

**Prince George Native Friendship Centre  
Youth & Community Services Department  
COVID-19 Safety Plan**



**Worksite Location:**

**1600 3<sup>rd</sup> Ave, Youth Services offices only**

**171 George Street**

**657 Douglas Street**

**1245 20<sup>th</sup> Avenue, Victoria Towers**

**Revised April 1, 2021**

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**“in the power of Friendship, be safe, be kind..”**

## 1. Background

COVID-19, an illness caused by a newly identified type of coronavirus, can cause a respiratory infection and lead to health problems. It's usually mild and most people recover quickly if they have it, but it can be very serious for people with stressed immune systems or underlying conditions or older adults, so it's important to stay informed.

The most important thing is to be prepared and knowing what to do will help you. Even if we don't see a widespread COVID-19 outbreak in our area, the hand-washing and other prevention actions described here are good practices for fighting off bugs like the cold or the flu.

The purpose of this plan is to provide clear communication and instructions to all staff, with the understanding this document is a living document and future edits will be made by the Director of Youth and Community Services, Youth Services Team Lead, Reconnect Coordinator and/or staff members. Any changes will be forwarded to all team members via email and posted at the worksite.

Research suggests it is vital to have an advanced plan, that is considerate of the needs of persons experiencing homelessness, yet flexible enough to adapt to changing conditions. Pandemic outbreaks can be anxiety-provoking for staff and for clients. The best way to deal with the fear and uncertainty is to have a plan, and be prepared to adapt.

Please provide any feedback to your direct supervisor for areas of this plan that need attention or if anything that has been missed that needs to be included.

## 2. Know when not to come to work

- Self-Assess daily, prior to arriving at work using: COVID-19 BC Support App and Self-Assessment Tool Link: <https://bc.thrive.health/>. After assessment, should you be symptomatic, please follow the instruction as outlined.
- If you have travelled internationally. In these cases, they must remain away from the workplace for at least 14 days.
- If you live in the same household as a **confirmed or clinical COVID-19 case** who is self-isolating. Workers who have been exposed to anyone confirmed to have COVID-19, or to anyone with possible symptoms of COVID-19, should call HealthLink BC at 8-1-1 for an assessment and to determine any necessary next steps.

- Should you become ill at work with COVID-19 related symptoms, please leave the worksite immediately and report to a supervisor. Should this not be possible, you must don (put on) Personal Protective Equipment (PPE) ie: Mask and gloves and report immediately to a supervisor for further direction. Area that you have been in contact will have to be disinfected immediately and must be reported to a supervisor.

### 3. Know what is required in the worksite

**A.** Record your confirmation of your Self-Assessment at the worksite on the sheets provided. **(Appendix A)**

**B. Hand hygiene (Appendix G)**

Wash hands as you enter and leave worksite and during as needed.

- **Hand Hygiene:** Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before preparing food, eating; medication distribution; and after blowing your nose, coughing, or sneezing. **If soap and water are not readily available**, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Hand sanitizer is in limited supply, and we are relentlessly pursuing our current and provincial supply chains to ensure our access to this for all sites and everyone (staff and clients) is maintained.

- **Respiratory Etiquette:** cough or sneeze in to a tissue or elbow.

**C. Personal Protective Equipment (PPE)**

- Staff must know when to use: **(Appendix B, C & D)**
  - see Disinfecting/Cleaning
  - see Transportation
  - See Pre-screening
  - See First Aid
  - See Naloxone
- Staff must know how to put on Personal Protective Equipment (PPE)
  - Face masks, double face masks for: Disinfecting/Cleaning. Transportation and when providing room checks
  - Gloves
  - Goggles and visors, as required

**D. Physical Distancing**

Ensure Physical Distancing (2 meters) while in your worksite, this includes office, kitchen, any open spaces (Indoor/outdoor) and adjust your worksite as needed in conjunction with your supervisor (ie: removing chairs, tape prompts, adjusting entrance/exits, single occupancy in fleet and elevator). **Facial masks are mandatory when physical distancing is not possible.**

- **Occupancy Limits:** Occupancy limits must be adhered to and are posted on doors.
- **Office Etiquette:** Please ensure that you are designating a pen for your own use and disinfecting common use items after your use (Phones, computer, photocopier, stapler, etc)

#### **E. Prescreening of Clients/professional visitors**

- Pre-screening must be done prior to entering premise ( Appendix E & F)
  - PGNFC Youth Services COVID-19 **Non-Residential** Screening Form or
  - PGNFC Youth Services COVID-19 **-Residential** Screening Form

#### **F. Prevention for Clients/Professional Visitors**

- All staff/clients/professional visitors **MUST WASH HANDS** or use **HAND SANITIZER** as they enter the premise or vehicle.
- Facemasks are provided to all Professional Visitors and protocol around usage when physical distancing is not possible.

### **4. Disinfecting/cleaning**

Routine disinfecting and sanitizing of worksite must occur on an enhanced cleaning schedule and as required with the mandated PPE as listed in **Section 3 C.**

- **Site Disinfection:** On going as needed but a at a minimum **once** every hour shift cleaning with disinfectant; all surfaces (Desks, Table and Chairs), doorknobs, handrails, computers, telephones, etc. Please log cleaning and submit as per directions on the Daily Log Book. Gloves to be worn at minimum.
- **Kitchens/faucets** must be disinfected after every use and recorded in the Daily Log Book. Gloves to be worn at minimum.
- **Fleet:** Must occur prior and after every use and record on pre-trip. Gloves to be worn at minimum.
- **Bathrooms:** must be disinfected after every use and recorded in the Daily Log Book. Surgical mask, goggles, gloves to be worn at minimum.

## 5. Service Delivery

The following services areas are deemed essential services in the Youth Services Department:

**Friendship Home:** Residential Services, essential transport only & outreach for residents as required. Outdoor grouping with existing residential cohort. Must adhere to **PGNFC Youth Services Department COVID 19 Safety Plan for Outdoor Activity if offsite of Friendship Home.**

**FUBU Youth In Care Network:** Youth Networking (virtual/telephone) & on site support at Friendship Home and Reconnect. Limited drop in activity located at 1600 Third Ave, limited to 6 maximum occupancy. Outdoor activities as per the **PGNFC Youth Services Department COVID 19 Safety Plan for Outdoor Activity.**

**My Way Interdependent Living Program:** Youth Networking (virtual/telephone); essential transport & on site support at Victoria Towers, Reconnect and Friendship Home. Planned outreach to clients in community. Outdoor activities as per the **PGNFC Youth Services Department COVID 19 Safety Plan for Outdoor Activity.**

**Reconnect Youth Village:** Residential Services, essential transport only & outreach for residents as required. Planned outreach to clients in community. Outdoor activities as per the **PGNFC Youth Services Department COVID 19 Safety Plan for Outdoor Activity.**

- ALL Sites are Closed to non-professional Visitors.
- Ongoing screening before meeting with clients, prior to entering facility using either: ( Appendix D & E)
  - PGNFC Youth Services COVID-19 Residential Screening Form or
  - PGNFC Youth Services COVID-19 Non-Residential Screening Form
- Any meeting or information is encouraged to be completed/gathered by phone or approved media platform.

- Any in person meeting requests including client contacts must be pre-approved by a direct supervisor with a proposed plan for physical distancing.
- All clients will be encouraged to stay home, all staff are to remain in contact with clients via phone or Zoom platform and support clients with information/education about COVID -19.
- Staff will work with their supervisors to find creative plans to continue to provide service, i.e. delivery of groceries/goods, screening and meeting 1-1 with appropriate physical distancing, etc. for continuity of service.
- Non-symptomatic clients in residential services will only be provided with rides for essential appointments ( groceries, medical and safe rides home) only, unless otherwise directed by a supervisor.
- Symptomatic clients in residential services will only be provided with rides when they wear a surgical mask and gloves and only to their home destination or to a medical appointment. Staff must wear full PPE (Surgical mask, goggles, gloves)
- Transportation using a taxi will only occur when we are unable to transport due to health protocols listed in this document not being able to be followed or we are not able to facilitate due to availability.
- Staff meetings may be by teleconference, Zoom or in person with a pre-approved physical distance plan.
- All practicum placements are discontinued. All volunteers will be directed to stay away.
- We are prioritizing the use of technology to provide continuity of services.

## 6. PGNFC Youth Services Department COVID 19 Safety Plan for Outdoor Activity

- Outdoor Venue must have pre-approval of Director of Youth and Community Services
- Outdoor Venue must be able to accommodate a maximum of 20 individuals in an area with physical distancing.
- Outdoor Venue will have a maximum time of 2 hours/event.

- All PGNFC Youth Services Department COVID Safety Plan for Employees are adhered to. No exemptions are in place for transportation of participants.
- Staff are required to wear masks at all times, with exemption for eating/drinking while physically distanced.
- A table must be set up with a check in station that must include:
  - Sign in sheet with participant contact information
  - Participant confirmation of PGNFC COVID 19 Safety Youth Participant Protocol (**Appendix H**)
  - Face Masks, Visors and hand sanitizer
  - Pens for single contact and disinfectant to sanitize
  - Level 1 First Aid Kit
  - Garbage bin
- A minimum of 2 staff are required for a group number 10. A minimum of 4 staff are required for a group number of 20.
- All staff will have their own hand sanitizer and will pack individual Face Masks for distribution if necessary
- Physical distance of at least 2 metres between each participant (staff included) should be maintained. This space should be marked with clear visuals (ie: Ballons with weights, sidewalk chalk, chairs, signage, etc.)
- Ensure that activities are scheduled at appropriate intervals to allow for time to clean, sanitize, and ventilate the space/equipment between activities.
- All garbage will collected and disposed of by staff with the following PPE:
  - Face Masks, Double
  - Goggles or visor
  - Disposable gloves
- All equipment (pens/chairs/etc.) will be sanitized prior to be placed in PGNFC fleet or worksite.
- Should any participant not adhere to the PGNFC COVID 19 Safety Youth Participant Protocol, they will be asked to leave.

## 7. Transportation in Fleet

- Only one staff is permitted in fleet per use, unless otherwise directed by a supervisor.
- Handwashing prior to use is required.
- Disinfecting/sanitizing of fleet must occur after every use and documented.



- Pre-screened Clients will only be provided transportation for **ESSENTIAL SERVICES ONLY**. Grocery shopping/medical and rides home, other requests need approval of supervisor.
- Staff are required to wear **2 masks** to transport with clients.
- All occupants must wear a facial mask.
- Clients must be ride at the furthest distance from staff while in transport.

## 8. Food

- All staff involved in food preparation must maintain highest standards of food safety, as per certified Food Safe practise.
- Masks should be worn during food preparation and serving.
- Any food preparation by youth, must be supervised by staff.

## 8. Pre-Screening Clients

- Client Screening Non-Residential (Appendix E)– Prior to meeting with any clients or driving with clients, you must enquire about current symptoms, and recent travel.
- Client screening Residential (Appendix F) - upon intake or entry ask if clients have any symptoms, the main symptoms feel like the flu or a really bad cold: Fever, Cough, Shortness of breath/difficulty breathing, please document this on Intake Forms.

### If or when a client gets ill/ reports being ill while in program:

- Request Client to wear mask and physically isolate within resource
- Staff must wear full PPE (Surgical mask, goggles, gloves)
- Connect with their regular health practitioner or HealthLink BC 811 or 1-844-645-7811 Northern Health COVID-19 Line for further instruction.
- Staff must report directly to your supervisor or Contact PGNFC After-Hours on call for support/direction.

## 9. Staff practices to care for youth with suspected COVID 19 (Residential Only)

- Staff to use Personal Protective Equipment (face mask, eye goggles and gloves) during direct care of client with suspected COVID-19.
- Ask client to use Personal Protective Equipment (face mask, eye goggles and gloves)

- Any person that may have symptoms of COVID-19 should have a surgical mask placed on them, self-isolate and do the following:
  - 1) Call 811, BC Nurses Line 1-844-645-7811 Northern Health COVID-19 Line for further instruction, explain the circumstances and seek advice.
  - 2) Monitor client, and seek emergency services if deemed necessary for their health.
  - 3) Staff must report directly to your supervisor or Contact PGNFC After-Hours on call for support/direction.

## 10. First Aid

- Physical distancing is **MANDATORY**, we ask that First Aiders do not break physical distancing to administer first aid to either colleagues, community members and clients.
- Options as a First Aider are:
  - to provide someone with the supplies to self-administer first aid and to walk them through the process verbally while at the same time physical distancing, or
  - to call 911 for more serious injuries/illnesses, wear full PPE ( N95 Mask, goggles, gloves) in preparation for further direction from 911 operator.

## 11. Naloxone (as per policy June 1, 2020)

### Rationale:

Naloxone/Narcan is indicated for the reversal of opioid overdose induced by natural or synthetic opioids in the setting of respiratory depression or unresponsiveness. Opioids include: morphine, codeine, heroin, oxycodone, methadone and fentanyl.

Operators of licensed community care facilities that provide care to persons who are at risk of an opioid drug overdose must obtain and maintain a supply of Naloxone for emergency use in the event that a person in care suffers from a drug overdose.

Section 70 (1) of the Residential Care Regulation, which requires that "...only medications that have been prescribed or ordered by a medical practitioner or nurse practitioner are administered to persons in care" **must not be interpreted as a barrier** to administering Naloxone to a person who is suffering from an opioid overdose. Naloxone may be provided under a Standing Order in collaboration with an operator's Medication Safety

and Advisory Committee and facility physician, as Naloxone is no longer a prescription medication in a non-hospital setting.

PGNFC must report any administration of Naloxone as a reportable incident under the category of Poisoning which is defined as "... the ingestion of a poison or toxic substance by a person in care".

PGNFC will ensure that all staff completes required training in the administration of Naloxone from the designated clinical pharmacist on the Rexall Team, and that their staff also receives provide first aid appropriate to the situation. PGNFC must also ensure that trained staff are available at all times to administer Naloxone to persons in care when persons in care are on the premises of the licensed facility or away from the premises and remain under the care of facility staff.

This policy has been updated and is compliance with BC Centre for Disease Control on responding to opioid overdoses during COVID -19; <http://www.bccdc.ca/our-services/programs/harm-reduction>

## **PGNFC Youth Services Opioid Overdose Intervention Protocol**

**Naloxone kits on site** include:

- 2 x 0.4mg ampules or vials of naloxone,
- syringes,
- gloves,
- N95 Mask,
- Eye protection,
- alcohol swabs,
- cotton swabs; and,
- a breathing mask for client.

**Naloxone kits will be stored:**

- With first aid kit.
- Replacement kits will be ordered from Rexall Reids by directive of the Licensed Manager.

## **INDICATORS OF AN OPIOID OVERDOSE**

- Person cannot stay awake.

- Can't talk or walk.
- Slow or no pulse.
- Slow or no breathing, gurgling.
- Skin looks pale or blue, feels cold.
- Lips or nails are blue.
- Pupils are pinned or eyes roll back.
- Body is limp.
- No response to noise or knuckles being rubbed hard on breast bone.

## **RESPONDING TO AN OPIOID OVERDOSE**

### **A. UNRESPONSIVE**

- Stimulate with noise (shout, use their name)
- Immediately put on PPE (personal protective equipment):
  - Wash hands or sanitize with hand sanitizer
  - Place N95 Mask on, ensure that it is securely behind ears to ensure fit
  - Place Protective Eye Wear on face
  - Place Gloves on
- Anyone not responding to the overdose should leave the room or immediate area to ensure physical distancing (2 meters)
- Touch (sternal rub), remember to tell the person what you are doing before you touch them.

### **B. CALL 911**

- Put person in the recovery position if you have to leave them alone.
- Give address and directions to where in the building you are, if possible send someone to meet paramedics at door.

### **C. NALOXONE ADMINISTRATION**

- Swirl ampule/vial first.
- Snap top off ampule/vial; draw up 1 ml of the naloxone.
- Inject into large muscle (thigh, upper arm, or buttock).
- Inject at 90°, push plunger until you hear a click (needle will retract).
- **Note the time** of administration.

### **D. CLEAR AIRWAY & VENTILATE**

- Clear airway (removing anything from their mouth), tilt head, lift chin
- Put the pocket mask over the individual's nose/mouth. The mask with a "one-way valve and large impermeable area (should) protect the responder from respiratory secretions"
- Give 2 chest compressions
- Evaluate.

#### **E. EVALUATE & GIVE Additional DOSE IF NEEDED**

- **After 3-5 minutes**, if still unresponsive, give an additional dose of naloxone or follow instruction of 911 operator;
- Ambulance transport to hospital, if able to accompany or follow in fleet. We must establish communication with client and/or hospital for progress and updates, which must be shared with coordinator or on-call coordinator for further direction.

#### **F. AFTERCARE**

- Important the order that PPE be removed.
  - Gloves are removed first.
  - Hands Washed – 20 seconds including wrists
  - Goggles/face shield/mask removed
  - Goggles placed in a Ziploc bag for disinfecting
  - Hands washed.
  - All single use PPE (Gloves and masks, must be discarded in its own garbage bag for immediate disposal)
  - Area needs to be disinfected, put on clean gloves and clean surgical mask. Disinfect. Remove PPE (personal protective equipment) in order outlined above, and placed in its own bag for immediate disposal.
- Naloxone wears off in 20-90 minutes.
- Person may not remember overdosing (explain what happened).
- Monitor the person for at least 2 hours and do NOT allow them to take more opioids (could overdose again).

#### **G. REPORTING**

- Contact Supervisor or if after hours, connect with on-call Coordinator to update regarding situation and follow any directives given by On-Call Manager.
- Report to MCFD After Hours and guardian if applicable.
- Complete Serious Incident Report.
- Document in youth's daily tracking.

- Follow-up with debriefing with Supervisor.

## H. REFILL

- Seek approval from Licensed Manager to refill.
12. Refills to be ordered and received from Rexall Reid's (1699 Victoria Street, Prince George) to refill naloxone kit. Information Links

Health Link BC: <https://www.healthlinkbc.ca/health-feature/coronavirus-disease-covid-19>

BC Centre for Disease Control: <http://covid-19.bccdc.ca/>

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

### **Government of BC:**

- BC's Restart Plan: <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/bc-restart-plan>
- COVID-19 Orders, Notices & Guidance: <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>
- Managing COVID-19 Stress, Anxiety & Depression: <https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/managing-covid-stress>

### **Other:**

- Canadian Mental Health Association Stay Well in Uncertain Times: <https://cmha.bc.ca/covid-19/>

## Appendix A Employee Daily Self-Health Declaration



## Prince George Native Friendship Centre Employee Daily Self-Health Declaration

Employee: \_\_\_\_\_ Program/location: \_\_\_\_\_

Please initial below to confirm that you have completed a self-assessment, **prior to arriving for work** using the app available from the BC Centre for Disease Control or the an online self-assessment tool at <https://bc.thrive.health/covid19/en> that you can do on a pc or web browser.

Please do not enter the workplace if:

\*Have travelled outside of Canada in the last 14 days  
by public health

\*Have been told to self-isolate

\*Are displaying any of the following *new* or worsening symptoms:

- |                     |                      |                                  |              |
|---------------------|----------------------|----------------------------------|--------------|
| *Fever or chills    | *Cough               | *Difficulty breathing            | *sore throat |
| *Loss of appetite   | *Headache/Body aches | *Extreme fatigue or tiredness    |              |
| *Nausea or vomiting | *Diarrhea            | *Loss of sense of smell or taste |              |

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time In							



Time out							
Employee Initial							
Supervisor Initial							

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time In							
Time out							
Employee Initial							
Supervisor Initial							

## Appendix B Donning PPE



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## The 5 steps to Don (put on) Personal protective equipment (PPE)

**1** Hand hygiene



Clean all surfaces of hands and wrists

**2** Gown



Cover torso and wrap around back  
fasten in back of neck and waist

**3** Surgical/procedure mask



Secure ties at middle of head and neck,  
fit nose band to your nose and pull **bottom**  
down to completely cover chin

**4** Eye protection



Place goggles or face shield over  
face and eyes and adjust to fit

**5** Gloves



Extend to cover wrist of gown



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

## Appendix C Doffing PPE



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## 9 Steps to Doff (Take Off) Personal Protective Equipment (PPE) For Droplet and Contact Precautions

**1** Gloves

The outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste bin.

**2** Perform Hand Hygiene

Clean all surfaces of hands and wrists.

**3** Gown

Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Place in soiled laundry hamper (if reusable) or in regular waste bin (if disposable).

**4** Perform Hand Hygiene

Clean all surfaces of hands and wrists.

**!** If you are NOT 2 meters away from the patient, exit room now, perform hand hygiene, and finish the remaining steps.

**5** Goggles or Face Shield

Do NOT touch the front of the eye gear. Place in receptacle for reprocessing (if reusable) or in regular waste bin (if disposable).

**6** Perform Hand Hygiene

Clean all surfaces of hands and wrists.

**7** Surgical or Procedure Mask

Grasp ties or elastics at back and pull **WITHOUT** touching the front. Place in receptacle for reprocessing (if reusable) or in regular waste bin.

**8** Perform Hand Hygiene

Clean all surfaces of hands and wrists.

**9** Exit Room

Exit room and perform hand hygiene.



IPC v2C



## Appendix D PGNFC PPE Poster

## PGNFC PPE (PERSONAL PROTECTIVE EQUIPMENT)

### 3 PLY MEDICAL MASK

To be used by staff/citizen when symptomatic  
As per resource protocol.



### N95 Mask

To be used by STAFF ONLY, for the  
Administration of Nalaoxone ONLY



## Appendix E PGNFC Screening Form Non Residents



## PGNFC Youth COVID- 19 Screening Form Non-residential

Program:

Name: \_\_\_\_\_ Client  Visitor

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

At PGNFC we take the safety of our clients, our staff and our communities very seriously. Please helps us provide the safest possible services to you by completing this screening with us.

1. Are you experiencing any of the following:

- Severe difficulty breathing (struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

If yes to any of the above, no need to screen further. These symptoms require immediate attention. Please call 811 for further instruction regarding health concerns.

***Professional Visitor/Client excluded from services until cleared medically.***

2. Are you experiencing any of the following:

- Mild to moderate shortness of breath at rest
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing.

If yes to any of the above, no need to screen further. Please call 811 to speak with HealthLink BC. A nurse at HealthLink BC will need to speak to you about your symptoms in more detail.

***Professional Visitor/Client excluded from services until cleared medically.***

3. Are you experiencing any of the following:

- Fever
- Cough
- Sneezing
- Sore throat

If yes to any of the above, no need to screen further. As a precaution the Ministry of Health is asking anyone with symptoms (fever, cough, sneezing, sore throat, or difficulty breathing) to stay home for 14 days.



**Professional Visitor excluded from services until cleared medically**

**Client to be provided with Personal Protective Equipment and then contact your supervisor for direction and support.**

4. Have you travelled to any country outside Canada, including the US, within the last 14 days:
- Yes
  - No

If yes, no need to screen further. Please self-isolate. You do not need testing for COVID-19.

**Client excluded from services until 14 day isolation is completed.**

5. Do you provide care or have close (less than 2 metres) contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing or sore throat):
- Yes
  - No

If yes, no need to screen further. Since you don't have any symptoms, you do not need to be tested for COVID-19. However if it's less than 14 days since your expose, you should self- monitor for any symptoms. If symptoms develop you should self-isolate and reassess.

**Remind client to self-monitor for symptoms and reassess if symptoms begin.**

6. Do you have close (Less than 2 metres) contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing or sore throat):
- Yes
  - No

If yes, no need to screen further. Since you don't have any symptoms, you do not need to be tested for COVID-19. However if it's less than 14 days since your expose, you should self- monitor for any symptoms. If symptoms develop you should self-isolate and reassess.

**Remind client to self-monitor for symptoms and reassess if symptoms begin.**

If no to all the above:

Since you do not have any symptoms of COVID-19, you do not need to be tested for COVID-19. You should continue to self-monitor. If you develop any symptoms (fever, cough, sneezing, sore throat, or difficulty breathing) or become aware of any potential exposures to cases of COVID-19, take this self-assessment again. Available online at: <https://covid19.thrive.health/>

To protect yourself, while out in public, wash your hands frequently and maintain a distance of about 2 metres from others.

# Appendix F PGNFC Screening Form Residential



**PGNFC Youth Services COVID- 19 Residential Screening Form**

**Program:**

Name: \_\_\_\_\_

**Client**

Staff: \_\_\_\_\_

Date: \_\_\_\_\_

At PGNFC we take the safety of our clients, our staff and our communities very seriously. Please help us provide the safest possible services to you by completing this screening with us.

7. Are you experiencing any of the following:

- Severe difficulty breathing (struggling to breathe or speaking in single words)
- Severe chest pain
- Having a very hard time waking up
- Feeling confused
- Losing consciousness

***For a residential client contact 811 HealthLink BC and ensure client safety, then contact your supervisor immediately for direction and support.***

8. Are you experiencing any of the following:

- Mild to moderate shortness of breath at rest
- Inability to lie down because of difficulty breathing
- Chronic health conditions that you are having difficulty managing because of difficulty breathing.

***For a residential client contact 811 HealthLink BC and follow all directions, then your supervisor immediately for direction and support.***

9. Are you experiencing any of the following:

- Fever
- Cough
- Sneezing
- Sore throat
- Difficulty breathing

If yes to any of the above, no need to screen further. As a precaution the Ministry of Health is asking anyone with symptoms (fever, cough, sneezing, sore throat, or difficulty breathing) to stay home for 14 days.

***For a residential client, ask the client to isolate in their room, provide them with Personal Protective Equipment and then contact your supervisor for direction and support.***

10. Have you travelled to any country outside Canada, including the US, within the last 14 days:

- Yes
- No

If yes, no need to screen further. Please self-isolate. You do not need testing for COVID-19.

***For a residential client, ask the client to isolate in their room, provide them with Personal Protective Equipment and then contact your supervisor for direction and support***

11. Do you provide care or have close (less than 2 metres) contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing or sore throat):

- Yes
- No

If yes, no need to screen further. Since you don't have any symptoms, you do not need to be tested for COVID-19. However if it's less than 14 days since your expose, you should self- monitor for any symptoms. If symptoms develop you should self-isolate and reassess.

***For a residential client, remind client to self-monitor for symptoms and reassess if symptoms begin.***

12. Do you have close (less than 2 metres) contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing or sore throat):

- Yes
- No

If yes, no need to screen further. Since you don't have any symptoms, you do not need to be tested for COVID-19. However if it's less than 14 days since your expose, you should self-monitor for any symptoms. If symptoms develop you should self-isolate and reassess.

***For a residential client, remind client to self-monitor for symptoms and reassess if symptoms begin.***

If no to all the above:

Since you do not have any symptoms of COVID-19, you do not need to be tested for COVID-19. You should continue to self-monitor. If you develop any symptoms (fever, cough, sneezing, sore throat, or difficulty breathing) or become aware of any potential exposures to cases of COVID-19, take this self-assessment again. Available online at: <https://covid19.thrive.health/>

To protect yourself, while out in public, wash your hands frequently and maintain a distance of about 2 metres from others.

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## Appendix G Hand Hygiene



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## Hand Hygiene

**SOAP OR ALCOHOL-BASED HAND RUB: Which is best?**



**Either will clean your hands: use soap and water if hands are visibly soiled.**



**Remove hand and wrist jewellery.**

### HOW TO HAND WASH



1 Wet hands with warm (not hot or cold) running water



2 Apply liquid or foam soap



3 Lather soap covering all surfaces of hands for 20-30 seconds



4 Rinse thoroughly under running water



5 Pat hands dry thoroughly with paper towel



6 Use paper towel to turn off the tap

### HOW TO USE HAND RUB



1 Ensure hands are visibly clean (if soiled, follow hand washing steps)



2 Apply about a 100-150ml amount to your hands



3 Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



# **Appendix H COVID 19 Safety Youth Participant Protocol**

## PGNFC COVID 19 Safety Youth Participant Protocol

I agree:

- That I do not currently have COVID 19.
- That I am currently not symptomatic of:
  - **\*Fever or chills**            **\*Cough**            **\*Difficulty breathing**
  - **\*sore throat**            **\*Diarrhea**            **\*Loss of appetite**
  - **\*Headache/Body aches**    **\*Extreme fatigue or tiredness**
  - **\*Nausea or vomiting**        **\*Loss of sense of smell or taste**
- That I will wear a facemask at all times, with the exception of eating or drinking when I am physically distanced.
- That I will sanitize my hands with sanitizer upon entering and exiting the event.
- That I will physical distance at least 2 meters away from others.
- That I will not share any equipment (including personal items) during activity times.
- That I will dispose my garbage in the bin provided.
- That I will leave if I am asked to do so for not following any of this protocol.

I acknowledge that there are risks associated with participating in this activity and that the measures taken by the PGNFC and participants will not entirely eliminate those risks.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



Date: \_\_\_\_\_