



## **LMSCL - COVID-19 SAFETY PLAN FOR STAGE 2**

LMSCL developed this document; COVID-19 Safety Plan as a guideline for all employees to follow the process described at COVID-19 and returning to safe operation in reference with WorkSafe BC and Provincial Health Officer (PHO) directions and requirements which aligned with the BC Government's Restart Plan on this Stage 2 Recovery.

This plan document will guide all employees through the important process and also in guidance with the self- assessment for service providers tool to safely move into Stage 2.

This plan will be posted in each program in the staff office, LMSCL bulletin board for easy reference of all employees together with the COVID-19 policy.

### **INTRODUCTION**

SARS-COV-2, the virus that causes COVID-19, spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face, eyes or mouth. The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near. The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

### **ASSESSING WORKPLACE RISKS**

LMSCL understands that individuals with mental health disorders are at a higher risk of being physically and emotionally affected by the disease and the restrictions in place to control the pandemic. Behaviour support plans may require modification or adjustment during this period. Case managers will coordinate with behavior consultants to update the behavior support plans as needed.

LMSCL involved frontline workers, supervisors, and the joint health and safety committee in assessing the workplace risks and discussed them during OHS regular monthly meeting.

Areas where there may be a higher risk of infection are identified such as situations that close physical proximity is inevitable for example when carers need to provide direct support to their person served in the homes and assisting them in their daily basic life skills. Each employee and client were advised to practice social distancing and keep the 2 meters distance as much as possible to lessen the risk.

Other risks are identified as well, like carers' need to go out to purchase essential supplies for their clients, visitations of families, social workers, technicians, other staff, supervisors and professionals.

We have identified risks associated with areas where people gather, such as each department room (finance, QA, medication, services, HR, OHS, board room, pantry, training rooms, and vehicles.

We have identified risks associated with the tools, machinery, and equipment that workers share while working.

We have identified risks associated with surfaces that staff/ client touch often, such as doorknobs, light switches, computer and printer buttons, photo copier machine, toys, faucet handles, vehicle interiors, etc.

We have specific plans to address and reduce or eliminate the risk for each of the abovementioned areas which we will explain them in the following lines.

**IMPLEMENTED PROTOCOLS TO REDUCE THE RISKS**

LMSCL is committed to reducing the risk of person-to-person transmission.

Elimination of risks is always the best solution but not always possible. LMSCL will also think of other risk mitigation strategies such as engineering controls, administrative controls and using Personal Protective Equipment (PPE) whenever elimination of risk is not possible. Figure 1. Summarises each of these strategies.

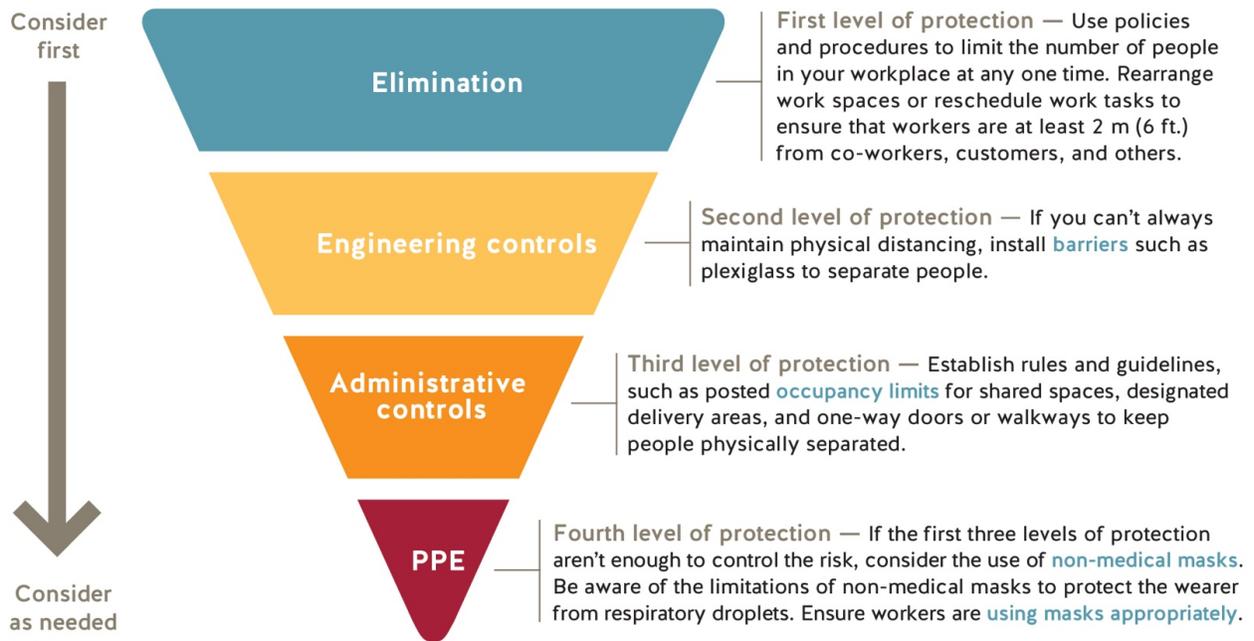


Figure 1. Risk Mitigation Strategies (adopted from WorkSafeBC)



## **Elimination of Risks**

LMSCL will limit the number of people at the workplace and ensure physical distancing will be maintained whenever possible.

### **Head Office**

Office worker will be limited to only 2 persons per each office room. At the main office, board room should not be used by more than 6 people. They must keep 2 meters distance from each other at all time. The training salon located downstairs will be used with no more than 15 people with proper distancing. Case managers will sit downstairs whenever they need to visit the office. They can use the printer upstairs through the LAN.

Visitors to the head office will be limited to one group at time. The visitor will be asked to visit the staff in designated room downstairs while keeping safe distance. Visitors will first be questioned on having any symptom of COVID-19. The visitation will not be granted if any COVID-19 symptoms exists.

### **Programs (Houses)**

LMSCL has established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms and washrooms.

Physical distancing measures have been and will continue to be reinforced. Everyone needs to strictly comply with the 2 meters distance from each other while in the houses.

Staff who are sick or not feeling well should not go to work. Temperature self-monitoring and recording of not having any COVID-19 symptoms are always being done before the start of each shift.

Visitation of any kind (unless an emergency) needs approval from the management and/or confirmation from the MCFD and CLBC as arranged/ scheduled or pre-approved. A pre-visit questionnaire should be filled-up by the parents prior to in-house/ program visitation as part of the specific individualized plan for the client asking them about their health and history of exposures during the last two weeks.

There will be limitations on the number of staff to be present in one area to practice social distancing of 2 meters. To follow occupancy limitation.



## **Engineering Controls**

### **Head Office**

Separate washrooms have been designated to female and male staff.

### **Programs (Houses)**

A recommendation for installing plexiglass/ plastic barrier inside the company vehicle in the driver seat area to isolate the driver from the passengers. The barrier will be cleaned by the driver every after trip by disinfectant or any other cleaning agent.

Backyard will be organized in such way to welcome visitors whenever necessary. There will be designated areas where the physical distancing can be kept while visitation occurs. Visitors may only include immediate family and the social worker or facilitator. Case managers are exempt and can visit the house on a regular basis and whenever necessary.

## **Administrative Controls**

### **Head Office**

Occupancy limits in the office is decreased. Signages on the occupancy limit are posted. Office staff are also asked to work on a staggered day while others work offsite. Only employee with set/scheduled appointment can come-in the office. Maximum of 30 people allowed inside the Ontario office, everyone to wear masks if more than the allowable and/or social distancing will be a challenge.

Each department in the office can resume to work while following the guidelines and protocol provided. At the second floor, maximum of two persons only inside the all the department rooms except medication room which is limited to one person. Only 6 persons maximum inside board room.

Stop signages, proper handwashing procedure, and coughing etiquette signages are also posted in the office and homes.

In the office, only one person can use the staircase at a time.

In the office, all utensils will be disposable. Sharing or washing/ re-using plates, glass and other utensils are not advisable.

In the office, the coffee maker and water dispenser will not be functional. There will be a bottled water available for drinking. Each employee was advised to bring their personal items and food.



### **Programs (Houses)**

Workplace screening of staff on entry for COVID-19 symptoms and exposure is to be recorded by the staff during endorsement in the communication binder and/or staff daily monitoring sheet.

Health and safety staff are purchasing the groceries and other essential supplies. Carers are informed of the drop-off areas of their supplies like medications and groceries. Medication is centralized and managed by a coordinator.

Case managers can resume house visitation and inspection while practicing all the precautions like social distancing and wearing PPE like mask if necessary. Visitation should be scheduled to keep only one representative at a time in the program. The case managers will visit the houses twice a week with their regular schedule and make sure services checklist completed once a month. The case manager will make sure to check all other programs assigned every day, do check-in and post the updates for the day in case management Bitrix24 group. On the other hand, OHS and medication can do house visits only if it is necessary or as pre-approved by management. QA will resume their house visitation on Phase 3.

Alcohol or hand sanitizers, and surface cleaners are provided to all houses upon entry. Carers and staff are sanitizing the high-touch surfaces at least twice per day.

Stop signages, proper handwashing procedure, and coughing etiquette signages are also posted in the homes.

The staff, upon arriving in the workplace, will change their outdoor shoes to their personal workplace shoes or slippers available in their homes, take-off their jacket and perform hand washing prior to interacting with other staff and client. Their outdoor clothes and specially shoes should be left in the designated area to reduce the risk of contamination to minimum.

The same entry procedures apply for any visitors coming in the house. Visitors will also be asked the same screening questionnaires for COVID-19 symptoms; fill-up visitation logbook; and wear appropriate PPE's upon entry.

In the house programs, there will be no sharing of cutleries and everything must be washed right away after use.

All vehicles have safety precaution practices like regular disinfection of high-touch surfaces. The drivers who are not the same staff with the client at home, will always wear face masks when giving ride to the client and staff. Car rides will be limited to the circumstances that they are considered necessary by the management team.



## **Personal Protective Equipment (PPE)**

### **Head Office**

When physical distancing is a challenge and there is a higher risk of infection, employees must wear appropriate PPE such as masks.

### **Programs (Houses)**

Face masks and gloves are provided to all carers, and staff who has challenges to meet the physical distancing measures. Information on the correct donning and doffing is posted in the Bitrix24 communication system for employee reference and guidance.

When physical distancing is a challenge and there is a higher risk of infection, employee must wear appropriate PPE such as masks.

While inside the vehicle, the client must sit at the back of the passenger seat and the staff must seat at the back of driver seat. As the 2-meters distance would be a challenge inside the car, the driver and staff must always wear a mask while driving.

## **Cleaning protocols**

LMSCL has reduced the risk of surface transmission through effective cleaning and hygiene practices. We have reviewed the information on cleaning and disinfecting surfaces.

LMSCL has implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use). Workers who are cleaning have adequate training, materials, and supplies.

Frequent handwashing and good hygiene practices are essential to reducing the spread of the virus. Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed like washroom and pantry. We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers.

We have removed unnecessary tools and equipment to simplify the cleaning process — e.g., coffee makers and shared utensils and plates.



The staff on shift are the one responsible to keep the workplace/ house/ program clean. This includes but not limited to sweeping, waste segregation, general housekeeping, disinfecting surfaces, garbage disposal, organizing documents, food safety and all items, furniture, areas, corners inside the house as well as the assigned vehicle. Staff must sanitize all the high-touch areas of the home at least twice a day. The staff before end of shift must make sure they are able to complete and adhere with the morning and/or night staff checklist.

## **POLICIES**

LMSCCL has necessary policies to manage the workplace, including policies around who can be at the workplace, how to address illness, and how workers can be kept safe in adjusted working conditions.

Our workplace policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

Our policy addresses workers who may start to feel ill at work. It includes the following:

Sick workers should report to case manager, even with mild symptoms.

Sick workers should not come to the work and get isolated if directed. We will ask the worker to go straight home if they have any relevant COVID-19 symptoms and consult the BC COVID-19 Self-Assessment Tool and call 811 for further guidance related to testing and self-isolation. Temperature self-monitoring prior to commencing travel to work is also being done and the results are recorded properly in the communication binder.

Carers or staff who arrived in Canada or who have a close family member who arrived in Canada recently, are asked to self-isolate for 14 days and monitor for symptoms with guidance from public health. Providing false information on that may result in disciplinary action.

Community inclusions, schools and other programs/ activities for the clients will be resumed given that a specific plan for the client is in place to reduce risk and for all professionals involved to follow and confirm. These includes, schedules, mode of transportation, person in-charge, practices and protocols during the activity and other relevant guidelines.

When public transportation will be used by a staff and/or client, to maintain social distancing from the other passengers. They will use sanitizer/ alcohol after touching buttons and any surfaces and avoid touching the face.

Visitors and family members are only allowed in the home in compliance with their specific individualized plan and as approved by MCFD or CLBC. PPEs (i.e. facial masks and gloves) will be provided as needed.



During visitation, the parents to practice physical distancing from the staff. The client does not have to keep distance with the family.

The visits can be in the park, family home backyard, deck, walks, etc. as approved by the social worker. The visit must be cancelled if parents or client is sick then to follow provincial health guidelines.

The client must do hand washing before and after visits, before entering vehicle or the home; disinfectant wipes will be available for parks, walks etc. and staff will bring alcohol/sanitizer, and guide and remind the client at all times with the necessary precautions. The family need to wash hands before visits as well.

Staff and clients will be maintaining physical distancing outside the household, e.g., no handshakes or hugs, will be keeping number of contacts as low as possible and keeping a safe distance.

### **COMMUNICATION PLANS AND TRAINING**

Trainings regarding COVID-19 information and prevention have been posted in the Bitrix24 communication system. The HR sent COVID-19 course thru HRdownloads and WHO as a refresher learning about COVID-19.

Proper hand washing and coughing etiquette signages are also posted on the designated visible areas. LMSCL has posted signages at the main entrance door indicating who is restricted from entering the premises, including visitors and workers with symptoms.

Everyone entering the workplace are responsible to know and be updated with the specific and relevant protocols, even the casual, part-time or on-call workers. Employees must know how to keep themselves safe while at the workplace. Communication between carers and the management is via webmail, Bitrix24 system, Zoom video calls and phone calls. Zoom video calls were done daily for updates on house programs and be replaced with regular house visitation by the case manager at least twice a week during Phase 2.

HR and QA departments make sure everyone is trained in workplace policies and procedures. It can be accessed through Bitrix24 Documentation Centre (Drive) and LMSCL website. Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed and all employees under their supervision have proper orientation and information.



### **WORKPLACE MONITORING AND UPDATING PLANS**

LMSCL management is constantly communicating with staff via Zoom, webmail and Bitrix24 to monitor the home/programs, provide directions as needed, inform changes and updates to policies.

LMSCL have a plan in place to monitor risks. We make changes to our policies and procedures as necessary. Workers know who to go to with health and safety concerns.

When resolving safety issues, LMSCL will involve joint health and safety committees or worker health and safety representatives.

House concerns are being done on a timely manner by health and safety maintenance team through prioritization and urgency while following the protocols in addressing the to do list.

### **ASSESSING AND ADDRESSING RISKS FROM RESUMING OPERATIONS**

We have a training plan for new staff in place which is monitored by the HR department.

We have a training plan for staff taking on new roles or responsibilities. We have a training plan around changes to our business, such as new equipment, processes, or products. We have reviewed the start-up requirements for vehicles, equipment, and tools that have been out of use. We have identified a safe process for clearing systems and lines of product that have been out of use.

Case managers have proposed specific individualized COVID-19 plan of their respective clients to MCFD and CLBC. These will be confirmed and approved by the assigned social workers, resource social workers, facilitator and quality service analyst. Meanwhile, our safety precautions will continue to be enforced.

**Responsibility of: All EMPLOYEES**

**Monitored by: QUALITY IMPROVEMENT COMMITTEE**



## **REFERENCES**

As this situation remains fluid, we encourage all employers to stay informed of developments by regularly visiting the following helpful websites:

Office of the Provincial Health Officer

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer>

BC Centre for Disease Control – COVID-19

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

HealthLink BC (which contains many links to other useful websites)

<https://www.healthlinkbc.ca/health-feature/coronavirus-covid-19>

Public Health Agency of Canada

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

and for travel notices:

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

WorkSafeBC – COVID-19 and the Workplace

<https://www.worksafebc.com/en/about-us/news-events/announcements/2020/March/covid-19-and-the-workplace>

Government of Canada – Employment Insurance – COVID 19

<https://www.canada.ca/en/employment-social-development/corporate/notices/coronavirus.html>