

CDCSS

PANDEMIC PREPAREDNESS

This plan is to provide guidance in times of pandemic illness. The World Health Organization and Public Health Canada generally determine whether an illness has reached pandemic status.

Our pandemic plan has five sections:

1. Monitoring current risk of a pandemic
2. Implementing protection protocols
3. Reducing the impact of a pandemic
4. Continuing operations during a pandemic
5. Recovery from a pandemic

Activities undertaken in each stage are described below.

1. Monitor the current risk of a pandemic
 - a. Closely follow the reports on public health and outbreak status, globally, nationally and locally
 - b. Purchase masks, extra supplies of bleach, wipes and hand sanitizers and other illness-prevention supplies
 - c. Provide education to staff and residents regarding contagious illness prevention measures
 - d. Monitor and improve day to day hygiene practices and housekeeping standards to prevent transmission of any contagious illness
 - e. Monitor the situation with employees
 - i. Share information on illness prevention, symptoms and treatment and employer expectations about staying home if ill
 - ii. Assess risk level and needs of employees, such as who is at risk of severe complications and who has sole parenting duties
 - iii. Ask employees to notify their supervisor if they have symptoms such as cough, fever, diarrhea, shortness of breath
 - iv. Discuss risk communications and information sharing protocol for internal and external stakeholders so that everyone knows who communicates internally and externally
 - f. Report potential illness and outbreak information to public health
 - g. Test plans with scenario-driven exercises and fine tune these
 - h. Continually assess preparedness activities based on immediate information
2. Re-inforce existing personal, workplace, and family protection protocols
 - a. Personal Protection Protocol
 - i. Cover your coughs and sneezes

Program Policies

- ii. Wash hands frequently
- iii. Disinfect commonly touched surfaces, such as door knobs, telephones, tables, fridge and freezer handles
- iv. If you have a fever, stay home and rest for at least 24 hours after the fever has ended, or as long as suggested through the World Health Organization
- v. Get a vaccine when it becomes available

Protection Protocol (transmission interventions)

- vi. Infants should not be cared for by persons who are sick
 - vii. Keep the sick person away from other people as much as possible
 - viii. Designate a caregiver, especially one who is not at risk of complications themselves
 - ix. Have the sick person cover coughs and sneezes and wash their hands often
 - x. If caring for a sick child, hold their face over your shoulder to avoid being coughed or sneezed on
 - xi. Have everyone else wash their hands often and use either paper towels or a towel dedicated to each person so germs are not shared
 - xii. If you are in a high risk group for complications stay at least six feet away from persons who are sick; if contact is unavoidable, wear a face mask
 - xiii. If a sick person needs to be in the common area, or go out for medical care, have them wear a face mask
 - xiv. Face masks and Kleenex should be thrown in the trash when removed or used and the person should wash their hands immediately
 - xv. Maintain good ventilation
- b. Housekeeping Protocols
- i. Wash linens on hot setting and avoid holding them close to you prior to washing
 - ii. Clean toys and other surfaces with a household disinfectant
 - iii. Bag, tie and remove waste such as tissues, masks
 - iv. Ensure all dishes and cutlery are washed and dried in a regular cycle of a dishwasher where possible. If a dishwasher is not available, ensure dishes are soaked in a sterilizing solution prior to hand washing in dish soap and hot water. If drying with a cloth, send the dish cloth or towel to the laundry after each use.
 - v. Replace cloth dish towels with paper towels

3. Reducing the probability and impact of a pandemic

- a. Prepare and sustain essential workers
 - i. Assess core staffing needed; anticipate up to 50% staff absence for a 2-6 week period at height of the pandemic
 - ii. Supervisors will train employees on personal and worksite protection strategies and reinforce the importance of following these strategies

Program Policies

- iii. Identify ways to increase social distancing among staff and clients such as reducing face to face meetings during anticipated height of outbreak
 - iv. Give clear messages about illness protocols (do not come to work if you are ill) and use of sick leaves
 - v. Improve the numbers of available workers capable of performing critical duties
 - vi. Develop a system to track and deploy recovering workers who now have immunity to perform essential tasks in a home/facility with persons who are ill
 - vii. Consider care options for single parent workers so someone can cover for them at home (e.g., a plan to rotate illness child care as a cooperative)
 - b. Ensure essential supplies, materials and support systems
 - i. Perform risk assessment of each facility which includes building and service infrastructure, food supplies, and client needs
 - ii. Ensure pandemic reserves are sufficient to endure the initial 6-8 week wave
 - 1. Stock basic easily prepared food items
 - 2. Have on hand toiletries
 - iii. Replenish supplies rapidly between waves of illness
 - iv. Consider all critical business operations supplies as well (cheques, PO books)
 - v. Plan for early maintenance of facilities (furnaces, snow supplies, etc.)
 - c. Assess which clients are most at-risk of severe illness and protect them
 - i. Provide them with masks
 - ii. Designate one location in a facility to help isolate individuals who become ill
4. Continue operations during the pandemic with reduced staffing and concerns about infection
- a. Protocol to lessen the spread of the illness into the community (contact interventions), including into sites with vulnerable clients
 - i. Pandemic housekeeping routines will be activated
 - ii. Restrict access to any residential site for any staff, visitors or others displaying symptoms of illness
 - iii. Employees who are ill must stay away from the work place until their fever is over for at least 24 hours
 - iv. People who come into contact with a household/facility with a person who is ill yet are asymptomatic themselves are still at risk of infecting others in the community; these staff will wear masks during the incubation period to protect clients and other staff
 - v. Manage shift worker transmission by using 'ghost shift changes' with no overlap in shifts to limit exposure (do it electronically or in writing but not in person)
 - vi. Clients in the facility who are ill will be isolated from common areas as much as possible
 - vii. If clients become ill, monitor them for potential admission to the hospital.
 - viii. Potential clients coming into a facility with an active illness outbreak will be told of the outbreak so they can determine if they want to postpone entry

Program Policies

- ix. The management team will decide if and when to close program under our control
- b. Steps to lessen the impact on employees
 - i. Restrict access to any work site for any staff, visitors or others displaying symptoms of illness
 - ii. Activate measures of social distancing such as telephone conferencing, exclusion of ill staff from work site, closure of shared common rooms, playrooms
 - iii. As much as possible, we can be flexible in scheduling to allow parents to remain working if there are school or child care closures if possible in their jobs
 - iv. Employees at high-risk for severe or fatal infection may include pregnant women, persons with compromised immune systems or with underlying chronic conditions; these employees will not be scheduled to work in facilities where there is an active outbreak of illness
 - v. CDCSS will enforce employee protection strategies, such as social distancing (6+ feet between workers), minimize crowds, avoid face to face meetings, stagger lunch times and starting/ending times, promote hand washing, provide infection control supplies (hand sanitizers and masks), restrict work force travel, clean and disinfect facilities and equipment regularly, encourage no non-essential holidays or travel when suggested by the Center for Disease Control
 - vi. CDCSS will enforce implementation of protection protocols, especially by not allowing staff to work if they are ill, or to return to work until they are no longer contagious.
 - vii. Management team will have weekly check-ins to resolve problems and issues when needed.
- c. Steps to lessen the impact on the agency
 - i. As pandemic impacts mount, CDCSS will closely monitor all essential functions to ensure sustained operations
 - ii. Minimal staffing to keep functions open include:
 - 1. Finance –for payroll, AR, AP
 - 2. Management – for all other management duties
 - 3. Maintain on call phone if needed
 - iii. CDCSS will have an emergency team to re-schedule staff available for shift coverage when scheduled employees call in sick if deemed necessary
 - iv. Management will monitor potential weaknesses in the system that may fail faster than planned and take corrective action if possible or implement planned closures
 - v. Rapid adjustment of actions to address system disruptions and contain potential cascading effects will be taken
 - 1. Finance must be functional
 - 2. Facility maintenance must be functional

Program Policies

3. Residential programs with in-house clients must be functional
 4. Housing outreach services must be functional
 - vi. CDCSS management will decide when facilities/sites need to be closed and for how long this is feasible
 - vii. Emergency and information sharing communication systems will be used to:
 1. Quickly address rumours and misinformation
 2. Keep internal and external stakeholders informed in a timely manner
 - viii. Track availability of government direct and indirect support
5. Recovery after the epidemic has subsided to resume normal or near normal operations
- a. Assess impacts and adjust recovery actions based upon actual impacts
 - i. Clients well-being
 - ii. Staff sustainability
 - iii. Agency functioning
 - b. Assess costs to prepare for next wave
 - c. Assess any on-going impacts on employees (and their families) that impact their ability to work
 - d. Assess if worker shortages and essential supplies shortages were problematic and any remedies for the future
 - e. Implement any viable options to correct shortages

May, 2020

The Health and Safety committee has been meeting and developed a return to work plan. We are looking review with staff, prior to approval from the board. ANYONE (STAFF, CLIENTS, VOLUNTEERS, BOARD, ETC) WHO IS EXPERIENCING SYMPTOMS WILL BE ASKED TO LEAVE THE BUILDING.

Timelines:

Return to work starting June 1, 2020. We will be rotating staff in the office to limit the number of people and clients in the building. We will do this from June 1st – June 15th. A schedule for office days will be created to ensure safety for all.

Protocol:

Building:

- Signage from IH re: hand washing. COVID protections
- Hand sanitizer, masks and gloves at the front door with signage
- Plexi-glass shield will be installed at reception desk
- Increased cleaning and deep cleaning of high touch areas

Cdcss 2020

Program Policies

- Thoroughly cleaning areas (chairs, desks etc.) after clients leave

Staff:

- Continued social distancing
- One staff per office
- Stay home if showing **ANY** symptoms (even if you think your symptoms are due to other things such as allergies or other flu's/viruses)
- Staff who have symptoms **will** be required to stay home, call 811 and get tested for COVID.
- If sick and choosing not to be tested for COVID staff will need to quarantine for 2 weeks and be symptom free before returning to work. Paid sick time for this quarantine will come from staff's banked sick time. If staff are experiencing mild symptom, remote working may be possible. All situations may be discussed with the Executive Director.
- If staff receive a positive COVID test, they will be required to quarantine for 2 weeks and be symptom free before returning to work.
- Increased hand washing and use of hand sanitizer.
- To acknowledge the challenges in taking holidays in 2020, staff will be supported to carry over more than 2 weeks' holidays into 2021. Carry-over of holiday hours are to be discussed and approved by the Executive Director.
- No personal contact: handshaking, closed meetings in smaller spaces, hugging, or disrespecting social distancing rules.
- No sharing of objects: pens, staplers, notebooks, etc.
- Ensure wiping down of shared equipment after use (Photocopier, kitchen items)
- Ensure wiping down (Clean and sanitize) equipment and furniture in office after each client (chairs, tables, doorknobs, pens, pencils etc)
- Bottled water will be made available for staff and clients.

Clients:

No more than 3 clients will be allowed in the building at one time.

- All appointments with clients will be given to the front end staff to ensure we limit people in the office – Staff will be required to utilize Google Calendar to schedule appointments to ensure we limit number of people and risk of over-booking.
- Staff will ask all clients assessment questions prior to appointment and again on the day of appointment. (Questions will be drafted according to the COVID-19 Health Assessment)
- must have chairs set up socially distanced with tape on the floor showing the distance if necessary distance.
- All clients must practice good handwashing hygiene
- Clients must be informed of our safety protocols and follow them, staff can reference posters
- Continued ZOOM with clients who are at risk, vulnerable or too anxious to come in person

Program Policies

- Face to face meetings (one to one) can be socially distanced, however if meeting in our building, the meeting area (chairs etc) will need to be disinfected immediately after the client/family leaves our office/building. Staff will be required to do this cleaning.
- No home visits at this time.
- No toys will be available at this time.

Staff to prepare COVID plans for their programs and submit for approval.

(changes in date for return to work – TBA)

SEPTEMBER 2020

UPDATED INFORMATION

Step 1: Understanding and Assessing the Risks

We understand that:

- The virus that causes COVID-19 spreads in several ways including via droplets when a person coughs or sneezes, or if one touches a contaminated surface and then touches their face
- The risk of person-to-person transmission increases the closer one comes to other people, the more time they spend near them, and the more people one comes near
- The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time

In assessing the risks at our Main Office Worksite, we have:

- We have involved our Joint Occupational Safety and Health (JOSH) Committee, in the assessment of risks and the updated information
- Identified areas where people gather, for e.g. kitchen, hallways, copier areas, reception, and meeting rooms
- Identified job tasks or processes where workers are close to one another or members of the public
- Identified equipment that workers share while working, including copiers, shredder, kitchen equipment
- Identified surfaces that people touch often, including door handles, light switches, copiers, bathrooms, meeting room tables/chairs, kitchen counter, storage room, filing cabinets, and common areas of the building (e.g. stairwell, front door, elevator buttons, mailbox)

Step 2: Protocols for Reducing Risks of Person-to-Person Transmission

a. First Level Protection (Elimination)

We have:

- ✓ established and posted an occupancy limit for all of our office spaces, particularly common spaces such as kitchen, washrooms, meeting rooms, copier areas,
- ✓ maintaining work-from-home arrangements, virtual meetings, and staggering in-office hours so that no more than 50% of employees are in office at one time, and revising work schedules as needed. Return to work still not in effect
- ✓ limited all in-person counselling work to our large meeting room space as opposed to individual staff offices. Staff need to book this room
- ✓ Implemented measures to keep staff and others at least 2 metres apart, wherever possible.
- ✓ posted signage on main office door to notify clients/public that office remains closed except to those who have pre-arranged an appointment
- ✓ closed waiting room to clients. Clients coming for in-person sessions are asked to come exactly on time for their appointments and staff will meet them at the front door so waiting is not required
- ✓ restricted our employee washroom to staff, and other bathroom to CDCSS clients only. (high touch areas are sprayed with disinfectant twice daily)

b. Second Level Protection (Engineering Controls): Partitions and Barriers

We have:

- ✓ rearranged our meeting rooms for in-person sessions so that physical distancing can be maintained and contact with furnishings and objects is kept to a minimum
- ✓ sanitizing spray available for cleaning area

c. Third Level Protection (Administrative Controls): Rules and Guidelines to Reduce Risk

We have:

- ✓ Identified rules and guidelines for how staff should conduct themselves while on-site. These have been sent to all staff via email
- ✓ Communicated the rules and guidelines clearly through a combination of written protocols and signage. We are maintaining staff and client safety by:

Employee Health/Self-Assessments

- Remaining at home if staff have symptoms of COVID-19
- Going home immediately should staff develop COVID-19 symptoms while on-site; advise supervisor immediately; call 811 and follow directives given; report outcomes of testing (if done) to supervisor
- Self-isolating for 14 days if they have traveled outside of Canada, or contact with anyone who has traveled outside of Canada, or have been directed to self-isolate by public health
- Conducting self-assessment when returning from travel outside of BC; if symptomatic must self-isolate 10 days

Office setting

Program Policies

- Monitoring the number of people on the premises at any given time (main office is limited to staff only; rotating schedule of office hours is in place if needed)
- Removing access to agency toys and resource materials by closing waiting room
- Placing plain-language, easily-readable signage on main office door directing clients as to scheduled/non-scheduled appointments as well as what they can expect as they enter the offices around cleaning standards; frequently changing up the signage to attract people's attention
- Requesting contactless delivery to maintain physical distancing requirement (e.g., delivery person leaves packages in a pre-arranged location) where possible

Modifying work flow and common areas

- Maintaining virtual service delivery (whether from home or from office) where deemed appropriate and effective
- Staggering office hours so that no more than 50% of staff are present at any one time. Weekly schedule of office hours is managed and monitored .
- Holding all staff and team meetings virtually where numbers exceed 5 or more (for in-person meetings, staff must be 2 metres apart). Virtual meetings are always an option.
- Respecting all signage in office, including room occupancy signs, and drawing clients' attention to same
- Sanitizing each meeting rooms' surfaces after each client session
- Offering hand sanitizing stations at main entrances
- Removing all unnecessary kitchen equipment to simplify cleaning process; sanitizing spray available

In-Person appointments and communicating with clients

- Limiting in-person client counselling/support sessions to large meeting room
- Reconfiguring furniture layout to promote physical distancing; reducing amount of furniture in each room
- Limiting number of in-person sessions
- Offering out-of-door options for in-person sessions or activities where appropriate; staff to wear masks if not confident they can maintain physical distancing
- Asking clients to arrive as close to their scheduled appointment time as they can; meeting clients as they enter the building and direct them to session room
- Limiting sessions to only those individuals whose participation is necessary (e.g. individuals supporting supervised and supportive visitation)
- Offering common area/hallway waiting chairs for parents or caregivers of children in session, if necessary
- Rescheduling sessions if clients become sick or are placed under self-isolation or have traveled outside country within the last 14 days; resuming virtual sessions remains an option
- Keeping track of all clients who receive in-person sessions in the event of a positive case at this site and to assist public health's contact tracing.

Home Visits/Supervised Visits/Outreach Visits

Program Policies

- Limiting home visits, supervised parent/child visits, and outreach visits (i.e. Family Support, Homelessness Prevention, Street Outreach, Youth Outreach, Women's Outreach) and consider conducting the visit outdoors, if possible
- Offering home, supervised, outreach visits to only those individuals/families where virtual services are not effective, feasible, or possible
- Conducting appropriate health screening procedures in advance of each visit
- Assessing ability to physically distance within the visit space. If this is not possible, consider meeting in an outdoor space, a different location, or reducing the number of adults in the space for the duration of the visit (i.e. limit individuals present to only those necessary for the visit)
- Following Work Alone Policy guidelines re notification of staff whereabouts, etc.
- Using personal protective equipment (masks, gloves, safety shields) if 2 metre distancing cannot be maintained consistently
- Offering masks and hand sanitizer to clients
- At the time of the booking, sharing information on expectations and modifications clients can expect related to COVID-19 safety plans (e.g. physical distancing, hand hygiene, masks, etc.)

Health Checks

- Ensuring client health questionnaires are administered a maximum of 24 hours prior to each in-person session (note: parents/caregivers may respond to health questionnaire on behalf of their child(ren))
- If clear of symptoms and no risks are presented during the check, advise clients on protocols to follow while at the office
- Where a client has symptoms, postponing the visit or switch to virtual visit (if appropriate); suggesting that the client call 811 for further direction on how to proceed
- If client is unsheltered, supporting them to call (or call for them) 1-888-COVID19 (1-866-268-4319)
- Where provision of service is deemed necessary despite the risk, directing them to a separate room or designated area, offering a mask, and asking them to follow the protocols for physical distancing, hand hygiene and masks.

Transporting Clients

- Restricting any transporting of clients in staff vehicles, including for supervised child/parent visits, until further notice
- Arranging for taxis to transport clients if the need is urgent and no other options exist

Cleaning and Disinfection

- Establishing and respecting cleaning protocols:
 - All common area frequently touched surfaces are sanitized daily including things like copiers, door handles, fridge and dishwasher doors, , hallway chairs/tables, etc.
 - Bathrooms are sanitized after each use (all staff to take responsibility, and sanitizer spray will be in the bathrooms)
 - Desk tops, phone sets, computers, and office chairs are sanitized once/week by staff
- Minimizing use of shared pens and phones; disinfecting when needed

Program Policies

- Providing hand sanitizing stations at entry doors and kitchen area and kept out of reach of children
- carrying out hand hygiene upon entering and leaving the office and at various other points of contact such as:
 - Before and after preparing and eating food
 - After use of washrooms, sneezing or coughing
 - After disposal of garbage
 - Before and after using a mask or PPE
 - Whenever hands look dirty
- Keeping doors and entry ways open and accessible to prevent touching surfaces, reception doors are open during the day

Physical distancing

- Respecting 2 metre physical spacing between themselves, clients and others in the building; use reflective hallway mirrors to minimize contact
- Avoiding close greetings like hugs or handshakes with people outside your bubble; model same for clients
- Keeping social circle small – ‘fewer faces, bigger spaces’

General Hygiene

- Handwashing regularly throughout the day
- Avoiding touching your face unless you've just washed your hands
- Covering coughs and sneezes; dispose of tissues in PPE containers; wash hands
- Applying hand sanitizer frequently
- Staying home and away from others if sick
- Cleaning surfaces often

d. Fourth Level Protection (Using PPE): Optional in addition to other controls

We support the use of PPE and a supply of PPE is readily available.

Use of Masks and other PPE

- Following protocols for donning, doffing, and disposing safely of PPE
- Accessing the supply of masks (washable and disposable styles) available for staff; masks may be offered to clients including instructing them in proper use
- Encouraging staff to wear masks while in the office, when they do not feel that safe distancing can be maintained; staff are free to wear masks at all times if they wish
- Remembering that PPE should only be used in combination with other control measures such as handwashing and physical distancing

Step 3: Protocols

Program Policies

The following protocols are in place and communicated to staff. All of the below will be consolidated and kept on the Z drive for easy access:

1. Orders from BC's Public Health Officer and guidance from BC Centre for Disease Control and Worksafe BC for establishing minimum worker health and safety standards
2. Risk Assessment (including higher risk employees) and Reducing Risk
3. COVID-19 Self-Assessment
 - a. Staying Home even if having mild symptoms
 - b. Feeling sick at work
 - c. Calling 811 and following public health guidelines/recommendations
 - d. Limiting social circles
 - e. Severely ill at work, call 911
 - f. Disinfection of all surfaces of ill person
 - g. Self-isolation for minimum 10 days
 - h. Travel outside of BC; safety while travelling; self-assessment of symptoms upon return; 14-day self isolation returning from international travel
4. Working from Home
5. Staggered Office Hours/Adjusting work schedules
6. Selecting and Using Masks/PPE supply
7. Hygiene Protocols
8. Cleaning and Disinfecting Surfaces
9. In-Person Counselling
10. Sick Leave Policy (particularly related to COVID-19)
11. Annual Leave Policy
12. Leaves of Absence Policy
13. Reporting COVID cases to Worksafe & CSSEA (Employers' Association) if workplace contracted
14. Undue Hazards/Unsafe Work
15. Employee Self-Care/Employee Assistance Program (Managing COVID-19 Stress and Anxiety)
16. Working Alone and Working at Home
17. First Aid protocols
18. Transporting Clients
19. Violence Prevention (particularly as it relates to addressing risks that may arise as clients adapt to restrictions or modifications to the workplace)
20. Trauma-Informed Approach to Working with Vulnerable Clients during COVID-19
21. Business Continuity Plan (particularly as it relates to an outbreak in our community)

Step 4: Communications Plans and Training

- Executive Director will work in collaboration with JOSH Committee in the continual development of protocols and will communicate these in a timely manner, via email, as things develop
- JOSH Committee are also a route for staff to communicate safety concerns
- Any specific safety training required will be organized for staff or directions provided (e.g. donning/doffing PPE, First Aid protocols, etc.)
-

Step 5: Monitoring and Updating the Safety Plan

Program Policies

- Executive Director and JOSH are responsible for monitoring the day-to-day safety and risks of exposure by staff and to recommend changes to protocols and policies
- *Risk Exposure & Mitigation Plan* will be updated regularly as things change, particularly as new directives come from the Public Health Officer and/or Funders

Step 6: Relevant Links and Resources

Refer to the following links for up-to-date information on COVID-19 and guidance on safe operations:

- https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/bcs_restart_plan_web.pdf
- <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/phase-3>
- https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf
- <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>
- <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/in-person-counselling>
- <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>
- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>
- <https://www.canada.ca/en/public-health.html>
- <https://www.bcgeu.ca/covid>
- <https://www.ctvnews.ca/health/coronavirus/covid-19-exposure-notification-app-now-available-1.5046868>

November 2020

UPDATE:

Masks will be mandatory in all common areas of the agency. Masks are provided if clients do not have them, or if staff do not.

Please ensure you lock the front door behind you every time you come in or leave.

*******There is a thermometer (and wipes) at the front desk. We ask that you complete the covid-19 form everyday now and check your temperature. We are storing the forms.**

- **Groups remain closed and only available virtually and/or outdoors**
- **Supervised Visitation suspended and will be done virtually until further notice**
- **Continuing to support remote working with all staff. It is encouraged that staff who have not been working in office over the past several months do not start coming into office regularly.**

Masks at workplaces and shared living areas

Emergency Management BC is reviewing other community locations where a mask mandate may be advisable and anticipates issuing a further order to enforce requirements for masks in common areas of apartment buildings, condos and workplaces.

It is strongly recommended that masks be worn in the following areas:

- **Common areas in apartment buildings and condos, including:**
 - Elevators
 - Hallways
 - Lobbies
 - Stairwells
- **Shared indoor workplace spaces, including:**
 - Elevators
 - Kitchens
 - Hallways
 - Break rooms

Table put out front for easy access to masks, sanitizer and covid checking of all.