineering controls."
- Work with residential and day program staff so there is a constant approach and collaborative brainstorming of risk mitigation strategies.

**Individuals who may have challenges complying with physical distancing recommendations**

- Simple measures that help maintain physical distancing, hand hygiene, environmental cleaning of high touch objects, cough etiquette.
- Consider non-medical masks or face shields appropriate for the service type and individual, or other "engineering controls."
- Work with residential and day program staff so there is a constant approach and collaborative brainstorming of risk mitigation strategies.
- Educate staff and visitors pre-emptively on the requirements to ensure a reduced chance of transmission through effective physical distancing and other methods.
- Consider any creative measures to foster learning/desired behaviours/understanding by individuals in service (e.g. modeling, posters, repetition, starting with hand over hand

assist and gradually remove this support, step by step cueing, adding an element of fun in the task).

### **Individuals who may have challenges complying with hand hygiene recommendations**

- Individuals with tactile issues may have increased hand to face contact, this may interfere with hand hygiene and/or the use of some personal protective equipment.
- Consider any creative measures to foster learning/desired behaviours/understanding by individuals in your service (e.g. modeling, posters, repetition, starting with hand over hand assist and gradually remove this support, step by step cueing, adding an element of fun in the task).

### **Individuals with mental health and/or emotional wellbeing concerns**

- Pay attention to individuals who are more vulnerable in your service based on risk considerations and other information while ensuring to plan for any specific service recovery requirements.
- Fear, anxiety, sense of loss, boredom, and many other emotions can be experienced with the changes and stress/impact on individuals lives with COVID-19.
- Behaviour support plans may require modification or adjustment.

### **Testing and screening for symptomatic, or possible exposure**

- Public Health Officer has addressed testing and screening during Phase 2.
- Screen staff, visitors and peer contacts daily for COVID-19 symptoms and possible exposure who will be interacting with vulnerable individuals.

<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf>

### **Individuals willingness to return to services**

- Possible increase to individual risk associated with adjusting services in Stage 2.
- Possible increase to individual risk associated with NOT adjusting services in Stage 2.
- How individuals concerned about returning to services will be supported.
- How individuals wishing to participate will be supported when caregivers/family concerned about the risk of returning.
- How individuals concerned about returning to services will be supported when families/caregivers are requiring them to return.
- Consider how you can implement safe service delivery, while also providing desired supports. Implement strategies to minimize the number of staff an individual will be supported by.

### Matching of staff and individuals to ensure safe and effective return to service

- Consider identifying specific 'bubbles' of contacts for individuals, and wherever possible limit increasing contacts (e.g. small pod of staff to work with an individual; participate in programs that include only the individual's house mates/intimate circle at first).
- Increasing an individual's contact bubble significantly may place the individual at too high a risk to continue services as they were prior to COVID-19, therefore adjust service delivery to accommodate.
- At all time, the number of different staff that support individuals should be kept to a minimum when operationally possible. This can reduce the likelihood of transmission from staff to individuals and individuals to staff

**\*\*\*May identify other considerations if so, these should be thought through.\*\*\***

<b>Characteristics: Workplace Specific Considerations</b>
<b>Risk Consideration:</b> Specific areas of identified and known risk related to the location of service in which the services will be delivered.

For all workplace settings:

- Use the WorkSafe BC COVID-19 Safety Plan to reduce the risk of person to person transmission of high and moderate risk related to *Contact Intensity*.

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>

- Assess the function of Contact Type (close to distant) and contact duration (brief to prolonged) in each setting.
- Determine occupancy limits per WorkSafe BC direction as applicable.

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>

- Screening of participants and staff on entry for COVID-19 symptoms and exposure.
- Ensure sufficient cleaning and sanitation, hand hygiene, cough etiquette, engineering controls, PPE (as required by WSBC and/or PHO), along with physical distancing, are available.
- Effective protocols in place to address visitors in all workplaces.
- Develop a communication plan/system that flows between agencies when an individual is served by multiple providers. Ensure consistency in support of the individual and sharing of accurate information that guides the provision of service.

**Characteristics: Staff Specific Considerations**

**Risk Consideration:**

Specific areas of identified and known risk related to the staff and/or contractors involved in service delivery and support of individuals

- Screen staff daily for COVID-19 symptoms and possible exposure.  
<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-social-service-providers.pdf>
- **Policies** developed to ensure individuals and staff who have the symptoms of a cold, flu, and/or COVID-19 will not come into work. Policies shared with supported individuals and families.
- **Communication** developed to ensure effective communication to staff and others of requirements and changes to service delivery.
- **Training** for staff has been developed and a plan to implement effectively.
- All staff should be aware of assessing self and others for COVID-19 symptoms and recommendation for testing and follow-up protocols.

**Characteristics: Service Specific Considerations**

**Risk Consideration:**

Specific areas of identified and known risk related to the staff and/or contractors involved in service delivery and support of individuals

**Congregate Settings (Including Community Inclusion and Staffed Residential)**

- Service start times staggered when starting from central location.
- Participant pairing and matching facilitated to support appropriate physical distancing and reduce the risk of transmission.
- Any services delivered remotely where individuals have a desire to remain remote.
- How much physical distancing can be provided, is it enough, and how will it be implemented.
- Keep groups small and individual participants should be reinforced to maintain social distancing.
- There is a lessened chance of transmission when outside. When appropriate choose activities outside.
- Consider what adjustments to the delivery of service were required as part of Stage 1 and whether they being maintained.
- Consider any adjustments being removed, develop a plan for removing them that ensures a reduced risk of transmission.

### **Services in Individual's Home**

- Consider how service can be provided away from other household members.
- Consider how to articulate agency's expectations to ensure safety of staff entering home.
- Consider how a wellness check can be performed before entering the individual's home.
- Consider how the number of individuals one staff member supports can be minimized to limit the risk of transmission involving staff.

### **Community Based Services**

- Service start times staggered when starting from central location.
- Participant pairing and matching facilitated to support appropriate physical distancing and reduce the risk of transmission. Consider the steps to reduce risk if out in community as part of a group.
- Keep groups small and individual participants should be reinforced to maintain social distancing.
- Transportation accommodations required to ensure safety and reduce risk of transmission, please include both getting to and from program, and any transit required while in receipt of service.
- When public transit is used, how will safety be supported and maintained.
- There is a lessened chance of transmission when outside. When appropriate choose activities outside.

### **Shared Living**

- Consider if the individual is going to return to accessing community and/or services and any potential impact to the risk of transmission.
- Consider what preventative measures are being implemented to reduce the risk of transmission.
- Consider if the home share provider is returning to accessing community and/or working outside the house, what preventative measures are being implemented to reduce the risk of transmission.

## REFERENCES AND TOOLS:

[BCCDC Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities](#)

[BC- Key Steps to safely operating your business or organization and reducing COVID-19 transmission](#)

[BC's Restart Plan – Next steps to move BC through the pandemic](#)

[BC Public Health and Safety Guidelines](#)

[Government of Canada – COVID-19 and people with disabilities in Canada](#)

[Government of Canada – Infection Prevention and Control for COVID-19: Interim Guidance for Home Care Settings](#)

Stage 2 Recovery: Interim Guidance and Requirements

[WorkSafe BC COVID-19 and returning to safe operations](#)

[WorkSafe BC Returning to safe operations frequently asked questions](#)



## APPENDIX A

### **PURPOSE:**

Appendix A: Self-Assessment Tool for Service Providers is intended to aid service providers in evaluating their readiness in planning for services in Stage 2 in alignment with guidance in the BC Government's Restart Plan, while also observing Public Health Office suggestions and directions, and WorkSafe BC requirements. This appendix may be used as a resource to complete the self-assessment tool and identifies specific risk consideration that may impact evaluation during the self-assessment process. The appendix outlines areas to consider and evaluate as you build your plan to recover services in line with the Provincial Health Office (PHO) guidelines, as well as WorkSafe BC (WSBC) requirements. To ensure a community living lens is applied to the direction available, this document is based in available information from PHO and WSBC while also utilizing consultation with CLBC's previous Provincial Medical Consultant Nurse, who holds expertise in the Community Living field. This is not meant to be exhaustive or to replace or alter the PHO, WSBC and other advice referred to in the covering letter. It is instead intended to provide some help to you as you implement a robust Stage 2 recover plan.

As indicated previously, the responsibility for developing the plan to best care for the supported individuals lies with you, the service provider. You best know your homes and facilities, your staff and the supported individuals and their activities. Our goal is to assist you in continuing to provide the care and services specified in the contract and terms of service and to meet the Outcomes in Schedule A to those Terms and Conditions.

*Please always feel free to contact CLBC if you have questions and we will work to refer you to the best sources of information for assistance.*

## Individual Specific Considerations

### **Vulnerable individuals that are at a higher risk to develop serious COVID-19 infection.**

- Individuals who put objects in their mouth have an increased possibility of contaminated items being placed in the mouth.

### **Individuals with diminished ability to understand or comply with infection control, and preventative health measures.**

- Knowing the strengths and areas of need of the individual you serve, provide direction in how to best support the individual.
- Individuals served will often need creative approach to foster change in behaviours and/or to acquire new learning
- Individuals who put objects in their mouth have an increased possibility of contaminated items being placed in the mouth.
- Educate and reinforce cough etiquette and avoiding touching face without washing hands.
- Consider what listening, communication, educational, and problem-solving skills are needed to reach a consensus on the approach and final decision on support of the individual in Stage 2.

### **Individuals requiring personal care (especially feeding – requiring prolonged, close contact with support staff)**

- Individuals who are ill must stay home; they can be supported to phone 811, and follow directives for testing, isolation, and care. Consider how you will meet these needs for increased demand for safety and care.
- Contact intensity increases when the individual requires personal care
- Transmission occurs when a person with COVID-19 sheds droplets through coughs/sneezes, and to a lesser degree when speaking, and these droplets are breathed in by another or the droplets lands on the person's eyes, or a person touches a contaminated surface then touches their nose, mouth or eyes.
- Consider any creative measures to foster learning/desired behaviours/understanding by individuals in your service (e.g. modeling, posters, repetition, starting with hand over hand assist and gradually remove this support, step by step cueing, adding an element of fun in the task)
- Staff should perform 20 second hand hygiene before and after assisting with personal care. If the individual or staff member cough or sneeze during the personal care, or if they come in contact with another's saliva/sputum/nasal discharge, hand hygiene should be repeated.

- Can any engineering controls be used i.e. a hand-held paddle or fan and safety or ski goggles be used when feeding a person who tend to 'sputter' when eating.
- Consider use of PPE, (non medical masks, N95 respirators are not required for personal care, even if positive for COVID-19)

### **Individuals who may have challenges complying with physical distancing recommendations**

- Individuals served will often need creative approach to foster change in behaviours and/or to acquire new learning
- Focus on measures that help maintain social distancing, hand hygiene, environmental cleaning of high touch objects, cough etiquette
- Consider any creative measures to foster learning/desired behaviours/understanding by individuals in your service (e.g. modeling, posters, repetition, starting with hand over hand assist and gradually remove this support, step by step cueing, adding an element of fun in the task)
- Create a cue, or game about being 2 arm's lengths apart is safe. Staff model the behaviour. Establish a routine that reminds the individual of social distancing at key points during the day. If possible, angle away from direct path of droplets (i.e. do not stand face to face but off to the side).

### **Individuals who may have challenges complying with hand hygiene recommendations**

- Observe how interventions affect the individual and adjust accordingly (i.e. continue if it reduces stress stop or change if stress increases).
- Consider any creative measures to foster learning/desired behaviours/understanding by individuals in your service (e.g. modeling, posters, repetition, starting with hand over hand assist and gradually remove this support, step by step cueing, adding an element of fun in the task)
- Assign a limited number of staff to the individual that can assist with hand over hand hygiene at frequent intervals.
- Assign a limited number of staff to the individual that can assist with hand over hand hygiene at frequent intervals.
- Incorporate 'water play' or a cleaning task with soap and water that promotes hand hygiene in way the individual finds acceptable/fun.
- Explore different methods and products of hand sanitization the individual will accept.
- Provide own personal source of hand sanitization when required and where possible.
- Consider if excessive drying is a deterrent to hand hygiene – use appropriate moisturizers.

- Increase environmental cleaning where individual touches. Gloves become contaminated and spread the virus as easily as contaminated hands and do not replace correct hand hygiene.

### **Individuals with mental health and/or emotional wellbeing concerns**

- Actively listen to the individual to improve/increase emotional wellbeing.
- Evaluate if professional help is required.
- Stress can be accumulative and impacting current mental health and emotional wellness.
- Individuals may be experiencing more stress and behaviours due to their response to the pandemic situation.
- Continue to focus on lifestyle measures to decrease stress: good nutrition, regular exercise, adequate sleep, maintaining social relationships, doing meaningful activities, using relaxation techniques, fun and laughter.

### **Individuals' willingness to return to services**

- Any additional planning required for individuals to ensure safe return to services successfully while feeling safe.
- Individuals who are ill must stay home; they can be supported to phone 811, and follow directives for testing, isolation, and care. Consider how you will meet these needs for increased demand for safety and care.
- Pay close attention to whether there are any individuals where returning to service puts them at high-risk, and therefore will not be returning to regular services in Stage 2 of recovery. Consider how their needs will be addressed.
- Involve the individual their significant others and their staff in brainstorming ideas in meeting the individual's needs from their home or another location that does not increase their risk of contracting COVID-19.
- When you consider all factors, are there any measures that will reduce the length of time of close contact with others and the number of contacts with the individual.
- Develop policies that support transitioning changes to the new normal and are consistent with delivering quality person-centered services.
- Consider implementing a repetitive reminder for individuals to maintain physical distancing reinforced in residential and day programs (e.g. same posters demonstrating physical distancing in residential and day programs).

### **Workplace Specific Considerations**

- Planning for a possible outbreak within your service will enable you to better handle the situation.

- When staff, and/or visitors are ill, ensure and plan for how they will not have any contact with vulnerable individuals and will go home. As per Public Health Officer (PHO) directions, they should be instructed to phone 8-1-1 (HealthLink BC) to talk to a nurse if they need advice on how they are feeling and what to do next.

## **Staff Specific Considerations**

### **Staff safety protocols**

- Ensure staff having a good understanding of the transmission of COVID-19 and if staff, individually and as a team, take a critical look at: how they perform their duties in supporting individuals; problem solve any breaches where risk of transmission increases; address safety concerns; and possibly suppress a sense of panic.
- Primary safety is to ensure clear understanding of all staff and visitors, of written and posted policy and protocols of not going to the work/community setting if you are ill and adhering to the testing, self isolation and when to seek medical care as directed by Public Health Office orders/guidelines.
- Consider having staff sign a declaration each day, or at the least one indicating they will notify in any change to health status. Staff screening at the beginning of the shift should be considered.
- Plan for staffing challenges and training/education that are required when providing services during a pandemic. i.e. no tolerance for a staff member reporting to work ill; expectations to PHO recommendations for self assessment, testing and isolation (10 days) if positive for COVID-19; how will contact tracking be facilitated.
- Educate agency staff and families on recommendations of isolating a person positive for COVID-19 when living with others in order to write informed policy.
- Know and plan for when additional medical care is required.
- Additional safeguards required to ensure safety of individuals and staff supporting them.

### **Testing**

- Testing will remain an important part of the management strategy going forward. Public Health has recently revised guidance for COVID-19 Testing:
  - Test all individuals with new respiratory or symptoms compatible with COVID-19, however mild. Symptoms may include fever, chills, cough, shortness of breath, sore throat, odynophagia (pain when swallowing), runny nose, nasal congestion, loss of the sense of smell, headache, muscle aches, fatigue, or loss of appetite.
  - Individuals in the following groups should be prioritized for testing: (not all are listed)

- Individuals requiring admission to hospital or likely to be admitted, such as pregnant individuals near-term, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy
- Consider increasing access to testing for any individuals with a higher probability of being infected with COVID-19 such as contacts of a known case of COVID-19 and travellers just returned to Canada
- People living in congregate settings such as work camps, correction facilities, shelters, group homes, assisted living and seniors' residences
- Healthcare providers can order a COVID-19 test for anyone based on their clinical judgment.

**COVID-19 testing is not recommended for individuals without symptoms.**

- In public health, contact tracing is the process of identification of persons who may have come into contact with an infected person ('contacts') and subsequent collection of further information about these contacts. This will remain a key tool moving forward, and it will be essential that we build up enough capacity to carry out this important measure (from BC COVID-19 Go Forward Management Strategy p. 14 - *see link below*)).

**Resources for testing**

**BCCDC site on testing** [www.bccdc.ca/health-info/diseases-conditions/covid-19/testing](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing)

*COVID-19 Go Forward Management Strategy – pg. 14; references who, when and where testing can be done.*

[www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/go forward strategy checklist web.pdf](http://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/go_forward_strategy_checklist_web.pdf)

**BC Self-Assessment:** *This link provides the self assessment tool for COVID-19 symptoms and guidelines on what actions to take such weather to get tested or not, if you should call 811 for more direction*

[bc.thrive.health/](http://bc.thrive.health/)

**Service Specific Considerations:**

- Use a physical barrier between seating that supports social distancing as required.
- Mark appropriate social distancing areas or set up individual activity areas at appropriate distances apart, can the flow of traffic be adjusted to support social distancing.
- Consider keeping records for contact tracking.

- Choose venues in the community that support appropriate social distancing.
- Ensure appropriate cleaning of high touch areas.
- Bring forward concerns if there is evidence that someone should do the self assessment screening and be tested.
- Communication between shifts should include the health status of individuals with COVID-19 being considered.
- With the return to service ensure awareness of how much the bubble of contacts is increasing for each member of the household, the individual and the staff member. The initial recommended expansion of increased safe contacts bubble is by 30% to 60% of normal.
- Consider using only disposable paper towels (or single use towels) for hand washing stations with multiple users.
- Provide hand sanitizer at key location such as at the entrance and exit doors.
- Supportive guidance for individuals around increasing personal hygiene measures.
- Assign cleaning of high touch areas by several people and post a sign-in sheet when the task is completed at desired intervals.
- Require the cleaning of community computers/tablets before and after each use, provide appropriate cleaning supplies to prevent damage.
- Schedule a time for review of measures with staff, and other stakeholders as appropriate.
- Ensure ill individuals are cared for in their home setting, if their symptoms indicate this is appropriate (i.e. if/when they should be hospitalized). Follow PHO direction.
- Consider how individuals will be involved in the planning for re-establishing services.
- Consider how physical distancing will be promoted.
- Consider how to ensure individuals are informed of any changes prior to implementation.
- Consider how families and/or home sharing providers will be involved in planning for re-establishing services.
- Consider what risk mitigation strategies were in place, or changes in delivery of services (if any, your normal practice may have already been low risk), were done to reduce the risk of droplet transmission during Stage 1 and that may be modified or removed.
- Develop a new normal of greeting people change as individuals expand their bubble of contacts.