

# Exposure Control Plan

Protecting Care Workers from Infectious Disease  
Coronavirus (COVID-19)

Creston and District Society for Community Living

April 2020

# Coronavirus (COVID – 19) Exposure Control Plan

Reference:

## “Controlling Exposure:” Protecting Workers from Infectious Disease (WorkSafe BC)

The Creston and District Society for Community Living is committed to providing a safe and healthy workplace for all CDSCL employees. A combination of measures will be used to minimize employee exposure to infectious disease in the workplace. Our work procedures will protect not only CDSCL employees and supported individuals, but also other workers and Emergency Personnel who enter CDSCL work locations, the residences of supported individuals and CDSCL day programs. All employees must follow the procedures outlined in this plan to prevent or reduce clients and workers from exposure to infectious disease.

### Responsibilities:

#### 1. All CDSCL Employees

- Follow control measures including:
  - ✓ Follow Universal Safe Work Procedures; (pages 6-11)
  - ✓ Point of Care Risk Assessment; (pages 12--14)
  - ✓ Personal Protection Equipment Procedure. (PPE) (pages 14-15)
  - ✓ BCCDC (British Columbia Centre for Disease Control) Exposure Protocol (pages 16-19)
- Complete the required reading and training provided by CDSCL when offered.
- Check the CDSCL notice boards regularly (every shift at a minimum) for updates on the COVID-19 situation.
- Stay home if you have symptoms of COVID-19- Do self assessment for COVID-19 on the BCCDC web site, or call 8-1-1 and contact your (Manager, Coordinator) for further direction.
- Prepare in advance for your personal life in the event of an outbreak e.g. childcare, schools closing, and quarantine yourself and/or member of your family.
- All refusals to perform work will be taken seriously and investigated as per Section 3.12 of the OHS Regulations.

- Follow the “Universal Health Precautions”-Policy 6.11, and the “Emergency Preparedness” Policy 6.15, and especially 6.19 “Infection Control” of the CDSCL Policies and Procedures book.
  
- Contact your Coordinator, Manager, Director if:
  - ✓ you are travelling from anywhere there is a travel advisory;
  - ✓ You have visitors arriving from anywhere there is a travel advisory.

## 2. **Coordinators and Leaders**

- ✓ Ensure that all staff reviewed and are following the Covid-19 Training Plan
- ✓ Notify your Coordinator, or Accounting Payroll of all staff plans for travel until further notice.
- ✓ Ensure maximum usage of all Personal Protective Equipment (PPE) to conserve supply.
- ✓ Manage all staff coverage and communicate with Annette regarding challenges.
- ✓ Arrange medical care for supported individuals (with guidance from your Director when needed)
- ✓ Communicate on a regular basis with your Director

## 3. **Director**

- ✓ Work with appropriate Health Authority to organize the testing and coordination of medical treatment for supported individuals. (clients)
- ✓ When necessary, communicate with all family/network members as directed by the Leadership Committee.
- ✓ Comply with reporting obligations with the appropriate licensing authority.
- ✓ Provide regular updates to the Operations Manager (Rita).
- ✓ Provide support to Coordinators when needed.
- ✓ Communicate and updating stakeholders

## 4. **Exposure control steering Committee**

The committee is comprised of Leadership Team members and Administrative personnel and is responsible for:

- ✓ Making all decisions regarding essential services and service closures;
- ✓ Liaising with sector stakeholders (funders, licensing, other agencies).

### ***Critical Staffing Levels:***

Where reasonable, CDSCL's Leadership Team will endeavor to maintain all locations during a pandemic threat, however closures or partial closures may be necessary.

CDSCL considers staffed residential homes to be essential services and will prioritize these to maintain service delivery and staffing during and infection outbreak.

The Leadership Team will determine the staffing levels necessary to ensure the safety of the individuals supported under emergency conditions.

The Leadership Team and or Administrative Managers may be required to provide online support and/or purchasing of supplies when available for the residential homes and will ensure that operations are in place for such things as groceries and medications.

### **Further Information:**

**Please read BCCDC website for latest information on COVID-19**

Additional Information will be provided by your Coordinators to your worksites.

If you have more questions or are concerned about any illness/symptoms experienced by you, or any member of your family please contact HealthLink BC at 8-1-1, 24 hours a day and seven days a week to speak to a nurse.

Further information on COVID-19 can be found at the Public Health Agency of Canada website:

[http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel))

or

HealthLinkBC at [www.HealthLinkBC.ca](http://www.HealthLinkBC.ca)

# Coronavirus (COVID-19) Training Plan

## **Contact Transmission:**

- **Droplet transmission:** spread from person-to-person happens among close contacts. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- **Direct contact:** The virus can spread by touch. This may happen if a person touches something with droplets containing the virus and then touch their face, eyes, nose or mouth. The most important thing you can do to is to wash your hands regularly and avoid touching your face.

Both coughs and sneezes produce large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods and can be inhaled. In addition, large droplets can evaporate quickly to form inhalable particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced, but can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. As the number of infected people in a room increases, all things equal, the risk of infection can increase.

## **Control measures:**

All CDSCL staff are required to follow the control measures outlined in the following three procedures.

- ✓ **Universal Safe Work Procedures/Prevention**
- ✓ **Point of Care Risk Assessment**
- ✓ **Personal Protection Equipment Procedure**
- ✓ **BCCDC Exposure Protocol**

## **Universal Safe work Procedures/Prevention**

Consult Policy 6.19 on Infection Control and follow procedures for Reporting Exposure Incident to Infectious Disease. Continue to follow routine practices of this policy, which include hand hygiene (hand washing is the simplest, most effective means of controlling the spread of COVID-19) and the use of PPE such as masks, gloves, eye protection (when available) and gowns. Personal Protective Equipment is extremely difficult to obtain. There are Ethical Judicial practices in place which means proper masks, eye protection, gowns, gloves will first go to front line Health Care Workers first, and will not be available to Social Service Sectors until their supply(Health Care Workers) is in abundance.

### **Hand Washing (critical in prevention of spreading virus)**

Washing your hands not only prevents you from getting sick, but it also reduces the risk of infecting others including our clients. If you don't wash your hands properly before coming into contact with others you can infect them with the germs and viruses on your hands. Other people can also get sick from the contamination on your hands. Unwashed hands leave germs and viruses on shared objects like doorknobs, keyboards, light switches, taps etc... Please don't forget to wash client's hands frequently.

### **When to wash your Hands:**

- ✓ Before and after eating or feeding someone else
- ✓ Before preparing food
- ✓ After handling raw meat or fish
- ✓ After using the washroom or helping someone use the washroom
- ✓ Before and after providing someone personal care
- ✓ After sneezing or coughing or when using a tissue
- ✓ After helping someone with a running nose
- ✓ Before and after caring for someone who is sick
- ✓ Before providing first aid or even a Band-Aid
- ✓ After handling shared objects
- ✓ After handling pets or animals
- ✓ Before inserting contact lenses or removing contact lenses
- ✓ After cleaning or handling garbage
- ✓ Before flossing your teeth
- ✓ Immediately after touching your mask

## **Proper Methods of Hand Washing:**

Although hand washing might seem like a simple task, you should follow these steps to thoroughly rid your hands of germs and viruses.

### ***What Kind of Soap to Use:***

- ✓ Use plain soap that does not contain antibacterial agents. Plain soap will remove the dirt and grease that attract bad bacteria, and break down the fat that surrounds the Coronavirus COVID-19 exposing the RNA/DNA strands, therefore destroying them.
- ✓ Plain soap will not kill the good bacteria that live on the hands.
- ✓ Using antibacterial products unnecessarily increases the concentration of antibiotics in the water supply and in the environment.

### **Steps When Using Soap:**

- ✓ Remove any hand or arm jewelry you may be wearing.
- ✓ Wet your hands with warm water.
- ✓ Apply plain soap to your hands and rub together for 20 seconds (the length of time it takes to sing Twinkle, Twinkle Little Star or Happy Birthday)
- ✓ Wash the front and back of your hands, as well as between your fingers and under your nails.
- ✓ Rinse your hands well for 10 seconds under warm running water, using a rubbing motion.
- ✓ Wipe and dry your hands gently with a paper towel or a clean towel. Drying them vigorously can damage the skin.
- ✓ Turn off the tap using the paper towel so that you do not re-contaminate your hands. When using a public bathroom, use the same paper towel to open the door when you leave.
- ✓ If skin dryness is a problem, use a moisturizing lotion.

Remember that proper hand washing techniques should be practiced all the time, not just during flu season or a pandemic alert. They should become second nature to you at work, at home and out in the community.

## Respiratory Hygiene (Cough/Sneeze Etiquette)

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

If you cough or sneeze you can decrease potentially spreading the virus by  
Wearing a surgical/procedural mask if you have one

If that's not available a homemade mask, like a bandana, may offer some protection

If that's not available, coughing into a tissue and / or elbow is recommended. Perform hand hygiene immediately after.

## The Role of Masks to Prevent COVID-19

Masks can be used by sick people to prevent spreading the virus to other people. A mask can help keep a person's droplets in.

When a person is not sick themselves, wearing a mask is not very effective at preventing yourself from getting infected. Especially when wearing home made masks.

Any mask, no matter how efficient at filtration or how good the seal, will have minimal effect if it is not used together with other preventive measures, such as **frequent hand washing** and physical distancing of at least 2 meters.

Wearing a surgical mask and eye protection (i.e. glasses or goggles), may reduce your exposure risk if you are in prolonged close contact (i.e. face to face contact at a distance closer than 2 meters and for more than 15 mins) with someone who is sick with COVID-19. If a surgical mask is not available, a homemade mask (like a bandana) may offer some protection. (Contact Coordinator for available supplies)

COVID-19 is spread through droplets, which is why physical distancing, hand hygiene, respiratory etiquette and disinfecting protocols are the most effective means of reducing the spread of the virus. Gloves, gowns, and N95 respirators are therefore not required in for routine interactions. (see exposure control for when these items are required)

## ***Minimizing Your Risks***

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

- ✓ When you cough or sneeze, use a tissue or raise your arm up to your face and aim for your sleeve. Do not sneeze into your hand. Throw away tissues as soon as you use them
- ✓ Keep the surface areas in your home, your work environment at CDSCL and office free of germs by cleaning them. Doorknobs, light switches, telephones, and keyboards are especially important to keep clean.
- ✓ If you have children, teach them good hygiene and how to wash their hands properly. Young children should be supervised while washing their hands.
- ✓ As necessary, the individuals you support should be supervised while washing their hands or using hand sanitizers.
- ✓ If you use bar soap, keep it in a self-draining holder that can be cleaned thoroughly before a new bar is added.
- ✓ Use individual damp cloths to wash each person's hands that require supervision when a sink with warm running water is unavailable.
- ✓ Use fresh running water to rinse your hands rather than using a standing basin of water.
- ✓ Use individual hand towels and avoid sharing towels.
- ✓ Change cleaning cloths daily and launder them using detergent. Germs thrive on moist surfaces.

## Cleaning and Disinfecting During and Outbreak

Staff should develop schedules to ensure disinfection of contaminated surfaces. Pay attention to **bathrooms** and any **commonly touched areas**. Bathrooms and toilets need special care and they should be disinfected often with a diluted bleach solution. Household cleaners other than bleach are not effective. Close toilet lids when flushing.

### *Cleaning up after a vomiting or diarrhea accident:*

Cleaning up after a vomiting accident, using hot water and detergent is important. Surfaces should then be wiped down with a dilute bleach solution to kill the virus. Any food that has been handled by an ill person, or food that could have been exposed when someone vomits, should be discarded.

- It is recommended that the person cleaning up vomit or diarrhea wear surgical mask, disposable, waterproof gloves and clothes that can be changed and washed in hot water and/or a disposable gown. Gloves are essential.

Steps to follow when cleaning up vomit or feces, or just cleaning around the house during and after illness:

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

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

**Follow these guidelines for handling soiled or contaminated laundry:**

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

**Quarantine, Limit or Eliminate any Visiting to the Residence; Stay at home**

- ✓ If a supported individual is sick, other people at the location may become sick as well. The sick person should try to keep to his or her own room and have little contact with others. Everyone must do careful hand washing.
- ✓ Minimize unnecessary activities for the individuals, restrict access to the location and temporarily ensure no new employees come into the location.
- ✓ The elderly, very young children and anyone with underlying medical conditions should not visit residents or the location.

# Point of Care Risk Assessments

In the case of a pandemic or outbreak of infectious disease, specific precautions and procedures will be identified. CDSCL's employees will be educated and trained on these specifics at the time they are identified by their Coordinators.

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

## When should I conduct one?

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

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

The Director, Employee Union, Coordinators, and Assistant staff are responsible to ensure CDSCL's employees are trained in how to conduct a PCRA. This training will be done via a Point of Care Training Module and documented.

## How to Conduct a Point of Care Risk Assessment

### STEP 1:

Before every interaction with a supported individual, CDSCL's employees **must** ask themselves the following 3 questions:

#### a) What tasks are you doing with the supported individual?

Classify task as either **direct care** or **indirect care**.

Most hands-on support would be considered *direct care*. *Direct care* would increase the risk of exposure to influenza or any infectious disease to the employee. Transporting an individual may be classified as direct care also, depending on the level of support required.

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

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

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

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

For example, if you are performing the tasks in a more confined space (e.g. bedroom, bathroom, or personal care room) or in a space with poor ventilation, the risk of exposure to influenza virus or other infectious disease (if airborne) would be increased. Take careful precaution to avoid unnecessary exposure.

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

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

Remember, the Home Made masks will only help mitigate us from transmitting the disease to ourselves and clients, it will not provide much protection for us individually or from clients passing it to us. So if there is a client that has symptoms, mask the client immediately and notify your coordinator.

## **STEP 2:**

**Based on the answers to the above 3 questions, you must determine:**

- a. What actions to take and
- b. What (if any) Personal Protective Equipment (PPE) you should use.

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

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

***Indirect Care/Supported Individual has symptoms of infectious disease*** – The PPE required is a surgical mask (N 95) for the supported individual (if tolerated); also, a surgical mask (N95), gown, gloves, and eye protection are needed to be worn by the employee when providing direct care. The CDSL's procedure is to separate the person who is ill to their bedroom.

***Direct Care/Supported Individual has confirmed or probable infectious disease*** – The PPE required is a surgical mask for the person who is ill (if tolerated); for the employee, a surgical mask or N95 Respirator (if fit-tested), gloves, gowns, and eye protection are required. The CDSL's procedure is to separate the person who is ill to the bedroom.

## **Personal Protective Equipment**

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

**PPE can include the following:**

Gloves

Gowns/Aprons

Masks

Goggles

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

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

***Since the 2<sup>nd</sup> week of February of 2020, CDSCL has been trying to procure extra PPE. Due to a global shortage some items are in short supply or simply can not be provided because of the Ethical Judicious Policy of the BC government during a Provincial State of Emergency that is “ensuring that PPE gets to Health Care Workers first, and when possible, will be made available to the Social Services Sector.” (This means us)***

## **Why is PPE Important?**

Making the workplace safe includes understanding instructions, procedures, and training so that you and everyone around you are safe and responsible.  
Even where controls and safe systems of work have been applied, some hazards might remain. These include injuries to:

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

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

## **What kind of PPE is needed?**

As before, this will be determined and identified at the time of the pandemic and will depend on the nature of the virus/outbreak at the time. The following is a list of commonly used PPE:

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

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

Follow these guidelines for handling and disposing PPE:

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

**SCREENING FOR PERSONS WITH SYMPTOMS OF COVID-19** (reference: BCCDC April 4 interim guidance to Social Service Providers and the Prevention and Control of COVID-19)

Screening for symptoms helps identify people who are sick and ensure that their contact with other is limited.

Screening staff as well as clients for respiratory symptoms (i.e. coughing, sneezing) will enable staff to implement measures to prevent the spread of the virus within the group home.

Individuals with COVID-19 related symptoms should be placed in isolation either within the group home if possible. (See section "If a person has symptoms of COVID-19" below).

Passive screening for symptoms should occur by way of signage (in multiple languages) posted at all entrances to the home reminding persons entering the facility to self-isolate if they have symptoms such as fever, cough, difficulty breathing, chills, sore throat, runny nose or sneezing (see the BCCDC Healthcare Professionals page).

Signage should provide clear instructions on how to perform respiratory etiquette and hand hygiene. In addition there must be signage that advises anyone entering the facility with

symptoms to perform respiratory and hand hygiene and notify staff. (See the BCCDC Healthcare Professionals page).

**Any individual that presents symptoms of COVID-19 must contact Coordinator Immediately so incident report can be sent in to Health Authority. This has to be done without delay!!**

**IF A PERSON HAS SYMPTOMS OF COVID-19:** (reference: BCCDC April 4 interim guidance to Social Service Providers and the Prevention and Control of COVID-19)

Symptoms of COVID-19 include fever, cough, difficulty breathing, chills, sore throat, runny nose, sneezing, and diarrhea (learn more at: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/if-you-are-sick>).

Any person who is ill and has symptoms should isolate for 10 days (see section below if self-isolation is not possible)

Any person who is concerned they may have COVID-19, can access self-assessment tools via:

- a) Online self-assessment tool at [www.bc.thrive.ca](http://www.bc.thrive.ca)
- b) Calling 811

Downloaded app-BC COVID-19 support, (Apple App Store or Google Play)

Anyone who is ill should cover their coughs or sneezes by:

- a) Wearing a face mask (i.e. surgical/procedural mask) if it's available
- b) Clients who are provided a mask should be guided to follow proper procedure when putting on and taking off the mask
- c) If a mask is not available, a homemade mask (like bandana) could be used.
- d) If no surgical or homemade mask is available, people should cough or sneeze into a tissue or their elbow and perform hand hygiene immediately after.

Clients should be restricted to his/her self-isolation space, including during meals and any other social activity.

Advice on things to do and things to avoid during isolation is available

([http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation\\_dos\\_donts.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/Self-isolation_dos_donts.pdf)). (If a client needs to go outside for any reason, instruct them to cover their coughs and sneezes and perform hand hygiene).

If the ill person is having chest pains, or severe difficulty breathing, it could be a life-threatening emergency. Call 9-1-1.

**Any individual that presents symptoms of COVID-19 must contact Coordinator Immediately so incident report can be sent in to Health Authority. This has to be done without delay!!**

**IF A PERSON HAS SYPTOMS OF COVID-19 AND SELF-ISOLATION IS NOT POSSIBLE:** (reference: BCCDC April 4 interim guidance to Social Service Providers and the Prevention and Control of COVID-19)

If individual rooms for sick clients are not available, consider using a large, well-ventilated room to put people who are sick together.

A separation of tow meters between ill clients and other clients will help reduce the spread of the virus. Privacy curtains or other physical barriers should be drawn if available.

**IF MULTIPLE CLIENTS HAVE RESPRIATORY SYMPTOMS:** (reference: BCCDC April 4 interim guidance to Social Service Providers and the Prevention and Control of COVID-19)

- Keep clients with symptoms (e.g. coughing, sneezing) together, ideally in separate rooms and/ or in a dedicated common area as much as possible, and away from other clients who are not symptomatic by a distance of at least 2 meters.
- Avoid moving equipment or other items between areas with sick and non-sick people to reduce risk of transmission through indirect contact.
- Encourage clients to keep personal items put away, so they are not at risk of being coughed or sneezed on.
- Separate out staff to those working and not working with people who are sick as much as possible. Staff working with symptomatic clients should avoid working with clients who are well.
- If dedicated staff for symptomatic clients is not available, staff should first work with the well and then care for the ill.
- Staff should avoid movement between buildings, when possible.
- Staff should always practice strict hand hygiene when moving between clients.
- If available, provide a dedicated sink and soap for staff hand hygiene.

**STAFF WITH EXPOSURE TO COVID-19:** (reference: BCCDC April 4 interim guidance to Social Service Providers and the Prevention and Control of COVID-19)

The virus can take up to 14 days to make someone sick after they have been exposed, therefore if staff have been exposed to COVID-19 they should self-isolate for 14 days and self-monitor for symptoms.

If they do not develop symptoms during the 14 days, they can return to work.

Essential staff with exposure to COVID-19, who have no symptoms and are not sick, can come to work provided they are self-monitoring AND they self-isolate immediately if they develop symptoms. If masks are available, they should wear a mask.