



# Health and Safety

Pandemic Procedure Manual

*Catholic Crosscultural Services*

*July/2020*

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CCS Pandemic Manual

## How to Use This Manual

This manual is meant to be a reference for you as you reenter the office and other locations where you offer services as part of CCS. The procedures in this manual are meant to be of use during a pandemic, while cities and provinces are under states of emergency and public health orders that require different procedures than regular operations. When public health states of emergency are lifted and regular operations resume, you should no longer need this manual.

Because the manual is meant to be a reference for you, you do not need to read it like a book! We have designed these pages to be reachable each time you need something specific. Each person may need different direction at different times as they reenter the office and offer client services during a pandemic. So, the first thing you want to do is scan the [Table of Contents](#). It will be your roadmap through the manual. The Table of Contents will help you easily find the small section of direction that you need for the particular situation you may find yourself in.

This manual is a complement to our HR Policy and is in effect ONLY during the time that the state of emergency is in effect. For protocols not specified in the Pandemic Manual, refer to the HR Policy. Once the State of Emergency concludes, the HR Policy remains in effect.

If you have any questions about what you find (or cannot find!) in this manual, please ask your supervisor or any one of the people listed in the [Members of the Pandemic Task Force](#) contacts list.

### Limits of This “How To” Summary

This summary is a way to help you become familiar with the document and learn your way around. This summary does not include the technical details that you will actually need to reenter the office or begin offering clients services.

### Answers to Some of Your Questions

For the details you need, you will be able to find the specific section of the document from the [Table of Contents](#) that can help you and read the protocol that helps with your specific question. The Table of Contents items are all [clickable hyperlinks](#). You can “go to” the section listed by hovering over the item and pressing “Ctrl” + “Enter”.

There are also other hyperlinks throughout the document that will take you to whatever other section or page is being mentioned. These hyperlinks appear blue and underlined. You can simply click on these hyperlinks directly.

The details you need are explained in each Section. These details include explanations to questions like:

- How will you know when to return to the office?
  - [Recalling Employees to Work](#)
- What do you do if you have a health concern or see something that may be a health concern?
  - [Reporting a hazard or concern](#)
- What special public health protocols do you need to follow to enter the office?

- [Employee Health Screening](#)
- What happens if you have COVID-19 symptoms?
  - [Symptomatic or Exposed Employees](#)
- How are you going to actually meet with clients?
  - [Making an Appointment with a Client](#)
- What can you expect to see while the CCS Offices are working according to public health guidelines?
  - [Office Protocols: physical distancing](#), use of [Personal Protective Equipment](#) (PPE)
- What if you are working at locations that are not run by CCS?
  - [Itinerant Workers](#) and [Out of Province](#) Employees' Protocols

## Sections of this Manual

The manual is divided into 6 sections:

- Section One: [Introduction](#)
- Section Two: [Employee Protocols](#)
- Section Three: [Client Services Protocols](#)
- Section Four: [Office Protocols](#)
- Section Five: [National Overview/Provincial Guidelines](#)
- [Appendices](#)

## What You Can Find in Each Section

The paragraphs below outline the types of details you can find in each section. If you want a complete list of what is in each section, please see the Table of Contents.

**[SECTION ONE](#)** (Introduction) includes a short introduction about the manual, a breakdown of [roles and responsibilities](#) among the Agency (CCS), the Joint Occupational Health and Safety Committee, the Senior Leadership Team, the Managers, and the Employees. Section One also includes the outline and explanation for the [Phased Approach](#) to returning to the office.

**[SECTION TWO](#)** (Employee Protocols) includes protocols that employees need in order to understand how to come back to the office. You can find [employee health screening](#) information, [rotational work schedule](#) protocols and what will happen if you find yourself [symptomatic](#). This section also includes information for [Itinerant Workers](#).

**[SECTION THREE](#)** (Client Services Protocols) includes the directions you need to begin offering client services such as [making in-person meetings](#) as well as [informing clients what to expect](#) when they arrive for in-person meetings. There is also information about [how to manage walk-ins](#) and when a [client wants to bring other people](#) with them to appointments.

**[SECTION FOUR](#)** (Office Protocols) includes explanation about the changes to the actual spaces where you will be working and how you are going to be able to follow the public health guidelines that will keep us safe and healthy during pandemic conditions. In this section you can find protocols for

[Personal Protective Equipment \(PPE\)](#) as well as [physical distancing guidelines and protocols](#). We have also included the protocols for [cleaning and disinfecting](#).

**SECTION FIVE** (National Overview/Provincial Guidelines) includes information for CCS employees that work outside the Greater Toronto Area and in other provinces and may follow different timelines because public health guidelines are governed provincially. Sections One through Four still apply to CCS employees working in other provinces, however, in many cases, protocols will need to be adjusted so that you can comply with your host organization's return-to-work plans and health and safety requirements. Therefore, Section Five is designed to help you understand how to navigate between CCS protocol standards and that of your host organization. Section Five includes links to different [provincial public health orders](#) as well as the provincial reopening strategies. You can also find information about how to manage any [differences between CCS' and your host organization's](#) return to work plans. Included are further notes on what to do when you need to follow different [employee protocols](#) or [client services protocols](#).

The **APPENDICES** section contains all the templates you may need to do anything from [recall an employee to the office](#) to the script for [making a client appointment](#) to a [checklist for reviewing the public health standard protocols of your host organization](#) compared to that of CCS. All the appendices are hyperlinked from the instructions in each section. You will not need to find appendices on your own. When you read through a section to answer your question, the section will direct you to the appendix you may need.

This manual has been written to help keep all of us and our clients safe and healthy during the pandemic while still being able to provide to the highest standard as many of our services as possible either in-person or remotely. The protocols have been written based on federal and provincial public health orders and guidelines. It is our goal to continue empowering immigrants and refugees to settle, integrate and succeed in Canada.

## SECTION ONE: INTRODUCTION

### Introduction

The announcement of a State of Emergency across Canadian Provinces as a result of the COVID-19 pandemic has created a health risk to employees unprecedented in CCS history. This document, developed by the CCS Joint Occupational Health and Safety Committee offers guidance to the organization regarding the safe and successful re-opening of CCS offices following a period of provincially-mandated sheltering-in-place (stay-at-home) and office closures.

This manual is a complement to our HR Policy and is in effect ONLY during the time that the state of emergency is in effect. For protocols not specified in the Pandemic Manual, refer to the HR Policy. Once the State of Emergency concludes, the HR Policy remains in effect.

CCS has, and will continue to look toward the Public Health Authorities in all provinces in which we operate to guide us in ensuring the safety of our employees, clients and visitors.

It is the objective of CCS to return to normalcy in office operations as safely and as judiciously as possible.

At CCS, the health and safety of all employees, volunteers, and clients is our top priority amid the global COVID-19 pandemic. During this time, health and safety must be prioritized over other considerations as we look toward returning to offices.

All measures taken to prevent the spread of COVID-19 are done in compliance with requirements under the Ontario Health and Safety Act (OHSA) and its regulations and the applicable public health directives.

This procedure document was developed based on public health guidelines, the relevant standards outlined in OSHA, and is consistent with requirements of Employment Standards Act of Ontario.

## Roles and Responsibilities

### Agency

Ultimately, it is the agency's responsibility to:

- Take every reasonable precaution to ensure the health and safety of our employees and clients as we return to work.
- To proactively prepare for a safe and swift return in the provinces in which we operate, aligned to provincial guidelines, in order to best serve our clients and meet our funder obligations.

### Joint Occupational Health and Safety Committee (JOHSC)

The CCS JOHSC is accountable to ensure that the health and safety of employees is considered in the return to work following a pandemic.

The JOHSC has assembled a pandemic planning task force, comprised of Manager and Employee members from Toronto, Peel and outside of Ontario to consider all elements of return to work, including the physical environment, the PPE and supplies required, cleaning protocols, screening mechanisms, procedure/procedure guidelines and employee physical and mental well-being.

Ultimately, it is the JOHSC's responsibility to:

- Ensure a thorough review of applicable guidance documents published by provincial and federal government authorities and various health and safety associations.
- Develop subject matter expertise in the provinces in which we operate, and advise the agency leadership with respect to the appropriate steps for re-opening.
- Create a list of supplies required, and (once approved) manage ordering and securing PPE and physical environment equipment for the offices.
- Conduct pre-opening site inspections to assess hazards and ensure adequate control measures are in place.
- Create screening mechanisms for employees and visitors.
- Ensure training and supports for employee mental health and wellbeing.
- Create guidelines for managing symptomatic employees or those who have been in contact with infected parties.
- Create guidelines for physical distancing, PPE, work schedules.
- Create guidelines for return to work, work refusals, working from home, and workplace accommodations.
- Ensure adequate and successful employee communication leading up to and throughout the return to work.

### Senior Leadership Team

Ultimately, it is the Senior Leadership team's responsibility to:

- Prioritize safety over other considerations.

- Allocate funds necessary to accommodate all reasonable requests from the Joint Health and Safety Committee Pandemic Task Force.

### **Managers:**

Ultimately, Managers are expected to:

- Prioritize safety over other considerations.
- Support employees' requirements for accommodations and other job-protected leaves.
- Manage their respective sites, actively monitoring and re-ordering as necessary the PPE and cleaning supplies required for successful operation.
- Respond expediently to requests for information and action from the JOHSC.
- Ensure all team members are following the guidelines established and communicated through CCS. Employees not following guidelines must be addressed through a successful performance recovery process.
- Listen to and communicate the needs and concerns of employees through the return to work process.
- Watch for and send home any employees who appear symptomatic.

### **Employees:**

Ultimately, employees are expected to:

- Prioritize safety over other considerations.
- Communicate any heightened risk or exposure.
- Report any hazards to the JOHSC or to Management and allow the opportunity to take action.
- Stay home and self-isolate if they experience symptoms or come into contact with an infected party.
- Consistently comply with the guidelines established and communicated through CCS. Failure to comply for any employee, at any level of the organization, will be considered a performance issue and will be managed accordingly.

## Communication Plan

CCS recognizes the paramount importance communication plays in supporting employees through the safe return to in-office work.

This procedure manual, has been approved by the Senior Leadership Team, and is being made available to all employees.

In addition to providing all employees with a copy of this manual, the following outlines the planned communication surrounding the return to work and expectations of employees through the process. Where dates known, they are included. Where they are unknown, they will be triggered by situational change in the COVID-19 pandemic.

### **Pre-Opening Communication**

- By May 13, 2020: Presentation to agency leadership of the high-level work plan of the JOHSC Pandemic Task Force.
- By May 21, 2020: Presentation of cost-related supplies and equipment needs to the Sr. Leadership for approval.
- By May 25, 2020: Email from People and Culture to all staff assuring them of CCS' commitment to their safety and informing them of the work of the JOHSC and assuring them of what to expect through re-opening.
- Weekly all staff emails from this date to the date of full opening with updates on the progress of the re-opening plan.
- By July 10, 2020: This document is complete, reviewed, approved, and disseminated to leadership.
- By July 20, 2020: Meet with Managers and Directors via zoom, and clarify expectations of them, with specific guidance around their role in communication with their own team members about:
- i. In-office schedules
  - ii. Personal accommodations
  - iii. Self-monitoring – our accountability to one another

### **Communication Plan Once the Provinces Announce the Re-Opening Date**

As the majority of sites/offices are located in Ontario, the communications plan will be triggered by changes in the Ontario Public Health guidelines. For provinces outside of Ontario, supports can be found in [Section 5](#) of this manual.

Once the Ontario Provincial Government announces the conclusion of the stay-at-home order, the Senior Leadership Team will meet to determine the date in which CCS offices will re-open, no less

than one week following the announcement.

During this week, there will be an all-staff email communication from the Executive Director notifying employees of the reopening date. With that communication, there will be a link provided to this document.

All employees will receive an email from the Executive Director, notifying them of their recall date, with a letter from People and Culture highlighting critical information pertaining to their return (see [Recalling Employees](#)). In advance of this notice, People and Culture will solicit information about individual concerns related to returning, and will communicate with people independently regarding necessary accommodation.

Following the recall notice, all Managers will contact their team members expected to return by phone to discuss schedule and any concerns.

During this week, the Pandemic Task Force will hold mandatory zoom meeting training sessions with all recalled employees covering key expectations concerning social distancing, scheduling, cleaning protocols, etc.

This process will be repeated with all employees as they are recalled to the office environment.

**Staff Feedback:**

The Joint Occupational Health and Safety Committee (JOHSC) and the People and Culture Department will create intentional feedback channels to maintain close contact with staff, how they are feeling, and solicit their feedback regarding the agency's response to this pandemic (beginning to end) for the purpose of learning and continuous improvement.

This will include an all-staff survey and a full debrief with the JOHSC itself, following a Continue/Stop/Start format reviewing the process from the initial understanding of the outbreak (January 2020) to employees back in office.

## Reopening Phased Approach

Mirroring the Provincial Government's (Ontario) phased approach to reopening, CCS will be adopting a phased approach to reopening offices. Public health and workplace safety will remain the top priority, while balancing the need to support our clients effectively, and to connect to and provide service to the most vulnerable populations.

CCS will not reopen offices until it is confirmed by the Public Health Authorities that it is safe to do so, and until we have successfully acquired the required PPE (Personal Protective Equipment) and equipped our offices with effective social distancing tools.

There is no defined timeline associated with these phases at present. We will move through the phases when the health indicators in the provinces in which we operate indicate that it is safe. And, throughout every phase of reopening, our primary priority remains the public and workplace health and safety.

This represents a general guideline for the stages of reopening, and may be adjusted in response to new information from Health Authorities or funders.

### PHASE ONE: PROTECT AND SUPPORT – Readiness Planning

While the shelter-in-place order is still in effect within the province, we have assembled a Pandemic Task Force from our JOHSC who will ensure we have the plan, protocols and tools to return to offices safely.

Prior to opening, the Pandemic Task Force will:

- Research Public Health guidelines, legal obligations, and organizational best practices to provide subject matter expertise to the agency surrounding re-opening
- Establish, order and distribute personal protective equipment
- Update the site inspection form from a pandemic lens, and conduct a minimum of 2 pre-opening site visits per location, establishing a needs assessment for each site
- Establish cleaning protocols and work with landlords to ensure cleaning regiments are in place
- Establish social distancing guidelines and create/display in-office signage
- Create traffic pattern mapping in offices
- Develop employee and client health screening guidelines and appropriate related protocols
- Develop and disseminate the Pandemic Procedure Manual
- Create and execute pre-opening training sessions for recalled employees
- Establish and maintain effective communication channels related to the pandemic for all employees
- Provide guidance and support to employees operating in host organizations across the country in how to balance the expectations and protocols of their host organization with those of CCS.

## PHASE TWO: RESTART – Partial Open – Broken into Stages

### PARTIAL OPENING - STAGE ONE

Stage one is triggered when the provinces in which we operate identify that the health indicators of the province cease to require a shelter-in-home order. During stage one, we will open offices with a “skeleton staff” (of no more than 30%) whereby leaders are encouraged to consider the necessity of each individual role returning. If the job has been done, and can be done effectively from a remote location, during stage one, while we monitor the potential of a “second wave”, only staff who must return to the offices in order to operate and/or service clients effectively should be recalled. In addition to a prudent approach with respect to public health, there are two key advantages of having a very limited number of individuals in the office:

1. Fewer employees in office support greater social distancing
2. Fewer employees in office prolong our supply of PPE at a time of global shortages

During this time, the following key principals will be maintained:

- Skeleton Staff on rotation (no more than 30%, rotation confirmed by leadership team, with consideration of accommodation requirements for those at risk from vulnerable health or unable to return due to caregiving responsibilities)
- Staff will not work simultaneously in shared offices – staff rotation will need to ensure only 1 staff person is in shared office at any given time
- Clients by appointment only – no walk-in’s
- Larger offices that have the potential for social distancing can be used for client meetings when not in use.
- Each site will designate 1-2 meeting rooms specifically for client meetings. All client meetings in Stage One will take place in meeting rooms or larger offices; no client meetings will take place in smaller offices.
- Clients health screened by phone before an appointment is accept
- All staff, clients and visitors are screened for fever (temperature taken) upon arrival at the office.
- Doors stay closed with signage on the door indicating to phone office for appointment post-screening
- Communication and reinforcement to all staff about priority of health.
- Cleaning protocols followed
- PPE protocols followed
- Social distancing protocols followed
- No meetings/group sessions with more than 8 people
- No shared offices
- No shared equipment (clients using the same computers etc.)
- Clients being serviced virtually wherever possible
- In person clients served in larger offices or meeting spaces (no small office interaction)
- Increased JOHSC inspections

### PARTIAL OPENING - STAGE TWO:

Stage two is triggered when the provinces in which we operate indicate that the outbreak is controlled and that risk is minimal. There is no longer a “state of emergency” in the provinces in which we operate.

- All staff in office (work from home in place for vulnerable workers or for people with symptoms, people who have been in contact with an exposed person, or people with caregiver responsibilities requiring accommodation or a job-protected leave)
- See clients in person but continued restrictions on group sessions
- Doors open and walk-ins accepted, with screening mechanisms and social distancing/physical barriers in place
- Enhanced cleaning protocols continued
- Group sessions/meetings limited to 15 people or less
- Shared equipment restrictions lifted, with cleaning protocols between clients/users
- Continued vigilance of JOHSC site inspections and inventory management

### PARTIAL OPENING - STAGE THREE:

Stage three is triggered when there is an effective and available vaccination and/or cure, and the pandemic is effectively considered “over”

- All programs and services operational
- Walk-in's accepted
- Work from home policy in place for full operating procedures
- Group facilitation allowed with virtual options available to clients
- Cleaning and screening protocols maintained
- Back to normal with enhancements based on new learnings:
  - Pandemic plan in place for any future disruptions
  - Continued training/upgrading for staff learning
  - Continued social media presence
  - Continued ability to support virtual service delivery to reach more clients and offer more options to our clients
  - Continued work from home possibilities for staff when it makes business sense to support it
  - Continued and enhanced employee mental health supports
  - Full pandemic debrief for JOHSC for learnings from this experience
  - Chat session tour for staff to share how they are feeling/what they need for ongoing mental health
  - Creation of a “pandemic toolkit” from the subcommittee for any future outbreaks

## Reporting a Hazard or Concern

As is noted in the Roles and Responsibilities, it is the responsibility of all employees to place the highest priority on health and safety during this time. Employees are empowered to, and responsible for, reporting hazards or concerns that may increase the risk or spread of COVID-19. This includes, but is not limited to, the failure on behalf of others to comply with the guidelines established in this document. Should an employee perceive a risk/concern, they may report it to any member of the Pandemic Task Force, or to any of the agency leadership team.

## Members of the Pandemic Task Force

NOTE: Names and contacts of team members have been removed from documents distributed externally for privacy purposes. There were 9 Front-line, 7 Management and 1 Senior Management team members on the committee.

Any questions related to the contents of this manual can be directed to Shannon Jackson, Director, People and Culture, at [sjackson@ccscan.ca](mailto:sjackson@ccscan.ca).

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## SECTION TWO: EMPLOYEE PROTOCOLS

In this section, employees will find guidelines on what they can expect from CCS as they are recalled back into an office environment, as well as what is expected of them.

We recognize that there is a wide variety of responses and emotions related to the pandemic. While individual reactions to the pandemic vary greatly, the expectations of all employees is that we adopt the highest standard of care in managing the risk of spreading the disease.

Employees are expected to follow all protocols outlined in this document, irrespective of their personal belief or level of concern related to the outbreak of COVID-19.

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## Recalling Employees to Office Environments

Ideally, employees should be given a minimum of one week's notice of their expected return to work. As articulated in the "phased in approach", Stage One recalls very few employees, on an as-needed basis, to work in a staff rotation. Stage Two recalls all employees to the office unless they are unable to return for one of the reasons articulated below.

A written notice will be sent to the employee from their Manager (see [Recalling Employees to Work](#)) indicating their return date and schedule a minimum of one week in advance of their expected return. Within that notice, they will be directed to contact their Manager within one business day if they have challenges returning for the following reasons:

- They are sick
- They have been exposed to someone who is sick
- They have specific health vulnerabilities that increase their risk of infection, or the severity of infection (i.e. COPD, HIV, Asthma)
- They are caring for someone diagnosed with COVID-19
- They are the caregiver for a child or older adult whose care provider (daycare, adult day program, etc.) is closed as a result of COVID-19

For any employees in these circumstances unable to return, the Manager and People and Culture will assess the nature of the role and whether they are able to be productive and perform the core elements of the position outside of the office. Where they can, the Manager will work with them to continue remote work, while monitoring productivity. Where their role cannot reasonably be achieved working remotely, the Manager will partner with People and Culture to support the employee in initiating an unpaid job-protected leave.

Prior to returning to the office, during stage of the reopening plan, an employee must sign a declaration of health, confirming that they are not symptomatic, and to the best of their knowledge, have not been exposed. This declaration will be sent along with their return to work notice, and they will be required to sign and return to People and Culture (electronic signature is acceptable) on or before their first day in office. (See [Employee Health Declaration](#))

## Employee Health Screening

In addition to the completion of the employee declaration signed on or before the first day in office for each employee, the following measures will be taken:

- Sign in books will be revised to include a hand hygiene and symptom-free check box. When employees sign into the office, they will be sent to wash their hands with soap and water, and will check to indicate that they have exercised hand hygiene and that they are symptom free.

These sign-in sheets are to be maintained for a minimum of 60 days for a record of who has been in the office, and as a log of the employee health screening.

- The Reception/Admin at each office will be responsible for using the provided forehead thermometer to take and record the temperature of all employees upon arrival each day on a log sheet (see [Employee Temperature Log](#)).

With a temperature above 100.4 degrees F (37.8 degrees C), they will be told to leave the office immediately from the reception area. They will not be permitted to enter the office environment. Should they require something from their office, another person will retrieve it. The item cannot be passed from hand-to-hand transfer, but rather will be placed in a bag on the ground by the employee retrieving contents and the employee with a fever who is taking the contents will pick it up when the person delivering them is at least 2 meters distance away.

Refusal to comply with this will be reported to the Associate Director, People and Culture.

## Staff Rotation (being drafted by Sr. Team)

The schedule for Staff Rotation will be completed by the Senior Team dependent on how each location will be reopening.

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## Infectious Disease Emergency Leave

The Ontario Legislature has passed the **Employment Standards Amendment Act** (Infectious Disease Emergencies), **2020** to provide job-protected leave to employees in isolation or quarantine due to COVID-19, or those who need to be away from work to care for children because of school or day care closures or to care for other relatives.

The only disease for which infectious disease emergency leave may be taken at this time is COVID-19. This document outlines the details of the leave options, the circumstances in which it would be applicable, and the process for enacting it.

### Statement

CCS is committed to maintaining a safe and productive workplace for all employees. Management recognizes that there may be extra ordinary circumstances when absences from work are required especially during pandemic. In the event of an absence, CCS requires notice from the absent employee as soon as possible so that we may best accommodate the employee or make arrangements to minimize the effect of the employee's absence on their co-workers.

### Applicability

This procedure applies to all CCS employees, and is enacted at any time that Public Health declares a "State of Emergency" resulting from a pandemic outbreak. This procedure may be adapted in response to specific guidelines from Public Health. This procedure will temporarily override any policies or procedures related to sick time benefits at CCS for the duration of a State of Emergency. When the State of Emergency is concluded, CCS' existing, approved policies will reinstate.

### Time Allocation

Where it is reasonable to do so, Managers will work with employees to support workplace accommodation or work-from-home to support an employee in continuing to work.

Where the employee is unable to continue to work, or unable to work productively from a home environment, the following time allocations will be considered (in this order):

- Employee can first use their Sick Leave credits.
- Once Sick Leave credits have been exhausted:
  - Any "banked" compensatory over-time hours.
  - Employees may use accrued vacation or discretionary leave credits.
  - Employees with a minimum of one year of service may take up to 10 vacation days in advance.
  - Employees can take an unpaid leave, and will be supported in applying for Employment Insurance (EI) Sickness Benefits.

As a general rule, CCS discourages employees from coming to work when ill. During the pandemic outbreak of COVID-19, in the interest of public health, any employee who experiences any of the symptoms noted below **must** stay at home, self-isolate for a minimum of 14 days, or produce a negative COVID-19 test before returning to work. Employees should contact their direct supervisor and the People and Culture department as soon as symptoms appear: (see [Symptomatic Employees](#))

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)
- Headache
- Difficulty in breathing
- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion
- Have recently exposed to the virus
- Having international travel

This procedure also applies to the employee who experiencing the following scenarios:

- The employee is under individual medical investigation, supervision or treatment related to a designated infectious disease (COVID-19). The medical investigation, supervision or treatment can be in Ontario or in another province, territory or country
- The employee is under a direction given by CCS in response to the employer's concern that the employee might expose other individuals in the workplace to a designated infectious disease (COVID-19).
- CCS directing the employee to stay at home for a period of time if the employee has recently travelled internationally and the employer is concerned the employee may expose others in the workplace to a designated infectious disease (COVID-19).
- The employee is providing care or support to a family member because of a matter related to a designated infectious disease. (COVID-19)
- Employee taking leave to care for their child whose school or day care was closed because of a designated infectious disease (in this case, COVID-19).
- The employee is directly affected by travel restrictions related to a designated infectious disease and, under the circumstances, cannot be reasonably expected to travel back to Ontario. What is reasonable will depend on the circumstances.

The decision to approve a leave is made on a case-by-case basis by the Associate Director, People and Culture and the department Director or the Executive Director.

### **Length of Infectious Disease Emergency Leave**

There is no specified limit to the number of days an employee can be on infectious disease emergency leave.

Employees have the right to be away from work on infectious disease emergency leave only for as long as the event that triggered the entitlement to the leave lasts. After the triggering event is over, the employee's normal obligations to be at work resume.

Infectious disease emergency leave absences do not have to be taken consecutively. Employees can take the leave in part days, full days or periods of more than one day.

## **Proof of entitlement**

CCS we are obligated to help slow the spread the disease so that our communities stay healthy and our health care system stays available for those in urgent need. With this in mind, CCS may require an employee to provide evidence reasonable in the circumstances at a time that is reasonable in the circumstances that the employee is eligible for infectious disease emergency leave

What is considered reasonable in the circumstances will depend on all the facts of the situation, such as:

- the duration of the leave
- whether there is a pattern of absences
- whether any evidence is available and the cost of the evidence

If it is reasonable in the circumstances, evidence may take many forms, such as a:

- travel documentation showing that the employee had travelled to a country for which quarantine or isolation is being advised
- a copy of the information issued to the public by a public health official advising of quarantine or isolation (for example, a print out, screen shot or recording of the information)
- a note from an employee's day care provider indicating that the childcare centre was closed because of a designated infectious disease

### **Related policies**

Paid sick leave  
Work from home work procedure

## Work Refusal

### Statement

CCS is committed to take every precaution reasonable to ensure the health and safety of all employees, volunteers, and any stakeholders in all sites all the time.

In compliance with Occupational Health and Safety Act and directions from Public Health, CCS maintains all essential safety measures including:

- Providing required PPE to protect the staff
- Training and educating the staff
- Cleaning and disinfecting all sites based on cleaning protocol
- Regularly inspecting the sites
- Maintaining social distancing
- Instituting and effective Emergency Response Plan

to protect everyone in the workplace. The Occupational Health and Safety Act (OHS Act) affords employees the right to refuse unsafe work.

### Procedure

In the event that an employee believes their work places in them in danger, the following process is to be followed:

- The employee must immediately report to the direct supervisor, Regional Manager or Department Director, or People and Culture that the work is being refused and explain the circumstances for the refusal.
- The Direct supervisor, Regional director, or Associate director of People and Culture will investigate the situation immediately. The employee can request that a member of the JOHSC (or the Pandemic Task Force) participate in the inspection.
- CCS' first approach will be to understand the concern, and to remove/mitigate any risk. Should that not prove satisfactory, CCS will make reasonable accommodation to the job to support the employees' ability to continue to contribute.
- The refusing employee must remain available for the purpose of the investigation. If the situation is resolved at this point, the employee will return to work and all the reports and results will be documented.
- In the event that the issue is not resolved at this level, the situation will be escalated to the Executive Director, whose decision will be binding.

CCS leadership is open and accessible to hear about any health and safety concern or complain about any potential risk in the workplace. Employees are encouraged to come forward with their concern associated with any risk factor and talk to members of the JOHSC, their direct supervisors, regional managers, or People and Culture.

## Work from home

Note: This Work from Home procedure is specific to the duration of a state of emergency being in effect. Prior to, and following, the State of Emergency, CCS Work from Home practices align with those outlined in the HR Policy Manual 2020.

### **Statement**

During shelter-in-home orders, and through the early stages of re-opening, CCS employees will respect the direction from Public Health. While Public Health requests that people not return to offices, employees will be prohibited from doing so, regardless of personal preference. Employees are expected to return to work once recalled, provided the circumstances articulated in the Infections Disease Emergency Leave do not apply to them.

During Stage One of reopening, employees scheduled to work on a rotational basis will be given one week's notice of their "office day(s)". Outside of the office days, employees will be expected to work from home, maintaining work productivity and output.

CCS recognizes that employees working from home may have a variety of competing commitments with caregiving and other responsibilities. While CCS expects that employees working remotely maintain full productivity and work output commensurate to their compensated hours, the agency affords employees the flexibility to manage their schedule around their other commitments (i.e. they are expected to work 7 hours, but it does not need to be from 9am – 5pm).

Employees with vulnerable health considerations, and those who qualify for Infectious Disease Emergency Leave will be afforded the opportunity to work from home throughout the duration of the pandemic.

For protocols related to managing in the event of an employee who is symptomatic or exposed (someone who has come into contact with a diagnosed party), please see "Symptomatic or Exposed Employees" in this document.

### **Insurance/utility costs**

Any residential insurance and utility costs that are incurred to the employee for the purposes of telecommuting are the sole responsibility of the employee.

### **Equipment**

Any equipment such as laptops provided by CCS for the purposes of working are to be kept safe and secure by employees. No personal devices should be used while working from home. CCS does not provide support for personally owned computers.

Employees must also ensure that any equipment must not be left unattended in any vehicle at any time. Employees may be responsible for replacing equipment that is lost or stolen while left unattended in a vehicle.

Equipment and files should only be accessible to the employee and safeguarded from access by other members of the household and visitors.

## Workplace Accommodations

In the vast majority of cases related to COVID-19, the priority workplace accommodation will be to offer employees a work-from-home option, as detailed in this policy under Work from Home, Infectious Disease Emergency Leave, and Symptomatic or Exposed Employees.

However, in circumstances where an employee does not need to follow a stay-in-home order but does require other workplace accommodations, they should discuss with their immediate supervisor, who will engage People and Culture to review and finalize an accommodated work arrangement where it is reasonable to do so.

An example of this is (but is not limited to) an employee with a shared caregiver responsibilities who is able to attend work in-office with a modified schedule may be able to work part-time from home and part-time in the office.

CCS is committed to working with employees to support their needs while balancing the needs of our clients. If you require any accommodations that can support your success, please discuss with your immediate supervisor.

While we do not guarantee we can accommodate every request, we will make every effort to work with you where it is possible/reasonable to do so.

No request for accommodation will be declined without consultation with People and Culture.

## Symptomatic or Exposed Employees

Due to the highly contagious nature of COVID-19, during Stage One and Stage Two of re-opening CCS will adopt a highly risk-adverse philosophy regarding symptomatic or exposed (having come into contact with an infected person) employees.

It is important to note that this is not CCS' normal practice, and it is contrary to our Privacy and Confidentiality policy. In this circumstance, the priority of public health supersedes the employee's right to privacy, and coworkers at risk of exposure will be notified, respecting their "right to know" the risks and hazards at work.

An employee who demonstrates or experiences any of the following symptoms:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)
- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion – *in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.*

is expected to stay home and avoid attending work at the office (contacting their immediate supervisor before the start of their shift to communicate their absence). If symptoms appear while at work, the employee is expected to notify their supervisor and immediately leave the premises. Should the immediate supervisor not be available, the employee can notify any other manager within their location, or the People and Culture department. A symptomatic employee should not stay on site until they receive confirmation from their Manager that they are approved to leave. The employee will self-isolate for a minimum of 14 days or until they are able to produce a negative COVID-19 screen, during which they may work from home where it reasonable to do so (see Work from Home section), or they may avail themselves of any of their time off accruals.

The employee's schedule will be reviewed, and anyone working at the same time during the previous 14 days (staff and clients) will be notified that the employee has not been diagnosed but has specific symptoms. They will be advised to self-monitor, and should any symptoms appear, they will be required to self-isolate. During this time, employees who had been in contact with the symptomatic employee will be permitted to continue to work in office.

The symptomatic employee will be encouraged to be tested for COVID-19. If they are able to work through self-isolation, they will be given the opportunity to, with their manager monitoring productivity output. If they are unable to work effectively, the People and Culture department will support them in leveraging the Infectious Disease Emergency Leave.

The symptomatic employee will be expected to communicate to their manager regularly if their symptoms are worsening or resolving, and the results of testing for COVID-19.

### **Return to Work**

CCS reserves the right to require an employee who indicates they are unable to return to work to be screened for COVID-19. This may be required within 3 days of their inability to work in-office (does not have to be 14 days later). Refusal to be screened may result in employees being required to leverage sick time, vacation credits or unpaid leave during the self-isolation period. This will be evaluated on a case-by-case basis.

If the employee is tested and receives a health clearance stating that they do not have COVID-19, they may return to work immediately (as their health permits). If the employee has not been tested, after 14 days of self-isolation, if symptoms have resolved without worsening, they are able to return to work.

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## Employee Tested Positive

In the event that an employee who has been working at a CCS office tests positive for COVID-19, the following steps will occur:

### Direction to the Employee:

- The employee must communicate their illness to the Direct Supervisor, who will notify the Associate Director, People and Culture immediately.
- The employee will be required to produce a list of everyone they have been in closer contact with through work (staff and clients) within 24 hours of a positive test.
- The employee will be required to produce a list of all CCS locations visited in the previous 14 days.
- If the nature of the employee's experience of the illness is such that they are capable of continuing to work, they will be afforded the option of working from home. If they are unable to work, they can draw on sick leave credits or will be placed on a leave of absence under the Infectious Disease Emergency Leave.
- The employee is to follow the direction of their medical team, and focus on their health and the health of their families during this time.
- The employee will be directed to the EAP program for mental/emotional supports.
- If an individual has tested positive but has never had symptoms, isolation recommendations should be based on date of specimen collection. After an individual completes their isolation period, they should continue to practice physical distancing measures as recommended for everyone at this time.

### Notification and Disclosure to Other CCS Employees:

- While the CCS Privacy and Confidentiality Policy (found in the HR Policy 2020) prohibits the disclosure of personal health information of one employee to another, the "greater good" priority of public health and safety overrides employee privacy at this time.
- Through the disclosure process, where it is possible to inform other employees of the risk without disclosing the identity of the infected party, we will do so. Where that is not possible, the name of the employee may be shared.
- The process for disclosure will be as follows:
  - Sign in books at the sites in which the employee visited will be used to identify who was working at the time of the visit.
  - All employees who may have come in contact with the infected employee (identified either by the sign-in book review or the list provided by the infected employee) will be notified in writing by the Associate Director, People and Culture that they may have been exposed. (See Potential [Employee Exposure](#) Email)
  - Following the letter, every employee impacted will be contacted by phone by their leadership team, a member of the JOHSC, or the People and Culture department (may be delegated to multiple members, depending on how many team members are impacted) to ensure their understanding and next steps.
  - All employees will be directed to the EAP program for mental health/emotional support.
  - All CCS employees within the sites visited by the infected employee working during the date that the affected employee visited over the previous 14 days will be notified that someone who had visited their office recently has tested positive. Employees who may have come into contact with the affected employee will be asked to self-isolate for 14 days, with managers monitoring work output. Work from home (vs. other leave options – sick,

vacation, etc.) will be made available to these employees while the decision to self-isolate was imposed by CCS.

- Employees sent to self-isolate will self-monitor for symptoms and will visit a test facility if they experience any of the following:
- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)
- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion
- All clients, suppliers and other stakeholders who had contact with the employee in the previous 14 days will be notified via email using the [Potential Exposure draft email](#)
- Sites visited in the previous 14 days will be shut down until a third party cleaner conducts a strong “deep clean” disinfecting the premises
- All employees impacted will be directed to our EAP Program for mental and emotional support.

### **Return to Work:**

For the infected employee, CCS may follow the employee’s medical practitioner’s or public health direction regarding the appropriate timing for the employee to return to work.

CCS will require medical clearance for the affected employee before return to work. The nature of this clearance will align to the prevailing direction of Public Health at that time. At the time of this draft, Public Health’s qualification to consider an infected party “healed” is that they receive 2 consecutive negative specimens, collected at least 24 hours apart.

For employees who had been in contact with the infected employee, they will be permitted to return to work in offices after a 2 week self-isolation period is concluded or a negative COVID-19 screen is produced. Should they become symptomatic, they are required to be tested and to follow the advice of their medical practitioners.

CCS reserves the right to require an employee who indicates they are unable to return to work to be screened for COVID-19. This may be required within 3 days of their inability to work in-office (does not have to be 14 days later). Refusal to be screened may result in employees being required to leverage sick time, vacation credits or unpaid leave during the self-isolation period. This will be evaluated on a case-by-case basis.

### **Respectful Workplace:**

It is critical that all staff be aware that the COVID-19 pandemic is impacting all employees and members of the public in a highly emotionally charged manner. It is understandable that, if someone feels at risk as the result of another team member being diagnosed, that it can create feelings of fear and potentially even hostility.

It is critical that we all adopt an understanding that nobody is immune, and that nobody deliberately contacts or spreads COVID-19. At all times throughout the course of the pandemic, all CCS

employees are to comply with the behaviours and principles outlined in the Respectful Workplace policy. We will all adhere to a “blame-free” culture, even if a team member is diagnosed. Bullying, harassment or blaming an individual for the disruption associated with this outbreak will not be tolerated.

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## Itinerant Workers

### Statement

CCS is committed to maintaining a safe and productive workplace for all employees. Similarly, we also take all measure to ensure that CCS staff operating from host locations are provided the same level of safety standards at their respective sites. Itinerant staff are to follow that the protocols set in place by their host locations. In the event these protocols do not meet CCS standards, staff will inform managers to further pursue the matter with the location management to address these concerns. The guidelines set out in this section applies to itinerant staff and are in addition to the policies listed in this manual for all CCS employees.

### Itinerant Workers Phased Approach

The Itinerant Workers Return to Work will mirror the phased-in return that CCS sites are following. (See [Phased Return to Work](#) – Stage One).

#### Partial Re-Open Stage One:

Stage one is triggered when the provinces in which we operate identify that the health indicators of the province cease to require a shelter-in-home order. During Stage One, Itinerant staff will continue to provide support to clients for the host locations remotely.

A week prior to the start of Stage One, the Executive Director will communicate with all host locations to inform them of CCS's reopening phased approach to return to work and the plan for CCS itinerant staff in terms of providing continued support to host location clients remotely (See [Executive Director Host Organization Communication](#)).

Itinerant staff maybe required to work from CCS locations as needed. In this case they would follow protocols as outlined in this document under the Reopening Phased Approach section ([Stage One](#)). Should an itinerant staff have a client that they would need to see in person, the appointment will be scheduled ahead of time at their primary CCS location in consultation with their Manager, and following the protocols detailed in Section Three of this procedure manual. ([Determining whether to book a client appointment](#)).

#### Partial Re-Open Stage Two:

Stage two is triggered when the provinces in which we operate indicate that the outbreak is controlled, and that risk is minimal. There is no longer a “state of emergency” in the provinces in which we operate.

During Stage Two, a week before itinerant are expected to return to work, managers will work with host locations to ensure that workspaces are in line with the safety protocols outlined in the in the itinerant site inspection checklist (See [Itinerant Site Inspection](#)).

All itinerant staff will return to assigned host locations that are ready accommodate CCS staff based on their procedures and guidelines. It is recommended that offsite staff work from one location, and avoid travel to multiple sites wherever possible, to reduce the risk of spreading infection.

All protocols outlined in this guide with respect to Infectious Disease Emergency Leave, Symptomatic Employees or Exposed Employees, Work from Home, and Work Refusal apply to Itinerant Workers.

- Itinerant staff will see clients in person, following the guidelines of the host locations, with screening mechanisms and social distancing/physical barriers in place
- If for any reason CCS worker is required to go into host site, appointments are planned in consultation with host site based on the total clients in the office at any given time
- CCS enhanced cleaning protocols continued be in place for assigned spaces at host locations
- Itinerant staff whose primary host location is unable to accommodate them will continue to work remotely
- Group sessions/meetings limited to 15 people or less

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## Itinerant Workers - Physical Distancing and Hygiene Protocol

### Statement

Managing the risks of COVID-19 in the workplace requires multiple strategies that must be used in combination to be effective. Physical distancing is a strategy that involves the practical minimizing of circumstances that tend to encourage the transmission of an infectious disease (COVID-19).

It is expected that host locations have measures in place to prevent the spread of COVID-19 through physical distancing strategies. All itinerant employees are expected to respect these guidelines to contribute to the effort to slow the spread of illness.

### Applicability

All itinerant employees in all host sites must comply with this protocol in accordance with Public Health Guidelines during the pandemic and the State of Emergency.

- CCS supplies PPEs for all itinerant staff
- Office Space and physical distance
- It is recommended that offsite staff 'work' from one location to reduce risks
- If for any reason any offsite staff is required to go into secondary host site, appointments are planned in advance and consultation with host site based on above guidelines
- Host agency to provide PPEs for clients
- Offsite staff maintains a log of those who they came into contact while at host location

### Itinerant staff can refuse to serve out of host locations, in the following cases:

- Offsite staff has reason to believe that host location is in not in compliance with the overall safety procedures and protocols set out by the province
- There have been changes to the measures that were ensured at the time of initial host location inspection. These changes would put CCS offsite at higher risk
- The concerns have been addressed with host site and have not been resolved

### Maintaining a Clean and Sanitized Workspace

- Offsite staff will ensure that all equipment and supplies are sanitized and cleaned prior to arrival at host location (See [cleaning and disinfecting protocols](#))
- Offsite staff to ensure that they sanitize and clean their immediate workspaces upon arrival at a host location

- The immediate workspace should continue to be cleaned and sanitized over the course of the day (after client visits, meeting with host location staff, returning from lunch/outside meetings, etc.)
- Always keep workspaces decluttered and free of non-essential items (stationary, flyers, toys, etc.) that may increase risk of spreading the virus.
- At the end of the working day, ensure that all your supplies and materials are put away in a safe location and that immediate workspace is clear
- Where possible lock away all PPE related items and materials

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## SECTION THREE: CLIENT SERVICES PROTOCOLS

CCS is fully committed to meeting the needs of our clients, while balancing the priority of the health and safety of our staff, clients, and the public. While we recognize the great strides the agency has taken to continue to service clients during the shelter-in-place order, we are aware that it has created a challenge and that there is something essential that is “lost” in servicing clients exclusively through remote channels.

As such, while we are looking to take a conservative approach to in-office client visits, particularly during stage one and two of re-opening, we recognize the need to prioritize in-person interaction with some clients.

This section provides guidance on how to determine when to book an in-office appointment, and the protocols to follow for health screening clients, managing in-office appointments, and protocols surrounding group sessions.

Questions on how to navigate specific client situations can be directed to your Manager or Regional Manager for guidance/clarification.

## Determining Need for In-Person Client Appointment

In-person appointments with clients should happen only when conditions permit. To determine if you should make an in-person appointment with a client, consider the following:

1. Have you been recalled to the office yet?
2. Is it necessary to meet the client in-person for the service you are providing?
3. Have you been recalled to the office on a rotational basis?
  - a. Is there time during your office rotation to meet with the client?
  - b. Is a designated office/meeting room available (according to site protocols for appropriate client meeting space) for you to meet the client where you will be able to abide by [physical distancing protocols](#)?
4. Has the client passed the preliminary [client health screening questionnaire](#)? (Part of Steps to Making an In-Person appointment with a client below)

You must have a 'yes' answer to EVERY question above in order to make an in-person appointment with a client until provinces are completely open and the state of emergency has been lifted in your area.

If you answer NO to even one question above, then continue offering client services remotely by phone or online. (See [Refusing In-person Client Appointment](#) scripts)

## Making an Appointment with a Client

### No Walk-Ins

Until the state of emergency in your area has been lifted and full regular operations have resumed, walk-in appointments will not be possible. All in-person appointments will need to be scheduled beforehand.

### Making In-Person Appointments

When making an in-person appointment with a client ensure that you schedule appointments so that:

- you and the client are able to maintain [physical distancing](#) during the appointment
- that you will have enough time to follow any [cleaning protocols](#) before and after the meeting
- the client can arrive at the correct time to follow [physical distancing](#) protocols and [client health screening](#) that may be occurring in reception at your location

### Steps for Making An In-Person Appointment (Pre-screening Interview)

1. [Determine](#) whether you need to make or can accept an in-person appointment.
2. Contact the client by phone or online.
3. Conduct the preliminary [client health screening questionnaire](#). (If you email the questionnaire, you will need to wait for the client's responses before determining whether or not you can make an in-person appointment.)
4. If the client passes the preliminary health screening, proceed with step 5. If client does not pass preliminary health screening, offer remote services by phone or online.
5. Explain to the client the current conditions under which in-person appointments are being conducted:
  - We are practicing physical distancing – staying 2 metres apart
  - We are wearing masks on-site
  - Everyone entering the building is having their temperature taken using a forehead thermometer
  - We must limit how many people can be in a waiting area
    - i. So clients must arrive on time for appointments or reschedule
    - ii. Clients must attend appointment alone at this time
6. Explain to clients that only individual appointments can be offered at this time. Family members, translators, or other support persons will not be able to attend appointments during the state-of-emergency.
  - If a client requires a translator or is not able to attend an appointment alone because they are caring for children or other family members, try to organize a remote appointment by phone or online.
7. Tell clients that they will be expected to bring and wear a mask while on-site and that they will have their temperature taken by our receptionist when they arrive. If they have a fever, they will not be able to stay on-site.
8. Confirm appointment time and place with client.
9. Tell client you will also be sending a [Client Appointment Preparation Info Sheet](#) outlining the Client Arrival Protocols which will include what to prepare and what to expect upon arrival at the meeting location.
10. Explain to the client what can happen if they are not able to follow the health and safety standards for in-person meetings, or if they are not able to follow the arrival and health screening protocols upon arrival at the meeting location. (Consequences may include

rescheduling or [refusing services](#), or the need to conduct appointment remotely by phone or online.)

11. Send Info sheet discussed in Step 7 to client by email or other electronic means (ex. as image through social media platforms)
12. Ensure that reception or any other employees are aware of the appointment wherever coordination of the arrival of clients is necessary.

### **Protocols For A Meeting Location**

Because CCS employees work in various locations including offsite locations, all CCS employees need to become familiar with the reception and health and safety standards and protocols for the location where they will hold the in-person meeting.

### **Informing Clients About Meeting Protocols**

Clients attending in-person appointments will be required to follow health and safety protocols. This will include [physical distancing](#), client use of [PPE](#), [client health screening](#) and protocols on [shared equipment](#).

CCS employees scheduling in-person appointments with clients will be responsible for informing clients of all protocols clients will need to follow when arriving at the meeting location.

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## Client Health Screening and On-site Arrival Process

There are two parts to client health screening.

### Pre-appointment Health Screening

The first part is the preliminary [client health screening](#) questionnaire that must be conducted by phone or email before when a CCS employee is [determining](#) whether or not an in-person appointment can be scheduled.

### Client Arrival Health Screening

The second part is the client health screening that will occur as part of the in-person appointment client arrivals protocols when a client arrives at the location of the in-person appointment. Managers and reception staff at each location will need to adapt the client health screening steps to fit the physical distancing protocols established for the specific site.

During Phase 1 and 2, in-person appointments must be scheduled in order to manage physical distancing, cleaning and protective equipment protocols. Clients who arrive without an appointment will be invited to make a scheduled appointment. Also see [Managing Walk-ins](#).

### Client Arrival Process

When clients arrive for scheduled appointments at CCS locations:

1. During Phase 1 and 2, there will be signs on the doors saying that walk-in appointments are not being offered.
2. Each office location will have a specific [client arrival protocol](#) that outlines who enters, where individuals can walk, how to offer PPE, etc. so that physical distancing, cleaning and PPE requirements can be followed according to location specific circumstances.
3. Clients should be attending meetings individually, without any other family members or other supports such as translators. If clients arrive with third-party visitors, reception staff may explain that appointments are only able to be offered for individuals at this time.
4. Reception staff will identify whether or not clients have brought face masks with them. If not, reception staff will provide a mask to the client. If the client is not able to wear the face mask, they may be offered a face shield instead.
5. Reception staff will explain the [PPE protocols](#) (how to wear the mask or face shield and disposal) while at CCS.
6. Reception will go through the [client health screening](#) questionnaire to determine that the client is not symptomatic.
7. Reception staff will take the temperature of the client.
8. Reception staff will record client names, temperatures and health screening (pass/not) in the reception [client health screening log](#).
9. If the client does not pass the [client health screening](#) questionnaire or temperature check, reception staff will explain to the client that they may be symptomatic and will not be able to have an in-person appointment at that time. Reception may also suggest that the client contact their doctor, a local clinic or anywhere where COVID testing is being offered.
10. If the client passes the health screening but is unwilling to follow any of the health and safety protocols put in place, staff can refer to [response in the event of client refusal](#).

## In-person Appointment – Client Arrival Protocols

This section will be updated when Managers and reception staff at each location have mapped physical distancing protocols (marked floors and traffic patterns) and when temperature readers that have been ordered have arrived at CCS.

Arrival protocols will be standard across different CCS sites. However, exact protocols will be site specific as physical spaces require.

### During the meeting



If an in-person appointment has been deemed necessary and possible through health screening, it may be a challenge for CCS staff members to make the same supportive connection with clients while also maintaining the health and safety guidelines. It may be helpful to keep in mind that the services being given are important as is maintaining the health of clients and ourselves.

So, during Phase 1 and 2 please be diligent to:

- Maintain physical distancing protocols
- Maintain protocols around shared equipment protocols
- Maintain cleaning protocols in the meeting space and around the meeting time
- Follow exit procedures when the meeting is finished

Staff may also need to remind clients about health and safety expectations during the meeting. Please remember that clients have not necessarily had the time or training to get used to the physical distancing and PPE use expectations. Gentle reminders may be helpful to anyone who is more concerned about why they came for an appointment than the health and safety standards.

In the event that a client refuses to comply with CCS requirements during the meeting, staff can consult the [response in the event of client refusal](#).

### After the meeting

After the client has safely exited the building, CCS employees will need to follow any [cleaning and disinfecting guidelines](#) for the areas they have used.

Be sure to leave enough time between appointments and other tasks to clean, make any necessary changes or replacements to office equipment such as pens or other items handled by you or the client. Having enough time after the meeting will allow you to stay organized and maintain the health and safety protocols.

## Client Personal Protective Equipment

Staff [making appointments with clients](#) will ask clients to bring face masks with them to in-person appointments.

If clients do not bring face masks with them, reception staff may provide face masks during the client arrival and health screening. Clients will be required to follow [PPE guidelines](#) as outlined for CCS employees.

## Shared Equipment and Office Supplies Protocol for In-Person Appointments

Due to the chance of transmission, staff should refrain from sharing pens/pencils, keyboards and other hand held objects with clients during in-person meetings.

In the event that objects are shared or clients use office equipment, staff should clean and disinfect the objects clients used. Staff should also remember to wash their hands after meetings with clients.

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## Third-Party Visitors Accompanying Clients

### **Managing Number of Family Members at In-Person Appointment**

During Phase 1 and 2, clients will be expected to attend in-person appointments individually. This means without family members, children, translators, etc.

However, there may be circumstances that require an in-person appointment where the client attends with another family member, translator or another needed third-party. Before being able to provide this appointment, CCS staff should consult their supervisors to discuss other options and the specific needs of the client.

Clients as well as any other attendees must be taken through the [making an appointment](#) including the [health screening questionnaire](#).

If the appointment is deemed necessary and possible by CCS staff and their manager, CCS staff will need to conduct the appointment in a space that will still comply with physical distancing guidelines, i.e. large enough spaces for staff, client and others to maintain 2 metres apart.

Each additional person attending the meeting must be deemed necessarily in attendance by CCS staff and their manager.

### **Managing Client Need for Translator**

Where a client requires the assistance of a translator for services, every effort should be made to offer those services remotely so that the client and translator can be in the meeting together with the least health and safety concerns.

If an in-person appointment with a translator is deemed critical and necessary by CCS staff and their manager, then the staff person will need to conduct the meeting in a space that allows for all people in the meeting to maintain the 2 metre physical distance requirement.

## Managing Walk-Ins

For more information on the operations during each Phase and Stage, see the [Reopening Phased Approach](#).

### **Phase One** - No walk-ins accepted

During Phase 1, CCS will not be offering or accepting walk-in appointments. This is due to the public health challenges of maintaining physical distancing, cleaning, and health safe transitions between client visits.

In order to inform clients who may be looking for walk-in appointments, signage will be posted on doors and in highly visible areas explaining that services are continuing to be offered remotely and that in emergency circumstances, scheduled appointments may be able to be offered.

### **Phase Two** (walk-ins accepted – health screening protocols for walk-ins)

Phase Two will have gradually increasing in-person service delivery according to public health guidelines and our ability to maintain physical distancing, cleaning/disinfecting protocols and proper use of PPE.

#### *Stage One*

Walk-ins will not yet be accepted. In-person appointments will need to be scheduled and coordinated office-wide to comply with health screening requirements at reception.

All in person appointments will be extremely limited due to limited numbers of staff in the office.

#### *Stage Two*

Walk-ins will be accepted in Stage Two while still scheduling carefully to uphold strict health screening and physical distancing guidelines.

CCS staff should continue to schedule appointments for every client in order to perform the pre-appointment health screening and inform clients about health and safety expectations around in-person appointments.

#### *Stage Three*

Walk-ins will be accepted as part of normal operating procedures because pandemic focused public health recommendations have been lifted in the province and the city.

## Group Sessions

During Stage Two – Phase 1, there will be no group session services delivered and clients will only attend in-person meetings by appointment (see [Making Client In-person Appointment](#)).

Guidelines for Group Sessions will be added based on Public Health recommendation changes.

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## Response in the event of client refusal to comply with CCS requirements

Prior to having an appointment, the client will have prescreening interview (See [Making an In-person Appointment](#)).

CCS staff will be following the script in this document when explaining to client the reasons for refusing in person appointment (See [Refusing In-person Client Appointment](#) scripts)

Once the appointment has been made for the client, they will receive an email from CCS outlining the screening process and procedures once they arrive and the protective equipment that they should bring and outline the reasons that they might be refused in-person services (See Client In-person Appointment Preparation – [Email template](#)).

CCS has the right to refuse in person services to the client as a protective measure for the health and safety for all staff and other clients, in the following circumstances:

- Should a client refuse to follow the screening process and the requirements for using services
- They have been sick in the last 14 days
- Have a temperature above 100.4 degrees F (38.0 degrees C), they will be told to leave the office immediately from the reception area
- They have been exposed to someone who is sick
- They are caring for someone diagnosed with COVID-19
- They are the caregiver for a child or older adult whose care provider (daycare, adult day program, etc.) is closed as a result of COVID-19
- Client has travelled outside the country 14 days or less

CCS staff will be following the script in this document when explaining to client the reasons for refusing in person service. Please tailor responses to reflect the different scenarios (See [Refusing In-person Client Appointment](#)).

If they become upset, please contact a senior staff person immediately to handle the situation.

NOTE: There will be signs at all entrances and by the reception desk stating CCS's Protocols and guidelines

## SECTION FOUR: OFFICE PROTOCOLS

As we work to control the spread of COVID-19, it is essential that we establish clear protocols for the use of PPE, the management of social distancing and traffic patterns within our sites, and the use of effective cleaning routines.

In this section, we outline the protocols for ensuring a healthy and safe work environment for staff and clients at each CCS site.

Protocols for employees who work outside of CCS offices (Itinerant workers and RSTP outside of Ontario) can be found in Section Two and Section Five of this document.

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## Workplace Inspection

### Statement

To prevent the spread of COVID-19 and to protect everyone in our workplace, CCS takes every precautions to identify and record any hazard and identify where action is necessary to control hazards in all offices through a critical examination of the workplace before and after reopening the offices.

### Roles and Responsibilities

The members of the Joint Occupational Health and Safety Committee (JOHSC) are responsible and accountable to plan, execute, and report the inspections in all offices.

The site managers should also work collaboratively with Committee members to meet the requirements and support the corrective actions

### Inspection Stages

Workplace inspections are an opportunity to identify hazards and assess risk in our workplace on an ongoing basis. In response to COVID-19 pandemic and to ensure that all offices are ready for reopening and continuous operation, CCS will conduct the workplace inspections is 3 stages.

**Stage One-** This is actually the first stage of inspection before opening the offices. In this stage the designated people inspect the offices to identify any associated risk and decide about the measurements or any engineering controls to prevent or minimize the spread of virus in the workplace.

The following items will be considered and checked during this stage:

- Checking and measuring all areas in each site to decide how to practice physical distancing, how many people can be accommodated at a time, where physical distancing markers are needed and if any moving is required. This includes Reception, Kitchen, Offices, Hallways, Printing areas, and Boardrooms.
- Checking all entrance and exit doors
- Checking the reception desk and decide about the size of the Plexiglas
- Ensure of daily cleaning and disinfecting the sites
- Decide about the location of sanitizing stations
- Decide where to place posters and signage
- Where to store and dispose the PPEs
- Checking the cleaning protocol of the building with building management
- Checking the kitchen items to stablish disinfecting procedure for shared items and which items should be locked down.
- Designate an extra space for lunch breaks
- Decide about decluttering areas to restrict the shared items including coat hangers and toys and clearing the obstructions
- Checking the office ventilation

This is not an inclusive list and depending on the condition of each site there may be additional considerations.

The [Workplace Inspection Check List](#) is attached to this document.

**Stage Two-**This stage is the final inspection before re-opening the offices.

After implementing all changes, execute all recommendations, and having all equipment in place, the Health and Safety designated members will conduct another inspection to ensure that every measurements were properly and accurately implemented and recommend corrective action if needed.

**Stage Three-** The purpose of inspections is to keep the workplace free of any hazards or risk. As a result, the Joint Health and Safety Committee members inspect the workplace on an ongoing base with at least once a month. The inspection will be conducted according to a schedule set by the Joint Health and Safety Committee.

After each inspection, it is important that the information obtained is given careful consideration and, where indicated, corrective action taken

## Personal Protective Equipment

PPE is used to prevent transmission of infectious agents from person-to-person.

PPE is used alone or in combination to prevent exposure, by placing a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing.

The selection of PPE is based on the nature of the interaction with the client/staff and/or the likely mode(s) of transmission of infectious agents. Selection of the appropriate PPE is based on the risk assessment (e.g., interaction, status of client/staff) that dictates what is worn to break the chain of transmission.

PPE should never be used indiscriminately, and overuse may have negative impacts, such as:

- interference with quality of client/staff interactions
- waste and increased cost
- staff may be less likely to wash their hands when wearing gloves for routine tasks
- shortages of PPE that result in inappropriate use (e.g., re-use of gloves), leading to increased transmission of microorganisms
- environmental concerns relating to disposal of PPE, washing agents and chemicals.

### USE OF PPE

**PPE should be put on, just prior to the interaction with the client/staff. When the interaction for which the PPE was used has ended, PPE should be removed immediately and disposed of** in the appropriate receptacle. The process of PPE removal requires strict adherence to a formal protocol to prevent recontamination.

Education in the proper use of PPE must be for all service providers/clients.

#### Gloves

Gloves must be worn when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above.

Compliance with hand hygiene should always be the first consideration.

#### Gloves and Hand Hygiene

Because gloves are not completely free of leaks and hands may become contaminated when removing gloves.

Gloves must be removed and discarded into a waste receptacle.

Gloves may be adversely affected by petroleum-based hand lotions or creams.

To reduce hand irritation related to gloves:

- wear gloves for as short a time as possible
- ensure hands are clean and dry before putting on gloves
- ensure gloves are intact and clean and dry inside.

## Masks

A mask is used (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two meters of a coughing client/patient/staff. A mask should be placed on a coughing client/patient/staff when outside his/her room, if tolerated, to limit dissemination of infectious respiratory secretions.

### Selection of Masks

Mask selection is based on a risk assessment that includes:

- type of procedure/care activity
- length of procedure/care activity
- likelihood of contact with droplets/aerosols generated by the procedure or interaction.

### N95 Respirators *(medical use only, in case of direct contact with infected person)*

An N95 respirator is used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.

N95 respirators should also be worn for aerosol-generating procedures that have been shown to expose staff to airborne transmission infections and airborne precautions.

### Appropriate Mask Use

- Select a mask appropriate to the activity
- Mask should securely cover the nose and mouth
- Change mask if it becomes wet.
- Do not touch mask while wearing it.
- Remove mask correctly immediately after completion of task and discard into an appropriate waste receptacle.
- Do not allow mask to hang or dangle around the neck.
- Clean hands after removing the mask.
- Do not re-use disposable masks.
- Do not fold the mask or put it in a pocket for later use

### Physical Barriers

Physical barriers can help to deflect potentially infectious droplets when an individual cough or sneezes.

Physical barriers include:

- curtains,
- room dividers, e.g., reception areas,
- glass or Plexiglass® screens and windows, e.g., reception areas,
- cough/sneeze guards, e.g., food service areas.

CCS has purchased 60 portable Plexiglas barriers that will be distributed to support additional safety when hosting in-person meetings with clients or staff members. We are currently in the process of having Plexiglas barriers added to reception desks. It is not the plan for CCS to install physical barriers in every office.

### DURING STAGE ONE (return to work):

- CCS will provide the PPE (masks and gloves) to all employees while on-site
- Clients will be asked when their appointments are made to bring their own masks.

- Clients who arrive for an appointment without a mask will be asked to put one on.
- Masks must be worn by all employees when in common areas or when meeting with another employee or client.
- When alone in one's private office, with the door closed, the mask may be removed.
- Gloves must be worn when touching shared equipment (I.e. photocopiers).
- Gloves must be removed and disposed between each use.
- All employees, clients and visitors must wash their hands with soap and water upon arrival at the CCS office.
- All employees must hand sanitize after removing gloves.
- **Face Shields will be worn by reception/admin for additional protection while taking employee and visitor temperature.**

### **Non-medical face masks or face coverings**

#### **SHOULD:**

- allow for easy breathing
- fit securely to the head with ties or ear loops
- maintain their shape after washing and drying
- be changed as soon as possible if damp or dirty
- be comfortable and not require frequent adjustment
- be made of at least 2 layers of tightly woven material fabric (such as cotton or linen)
- be large enough to completely and comfortably cover the nose and mouth without gaping
- Some masks also include a pocket to accommodate a paper towel or disposable coffee filter, for increased benefit.

### **Non-medical masks or face coverings**

#### **SHOULD NOT:**

- be shared with others
- impair vision or interfere with tasks
- be placed on children under the age of 2 years
- be made of plastic or other non-breathable materials
- be secured with tape or other inappropriate materials
- be made exclusively of materials that easily fall apart, such as tissues
- be placed on anyone unable to remove them without assistance or anyone who has trouble breathing

### **Limitations**

#### **Homemade masks are not medical devices and are not regulated like medical masks and respirators:**

- they have not been tested to recognized standards
- the fabrics are not the same as used in surgical masks or respirators
- the edges are not designed to form a seal around the nose and mouth

These types of masks may not be effective in blocking virus particles that may be transmitted by coughing, sneezing or certain medical procedures. They do not provide complete protection from virus particles because of a potential loose fit and the materials used.

Some commercially available masks have exhalation valves that make the mask more breathable for the person wearing it. But these valves also allow infectious respiratory droplets to spread outside the mask.

Masks with exhalation valves are not recommended, because they don't protect others from COVID-19 and don't limit the spread of the virus.

Medical masks, including surgical, medical procedure face masks and respirators (like N95 masks), must be kept for health care workers and others providing direct care to COVID-19 patients.

## **Recommendations for ROUTINE PRACTICES**

1. Incorporate the elements of Routine Practices into the culture of workplace settings and into the daily practice of each staff/worker/client during work time of all, at all times.
2. Provide instruction to visitors regarding specific facility control measures before they visit a client/student, to ensure compliance with established practices.
3. Perform a risk assessment before each interaction with a client/student or their environment in order to determine which interventions are required to prevent transmission during the planned interaction.
4. Choose staff/client/student accommodation based on the risk assessment.
5. Choose personal protective equipment (PPE) based on the risk assessment.
6. Implement a comprehensive hand hygiene program that follows recommendations.
7. Provide sufficient supplies of easily accessible PPE for staff and emergency protection for clients/students.
8. Implement a process for evaluating PPE to ensure it meets quality standards where applicable, including a respiratory protection program.
9. Provide education in the proper use of PPE to staff/clients.
10. Wear gloves when it is anticipated that the hands will be in contact with mucous membranes, open wounds, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above.
11. Do not wear gloves for routine health care activities in which contact is limited to the intact skin of the client/staff.
12. Select gloves that fit well and are of sufficient durability for the task.
13. Put on gloves just before the task or procedure that requires them.
14. Perform hand hygiene before putting on gloves for aseptic procedures.
15. Remove gloves immediately after completion of the task that requires gloves, before touching clean environmental surfaces.
16. Clean hands immediately after removing gloves.
17. Do not re-use or wash single-use disposable gloves.
18. Wear a mask and eye protection to protect the mucous membranes of the eyes, nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
19. Wear an N95 respirator to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.
20. Ensure effective training on the use of PPE, and leadership training on monitoring/management compliance within their teams.
21. Implement a program that promotes respiratory etiquette to staff, clients/students and visitors in the workplace.
22. Ensure that there is a clear expectation that staff do not come into work when ill with symptoms that are of an infectious origin; and this expectation is supported with appropriate attendance management policies.

## **ORDERING PPE**

For the duration of Stage One and Stage Two of the CCS reopening plan, the ordering and distribution of PPE will be centralized for the agency, and managed through the JOHSC.

Site Managers are accountable for ensuring accurate inventory management of all PPE (can be delegated to an appropriate staff member, but the site manager will maintain overall accountability for ensuring accuracy).

CCS recognizes the pandemic-related global shortages of PPE and related equipment. As such, we endeavor to maintain a supply of a minimum of 2-3 month's supply of critical PPE (masks, gloves, hand sanitizer) at all times, in order to manage backorders and shipping delays with re-orders. The Site Manager will notify the designated PPE lead (to be announced) for order requests through Stage One and through the initial transition into Stage Two (anticipating 2-3 months. The designated PPE lead will manage the ordering and distribution of PPE to various offices.

In Stage Two, when there is a greater understanding of the overall consumption of PPE with full staff in rotation in the office, the task of ordering supplies will be transitioned to Site Managers. The designated PPE Lead, in consultation with the Associate Director, People and Culture will make the determination when it is appropriate to make the transition. This will be communicated to Site Managers, along with a list of suppliers and pricing.

#### **INVENTORY MANAGEMENT AND TRACKING OF PPE**

The Provincial Government is requiring diligent and accurate inventory management of all PPE, tracking the use, on-hand inventory, orders, and shipment status be submitted on a weekly basis by Monday afternoon.

Each Site Manager will assign a PPE lead within each site, who will be accountable for distributing PPE to staff, and for tracking inventory within their site. The site-specific PPE lead will submit PPE tracking on a weekly basis, by Monday at noon (hard deadline) using the attached inventory survey (see appendix).

The agency PPE lead will be accountable for compiling lists, placing PPE orders, and completing the weekly PPE inventory survey from the province.

## Physical Distancing and Hygiene Protocol

### Statement

Managing the risks of COVID-19 in the workplace requires multiple strategies that must be used in combination to be effective. Physical distancing is a strategy that involves the practical minimizing of circumstances that tend to encourage the transmission of an infectious disease (COVID-19). CCS strives to prevent the spread of COVID-19 through physical distancing strategies and all employees are expected to respect these guidelines to contribute to the effort to slow the spread of illness.

### Applicability

All CCS employees, volunteers, and students in all sites must comply with this protocol in accordance with Public Health Guidelines during the pandemic and the State of Emergency.

### Offsite & Itinerant workers

- Offsite workers 'work' from one location to reduce risks
- Offsite workers work from CCS site, based on staffing schedule
- If for any reason CCS worker is required to go in to host site, appointments made for them based on the total clients in the office
- CCS supplies PPEs for all CCS staff
- Host agency provides PPEs for clients
- Offsite staff maintains a Log off all contacts at offsite location
- Office Space and physical distance (host agency's guidelines vs CCS)

### Reception Areas

- Social distancing markers should be visible on the floor
- The reception desk should be protected by Plexiglas
- No in-person communication with reception at front desk
- No gathering at front desk is allowed
- No more than 2 individuals are allowed in waiting area – based on location space
- No more than 2 individuals are allowed in computer area
- The computers should be sanitized by users before and after use
- Main and exit doors are kept locked. Handles and door knobs should be sanitized twice daily (Reception/Intake)
- Washroom keys should be sanitized by users before and after use
- Staff sign-in – continue with virtual process, as per site (Reception)

### Washrooms

- Only one person will use a washroom at any given time.
- If the washroom is occupied, the next person must wait until the occupant has left before entering to use the facilities.
- In certain CSS locations, there may be one washroom designated for staff and a separate washroom designated for clients.

### Kitchen

- In all sites, kitchens are open only to heat and store the foods for daily use, small containers in fridge
- Employees are requested to use their own designated offices for lunch and break times

- Itinerant workers and the employees without designated office can still use the kitchen or any provided space in their site for their lunch and break times. They should sanitize the table and the chair after using.
- As a general rule, no more than 2 individuals are accommodated in the kitchen areas at any time depending on the site. There should be a sign in each site to specify the maximum number of people in the kitchen:

55 Town Centre – max 2, maintaining 2m distance

SIP – max 1 person at a time

164 Queen Street – max 1 person at a time

3660 Hurontario – max 2, maintaining 2m distance

LINC Peel – max 1 person at a time

LINC MOR – max 1 person at a time

LINC TO site 1 – max 1 person at a time

LINC TO site 2 – max 1 person at a time

- Employees are requested not to pack the fridge with big containers and allow enough space to others to avoid touching other's containers
- Avoid sharing items in refrigerator and all containers and items in fridge should be labelled
- The water dispenser, kettle, and coffee maker are not shared in the kitchen
- The employees should avoid sharing cutleries, cups, plates, or any utensils. All shared utensils will be locked. Employees should bring their own dishes and utensils, wash them after use and take them back to their own workspace.
- The employees should not leave any personal utensils in the kitchen or in the sink

### **Hallways and Printer & Copy areas**

- One individual is permitted at any time
- The equipment and items should be cleaned/Sanitized before and after use. This is done by any individual making or using the equipment.

### **Meetings**

- Larger offices that accommodate social distancing can be used as meeting spaces for 1:1 client meetings
- Every site should dedicate 1 - 2 meeting rooms that are large enough to accommodate social distancing that are used for client appointments only (cannot be booked for other purposes). Client appointments should only take place in the larger offices and in the designated meeting rooms, and not in individual smaller offices
- CCS Continues to use video/teleconferencing for large meetings
- The number of the participants depends on the size of the boardroom. Each individual should sit 2 metres apart from other participants
- The employees should adhere to the posted "maximum occupancy" signage in each location
- Every precaution should be in place to minimize contact with the doors and handles
- The first and the last individual in the room will wipe down the table and sanitize the items including the door handle

- If an individual is in the office but prefers to join a group meeting virtually rather than join a small group in a meeting room, that should be accommodated if possible
- The board room should be booked for 30mins before and after the meeting to maintain cleaning procedure
- No food items, snacks or water bottles are shared during the meetings. The participants can bring their own water or food.
- No potluck or buffet is allowed

## Offices

- Employees should only use their own designated offices to complete their daily tasks
- In Stage Two – Phase One (rotational staff at no more than 30%) staff rotation must be such that team members who share an office are not scheduled on the same day
- The employees must maintain physical distance of 2m when meeting with clients
- The employees should avoid any social visits in colleagues' offices. Use only virtual communication with colleagues/supervisor as much as possible.
- The teams should use virtual tools for team meetings as much as possible.
- The employees should use one-way to enter the unit and another hallway to exit
- Minimize use of shared office space. And if used each worker to clean/sanitize all items
- The employees should avoid sharing any stationary like post-it, pens, pencils, white-out, markers, ruler etc. with others.

## General Recommendations

- Employees are requested to use their common sense while using the shared facilities and areas to maintain physical distance and minimize the risk of exposure
- All staff should avoid face-to-face interactions as much as possible
- Staff waiting for elevators can report for duty. Employees should not get into the elevator with more than two people at a time. Employees waiting for the elevator in order to comply with social distancing will not be considered "late for work".
- CCS is flexible with start and end times due to commuting through public transit and any request for accommodation should be sent to direct supervisors for consideration
- CCS continues with day time onsite schedule, 9am-5pm
- CCS does not accept any personal packages delivered to the office

## Cleaning and Disinfecting Protocol

### Statement

To prevent the spread of COVID-19 and other infectious diseases in the workplace, CCS is taking every precaution. While all CCS employees should continue to practice physical distancing and hygiene in their personal lives, we need to take additional measures to protect our employees and clients, and to ensure that they understand and comply with agency prevention protocols and practices.

According to Public Health authorities, the COVID-19 virus can survive on surfaces for hours and even days, depending on the surface. Generally, the harder the surface, the longer the virus can survive and be transmitted. As such, proper cleaning and disinfecting is crucial to prevent the spread of the virus.

The pandemic task force, in collaboration with the Senior Team, is currently working with building management and cleaning companies to ensure offices are adequately supported. Disinfectant sprays will be available in all office/meeting locations, and staff members are expected to spray and wipe down all high-touch surfaces (chairs, tables, door handles) at the end of any meeting/use of a common space.

### Cleaning Vs Disinfecting

Cleaning and disinfecting are two separate activities and tasks. Cleaning followed by disinfecting surfaces and areas is the best practice for prevention and killing virus.

- Cleaning should be followed by disinfecting.
  - Cleaning – removes dirt and impurities from surfaces – but does not kill viruses.
  - Disinfecting – with appropriate chemicals, kills viruses – but does not clean surfaces.

**Hard Surfaces:** Frequently touched surfaces including the following list should be **cleaned and disinfected at least twice a day**.

- Handles - cabinet, faucet
- Countertops
- Handrails
- Doorknobs
- Touch screen surface
- Light switches
- Desk/Table tops
- Chairs
- Food contact surfaces
- Kitchen and serving utensils
- Cleaning carts
- Cleaning supplies
- Elevator buttons
- Keyboards
- Electronic devices
- Phones

To clean surfaces, a detergent or soap with water should be used. To disinfect surfaces, the products

containing 62-71% ethanol, 0.5% hydrogen peroxide, or 0.1% Sodium hypochlorite (bleach) are thought to kill the virus within one minute. It is important to ensure products have not expired and always follow the manufacturer's instructions. (Mixing certain products can create hazardous gases)

(See fact sheet – WH&SC “Cleaning and disinfecting”: Confronting COVID-19, where detailed instructions are provided at

[https://www.whsc.on.ca/Files/Resources/COVID-19-Resources/WHSC\\_Pandemic\\_Cleaning-Disinfecting\\_Apr9-2020.aspx](https://www.whsc.on.ca/Files/Resources/COVID-19-Resources/WHSC_Pandemic_Cleaning-Disinfecting_Apr9-2020.aspx))

**Soft Surfaces:** Cleaning and disinfecting hard surfaces is of most concern for a virus spread; but soft surfaces should not be neglected. Soft Surfaces include:

- Linens
- Wipes
- Cushions
- Bedding
- Furniture
- Carpets

#### **Kitchen / Refrigerator Cleaning Procedure**

- Employees should clean microwave and toaster any time before and after use
- The fridge should be cleaned on a daily basis (rotation schedule)

#### **Washroom Cleaning Procedure**

- used by one person at a time (depending on size of washroom)
- to open the washroom door use paper towel from an automatic dispenser installed outside on the wall next to washroom door
- disinfect toilet seat and handle with bleach solution and paper towel
- disinfect cabin door lock and faucet using solution and new paper towel
- wash your hands for 20 seconds

#### **Evaluating Disinfectants for Use Against the COVID-19 Virus**

In selecting and choosing a disinfectant to combat the COVID-19 virus, Public Health authorities explain that not all disinfectants are equally effective due to different active ingredient(s).

Therefore, it is recommended to use approved disinfectants compiled by Health Canada – government health authorities (see fact sheet – WH&SC “Evaluating Disinfectants for Use against the COVID-19” at [https://www.whsc.on.ca/Files/Resources/COVID-19-Resources/WHSC\\_Pandemic\\_EvaluatingDisinfectants2020-en.aspx](https://www.whsc.on.ca/Files/Resources/COVID-19-Resources/WHSC_Pandemic_EvaluatingDisinfectants2020-en.aspx)).

#### **Cleaners and Janitors**

Cleaning Protocols are formalized within the workplace. To ensure all office areas are properly cleaned and sanitized, the Cleaners and Janitors hired to provide cleaning services to all CCS locations, should be **properly trained** in Globally Harmonized WHMIS (see Workers Health and Safety Centre WHMIS Resources, for details). Namely, this training must result in the workers being

able to use information required by WHMIS to protect their health and safety [s. 7(3), WHMIS Reg.].

Precautions when using or preparing cleaning and disinfecting solutions:

- Read Labels and review safety data sheets (SDS) for all products
- When preparing solutions (especially BLEACH), always follow manufacturer's instructions for proper use of all products, such as: recommended dilution, material compatibility, storage, shelf-life, and safe use and disposal.

For all cleaning tasks, including handling garbage, cleaners should use and be supplied with:

- PPE, especially gloves, as indicated on the manufacturer's instructions or safety data sheets (SDS), and ensure proper fit.
- Face shield if potential for splash.
- Never mix Bleach with Ammonia or any other cleaning stuff, in fact do not mix any chemicals, as they may create a hazardous and even deadly gas.

Precautions: Before/During/After Cleaning and Disinfecting (see fact sheet on "CLEANERS and JANITORS" Confronting COVID-19 at [https://www.whsc.on.ca/Files/Resources/COVID-19-Resources/WHSC\\_Pandemic\\_Cleaners-and-Janitors\\_Apr9-2020.aspx](https://www.whsc.on.ca/Files/Resources/COVID-19-Resources/WHSC_Pandemic_Cleaners-and-Janitors_Apr9-2020.aspx)).

For those CCS sites where cleaning services are **not offered by in-suite building landlord/management**, it is very important that the cleaner/janitor reviews with the employer all cleaning and disinfecting protocols and procedures before starting work.

In those CCS workplace locations where cleaning services are **not offered by in-suite building landlord/management**, the cleaner should be scheduled at least twice a day in addition to the late night cleaning.

CCS Pandemic Procedure Manual

## Ventilation in Working Areas and Offices

All CCS sites and offices are ventilated regularly during and after cleaning and during the day.

In working areas where doors and windows can be opened, staff are encouraged to open them to increase air circulation and / or increase the building's air exchange rate.

In office and working areas where natural ventilation by opening doors and windows is not possible, CCS is recommending to add big fans (mount them on walls, for safety)

For Possibility to circulate outside air, it is recommended to install: Screen door/ half door barriers / dividers can be added / install a window with small opening on the top.

CCS Pandemic Manual

## Disposal of Cleaning Supplies

### Disinfecting Wipes

- Use wipes only after cleaning the surface, first.
- The disinfectant must remain on the surface (e.g. Surface must stay wet for four to ten minutes), to be effective.
- Dry wipes are not effective and should be discarded.
- Wipes are useful when used in between regular cleaning on frequently-touched items.

### Waste Removal

- Discarded cloths, gloves and tissues in waste bins may contain the COVID-19 virus (or other infectious viruses).
- Ideally, waste bins are non-touch (or at least open).
- Ensure waste bins are emptied often and cleaned and disinfected, or at the minimum, sprayed with disinfectant.

### After Cleaning and Disinfecting

- Waste bins should be emptied, then cleaned and disinfected together with any equipment used, e.g. broom or mop handles, etc.
- The gloves should be properly removed and disposed immediately into a now almost empty waste bin, or properly cleaned and decontaminated reusable gloves.
- Immediately wash hands with soap and water for at least 20 seconds, or if soap and water not available, use a hand sanitizer with at least 60% alcohol (ethyl or isopropyl alcohol).

## Signage and Posters in Workplace

### Statement

To prevent the spread of COVID-19 and to protect everyone in our workplace, CCS strongly recommends placing posters at different places in all CCS sites including Reception areas, Hallways, Offices, Kitchens, Printing Areas, and Computer sections.

It is possible to protect everyone with everyday preventive action and Coronavirus (COVID-19) signs provide reminders of these actions. In CCS, we ensure everyone in our facilities is aware of what they can do by putting these signs up in our workplace.

The purpose of posters is to remind clients and employees about physical distancing, promoting hand-washing and respiratory hygiene, and to raise the awareness about any preventive action.

### Posters

The following posters related to COVID-19 should be placed in all CCS locations during the time of State of Emergency and Pandemic due to COVID-19 and until Public Health announcements declare the risk of infection no longer exists.

The posters should be placed in not-cluttered areas and should be visible to everyone.

1. Physical Distancing (English- Arabic- Farsi – Slovak – Tagalog – Urdu- Chinese)
2. Indicator of the maximum number of people in certain areas (Kitchen- reception- Printing area)
3. COVID-19 symptoms
4. Stop visitors with symptom to facility
5. How does COVID-19 spread (Essential preventive action)
6. How to wear safely masks
7. Taking care of the mental health and wellbeing
8. Cover your cough or sneeze
9. How to manage stress and anxiety
10. Handwashing procedure
11. Staggering lunch breaks
12. Gloves removal procedure
13. COVID-19 WHO fact sheet

For Office Posters and other signage printables, see Signage on CCS SharePoint at:

[https://cathcrosscultural.sharepoint.com/:f:/s/PandemicPlanning-ReturntoWorkTaskForce/EqBLB1H\\_op5DkQUq9EqkysIBkmtFWYrUzsVEOPgPpJbLkA?e=cOaGJd](https://cathcrosscultural.sharepoint.com/:f:/s/PandemicPlanning-ReturntoWorkTaskForce/EqBLB1H_op5DkQUq9EqkysIBkmtFWYrUzsVEOPgPpJbLkA?e=cOaGJd)

## Traffic Patterns/site – include floor plans

Floor plans have been collected for each CCS site. Traffic patterns are being established and signs and markers are being distributed by CCS Pandemic Team to facilitate staff and employees' ability to stay safe and comply with physical distancing guidelines.

Floor plans can be accessed on the CCS SharePoint at

<https://cathcrosscultural.sharepoint.com/:f/s/PandemicPlanning-ReturntoWorkTaskForce/EonKDyLhE6VOtaNCI7PyeO4BMkeSDLn7OgFOueH8WlNY9Q?e=Cu8liP>

CCS Pandemic Manual

## SECTION FIVE: National Overview/Provincial Guidelines

Knowing that not all CCS employees work within the Greater Toronto Area (GTA) or the province of Ontario, and more so that the RSTP Team has staff in 7 other provinces and in host organizations, not all guidelines in this document will be easily applied in every situation. The goal is to provide the highest standard of health and safety to our clients, staff and colleagues from other organizations. In that respect, Section Five is written to assist CCS employees hosted in other organizations and provinces that will likely have different public health recommendations and different timelines for returning to work.

CCS employees outside the GTA should also consult resources in this manual outlined for Itinerant Workers.

CCS employees working in host organizations and under other provincial health guidelines should feel free to discuss the specific situation they find themselves in and how best to support the health and safety of their clients, colleagues and themselves while returning to work in the office.

While the previous four sections of these procedures have taken direction from the Ontario Health and Safety Act, CCS has employees that are hosted in organizations in other provinces including Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia and Saskatchewan.

CCS employees performing their roles continuously in areas outside the GTA will need to follow the Public Health Guidelines of the province they are in as well as the protocols of their host organizations. Links to the Public Health Guidelines for each province have been provided in this section. Additionally, links have been provided for each provincial re-opening plan to help employees estimate when their host organization may be able to re-open.

Public Health Orders of each province are regularly updated and should be checked for updates as the pandemic situation changes. The links below will take you to the pages with the most recent health orders related to COVID19 and the reopening plans for each province listed.

## Public Health Guidelines by Province for CCS Employees

### ALBERTA

Alberta Public Health Orders

<https://www.alberta.ca/covid-19-orders-and-legislation.aspx>

Alberta Re-Opening Plan

[https://www.alberta.ca/alberta-relaunch-strategy.aspx?utm\\_source=google&utm\\_medium=sem&utm\\_campaign=Relaunch&utm\\_term=General&utm\\_content=v3&gclid=EAlalQobChMI-5Sm9pXA6QIV\\_z6tBh2tBAfhEAAAYASAAEgJIEfD\\_BwE](https://www.alberta.ca/alberta-relaunch-strategy.aspx?utm_source=google&utm_medium=sem&utm_campaign=Relaunch&utm_term=General&utm_content=v3&gclid=EAlalQobChMI-5Sm9pXA6QIV_z6tBh2tBAfhEAAAYASAAEgJIEfD_BwE)

### BRITISH COLUMBIA

British Columbia Public Health Orders

<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>

British Columbia Re-Opening Plan

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>

### MANITOBA

Manitoba Public Health Orders

<https://www.gov.mb.ca/covid19/soe.html>

Manitoba Re-Opening Plan

<https://www.gov.mb.ca/covid19/restoring/approach.html>

### NEW BRUNSWICK

New Brunswick Public Health Orders

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/actions.html>

New Brunswick Re-Opening Plan

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/recovery.html>

### NOVA SCOTIA

Nova Scotia Public Health Orders

<https://novascotia.ca/coronavirus/alerts-notice/>

Nova Scotia Re-Opening Plan

<https://novascotia.ca/reopening-nova-scotia/>

<https://novascotia.ca/news/docs/2020/05/08/COVID-19-planning-for-a-new-normal.pdf>

### ONTARIO

Ontario Public Health Orders

[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir\\_mem\\_res.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx)

Ontario Re-Opening Plan

<https://www.ontario.ca/page/reopening-ontario>

## **SASKATCHEWAN**

Saskatchewan Public Health Orders

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/public-health-orders>

Saskatchewan Re-Opening Plan

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/re-open-saskatchewan-plan/re-open-saskatchewan>

CCS Pandemic Manual

## Getting Back to the Office – Phased Approach Outside Ontario

In the Introduction section of this document, the CCS Phase approach to returning to the office is outlined. Those phases are based on the Ontario Public Health Guidelines and Provincial Re-opening strategy.

CCS employees working outside Ontario will need to follow the Public Health Orders of their province and the Health and Safety Procedures of their host organizations. To determine when to return to the office and what level of in-person services to deliver to clients, employees working outside Ontario can use the CCS Phased Approach in addition to their host organization's health and safety plans to ensure the highest level of safety is maintained while transitioning back into the office.

NOTE: The phases section below have been taken directly from the Introduction of this document and modified where timelines or numbers of people are referenced based on the Ontario Public Health Orders.

Employees in different provinces should consider which phase and stage matches the current state of public health in their respective province and host organization.

### **PHASE ONE: PROTECT AND SUPPORT – Readiness Planning**

While the shelter-in-place order is still in effect within the province, we have assembled a Pandemic Task Force from our JOHSC who will ensure we have the plan, protocols and tools to return to offices safely.

### **PHASE TWO: RESTART – Partial Open – Broken into Stages**

#### **STAGE ONE –**

Stage one is triggered when the provinces in which we operate identify that the health indicators of the province cease to require a shelter-in-home order. During stage one, we will open offices with a “skeleton staff” whereby leaders are encouraged to consider the necessity of each individual role returning. If the job has been done, and can be done effectively from a remote location, during stage one, while we monitor the potential of a “second wave”, only staff who must return to the offices in order to operate and/or service clients effectively should be recalled. In addition to a prudent approach with respect to public health, there are two key advantages of having a very limited number of individuals in the office:

1. Fewer employees in office support greater social distancing
2. Fewer employees in office prolong our supply of PPE at a time of global shortages

During this time, the following key principals will be maintained:

- Skeleton Staff on rotation (rotation confirmed by leadership team, with consideration of accommodation requirements for those at risk from vulnerable health or unable to return due to caregiving responsibilities)
- Clients by appointment only – no walk-in's

- Clients health screened by phone before an appointment is accepted
- All staff, clients and visitors are screened for fever (temperature taken) upon arrival at the office.
- Doors stay closed with signage on the door indicating to phone office for appointment post-screening
- Communication and reinforcement to all staff about priority of health.
- Cleaning protocols followed
- PPE protocols followed
- Social distancing protocols followed
- No meetings/group sessions larger than outlined in Public Health Orders of the province in which you are working
- No shared offices
- No shared equipment (clients using the same computers etc.)
- Clients being serviced virtually wherever possible
- In person clients served in larger offices or meeting spaces (no small office interaction)
- Increased JOHSC inspections

## **STAGE TWO –**

Stage two is triggered when the provinces in which we operate indicate that the outbreak is controlled and that risk is minimal. There is no longer a “state of emergency” in the provinces in which we operate.

- All staff in office (work from home in place for vulnerable workers or for people with symptoms, people who have been in contact with an exposed person, or people with caregiver responsibilities requiring accommodation or a job-protected leave)
- See clients in person but continued restrictions on group sessions
- Doors open and walk-ins accepted, with screening mechanisms and social distancing/physical barriers in place
- Enhanced cleaning protocols continued
- Group sessions/meetings limited to the number of people outlined in public health guidelines for the province in which you are working
- Shared equipment restrictions lifted, with cleaning protocols between clients/users
- Continued vigilance of JOHSC site inspections and inventory management

## **STAGE THREE**

Stage three is triggered when there is an effective and available vaccination and/or cure, and the pandemic is effectively considered “over”

- All programs and services operational
- Walk-in’s accepted
- Work from home policy in place for full operating procedures
- Group facilitation allowed with virtual options available to clients
- Cleaning and screening protocols maintained
- Back to normal with enhancements based on new learnings:
  - Pandemic plan in place for any future disruptions

- Continued training/upgrading for staff learning
- Continued social media presence
- Continued ability to support virtual service delivery to reach more clients and offer more options to our clients
- Continued work from home possibilities for staff when it makes business sense to support it
- Continued and enhanced employee mental health supports
- Full pandemic debrief for JOHSC for learnings from this experience
- Chat session tour for staff to share how they are feeling/what they need for ongoing mental health
- Creation of a “pandemic toolkit” from the subcommittee for any future outbreaks

CCS Pandemic Manual

## Employee Protocols Outside of the Greater Toronto Area (GTA)

### Recalling Employees to Office Environment – outside of the GTA

The decision to return to the office will be taken by the CCS employee and their supervisor based on the Public Health Orders of each province and the Health and Safety guidelines of the employees host organization. Where the CCS Health and Safety protocols differ from the host organization's protocols, CCS employees should use the higher standards as their guidelines whenever possible.

Employees and supervisors will make the decision about an employee's return to the office one week before the employee should be in the office. This will afford the employees working outside the GTA with the required one week notice to return.

### Offsite Workers – Site Checklist

For employees working in host organizations or in other offsite locations, CCS has developed a site checklist that can assist CCS employees and their supervisors to review any spaces or buildings an employee with return to.

This checklist should be used by an employee when they plan to return to the office or any other location where they will perform their work outside of their own home (see [Itinerant and Offsite Workers Site Checklist](#))

### Client Services Protocols

[Section Three](#) of this document contains detailed guidelines and protocols for providing client services during the pandemic and the phased return to the office. Where employees work in host organizations and need to follow that host organization's protocols, the CCS guidelines and protocols may be used as a set of tools in the event that an employee's host organization has not specifically outlined client services protocols.

### Personal Protective Equipment

Personal Protective Equipment will be provided to all CCS employees including those working outside Ontario.

For employees working outside of CCS Ontario locations, employees and supervisors will need to determine when and how much PPE will be needed by each employee according to provincial health guidelines, host organization protocols and the health needs of the employee (in cases where an employee's health may be compromised for reasons other than COVID19).

CCS has obtained organizational supplies of PPE and will develop a standardized way of delivering necessary PPE to employees working in offsite locations and other provinces.

### Physical Distancing and hygiene protocol

Physical distancing guidelines have been determined by the Public Health Agency of Canada

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(PHAC). Those guidelines have been reinforced in the Public Health guidelines for each province.

The [physical distancing and hygiene protocol](#) in Section Four should be read and understood by all employees. For employees working outside Ontario and in host organizations, the physical distancing and hygiene protocols can be modified to fit the health and safety requirements of the location. Whenever possible, CCS employees in host organizations should uphold whichever protocols represent the higher standard of health and safety.

## Cleaning Protocols

The protocols in the [Cleaning and Disinfecting](#) section of this document should be read and understood by all CCS employees.

While not all CCS employees are responsible for cleaning, the protocols may take effect depending on the spaces and times in which an employee is working. Employees working offsite and in host organizations may be asked or required to maintain extra cleaning protocols during the pandemic. CSS employees should follow the protocols established by their host organization, as well as being familiar with CSS protocols as a standard of health and safety.

Where a host organization or offsite location requires a CSS employee to provide cleaning products and cleaning, that employee should discuss these requirements with their supervisors to ensure the employee can obtain the necessary supplies and has the time to do the cleaning.

APPENDICES

CCS Pandemic Manual

## Recalling Employees to Work

### Return to Work Notice

Dear XXXXXXXXX

At CCS, the health and safety of our employees and clients is, at all times, our top priority. Never has that been more crucial than it has been through the outbreak of COVID-19.

Just prior to the Ontario provincial government's declaration of a State of Emergency and the stay-at-home order, CCS made the decision to close our offices and invoke work-at-home for all staff.

We are proud to say that, through that process, we have been able to continue to service our clients through virtual platforms and we have successfully weathered the storm of COVID-19 without having to lay-off or reduce income for any of our staff members. Working at home has had both its advantages and challenges, and we appreciate your ongoing commitment and diligence to serving our clients through this challenging time.

Throughout the course of the stay-at-home order, we have closely monitored the guidance of Public Health, and have awaited confirmation that it is safe to reopen our offices.

CCS is adopting a conservative approach to our reopening plan, and our Joint Operational Health and Safety Committee has taken great strides to ensure your safety as we reopen the office. In our first phase of reopening, we have identified the high needs client facing roles for our initial recall. Your role has been identified as a high needs client facing role and you are one of the employees we are recalling to the office in our first wave of opening.

**We are looking for you to return to your regular office on (DATE).**

We ask that you reference the attached Pandemic Procedure Manual for details of the new office protocols, the work that has been done to keep you safe, and what is expected of all of us in order to keep ourselves and each other safe as we return to the office environment.

A few key highlights that you will need to know in advance of your return:

- All employees will be required to complete the attached declaration on or before their first day of work.
- If you have recently been in contact with someone diagnosed with COVID-19, you must disclose that to your immediate supervisor immediately, and self-isolate for 14 days, continuing to work from home OR have a negative COVID-19 test prior to returning to the office.

- If you have any of the following symptoms, you must disclose that to your immediate supervisor immediately, and self-isolate for 14 days, continuing to work from home OR have a negative COVID-19 test prior to returning to the office:
  - Fever (temperature of 37.8°C or greater)
  - New or worsening cough
  - Shortness of breath (dyspnea)
  - Sore throat
  - Difficulty swallowing
  - New olfactory or taste disorder(s)
  - Nausea/vomiting, diarrhea, abdominal pain
  - Runny nose, or nasal congestion – *in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.*

**When you return:**

- All employees will be provided and required to wear personal protective equipment (masks, gloves).
- All employees must wash their hands with soap and water daily in the office washroom prior to entering the office.
- You will be asked to indicate that you have practiced hand-hygiene and are symptom free upon arrival at the office each day.
- Your temperature will be taken upon arrival each day. Any employees with a fever over 39 degrees will be asked to leave (work from home or sick day).
- We will be practicing social distancing at the office, ensuring a 2 metre distance between people. Signage for the maximum number of people in a particular common area have been posted in office common spaces (kitchen, photocopy area, etc.) You will be required to adhere to the noted maximums.
- We have mapped traffic patterns in the offices, much like the way retail environments have. You will need to follow the markers on the floor when moving around the office.
- To reduce the risk of infection/spread, we have removed all shared dishware and utensils from common kitchen spaces. We ask that you bring your own dishes and utensils for your lunch, and that you wash/remove your dishes from the kitchen after each use.
- Clients during this phase of our reopening will be seen by appointment only, and only if they successfully “pass” CCS health screening processes (please see details in the attached procedure manual).

**If you are unable to return to work:**

In January 2020, the Ontario Government passed the Infectious Disease Emergency Leave Act, supporting job protected leaves for employees unable to report to work as a result of COVID-19. If you are unable to report to the office as a result of:

- your personal health (diagnosis or exposure to COVID-19),
- caregiver responsibilities for someone infected with COVID-19
- caregiver responsibilities for a dependent (child, older adult) whose care provision (i.e. daycare) has been closed or cancelled because of COVID-19, or

- pre-existing health conditions that make you more vulnerable in the event of infection please contact your immediate supervisor or the People and Culture department to discuss continued work-from-home or emergency leave. More details related to this can be found in the attached Pandemic Procedure Manual.

We are excited to get back into our offices, and take this important step toward getting back to a “new normal”. While CCS and our JOHSC has taken significant strides to ensure your safety, we are all responsible for keeping ourselves, our coworkers, and our clients safe. Please exercise the highest standards with respect to maintaining and protecting yourself as we move back into our office environments.

We’ve missed you, and we are excited to see you again!

Shannon Jackson  
Associate Director, People and Culture  
Catholic Crosscultural Services

## Employee Return to the Office Health Declaration

### Employee Declaration

Due to the COVID-19 pandemic, and our commitment to our employee's safety, please take the time to complete the following questions.

<i>Please answer the following questions:</i>	
Have you or has anyone you come into close contact with currently or in the last 14 days felt unwell, experienced any cold or flu-like symptoms such as a high temperature (at least 38 degrees C), fever, coughing, sneezing, runny nose, sore throat, or had difficulty breathing?	Yes No
Have you or has anyone you come into close contact with been confirmed as having COVID-19 (Coronavirus)?	Yes No
<i>If you answered "yes" to either of the above questions, we would like to discuss it with you.</i>	
Have you been provided with an electronic copy of the CCS Pandemic Procedure Manual and directed to the manual for return to work procedures?	Yes No
Have you been made aware of the Infectious Disease Emergency Leave and invited to discuss with your Manager any challenges you may have returning to your office?	Yes No
<i>If you answered "no" to either of the above questions, we would like to discuss it with you.</i>	

I, (enter full name, please print) \_\_\_\_\_

declare that I have answered the above questions truthfully and to the best of my knowledge and I will advise CCS immediately of any changes to the above statements.

Signed:

Date:



## Employee Health Screening Form

Download:

-  [COVID-19 Employee Health-Screening Form](#)

Employee name: \_\_\_\_\_

Job title: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Date	Body temperature	Respiratory symptoms? (Y/N)	Screened by

If an employee's body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following completed:

Date the employee was sent home: \_\_\_\_\_ Recorded temperature: \_\_\_\_\_

Are visible signs of respiratory illness present? \_\_\_\_\_ Yes \_\_\_\_\_ No

An employee sent home with a fever can return to work when:

- He or she has had no fever for at least three days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved; AND
- At least ten days have passed since symptoms began.

The employee may return to work earlier if a doctor confirms the cause of the employee's fever or other symptoms is not COVID-19 and provides a written release for the employee to return to work.

Date the employee returned to work: \_\_\_\_\_

CCS Pandemic Manual

## Potential Employee Exposure Communication

Dear [employee name]:

### **URGENT: PLEASE READ ENTIRELY**

We write this letter to you with the recognition of the sensitivity of its content. We will be following up with you by phone for further discussion; we are writing to you to ensure the fastest communication possible.

Please be advised that CCS was notified that an employee has tested positive for COVID-19. We have reviewed the potential contact that this individual has/may have come into contact with in the last two weeks, and we have identified that you may be at risk. As an immediate response to protect the health and safety of our workforce, we are notifying all employees we believe may be at risk. Although it is unlikely with the virus would have spread in our offices with the controls we'd put in place (social distancing, cleaning and hand hygiene protocols, use of PPE, etc.), we are taking every precaution possible to ensure your safety.

We are also taking the following steps:

- Instituting remote work for all at risk team members for the next 14 days, returning to work only if you do not develop symptoms, or you receive a negative test for COVID-19.
- Closing all offices visited by the diagnosed team member until a sanitized cleaning takes place.
- Notifying building management;

We ask that you abide by the following Public Health guidelines to protect your health and those around you:

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60 percent alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Self-isolate at home, avoiding/minimizing contact with others including family, until such time as 14 days symptom-free have passed, or you receive a negative COVID-19 test. For guidance on how to effectively self-isolate at home, please see the attached link:  
<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/coronavirus-disease-covid-19-how-to-self-isolate-home-exposed-no-symptoms.html>

For your own peace of mind, we recommend contacting your doctor, and having a COVID-19 test (results typically take 2 days).

If you, or someone in your household, exhibits COVID-19 related symptoms, please notify People and Culture so that we may track any potential outbreaks within our company. We will make our best effort to ensure all such personal information will be maintained confidentially.

We can only imagine how stressful it is to receive this notice. For emotional and other support needs, CCS has an employee assistance program where you have unlimited counselling sessions with a trained mental health professional. You can access the EAP 24 hours a day, 7 days a week by calling 1-800-661-8193.

You may contact People and Culture with your questions. These are trying times for us all, and we are here for you.

Your Manager will contact you to discuss work-from-home options for the next 2 weeks, as you self-isolate. You will be permitted to return to the office when one of the two things have happened:

- 14 days without symptoms
- You have tested negative for COVID-19 through a medical testing centre

Please maintain contact with your immediate supervisor over the upcoming 2 weeks, and keep us informed of your health status. We will work with you to ensure you are able to maintain productivity while working remotely.

Sincerely,

Shannon Jackson  
Associate Director, People and Culture  
CCS

## Potential Exposure of Third Party Communication

Dear [name]:

### **URGENT: PLEASE READ ENTIRELY**

We write this letter to you with the recognition of the sensitivity of its content. While we would prefer to be contacting you in person, we are writing to you to ensure the fastest communication possible.

Please be advised that CCS was notified that an employee has tested positive for COVID-19. We have reviewed the potential contact that this individual has/may have come into contact with in the last two weeks, and we have identified that you may be at risk. As an immediate response to protect the health and safety of our clients and other visitors, we are notifying all clients and other visitors we believe may be at risk.

Although it is unlikely with the virus would have spread in our offices with the controls we've put in place (social distancing, cleaning and hand hygiene protocols, use of PPE, etc.), we are taking every precaution possible to ensure your safety.

We ask that you abide by the following Public Health guidelines to protect your health and those around you:

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60 percent alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Self-isolate at home, avoiding/minimizing contact with others including family, until such time as 14 days symptom-free have passed, or you receive a negative COVID-19 test. For guidance on how to effectively self-isolate at home, please see the attached link:

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/coronavirus-disease-covid-19-how-to-self-isolate-home-exposed-no-symptoms.html>

We recommend contacting your doctor, and having a COVID-19 test (results typically take 2 days).

If you, or someone in your household, exhibits COVID-19 related symptoms, please notify us so that we are better able to track the impact of the outbreak.

We can only imagine how stressful it is to receive this notice. Should you need to speak to a mental health support/crisis worker at CCS, please let us know. We will provide an emergency counselling session to help you navigate this stressful time, free of charge.

These are trying times for us all, and we are here for you.

You will be permitted to visit our office once again when one of the two things have happened:

- 14 days without symptoms
- You have tested negative for COVID-19 through a medical testing centre

In the meantime, we are happy to provide you with the services you rely on from CCS remotely. Contact your primary CCS worker to discuss options.

Sincerely,

Agnes Thomas  
Executive Director  
CCS

CCS Pandemic Manual

## Executive Director Communication to Host Organizations on CCS Employees returning to the office

Dear (state contact person),

I hope you and staff at (state host location) have been well and safe over the last few months as the world goes through some very unprecedented events and unique circumstances due to COVID 19. As Canada moves into the slow reopening of businesses and services, we at CCS remain committed to the safety, health and wellbeing of our staff, clients and partners. We continue practice vigilance in our protocols and have measures in place to prevent the spread of COVID 19 and to ensure the ongoing health and safety of all those who we work with and continue to serve.

CCS is closely following the province's Framework for Reopening; we have identified phases and subsequent stages for reopening CCS in a manner that ensures the health and safety of our staff and clients. On (state date), we are getting prepared to implement stage one of reopening CCS. Stage one is triggered when the provinces identify that the health indicators of the province cease to require a shelter-in-home order. During Stage One, CCS will reopen all CCS offices with skeleton staff operation on rotation for high needs client facing roles. Itinerant staff, such as those, providing support at (state location) will continue to provide support to clients remotely based on referral and service arrangements established during the shelter in place stage.

In Stage Two when the province declares that there is no longer a "state of emergency", CCS staff, including itinerant staff will be returning to work with some exceptions. When we prepare for this stage, we will connect with (state location) to resuming onsite/ in person service delivery. Program Managers and your itinerant CCS staff will work with (state contact person name) to ensure that your location is also prepared to house CCS staff based your Return to Work protocols. We hope to work together to ensure that the resuming of onsite services is safe for both CCS staff, as well as (state location) staff and clients.

We at CCS, greatly value our partnership with (state Location) and appreciate how we have continued to work together, despite COVID 19 related challenges and resulting changes in service delivery to continue to provide the much needed support to families in our communities.

We hope that you and (state location) have a healthy and safe reopening.

Regards,

## COVID-19 Screening Checklist

This checklist provides basic information only. It is not intended to take place of medical advice, diagnosis or treatment.

### What to do:

- Create and implement an active screening plan including:
  - Location and staffing of the screening table
  - Appropriate script for screening including process for incompliant visitors
  - Signage to support the active hand sanitizer available at the screening table
  - Clear door rules to allow or prohibit entry
  - Provide handout to visitors explaining the changes
  - Ensure different times of arrival for staff to lower the risk of gathering (Schedule arriving times for staff ahead of time)

### Screening questions to consider:

- Greet everyone with a friendly, calm, and reassuring manner.
    - ‘Good morning/afternoon! As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone entering the building to ensure everyone’s safety and well-being.’
1. Do you have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing?
    - Yes
    - No
  2. Have you travelled internationally within the last 14 days (outside Canada)?
    - Yes
    - No
  3. Have you tested positive or had close contact with a confirmed or probable COVID-19 case?
    - Yes
    - No
  4. Have you had close contact with a person with a respiratory illness who has been outside Canada in the last 14 days?
    - Yes
    - No

## How to respond:

- If the individual answers No to all questions, they have passed the screening and can enter the building
  - “You’re cleared to enter the office. Please use the hand sanitizer before you go. Thank you for your patience and enjoy the rest of your day.”
- If the individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building.
  - For visitors, vendors, volunteers: “I’m sorry but based on these answers, I’m not able to let you enter the office today. Please contact your local public health or telehealth unit or Telehealth Ontario for further instruction.”
  - If they become upset, please contact a senior staff person immediately to handle the situation.
  - For employees, agency staff: “I’m sorry but based on these answers, I’m not able to let you enter the office today. Please contact your manager to let them know and contact your local public health unit or Telehealth Ontario for further instruction.”

Also see additional response scripts in [Refusing In-person Client Appointment](#)

## Client Appointment Preparation Info Sheet



### CLIENT APPOINTMENT PREPARATION INFO SHEET

#### **PLEASE BE ON TIME!**

We are limiting the number of people in our waiting areas in order to practice physical distancing. If you arrive earlier or later than the time you have been given, you may not be allowed in the building. If you miss your appointment time, we will not be able to admit you to the building. You may need to reschedule your appointment.

#### **PLEASE ATTEND YOUR APPOINTMENT BY YOURSELF.**

To practice physical distancing, we are able to make in-person appointments with individuals.

Please do not bring any family members or friends with you as we will only be able to admit you alone to the building.

#### **What to bring:**

- A mask or other face covering

#### **When you arrive for your appointment**

- Reception staff will take your temperature with a forehead thermometer
- Staff will ask you if you have had any symptoms or if you have recently travelled
- Staff will ask you to wear your mask the entire time you are in the building

#### **WE ARE PRACTICING PHYSICAL DISTANCING – STAYING PHYSICALLY 2 METRES APART**

If you are not able to follow all these guidelines, staff may be required to end the appointment early and ask you to leave the building. You may be able to reschedule your appointment for a time when you are able to follow the guidelines.

We are looking forward to seeing you soon!



## Refusing In-Person Client Appointment – during pre-screening or in-person – script

### Responses to Clients based on screening questions

#### Pre-Appointment Screening

*Scenario 1: The individual answers No to all the pre-screening questions, they have passed the screening and can enter the building*

Thank-you for taking the time to answer our pre-screening questions, CCS's ultimate goal during the pandemic is to keep our staff and clients healthy and safe. We are happy to set up an appointment, please be aware that you will be going through another screening when you arrive. You will be receiving an email from us shortly outlining CCS's screening process and procedures as well as any equipment you will need to bring (facemasks, etc.). If at any time before your appointment, you develop a fever or any COVID 19 symptoms, please call us to reschedule your appointment for a later time.

*Scenario 2: The individual answers Yes to any the pre-screening questions, they have not passed the screening and cannot be scheduled for an in-person appointment*

Thank-you for taking the time to answer our pre-screening questions, CCS's ultimate goal during the pandemic is to keep our staff and clients healthy and safe. Currently, based on the responses that you have provided we are unable to make an in-person appointment for you. CCS staff is more than happy to assist you remotely. Please contact your local public health or telehealth unit for further support

#### Appointment Screening

*Scenario 1: The individual answers No to all the screening questions, they have passed the screening and can enter the building.*

Thank-you for taking the time to answer our screening questions, CCS's ultimate goal during the pandemic is to keep our staff and clients healthy and safe. Your settlement worker will be with you shortly. Please the hand sanitizer to sanitize your hands and remember to follow CCS protocols (wearing your mask, maintaining 2 metres distances) while in the office.

*Scenario 2: The individual doesn't maintain 2 metres of space.*

Sir/ Madam, we have noticed that you are not maintaining 2 metres of distance between yourself and others. As mentioned previously, CCS protocols require that we follow the public health guidelines of maintaining 2 metres space between individuals. While in our offices and during your appointment, we request that you follow these guidelines. For your convenience, there are spacing markers placed on the floor to ensure that we will be able to adhere to the guidelines. Thank you for your support ensuring that keep staff and clients at CCS safe and healthy.

*Scenario 3: The individual doesn't wear a facemask*

Sir/ Madam, we have noticed that you are not maintaining 2 metres of distance between yourself and others. As mentioned previously, CCS protocols require that all staff and clients wear a facemask while in our offices. We request that you wear a mask while you are here, if you have forgotten to wear your mask we request that you put it on now, however if you have forgotten to bring a mask with you we have a disposable one available for your use. Please always keep wearing your mask during your meeting and while in the office. Thank you for your support ensuring that keep staff and clients at CCS safe and healthy.

*Scenario 4: The individual answers Yes to any the screening questions or has a fever, they have not passed the screening and must be refused an in-person appointment*

Thank-you for taking the time to answer our screening questions, CCS's ultimate goal during the pandemic is to keep our staff and clients healthy and safe. Currently, based on the responses that you have provided or since you have a temperature of/above 38 C (100.4 F), we regret to inform you that we are unable to serve you in person. CCS staff is more than happy to assist you remotely. Please contact your local public health or telehealth unit for further support

*Scenario 5: The individual refuses to comply with CCS protocols and procedures*

We understand that you may not feel comfortable with the COVID 19 prevention measures of CCS. While we respect and appreciate your concerns, CCS has a strict COVID 19 policy. The policy protects both staff and clients and allows us to continue to provide in-person support without risking the health and safety of everyone involved. As you are not comfortable with the requirements of the protocols, our staff can provide you with remote support through the phone or email. We will be happy to set up a time for us to connect virtually.

CCS Pandemic Manual

## Client In-Person Appointment Preparation – Email template

Dear [name],

As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone planning to attend an in-person appointment building to ensure everyone's safety and well-being.

1. Do you have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing?  
Yes  
No
2. Have you travelled internationally within the last 14 days (outside Canada)?  
Yes  
No
3. Have you tested positive or had close contact with a confirmed or probable COVID-19 case?  
Yes  
No
4. Have you had close contact with a person with a respiratory illness who has been outside Canada in the last 14 days?  
Yes  
No

After you respond to these questions, if we are able to meet for an in-person appointment, I will send you an email containing a Client Appointment Preparation Info sheet. The info sheet will explain what you can expect when arriving for an in-person meeting.

Regards,

[Staff name]

## Workplace Inspection Checklist

CCS Locations - Inspection Checklist				
Location: _____				
Name of the staff inspecting: _____				
Date: _____				
Area	Yes	No	Comments	Notes/ Follow ups
<b>Building/ external office areas:</b>				
Are Sanitizing stations visible in the building lobby?				
Are there physical distancing markers in place in the building elevator and lobby area				
Is there limit set on number of persons allowed in elevator, is there signage posted, is there a process to monitor compliance?				
Has the building management taken steps to eliminate COVID19 related hazards?				
Has the building management implemented measures to ensure regular sanitization of common areas like hand railing, elevators, doors, doors handles, knobs etc.				
Does the building management maintain a log that could be inspected on above measures?				
Are there more than one entry/ exit doors for the office?				
If staff or clients are unable to use elevators, are the stairways easily accessible?				
Can the Emergency door be kept unlocked for clients and employees to create one way entrance and exit?				

Is the main door automatic?				
<b>Common Areas (office)</b>				
<b>Reception:</b>				
<b>Is there enough space in the reception area to maintain physical distance?</b>				
Is client waiting area rearranged to maintain seating at 2 m apart				
Are all communal items cleared?				
Limit client computer use to two computers  (based on site)				
Is there a separate process for Staff and client's Sign-in /out to minimize sharing of stationery?				
Is it possible to install Plexiglass barrier?				
Are physical distancing markers taped on the floor?				
Are one way entry and exit pathways identified on the floor/ signage through color coding				
Are client service offices in a single hallways/ section of the office? Is it possible, where needed to rearrange offices to facilitate one way flow of traffic?				

<p>Is a PPE station set up for staff to collect and dispose of daily PPE supplies? Does the station have all needed PPE and equipment including thermometers etc.</p>				
<p>Are there masks available for clients at reception?</p>				
<p>Establish Package Handling Protocol for your Office</p> <p>Process for handling mail and packages</p> <p>Minimize the associates who touch the package</p> <p>Open packages and dispose of external packaging</p>				
<p>Recycling bins/garbage bins available to safely dispose off PPE's</p> <p>Do we have touchless bins available closed with a lid.</p>				
<p>Have common coat hangers been removed</p>				
<p>Is Washroom keys accessible</p> <p>Are staff and client's sanitizing keys after use</p> <p>Do we have a key log available to identify if washroom is in use and sanitized after use.</p>				
<p><b>Photocopier Area</b></p>				
<p>Are there appropriate cleaning supplies placed in the photocopiers area to sanitize after usage?</p>				
<p>Do we have countertops cleaning supplies</p>				
<p>Is it possible to allow one person at a time to use the photocopier area</p>				

<p>Hand Sanitizer locations</p> <p>Purchase and place prominent hand sanitizer dispensers (free-standing towers or wall mounted)</p> <p>At entrance to office – easily accessible on the way in and the way out</p> <p>Near internal doors as appropriate</p>				
<p>Self Screening :</p> <p>Is there Space dedicated to self-screening</p> <p>Is there standard CCS mechanism for staff and clients to self screen</p> <p>Space available for storing screening forms for clients/employees:</p>				
<b>Kitchen/ Break Room</b>				
Are there additional spaces, to use as break/ lunch spaces?				
<p>Are there physical distancing markers in place?</p> <p>Is there a max capacity number identified for number of staff in the kitchen/ break area</p>				
Have dishes been replaced with disposable plates and glasses etc. (one time use only)				
Have lunch schedules been staggered to reduce # of staff in kitchen and break areas?				
<b>Office Spaces:</b>				
Is there a sanitizer station just outside each				

worker's office?				
Is the office arranged such that the distance between staff and clients is at 2m at all times?  How many staff can be onsite at the same time?  How many clients can be accepted at specified times?				
Is the office clutter free (no toys, books for client use, sharing )				
Kitchen sanitizing log				
Door knobs/desks/phone/keyboard sanitizing log				
Ventilations numbers: Does the air exchange rate meet the required standards/ is the air free of contamination/is humidity within range:  Air purifier can be purchased for offices  Check with building management on frequency of filter changes				
Other hazards in the neighboring units				
Areas where there are chances of overcrowding				
Are all offices well lighted				
Does the office have a plan for ongoing cleaning of spaces and floors?  How often?  Is there a log in place to record cleaning routine?				

<p>Is there dedicated storage space for PPE equipment?</p> <p>Is there a mechanism to maintain inventory of PPE?</p>				
<p>Are hallways and offices clear of obstructions?</p>				
<p>First aid kits: supply inventory; treatment, log; first aid training manual</p> <p>Location in the office?</p>				
<p>Signage:</p>				
<ul style="list-style-type: none"> <li>· Post signage that requires no one enter who has any symptoms or illness</li> <li>· Mail and package handling</li> <li>· Clients and staff to wear mask at all times</li> </ul> <p><b>Package Handling protocol as appropriate</b></p> <p>A. Print and Post signage (<i>see Appendix E</i>)</p> <p>“Maximum occupancy” signs that reflect social distancing norms for each of the following, based on C. above</p> <p>Meeting rooms</p> <p>Break rooms and kitchens</p> <p>Common areas</p> <p>Lobbies</p> <p>Printing stations</p> <p>Mailrooms</p> <p>Critical Behavior reinforcement posters, aligned with PHAC, such as:</p>				

<p>Hand washing</p> <p>Face coverings</p> <p>Social distancing</p> <p>Directional signage for traffic flow, if appropriate</p> <p>Vendor/Visitor instructions in lobby/outside office door</p> <p>Signage at all entrances confirming self-monitoring adherence required for entering</p> <p>Package management guidelines in appropriate location(s) (lobby, reception, mailroom etc.)</p> <p>Encourage staff to wipe down and clean spaces before and after use.</p> <p>A. Establish in office social distancing visual cues</p> <p>Establish floor or other indicators in common areas to remind associates of social distancing requirements.</p> <p>Some example areas are as follows: -</p> <p>Break rooms</p> <p>Elevator banks</p> <p>Coffee stations</p> <p>Water coolers</p> <p>Mail rooms</p> <p>Printing stations</p>				
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**CLEANING LOG - CCS SITES**

<b><u>GENERAL, PRIVATE OFFICES, WAITING AREA ETC.</u></b>		<b>COMPLETED MID-DAY</b>	<b>COMPLETED EVENING</b>	<b>ONGOING STAFF</b>
<b>1</b>	Empty waste baskets <b>(Cleaner)</b>			
<b>2</b>	Bring trash to designated area <b>(Cleaner)</b>			
<b>3</b>	Dust and sanitize all telephones <b>(Staff)</b>			
<b>4</b>	Spot clean reception lobby glass including front door <b>(Cleaner-main; Staff offices)</b>			
<b>5</b>	Spot clean interior glass in partitions & doors <b>(Cleaner-main; Staff offices)</b>			
<b>6</b>	Clean interior glass in partitions & doors <b>(Cleaner-main; Staff offices)</b>			
<b>7</b>	Reline waste baskets with appropriate liner <b>(Cleaner)</b>			
<b>8</b>	Sanitize door handles/knobs <b>(Cleaner and Staff)</b>			
<b>9</b>	Sanitize desks/keyboards/mice <b>(Staff; Public Computer - user before and after)</b>			

**WASHROOMS (SIP, 164QUE, LINC 4557 HUR and MOR - one for client and other for staff)**

<b>1</b>	Clean and sanitize all vitreous fixtures including toilet bowls, urinals & sinks*			
<b>2</b>	Clean and sanitize toilet seats			
<b>3</b>	Clean polish all chrome, glass and mirrors			
<b>4</b>	Remove spots, stains, splashes from wall area adjacent to hand basins			
<b>5</b>	Remove fingerprints from doors, frames, light switches, kick and push plates & handles			
<b>6</b>	Refill all dispensers to normal limits including, napkins, soap, tissue, towel paper			
<b>7</b>	Flush toilet and urinals with cleaner			

**\*USER SANITIZES BEFORE AND AFTER USE;  
CLEANER CLEANS DAILY**

**LUNCHROOM**

<b>1</b>	Remove garbage (Cleaner)			
<b>2</b>	Wash and sanitize table tops, wipe down seats and back of chairs (User - before and after use)			

**\* USER CLEANS PERCOLATOR & MICROWAVE  
AFTER USE**

**FLOORS**

<b>1</b>	Dust, mop and sweep (Cleaner end of day daily)			
<b>2</b>	Damp mop (Cleaner end of daily)			
<b>3</b>	Sanitize (Cleaner daily end of day)			
<b>4</b>	Carpets (site decides on frequency)			

**GENERAL**

<b>1</b>	Daily Communications log - checked & signed (Cleaner & Admin)			
<b>2</b>	Cleaning Log - signed (Cleaner & Admin)			

CCS Pandemic Manual

## Itinerant/Offsite Worker Checklist

CCS Itinerant - Offsite - Inspection Checklist				
Location: _____				
Name of the staff inspecting: _____				
Date: _____				
Area	Yes	No	Comments	Notes/ Follow ups
<b>Building/ external office areas:</b>				
Does your host organization have new COVID protocols? Do you have a copy?				
Are Sanitizing stations or do you require sanitizer for when you enter the building?				
Are there physical distancing markers that you need to be aware of and follow?				
Are there limits set on number of persons allowed in areas of the building such as elevators, washrooms, etc.?				
Are there separate washrooms for clients and staff use?				
Are there any COVID related hazards in your direct workspace that you will be responsible for managing?				
Will you be responsible for or asked to participate in any regular sanitization or cleaning efforts of your workspace or areas you normally use?				
Is there a log/record that you may be asked to help maintain regarding above stated cleaning/sanitizing efforts?				
Have entry/exit procedure changed for the building you work in? Are there more than				

one entry/ exit doors for the office?				
If elevators are not available, is there still a way that you can access your workspace (manageable stairs)?				
<b>Common Areas (office)</b>				
Are there any new protocols that you will need to comply with to use common areas of your host organization (reception, hallways, lunch rooms, meeting rooms, etc.)? Is there enough space in the reception area to maintain physical distance?				
Are there physical distancing guidelines that you will need to know in order to explain them to any clients you may see onsite?				
Are there any new protocols around shared resources that you will need to explain to clients (changed or limited access to public computers, etc.)?				
Is there a process for Staff sign-in?				
Is there a process for client sign-in?				
Are there physical distancing markers taped on the floor or walls that you and clients will need to follow?				
Are one way entry and exit pathways identified on the floor/ signage through color coding				
With any new physical distancing, is there a specific way you will need to go to reach your workspace? Meeting rooms?				

According to your host organization's protocols, is there a PPE station set up for disposal of any used PPE supplies?				
Who will be responsible for providing PPE to clients? You? Your host organization?				
Does your host organization have any COVID specific protocols for handling incoming or outgoing packages? Mail? Etc.				
Does your host organization have COVID related protocols related to recycling, i.e. use of any common recycle bins?				
Does your host organization have COVID related protocols for staff and client use of washrooms?				
<b>Photocopier Area</b>				
Are you responsible for cleaning the photocopier or other equipment before/after you use it? Do you have your host organization's equipment cleaning protocols?				
Are there any signs/instructions around new equipment use that you need to be aware of?				
Where is the nearest hand sanitizer/hand wash option for after using shared office equipment?				

Does your host organization have self-screening protocols in place? Do you know what those protocols are?				
<b>Kitchen/ Break Room</b>				
Does your host organization have COVID protocols that affect use of break/lunch areas? If you need these spaces, are there additional spaces, to use as break/ lunch spaces?				
Are there any new protocols around use of dishes/utensils either provided by the organization or that you bring to the premises yourself?				
Have lunch schedules been staggered to reduce # of staff in kitchen and break areas?				
<b>Office Spaces:</b>				
Where is the nearest hand sanitizer/hand wash option to your workspace?				
Have new COVID protocols for physical distancing changed the number of people that can be in or near your workspace? Does that change whether you can work in that space? Does that change how you can support clients in that space?				
Is the workspace clutter free (no toys, books for client use, sharing )				
Are you responsible for cleaning your workspace before/after you use it? Do you have your host organization's equipment cleaning protocols?				

<p>Are there areas where there are chances of overcrowding? Are there any protocols in place to help prevent that overcrowding?</p>				
<p>Does your host organization require that you wear/use PPE while on location? Where is your PPE stored?</p>				
<p>First aid kits: supply inventory; treatment, log; first aid training manual</p> <p>Location in the office?</p>				
<p>Signage:</p>				
<p>Are there signs reminding staff and clients about COVID19 protocols?</p> <p>Are you aware of the location of those signs?</p>				