Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities
April 4, 2020

The goal of COVID-19 public health measures in social service providers is to, as much as possible, prevent the introduction and/or spreading of the virus in social service settings and/or prevent transmission between clients and staff.

This document provides interim guidance to social service providers for the prevention and control of novel coronavirus (COVID-19) in their facilities. This guidance document is based on the latest available scientific evidence about this emerging disease and considers the limited stock of personal protective equipment (PPE) due to shortages in global supply.

- For the purposes of this document, social service providers include a variety of organizations such as shelters, friendship centres, group homes and others.
- It is vitally important that front line providers of social services continue providing essential services to vulnerable populations and implement as many public health measures as possible to prevent and control COVID-19 in their facilities (https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-pho-letter-to-social-sectors.pdf)

HOW COVID-19 IS SPREAD:

- Step 1 – The virus is spread through infected droplets.
  - The main way the virus is spread is when someone who is sick with COVID-19 (i.e. fever, cough, sneezing) spreads infected droplets by coughing or sneezing.
  - The droplets can travel ~ 2 meters, approximately two adult arm lengths
  - The droplets do not hang in the air, but they can land on surfaces and contaminate them (i.e. doorknobs, light switches, counters) AND/OR
  - If the person coughs or sneezes into their hands, they can transfer the virus onto things that they touch.
  - Therefore, it’s recommended to cough into your elbow, or a tissue that can be thrown away immediately and do frequent hand hygiene with plain soap and water or alcohol-based
sanitizer with 60% alcohol content.

- Antimicrobial soap is NOT required to prevent the spread of COVID-19.

- **Step 2 – A person is exposed to the virus through contact with infected droplets.**
  - Another person can be exposed to the virus if:
    - They are within 2 meters of the ill person and inhale infected droplets OR
    - They touch something that has the infected droplets on it (i.e. doorknob, light switch) and then touch their eyes, nose or mouth and the virus gets into their body.

- **Step 3 – The person who got exposed may get sick with COVID-19 up to 14 days after exposure.**
  - The virus can take up to 14 days to make someone sick after they have been exposed to COVID-19. This is called the incubation period.
  - If they become sick with symptoms compatible with COVID-19 (fever, cough, muscle aches, difficulty breathing, runny nose, sore throat, or diarrhea) then that person can start spreading the virus in the environment as per Step 1.
  - It may be possible to spread the virus even when someone has mild symptoms.

**THE MOST EFFECTIVE WAYS TO REDUCE THE SPREAD OF COVID-19:**

- **SELF-ISOLATE IF YOU’RE SICK** (learn more about self-isolation at: [http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation)):
  - Staying away from others for at least 10 days if you have symptoms of fever, cough, sneezing. This means staying at a distance of at least 2 meters and ideally being in your own room, using your own bathroom, and during meal times staying a distance of at least 2 metres from others and do not share food.
  - If you have access to a surgical/procedural mask, wearing it can reduce the amount of droplets you spread when you cough/sneeze.
  - If that’s not available a homemade mask (like a bandana) may offer some protection (see the section ‘The role of masks to prevent COVID-19’ below for more information).
  - If a mask is not available, coughing into a tissue and/or your elbow is recommended, disposing of the tissue in an appropriate garbage container and performing hand hygiene immediately after.
  - In some settings, it may be difficult for clients with symptoms to self-isolate. This is addressed in the section below ‘If a person has symptoms of COVID-19 and self-isolation is not possible’.

- **COMING OUT OF SELF-ISOLATION**
  - After 10 days, if your symptoms have been improving for at least 72 hours and your temperature is normal, you can return to your routine activities.
  - If after 10 days your temperature has not resolved and there hasn’t been an improvement in your symptoms for at least 72 hours, you should remain isolated and seek medical attention or call 8-1-1.

• Staying at a distance of 2 meters from others, can help reduce the chance that you will inhale infected droplets.

  - Performing good hand hygiene is one of the most effective ways of reducing the spread of the infection.
  - Wash your hands often with plain soap and water for at least 20 seconds.
  - Alcohol based hand rubs (ABHR) can also be used to clean your hands as long as they are not visibly soiled. If they are visibly soiled, use a wipe and then ABHR to effectively clean them. Look for ABHR with at least 60% alcohol content.
  - Do not touch your face, eyes, nose or mouth with unwashed hands.
  - Hand hygiene is important for everyone:
    - Before and after preparing, handling, serving or eating food.
    - After personal body functions (e.g., using the toilet, sneezing, coughing).
    - Before and after using a mask.
    - After disposing of garbage or dirty laundry.
    - Whenever hands look dirty.

• **FREQUENT CLEANING AND DISINFECTION**
  - Water and detergent (e.g. liquid dishwashing soap) or common household cleaning wipes should be used for cleaning surfaces.
  - Apply firm pressure while cleaning.
  - Surfaces should be cleaned at least once a day.
  - Next, use a store bought disinfectant or diluted bleach solution, one part bleach to 9 parts water, and allow the surface to remain wet for one minute.
  - Clean surfaces that are touched often (e.g. counters, table tops, doorknobs, toilets, sinks, taps, etc.) at least twice a day and immediately after exposure to a symptomatic client.
  - Any equipment that is shared between clients should be cleaned and disinfected before moving from one client to another.
  - **If a client is suspected or confirmed for COVID-19 and has moved through your setting**, clean the entire room/bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails). Store bought disinfectant or ready-to-use wipes can be used. Always follow the manufacturer’s instructions.
  - Wash items according to manufacturer’s instructions. If possible, wash with detergent at the warmest water settings possible for the items and dry completely. Dirty laundry from an ill person can be washed with other items. Hand hygiene should be performed after handling laundry.
  - You do not need to close your facility if an individual with suspected or confirmed COVID-19 has been in your setting, however proper cleaning and disinfection of the rooms and surfaces within the facility contacted by the symptomatic person is required as listed above.

  **Important Notes:**
  - Ensure the disinfectant product has a Drug Identification Number (DIN) on its label or use diluted bleach, one part bleach in 9 parts water.
  - Follow product instructions for dilution and wet contact time.
• Ensure the safe use of cleaning products. This includes the use of gloves, good ventilation, etc. and other precautions advised by the manufacturer’s instructions on the product label.
• Clean surfaces and items to remove visible debris from visibly soiled surfaces before disinfecting, (unless otherwise stated on the product instructions).

• RESPIRATORY ETIQUETTE (COVERING YOUR COUGHS AND SNEEZES)
  o 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 your elbow is recommended. Perform hand hygiene immediately after.

THE ROLE OF MASKS TO PREVENT COVID-19

  o 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.
  o When a person is not sick themselves, wearing a mask is not very effective at preventing the person from getting infected.
  o Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask).
  o 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.
  o 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.
  o 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.
  o Due to the COVID-19 pandemic, (PPE) such as masks are in extremely high demand, both globally and here in British Columbia (BC). Consequently, stock and availability may be low.
  o To bolster supply in BC, the province is partnering with the federal government on bulk purchasing and is working to rapidly secure additional PPE from community, industry, and international sources.

SCREENING FOR PERSONS WITH SYMPTOMS OF COVID-19

• Screening for symptoms helps identify people who are sick and ensure that their contact with others 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 facility.
• Individuals with COVID related symptoms should be placed in isolation either within the facility or in their 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 facility 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 for signage).

- 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).
- **Active screening** for symptoms depends on organization capacity. Active screening includes telephone and in-person questions about symptoms, exposure and risk.

**IF A PERSON HAS SYMPTOMS OF COVID-19:**

- Symptoms of COVID-19 include fever, cough, difficulty breathing, chills, sore throat, runny nose, sneezing, diarrhea (learn more at: [http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/if-you-are-sick](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:
  - Online self-assessment tool at [www.bc.thrive.ca](http://www.bc.thrive.ca)
  - Calling 8-1-1
  - Downloaded app – BC COVID-19 support (available on the Apple App Store or Google Play)
- Anyone who is ill should cover their coughs or sneezes by:
  - Wearing a face mask (i.e. surgical/procedural mask) if it’s available.
  - Clients who are provided a mask should be guided to follow proper procedure when putting on and taking off the mask.
  - If a mask is not available, a homemade mask (like a bandana) could be used.
  - 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 [here](http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/if-you-are-sick). (N.B. If a client needs to go outside for any reason e.g. smoking, 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 or the local emergency number immediately.

**IF A PERSON HAS SYMPTOMS OF COVID-19 AND SELF-ISOLATION IS NOT POSSIBLE**

- 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 two 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 RESPIRATORY SYMPTOMS**

- 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 floors, units and facilities 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**

- 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.
- We recognize however, that following this recommendation may lead to critical staff shortages in some settings. If that is the case, 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.

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