



BC Restart Plan Guidance for PEACE Programs

The information below summarizes information pulled from WorkSafeBC documents in regards to recommended protocols for different workplace environments, specifically [child care](#), [education](#), [health](#) and [1:1 counselling](#) settings. The guidance provides general recommendations and each site is recommended to do an individual assessment and develop a safety plan based on their specific environment. Employers should also ensure they are abiding by any [orders, notices, or guidance issued by the provincial health officer](#), and the appropriate health authority, which are relevant to their workplace.

Developing a COVID-19 Safety Plan

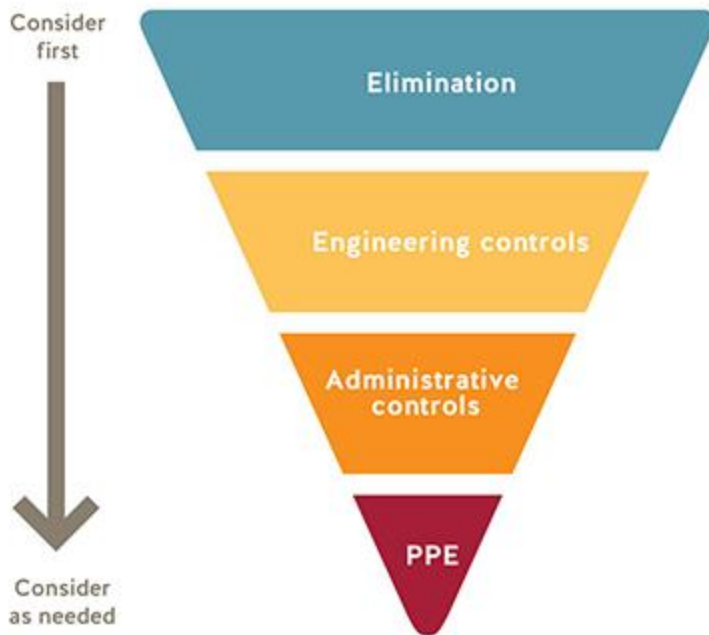
Employers are required to develop a [COVID-19 Safety Plan](#) that outlines the policies, guidelines, and procedures they have put in place to reduce the risk of COVID-19 transmission. This plan follows the six steps outlined on [COVID-19 and returning to safe operation](#). Employers must involve frontline workers, joint health and safety committees, and supervisors in identifying protocols for their workplace. You do not need a formal plan in place to begin operation, but are expected to develop it while protecting the safety of your workers.

Employers are not required to submit plans to WorkSafeBC for approval, but in accordance with [the order](#) of the [Provincial Health Officer](#), this plan **must be posted** at the worksite.

The protocols listed below are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks at your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your staff.

Selecting Protocols for your Workplace

Note that different protocols offer different protection. Wherever possible, use the protocols that offer the highest level of protection and add additional protocols as required.



First level protection (elimination): Use policies and procedures to keep people at a safe physical distance from one another. Limit the number of people in your workplace at any one time, and implement protocols to keep workers at least 2 metres from other workers, customers, and members of the public.

Second level protection (engineering controls): If you cannot always maintain physical distancing, install **barriers** such as plexiglass to separate people.

Third level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers not to share tools, or implementing one-way doors or walkways.

Fourth level protection (PPE): If the first three levels of protection are not enough to control the risk, consider the use of **non-medical masks**. Be aware of the limitation of non-medical masks to protect the wearer from respiratory droplets. Ensure workers are **using masks appropriately**.




Recommended Protocols

Scheduling appointments and communicating with program participants

- Determine how many program participants can be in the building at a given time while maintaining at least two metres of physical distance. Do not book appointments above this number.
- In order to accommodate physical distancing, appointment times may need to be staggered.
- When speaking with program participants/caregivers during scheduling and appointment reminders, ask them to consider:
 - Rescheduling if they become sick, are placed on self-isolation, or have travelled out of the country within the last 14 days.
- Consider emailing the program participants/caregivers any forms that need to be filled out so they can complete them prior to the appointment.
- Programs with a website should consider posting information on modifications made to the location and appointment visit procedures.
- Communicate illness policy and safety protocols with program participants/caregivers through email or website before entry into the workplace. Consider recording a video or voice message to educate and inform program participants about service delivery changes.

Before the appointment

- Establish policies and procedures around when program participants/caregivers can access the office. Ask when booking whether they have symptoms of COVID-19. Ask them to cancel or reschedule their appointment if they develop symptoms or have a family member who has confirmed or suspected COVID-19. Remind program participants and caregivers of this policy when they arrive for their appointment.
- Ensure that all in-person appointments are scheduled and staggered to allow time to sanitize surfaces between appointments (e.g., schedule a break or virtual session following an in-person appointment) and to minimize contact with others.
- Identify any risks that arise from the reduction of people at the worksite; for example, PEACE counsellors working alone and/or with high-risk populations under the COVID-19 guides. Address these risks as required.
- Post COVID-19 protocols using signage for both staff and program participants throughout the workplace. Consider posting signage in other majority languages or provide pictograms. This may be posted at entrance and/or exit locations, if practicable. WorkSafeBC has signage available for this purpose.


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- Consider asking program participants/caregivers to wait in their vehicles, or outside the office if possible, until just before their appointment or when they are called or texted to come in.
 - Plan the work and anticipate areas where physical distancing cannot be maintained (e.g., corridors, small offices, etc.). Consider single-person access if entry into constricted area is required.

Access to Facilities

- All staff and program participants/caregivers who have symptoms of COVID-19 or have travelled outside Canada in the last 14 days or were identified as a close contact of a person with a confirmed case of COVID-19 must stay home and self-isolate in accordance with guidance from the [BC Centre for Disease Control](#).
- Communicate to parents and caregivers the requirement for them to assess their children before their appointment for the presence of symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease prior to drop off. Alternatively, conduct a daily health check at the beginning of the appointment by asking parents and caregivers to confirm their child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.
- Use telephone or video conferencing when possible to meet with other staff, parents, and caregivers.
- Limit or prohibit visitors to the facility.

Pick up and drop off

- Drop off and pick up of children/youth should occur outside of the building where the age of the child and building design make this reasonably practicable.
- Implement strategies to ensure physical distancing is maintained at drop-off and pick-up areas at the beginning and end of appointments. Consider staggered drop-off and pick-up times, using multiple entrance points if available, and placing markers at entrance points to support physical distancing.
- Where parents or caregivers must enter for drop off or pick up and/or they are participating in the appointment with their child:
 - Designate an area within the facility for this.
 - Direct them to maintain physical distance from staff and other children, and practice hand hygiene.
- Use alternative forms of greetings and avoid close greetings such as hugs and handshakes and remind children and youth to keep their hands to themselves when possible. For more information about talking to children and youth about coronavirus,




see <https://bcsth.ca/wp-content/uploads/2020/04/Talking-to-Children-and-Youth-about-Coronavirus.pdf>

Reception and waiting area

- Post signage at the entrance to the building and within the building to assist with communicating expectations, such as hand hygiene, physical distancing, respiratory etiquette, reporting illness or travel history, occupancy limits and no entry if unwell or in self-isolation.
- Post signs in your reception area identifying concerning symptoms and ask program participants/caregivers to identify themselves if they are experiencing any of them
- Waiting areas should be arranged to maintain the physical distancing requirement.
 - Install **barriers** (e.g., plexiglass) between receptionists and visitors. Place markings on the floor directing visitors where to stand to communicate with front desk staff.
 - Arrange the waiting area in a way that allows at least two metres of physical distance between individuals. Consider removing extra chairs and coffee tables from the area to support this.
 - Provide program participants/caregivers with a direct and accessible route to sit in the waiting area (e.g. by marking the route on the floor using signage) to ensure physical contact is not required to access the seating area(s).
- Include consideration for disabled individuals and those who require accompaniment (e.g., a parent or guardian).
- Remove unnecessary items and offerings such as magazines, booklets, pamphlets, toys, candy, and beverages. Use disposable cups or single use items where necessary.
- Ask program participants/caregivers to arrive no more than five minutes before their expected appointment.
- Where reception/waiting area size or layout presents challenges to physical distancing, consider alternative approaches, such as asking program participants to wait to enter the building until they receive a text message or phone call to advise that their appointment can start, or meeting program participants outside pre- appointments.
- Where elevator use is required to access the office, ensure program participants maintain physical distancing and use of the elevator is staggered. WorkSafeBC has occupancy limit signage for employers to post.

During the appointment

- Incorporate more individual activities or activities that encourage more space between program participants and staff. For younger participants, adapt activities to minimize physical contact and reduce shared items.

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- It is not always possible for workers to maintain physical distance from children, and between children. Adhere to the principle of physical distancing where possible, by:
 - Minimizing the frequency of direct physical contact with children.
 - Note that children who live in the same home do not need to maintain physical distance from each other.
 - Minimizing the number of different staff that interact with the same child or group of children.
 - Including the use of outdoor space for various activities, including snack/meal time, while adhering to physical distancing and hygiene principles.
 - Separate toys and activities into small containers and create separate play areas in order to facilitate easier cleaning after appointments. Consider creating a “to be washed” bin where toys and supplies can be placed to be disinfected in between appointments or at the end of the day.
 - Provide adequate amounts of high touch materials, such as art supplies, activity sheets and books in order to minimize sharing between children.
 - According to the BC Ministry of Health, “There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution or sharing of books or paper based resources”¹. However, as a precaution, books or any shared paper supplies or products should be set aside after use for a minimum of 24 hours before using again with another program participant. Plastic coverings on books can be wiped down with cleaning solution.
 - Store children’s belongings separately, for example by using individual cubbies.
 - Ensure adequate ventilation and open windows if possible.
 - Consider placement of children when facilitating groups, for example keeping children within small groups, and placing children with an empty seat beside them and diagonally between rows.
 - Discourage any food or drink sharing.
 - Eliminate group food preparation activities.
 - If it is not possible to maintain physical distancing with program participants, consider the use of masks. Masks can reduce the spread of droplets from the wearer, but may not prevent the wearer from inhaling the droplets of others. It is therefore important to ensure that program participants as well as the counsellor are wearing masks to ensure protection for both parties. Refer to [WorkSafeBC’s guidance on the selection and use of masks](#). The use of masks as part of in person services may inhibit the ability to hear the individuals you are working with and may inhibit your ability to see people’s facial expressions. This may be a topic that you want to discuss as part of the intake process before in person services begin to discuss how this may impact program participants and how to respond.


¹ <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-k-12-schools.pdf>



- Where appropriate, consider outdoor sessions to ensure the physical distancing requirement. Importantly, confidentiality considerations should be considered when you are planning to provide sessions outdoors or in public settings and this topic could be addressed in your intake and informed consent forms.
- Consider whether a different informed consent form for in person services during COVID-19 is appropriate. Discussion of these service delivery frameworks should be communicated to program participants/caregivers before starting in person and virtual services during COVID-19.
- Consider providing or maintaining virtual services if the in-person service delivery framework and informed consent is not agreeable to the program participant during COVID-19 times.

Hand hygiene and respiratory etiquette

- Establish [hand washing, hygiene and respiratory protocols](#) for everyone in the workplace.
- Set up hand hygiene stations at the entrance to the workplace. Provide alcohol-based hand sanitizer stations where a sink is not available. Ensure there is an adequate supply of hand washing supplies and alcohol-based hand sanitizer. Antiseptic agents are to be used as a last line of defense only.
- Require staff, and program participants/caregivers to wash their hands or use alcohol-based hand sanitizer immediately upon entering the facility. Keep hand sanitizer out of the reach of children and supervise its use.
- Require staff to wash their hands regularly throughout the day, including:
 - When they arrive at the workplace and before they go home
 - Before and after handling food (raw, cooked or pre-packaged)
 - After using the toilet
 - After contact with body fluids (e.g., phlegm, mucus, spit, vomit, blood)
 - Before donning and after doffing personal protective equipment
 - After cleaning tasks
 - After handling garbage
 - Whenever hands are visibly dirty
 - When moving between different environments (e.g., outdoor-indoor transitions)
- Support children, youth and caregivers to wash their hands including:
 - When they arrive and before they go home
 - Before and after eating and drinking
 - After using the toilet

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- After playing outside
 - After handling pets and animals
 - After sneezing or coughing
 - Whenever hands are visibly dirty
 - When moving between different environments (e.g., outdoor-indoor transitions)

- Provide education and direction to staff and program participants to:
 - Cough or sneeze into their elbow sleeve or a tissue.
 - Throw away used tissues and immediately perform hand hygiene.
 - Not touch their eyes, nose or mouth with unwashed hands.

Virtual services

- Where possible, provide virtual services for program participants.
- Consider a plan or policy that speaks to COVID-19 related issues; this can be communicated to program participants/caregivers and help to standardize practices among staff and PEACE counsellors.
- Develop an informed consent form specific to offering virtual services. See [BCSTH's Informed Consent for Digital Services Template](#) as an example.
- Refrain from home visits and transportation of program participants to minimize physical contact.

Cleaning and disinfection

- PEACE counselling rooms and buildings should be cleaned and disinfected in accordance with the BC CDC's [Cleaning and Disinfectants for Public Settings](#). Cleaning practices should be in line with the Provincial Health Officer's [COVID-19 Public Health Guidance for Childcare Settings](#).
- Remove toys that have surfaces that are not easily cleaned, such as plush stuffed animals.
- Ask program participants/caregivers only to bring personal comfort items (e.g., stuffed animals) if they are clean and laundered before each appointment.
- Remove unnecessary items from the counselling room to reduce surfaces that could become contaminated.
- Develop a cleaning policy that focuses on high-traffic areas and high-contact surfaces such as reception areas, washrooms, shared office spaces, doors and cabinet handles, stair railings, desks, keyboards, light switches, and communications devices.²

² For information regarding how long the COVID-19 virus lasts on surfaces see <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>



- Identify all common areas (e.g., reception areas, halls, kitchens, washrooms) and frequently touched surfaces (e.g., door knobs, doors, cupboard handles, light switches, faucet handles, tables, chairs, toys, and books). Develop and implement a cleaning and disinfection schedule and procedures for these areas and materials in accordance with the BC CDC's [Cleaning and Disinfectants for Public Settings](#) document.
 - General cleaning and disinfecting of the workplace should occur at least once a day.
 - Frequently touched surfaces should be cleaned and disinfected at least twice a day.
- Toys and objects that children have placed in their mouths should be set aside, for example in a “to be washed” bin, until they are cleaned and disinfected. Toys, objects, and surfaces known to have been in contact with bodily fluids should be cleaned as soon as possible and between uses by different children.
- Consider installing hands-free sinks and hand driers.
- Empty garbage containers daily at a minimum.
- If a staff member or program participant leaves the building due to symptoms of COVID-19, clean areas those individuals were in, including surfaces they may have touched, immediately upon their departure.
- Maintain an adequate supply of cleaning and disinfection products and materials.
- Incorporate end-of-shift wipe downs for all shared spaces.

Use of Personal Protective Equipment (PPE)

- [COVID-19 Public Health Guidance for Child Care Settings](#) states that personal protective equipment, such as masks and gloves, are not needed beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work.
- If it is not possible to maintain physical distancing with program participants, consider the use of masks. Masks can reduce the spread of droplets from the wearer, but may not prevent the wearer from inhaling the droplets of others. It is therefore important to ensure that program participants as well as the counsellor are wearing masks to ensure protection for both parties. Refer to [WorkSafeBC's guidance on the selection and use of masks](#). The use of masks as part of in person services may inhibit the ability to hear the individuals you are working with and may inhibit your ability to see people's facial expressions. This may be a topic that you want to discuss as part of the intake process before in person services begin to discuss how this may impact program participants and how to respond.

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



- Where PPE has been used for workplace tasks prior to the COVID-19 pandemic, continue to use this PPE when performing these tasks.
- If masks will be used at the workplace, post [signage about the correct use of masks](#) in common areas.
- Wear disposable gloves when cleaning body fluids (e.g., phlegm, mucus, vomit, stool, urine).
- Determine what PPE may be required for workers who are responsible for cleaning and disinfecting. Read product labels and Safety Data Sheets associated with the products to help make this determination.

Meals and snacks

- Do not allow sharing of food or drink by staff or program participants.
- Do not use a self-serve option. Provide snacks directly to program participants in individual servings.
- Wash all fruits and vegetables with soap and cold water then rinse before consuming.
- Do not allow program participants to participate in food preparation.
- Paper and plastic disposable products can also be used for individual servings and then discarded by the individual.

Safety for staff

Physical distancing

- Determine occupancy limits for each workplace area to maintain the physical distancing requirement and ensure total number of people do not exceed this limit.
- Establish and post [occupancy limits](#) for shared spaces such as reception areas, kitchens, lunchrooms and break rooms. Consider removing chairs or tables to ensure occupancy limits are not exceeded. If possible, provide additional areas for staff to have their breaks, including outside areas if available.
- Stagger start and end of shift times as well as break times for staff to prevent crowding when entering and leaving the workplace.
- Arrange common areas in a way that allows at least two metres of physical distance between each staff. For small areas or rooms, such as a small laundry or supply room, implement schedules and/or procedures for single-worker or limited-worker access to maintain physical distance.
- Maintain 2 metre physical distancing whenever possible between staff and program participants. Consider the use of virtual meetings or other means to reduce the number of staff onsite. Modify work processes and practices to encourage physical distancing between staff and program participants.



- Provide instructions to staff on methods for maintaining physical distance such as not greeting others by hugging or shaking hands.
- If staff need to meet in person, ensure there is a 2 metre space between each staff.
- Manage the flow of people in common spaces such as hallways and on stairs, consider the use of one-way systems.
- Minimize sharing office space or workstations. Ensure staff use their own equipment and limit sharing of supplies and equipment (e.g., pens, staplers, computers, telephones, tablets, computer mouse) between staff. Clean and disinfect frequently touched surfaces before leaving the space, such as the computer keyboard and mouse, desk surface, and telephone.
- Refrain from providing and consuming communal food. Consider providing bottled water instead of community water coolers or fountains.
- In office spaces that allow pets, request that they do not come or are restricted to one area of the workplace.
- If staff need to travel between worksites, maintain physical distance in vehicles wherever possible. Consider separate vehicles if possible. Larger vehicles may be able to accommodate physical distancing by using a seat configuration that maximizes distance between people.
- Consider creating cohorts of staff who work together and who do not interact with other cohorts. This will assist in reducing transmission throughout the workplace in the event that a staff member becomes ill.

Hygiene

- Encourage staff to remain on site and not to leave during lunch or at break times.
- Establish hygiene practices that address the needs of the workplace and that includes the requirement to wash or sanitize hands after coming into contact with public items.
- Ensure hand washing supplies are available at all times (i.e., soap, clean towels, paper towels and, if needed, 60% alcohol-based hand sanitizer).
- Develop and establish handwashing policies and procedures for all staff and others. WorkSafeBC [handwashing signage](#) is provided to communicate good handwashing practices. Post handwashing signs near all sinks. All staff should wash their hands frequently to reduce the risk of transmission.
- Ensure staff are provided with appropriate supplies and facilities with soap and water. If soap and water are not available, use hand sanitizer and disinfectant wipes. Hand hygiene stations should be set up at the building entrance and other locations as appropriate.
- Consider the maximum number of staff and program participants required to wash their hands at peak times and ensure that sufficient hand washing or sanitizing stations are available for these times.
- Promote effective hygiene practices. Refer to [WorkSafeBC's hygiene practices signage](#).



- Ensure good respiratory etiquette by covering the mouth and nose with the crease of the elbow or with a disposable tissue when coughing or sneezing. Encourage program participants to do the same and for children in the PEACE Program consider turning it into a game, see <https://bcsth.ca/wp-content/uploads/2020/04/Talking-to-Children-and-Youth-about-Coronavirus.pdf>; <https://classroommagazines.scholastic.com/support/coronavirus.html>. Go to the [BCSTH COVID-19 webpage](#) for more resources on working with, and talking to, children and youth about COVID-19.
- Where practicable, use of touchless hand sanitizer dispensers, garbage bins, etc. can be helpful to minimize transmission through physical contact.
- Ensure used tissues, disinfectant wipes, and PPE are properly disposed of in a lined waste receptacle that is emptied at least daily. Waste receptacles should not require physical contact (e.g., removal of lid) to discard items.
- Staff should ensure that they are sanitizing all high touch services (e.g., doors, door handles, light switches, tables, chairs, couches) before and after a program participant attends an in-person appointment.

Additional Resources

See the [BCSTH COVID-19 webpage](#) for more resources and information.