March 11, 2021

Please note that this information is being constantly updated and this document will be updated on an ongoing basis. MCAF has created this document to complement existing documents created by WorkSafeNB which can be found on their website: https://www.worksafennb.ca/media/61016/embracing-the-new-normal.pdf
Message to the Team

As we continue to manage through this pandemic, we have developed and will regularly update MCAF’s COVID-19 Return To Work Operational Plan (OP). We believe MCAF’s OP addresses many of the key elements now required by the New Brunswick Government for businesses and organizations to operate.

Because of the COVID-19 pandemic and the restrictions necessary to reduce risk, our workplace will not be the same as we left it and we will need to adjust. While we all try to establish a new normal at our workplace, there will certainly be an added layer of health and safety measures (physical distancing, screening, handwashing, etc.) required to ensure the safety of our employees, our clients, visitors and contractors.

Stay safe and healthy,

MCAF Joint Health and Safety Committee
A. Do you have TWO of the following symptoms?
   - Fever above 38 degrees Celsius
   - New or worsening cough
   - Sore throat
   - Runny nose
   - Diarrhea
   - Loss of taste or smell
   - Headache
   - New onset fatigue
   - New onset muscle pain
   - Nausea
   - Are you under the age of 18 and experiencing purple fingers or toes?

B. Within the last 14 days, have you:
   - traveled outside of NB
   - had close contact* with a confirmed case of COVID-19
   - had close contact with a person tested for COVID-19
   - had contact with someone who is self-isolating

If answered “yes” to TWO of the questions under A. during yellow and orange phase OR ONE question during the red phase OR to the questions under B. - entering the workplace will not be permitted.

Close contact is defined as a person who:
- provided care for the individual, including healthcare workers, family members or other caregivers
- had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment
- lived with or otherwise had close prolonged contact (within 2 meters/6 feet) with the person while they were infectious
- had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

@ MCAF

At the MCAF entrance everyone will:

Complete a screening questionnaire If answered “yes” to TWO of the questions under A. during yellow and orange phase OR ONE question during the red phase OR to the questions under B. - entering the workplace will not be permitted.

➢ Disinfect their hands
➢ When leaving MCAF premises, disinfect their hands

Anyone who chooses not to complete the screening process WILL NOT be permitted entry to the workplace.
Physical Distancing 2 m / 6ft

- No physical contact is permitted (i.e., handshakes, hugs etc.).
- Capacity restrictions on all lunch and meeting rooms to ensure 6 feet/ 2 meters of separation everywhere
- Face masks are required when in common areas (entrances, lobby, hallways, stairways, lunch & meeting rooms, washrooms) and workspaces where physical distancing is not possible.
- One person at a time in washrooms

Non-medical mask

How to put on a non-medical mask or face covering

- Ensure the face covering is clean and dry.
- Wash your hands with warm water and soap for at least 20 seconds before touching the mask.
- If none is available, use hand sanitizer containing at least 60% alcohol.
- Ensure your hair is away from your face.
- Place the face covering over your nose and mouth and secure to your head or ears with its ties or elastics.
- Adjust if needed to ensure nose and mouth are fully covered.
- The mask should fit snugly to the cheeks and there should not be any gaps.
- Wash your hands or use alcohol-based hand sanitizer after adjusting your mask.
- While wearing a non-medical mask or face covering, it is important to avoid touching your face. If you do touch your mask or face, you should immediately wash your hands with warm water and soap for at least 20 seconds, or use a hand sanitizer containing at least 60% alcohol.

How to remove a non-medical mask or face covering

- Wash your hands with warm water and soap for at least 20 seconds.
- If none is available, use hand sanitizer containing at least 60% alcohol.
- Remove the face covering by un-tying it or removing the loops from your ears.
- Avoid touching the front of the mask when removing it.
- Store the face covering in a paper bag, envelope, or something that does not retain moisture if you will be wearing it again.
- After removing the face covering, wash your hands or use hand sanitizer.

Wearing a non-medical mask or face covering properly - Video

Shared Office Spaces

Cleaning stations with hand sanitzers, wipes and disinfectant are in each shared room:

- RAP office
- Settlement office
- Computer Lab
- Board Room
• Employment & Language offices
• Entrance of Children & Youth floor
• Staff kitchens
• By each photocopier

A maintenance staff will regularly refill and maintain each cleaning station.

• Tables in shared rooms, are marked to indicate physical distancing
• Before & after using shared space employees will:
  o wash/ disinfect their hands and disinfect the used shared area
  o disinfect used appliances in staff kitchens

Shared MCAF Vans travel guidelines
Plexiglas barriers are currently installed in 2 operating vans to protect staff and clients.

**MCAF Van Sanitation Protocol COVID-19:**
• Wash your hands upon arrival & before picking up a van key
• Between users disinfect: steering wheel, door handles, knobs, gear shift, seat belt, and any other high-contact areas
• Use provided disinfectant wipes or hand sanitizer frequently
• Wear masks and practise good respiratory etiquette
• Drivers should screen potential passengers for signs of illness, and drivers or passengers who are ill or who have been told to self-isolate by Public Health must stay home.
• Maintain distance from clients and other people (e.g., place the delivery on the ground, stay back from others etc.)
• If traveling with another staff person, both employees are required to wear masks if physical distancing is not possible
• Maximize ventilation in the vehicle, and do not recirculate the air.
• Wash your hands at the end of your shift after returning the van key

Managing Traffic Control
• Signage on floor
• Multiple entry points

Working with Clients
• Meeting directly with clients can be done exclusively after approval by the Executive Director.
• Wearing a mask at all times and following the protocol of sanitizing and physical distancing is required when interacting face to face with clients, employees, volunteers, visitors and contractors
• RAP staff will follow the IRCC:
  - Government Assisted Refugees (GARs) Arrival Health & Safety Readiness Checklist during COVID-19 (see Appendix 2, page 14)
  - RAP Delivery of Critical Services to GARs during COVID-19 outbreak (Appendix 3, page 20)
• CNC procedures (Appendix 4, page 29)

• Staff are provided with training on how to use protective gear and protocols for their use (including how to put on and take off masks)

CLEANING AND DISINFECTION

COMMON AREAS
• Cleaning & sanitization of washrooms, meeting rooms, staff kitchens & common areas will be completed two times each work day.
• Maintenance staff will be assigned for cleaning and monitoring inventory of supplies containing a disinfectant and follow directions carefully.
• Shared photocopier: Each employee will sanitize the machine after use.

OFFICES
• Office Workstations: Each employee is responsible for disinfecting/sanitizing their workstation at the beginning and end of the day. Sanitation supplies will be provided.
• Office floors are cleaned 2x per week by maintenance.

STANDRAD OPERATING PROCEDURES

DISINFECTION OF TOUCH POINTS

1. Purpose
This procedure provides an overview of steps to be taken to disinfect common touch points throughout all MCAF spaces the office and non-production areas.

2. Scope
This Standard Operating Procedure (SOP) is applicable to all MCAF Reception Houses, vans and offices at MCAF.

3. Definitions
**Touch Point:** A surface where bare hands come in contact from multiple people, multiple times.

**Disinfectant:** A solution used to destroy or irreversibly inactivate all specified organisms on a surface within a set timeframe. Use a disinfectant with a drug identification number (DIN). This number means that it has been approved for use in Canada.

**Bleach Solution:** If household or commercial disinfectant cleaning products are not available, hard surfaces can be disinfected using a mixture of 5 mL of bleach (5% sodium hypochlorite) and 250 mL of water. Test surfaces before using a bleach solution. Bleach can be corrosive.

**Cleaning:** Wiping or scrubbing surfaces with soap and water will remove viruses, other germs, dirt, and impurities. Cleaning lowers the risk of spread by washing the virus off the hands or touch point.
**Wiping and leaving a film:** The action of wiping using a saturated cloth (with the disinfectant) such that when the surface is wiped, the surface still appears wet, without requirement for further wiping.

4. **Requirements**

To execute the SOP, the following items are required:

1. The appropriate type of gloves for the disinfectant are to be worn by the person applying the disinfectant.
2. Dedicated clean and dry microfiber cloth (should be changed daily).
4. Checklist of surfaces to be treated routinely throughout the day (site specific “touch points”).

5. **Responsibilities**

5.1. Appropriate plant or office personnel are responsible to provide the SOP, and any associated training material or templates, and ensure the supervisor, who is in charge of janitorial staff that will be executing the task, are fully briefed.

5.2. The supervisor is responsible for reviewing the SOP, providing training, reviewing any tools/templates and ensuring the janitorial staff successfully deploy the SOP as written.

5.3. Appropriate MCAF personnel, alongside the supervisor, are responsible for identifying the common touch points to be treated and to itemize them on an appropriate checklist template.

6. **Training Requirements**

6.1. The supervisor overseeing the janitorial staff is responsible for having each person sign off on the SOP to acknowledge that they are trained and competent to perform the tasks outlined. This training includes the review of the selected disinfectant’s safety data sheet (SDS).

7. **Procedure**

7.1. Disinfection of Common Touch Point Surfaces

7.1.1. The cleaning supervisor is to identify touch points in work and common areas throughout MCAF spaces. These spaces would include, but not limited to, areas such as: offices, classrooms, breakrooms, and washrooms. All possible touch points from the moment a person enters the facility, van or reception houses should be considered.

7.1.2. Touch points can include, but not limited to, items such as:

   - Door handles
   - Sink faucet handles
   - Paper towel dispensers (soap & sanitizer dispensers)
   - Counter tops (tables in breakrooms, classrooms, meeting rooms)
   - Wheelchair access buttons
   - Microwave and refrigerator handles
   - Elevator buttons
- Printers/Photocopiers
- Coffee makers/Hot Water Equipment
- Water coolers
- Chairs and arm rests

7.1.3. The frequency of disinfection must be at least twice daily for items identified in section 7.1.2.
All identified touch point surfaces must be treated at minimum between classes, and more often as appropriate. Cleaning or disinfecting requirements may vary depending on the number of individuals who pass through the area and need for contact with objects etc.

7.1.4. Use a checklist to record compliance and to create a daily record of disinfection.

7.2. Conducting Disinfection of Common Areas

Using selected disinfectant(s):

7.2.1. Follow the manufacturer’s instructions for the product you are using.

7.2.2. Wear appropriate personal protective equipment (PPE) (i.e. latex or nitrile gloves, as directed by the manufacturer of the disinfectant).

7.2.3. Make sure the surface to be disinfected is visibly clean. Clean visibly soiled surfaces with soap and water before disinfecting.

7.2.4. Apply the selected disinfectant for the first time on a clean and dry microfiber cloth. Ensure the cloth is saturated with the disinfectant before treating the touch points identified in 7.1. Reapply the disinfectant to the cloth as needed.

7.2.5. Apply the selected disinfectant on the surface to leave a visible film.

7.2.6. Allow the surface to air dry. Follow the manufacturer’s instructions regarding drying time.

7.2.7. Reapply the selected disinfectant to keep the cloth damp when cleaning surfaces.

7.2.8. Cloths must be changed daily or when cloths become visibly soiled.

Disinfection of Touch Points

Using bleach solution:

7.2.9. Even a mild bleach solution can be corrosive to certain surfaces. If using a bleach solution, first do a review of the surfaces being treated to determine if bleach will have any adverse effects on the surface. If unsure, test the solution on a variety of surfaces before fully implementing. Continue to monitor as surfaces are treated.

7.2.10. Follow steps 7.2.1-7.2.3 in the previous section, use the bleach solution instead of the disinfectant to dampen the cloth.

7.2.11. Apply the disinfectant on the surface.

7.2.12. Allow the surface to air dry.
7.2.13. Wipe the surface down with a dry cloth to remove the remaining bleach residue on the surface.

7.2.14. Reapply the bleach solution to keep the cloth damp when cleaning surfaces.

7.2.15. Cloths must be changed daily or when the cloths become visibly soiled.

Contaminated Workplace Guidance by WorksafeNB

**When someone has been exposed to someone infected with COVID-19:**
- As per Public Health anyone who has been exposed to someone who has been diagnosed with COVID-19 must self-isolate themselves for 14 days.
- If the employee has had close contact, then they must self-isolate.
- In either case, if the worker subsequently develops symptoms that are consistent with COVID-19, they should isolate and use the Government of New Brunswick’s assessment tool to assess their status and next steps.

**When an employee tests positive for COVID-19** and may have been in the workplace interacting with coworkers before the diagnosis was confirmed:
- The employee must immediately isolate themselves and follow guidance from the appropriate regional public health officials. Public Health will determine if there is a need to inform the employer of the test results.
- An employee /client/ visitor/contractor daily log must be shared with Public Health.
- Public Health will advise / provide anyone:
  - who has been exposed to someone diagnosed with COVID-19 and identify any control measures that are required to be put in place
  - with the direction for follow up and advise if there is a need for employer action

**Difference between quarantine (self-isolate) and isolate**
There is a difference between advice to quarantine (self-isolate) and advice to isolate. These measures are in place to protect the health and safety of Canadians.

Additional restrictions apply to travellers returning to Canada.

**Quarantine (self-isolate)**
Quarantine for 14 days if you have no symptoms and any of the following apply if you are:
- returning from travel outside of Canada (mandatory quarantine)
- returning from travel from other provinces (mandatory quarantine)
- had close contact with someone who has or is suspected to have COVID-19
- have been told by the public health authority that you may have been exposed and need to quarantine

**Isolate**
You must isolate if you have:
- been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19
• symptoms of COVID-19, even if mild
• been in contact with a suspected, probable or confirmed case of COVID-19
• told by public health that you may have been exposed to COVID-19
• returned from travel outside Canada with symptoms of COVID-19 (mandatory)

Return to Work After Self-Isolation

Employees / clients who are returning to work must have at least 24 hours without COVID-19 specific medication PRIOR to return to work. Employee declaration Returning from Self-Isolation (see Appendix 2) is required PRIOR to return to work.

As an employer MCAF is required to:
• Cooperate with Health officials and adhere to the advice on the Public Health Tracing Process (see below).
• If a case is confirmed positive by Public Health, the employer must report the exposure to WorkSafeNB by email (comp_conformite@ws.ts.nb.ca) or calling 1 800 999-9775.
• With the guidance of Public Health, communicate with staff and other workplace parties about measures they must take following the potential exposure. Ensure this process respects individual privacy. Public Health will also identify if any communication is needed external to your workplace.
• Follow Public Health’s advice regarding closing or restricting access to the workplace to clean surfaces and equipment which the confirmed case was in contact with by following the guidelines developed by Health Canada for Hard-surface disinfectants for use against coronavirus (COVID-19)
• If applicable, follow Public Health's advice before re-occupying the workplace.

Public Health Tracing Process
• All positive COVID-19 cases are reported to the appropriate regional public health office
• Public Health staff:
  - contacts the individual who tested positive the same day they receive the results to inform them of their test result, provide instruction, and determine who they have been in close contact
  - conducts a risk assessment based on a detailed interview with the individual
  - contacts all close contacts (and the workplace if appropriate) to identify any control measures that are required to be put in
  - if one of these close contacts tests positive, the contact tracing process begins

• If there is workplace exposure or exposure to the public, Public Health determines what communications are needed within workplaces or with the public or media outlets.
  o Every individual is entitled to privacy when it comes to Personal Health Information and confidentiality is respected and adhered to during all aspects of the Public Health investigation. Note that employers cannot require employees to submit their personal lab results as a condition of absence or presence at work will lead the process of tracing the identity of other persons that may have been exposed. Public Health may require the employer's assistance in the process.
**CELPIP Testing**

❖ **SCREENING AT MCAF ACCESS POINT**

- Candidates should stay in their car(s) and call (506) 471-4835 for screening to be conducted over the phone
- Before candidates enter the building their:
  - hands will be sanitized
  - masks must be worn inside the building at all times.

- Any candidate who has been outside NB in the past 14 days prior of the testing date, will be required to take the CELPIP test at a separate time with additional PPE including face shields and gowns.

❖ **Waiting Area**
- Test takers will maintain 2m / 6 ft physical distance according to floor signage

❖ **Check in Area**

- Test takers will:
  - stand at the markers to maintain 2m/6 ft of physical distance
  - use Hand Sanitizer at the check in
  - use disposable bags are used to store their belongings
  - write bag number and station number on their notepapers
  - sanitize their hands before putting their IDs in scanner and after they finish touching scanner
  - lower their mask during photo taking and during identity validation
  - be provided with a take a way pen

- MCAF test personnel will:
  - sanitize reusable pens before each use
  - not be allowed to touch test takers IDs
  - sanitize the scanner after each use ensuring scanner is dry for next test taker
  - use camera to capture test taker’s signature

❖ **Lab Area**

Cleaning station with hand sanitizers, wipes and disinfectant is maintained in the Computer Lab. A maintenance staff person is responsible to ensure refills and maintenance of cleaning supplies, including wipes, disinfectant spray, paper towels/ cloths etc. Rigorous cleaning and disinfecting procedures are adopted to ensure safety of staff and test takers:

- **Lab Area must be cleaned and disinfected BEFORE & AFTER every test:**
  - i.e. deck surfaces, chair armrests, keyboard and mouse devices, monitors, headsets, scanners, door handles, etc.
  - Desks are spaced to maintain 2m/6ft physical distancing
❖ **Washroom Breaks during testing**

- Test takers must wait in a marked area to give the test personnel room to reach to their station and lock their PC
- Test personnel must sanitize their hands before and after touching a test taker’s keyboard or mouse for any reason
- Test personnel escorts test takers to the washroom.
Appendix 1

Daily Screening Questionnaire

MCAF COVID-19 Screening Questionnaire

A. Do you have TWO of the following symptoms?
- Fever above 38 degrees Celsius
- New or worsening cough
- Sore throat
- Runny nose
- Diarrhea
- Loss of taste or smell
- Headache
- New onset fatigue
- New onset muscle pain
- Nausea
- Are you under the age of 18 and experiencing purple fingers or toes?

B. Within the last 14 days, have you:
- Traveled outside of NB
- Had close contact* with a confirmed case of COVID-19
- Had close contact with a person tested for COVID-19
- Had contact with someone who is self-isolating

*If answered “yes” to TWO of the questions under A, during yellow and orange phase OR ONE question during the red phase OR to the questions under B. - entering the workplace will not be permitted.

Close contact is defined as a person who:
- Provided care for the individual, including healthcare workers, family members or other caregivers
- Had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment
- Lived with or otherwise had close prolonged contact (within 2 meters/6 feet) with the person while they were infectious
- Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.
Appendix 2

Government Assisted Refugees (GARs) Arrival Health & Safety Readiness
Checklist during COVID-19

The purpose of this readiness checklist is to act as a resource to help Resettlement Assistance Program
(RAP) Service Provider Organizations (SPOs) better prepare for the arrival of Government-Assisted
Refugee (GAR) cases during the COVID-19 pandemic. This is an evergreen document that will be
updated as new information and direction becomes available. It is also used to inform discussions about
the current resumption of GAR arrivals. This readiness checklist is not meant to list prescriptive
requirements but to act as a helpful self-assessment tool that supports a national approach. It is also
recognized that some items could require additional resources as there may be no current
capacity/resources to implement/access all aspects; RAP SPOs are to contact their IRCC project officer
to flag and discuss any additional resources they may need to implement these measures.

This document is the consensus view of the RAP COVID-19 Response Task Team that was struck in late
March 2020 to advise IRCC on the needs of RAP SPOs and to share resources and best practices to
support RAP SPOs to safely continue to deliver essential services. The task team was made up of 12
leaders from the Settlement sector and several IRCC officials.

This readiness checklist will change over time as the COVID-19 situation and public health directives
evolve. Please check the SettleNet.org group “Resettlement of GARs and COVID-19” to ensure you have
the most recent version of this document.

This document does not replace the latest official guidance from PHAC, nor official IRCC functional
guidance, nor the contents of the RAP Service Provider Handbook, however, it has been reviewed to
make sure it is consistent with these. Previous versions of this document have also be reviewed by the
Public Health Agency of Canada (PHAC) and Canada Border Services Agency (CBSA) for accuracy.
Suggestions for updates to this document, or questions for IRCC about the COVID-19 response, should
be directed to your IRCC Project Officer.

RAP PORT OF ENTRY (POE) AIRPORT SERVICES

Do you have the following in place?

1. Airport reception staff wear PPE including face masks and possibly gloves and facial
   shields, if available.
   □

2. Arrangements have been made for interpretation (virtual or in person)
   □
3. Client hygiene measures:

- Plan to distribute PPE to clients:
  - Masks
  - Gloves/hand sanitizer, if available
- Have procedures in place to ensure that clients wash their hands when possible and as often as possible, with soap and water or by using hand sanitizer
- Plan to take the time to explain:
  - Need for physical distancing and to not touch their face or any surface.
  - PHAC guidelines, including the mandatory 14-day quarantine upon arrival at their final destination.
  - That clients should be wearing a mask or face covering at all times while they are in the airport, and until they reach their temporary accommodation at their final destination.
  - That the use of masks is recommended for periods of time when it is not possible to consistently maintain a 2m distance from others, particularly in crowded public settings such as stores, shopping areas, and public transportation.
  - That in some jurisdictions, the use of masks in many indoor public spaces and on public transit is now mandatory.

4. PHAC and/or CBSA Arrival health check. Temperature taken; outward symptoms noted.

5. Clients present IRCC Letter of Introduction addressed to CBSA Officer, which clients have received prior to departure, and which explains the quarantine plan in place for all GARS upon arrival in Canada (NOTE: CBSA has in hand the RAP SPO Emergency Contact list in case they need to obtain further information on the quarantine plan and accommodation arrangements for clients).
6. Make arrangements if client must overnight at POE and PHAC quarantine officer authorizes for client to either:
   - Stay overnight at the airport hotel in strict isolation, with food to be delivered to hotel room door, and continue his or her onward journey the next day, or
   - if there are factors that suggest that their needs may be better served by the local RAP SPO, arrangements may be made at that time for the client to stay in a RAP temporary accommodation managed by the local RAP SPO to complete his or her 14-day quarantine period, before continuing his or her onward journey to final destination.

7. If client exhibits health concerns and symptoms related to COVID-19, but is authorized by PHAC to continue his or her journey to final destination, alert receiving RAP SPO as soon as possible, in advance of the client leaving the airport.

8. Plan to share the “Help Reduce the Spread” pamphlet in client’s language, if available; for low literacy clients, have interpreter translate the pamphlet.

9. Have cleaning supplies available to wipe down luggage from carousel.

10. Have in place following safety protocols for ground transportation to final destination/temporary accommodation:
    - Clients continue to wear their masks until they arrive at their private quarters in the temporary accommodation facility.
    - Preferred option clients transported using taxis or private vehicles. If using a private vehicle, clients sit in the back seat. If not possible to maintain the 2-meter distance in the private vehicle, and if the weather allows, keep the windows open for the full journey to the temporary accommodation facility.
    - If using public transport (e.g. bus), each family unit enters one by one; minimum of 2 meters between each family unit.

RAP TEMPORARY ACCOMMODATION AND DELIVERY OF CRITICAL RAP SERVICES

Do you have the following in place?

1. Be prepared to receive calls from PHAC and/or CBSA throughout clients’ 14-day quarantine period to follow up and ensure that quarantine requirements are being followed, or to follow contact tracing procedures. Calls will be specific to each client or family group, so you may receive multiple calls each day.

2. Seek locally-available training on COVID-19 or communicable diseases
3. Staff have necessary PPE equipment and have been trained in proper use.

4. Staff have cell phone and laptop to be able to work from home or the office, as required.

5. Accommodation cleanliness checked & verified, following PHAC protocol for cleaning and disinfecting public spaces.

6. Client & staff hygiene measures – plan to remind all clients and staff to:
   - wash hands often with soap and warm water for at least 20 seconds (especially after using the washroom and when preparing food);
     - if soap and water aren’t available, use a hand sanitizer containing at least 60% alcohol, and rub over all surfaces of hands until dry
   - when coughing or sneezing:
     - cough or sneeze into a tissue or the bend of your arm, not your hands;
     - dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands immediately afterwards;
   - avoid touching your eyes, nose, or mouth with unwashed hands

7. To the extent possible, have signage visible throughout the temporary accommodation facility:
   - On appropriate handwashing techniques
   - Arrows and lines on floors/walls to ensure clients and staff can maintain physical distancing, including instructions for use of elevators (to be used by one family unit at a time, or more if size of Elevator allows 2m distance between individuals.
8. Plan for hand sanitizing stations at strategic locations throughout the temporary accommodation facility.

9. Plan to assess and address clients’ urgent medical needs need upon arrival at temporary accommodation facility (e.g. need for prescription refills).

10. Explain physical distancing protocols during and after quarantine/isolation period, such as limiting activities to essential ones, avoiding common greetings such as handshakes, and keeping a distance of at least 2 metres from others.

11. Explain March 25th 2020 Order – The Minimizing the Risk of Exposure to COVID-19 in Canada Order was issued on March 25, 2020, in order to manage all persons who enter Canada whether by air, land, rail and sea, to minimize the travel related risk of introduction and spread of COVID-19 by requiring all persons who enter Canada to isolate for 14 days from the day upon which they entered Canada.

12. If newly arrived client expresses interest in moving to another community prior to completing their mandatory 14-day isolation, plan to:
   - Find out why they want to move and explain that they can do so after the quarantine period.
   - Remind them of their legal obligation to self-isolate for 14 days, whether or not they have symptoms of COVID-19 and inform them that they must not move until after completing the 14-day isolation period.
   - Ensure that they fully understands that failure to comply with this Order is an offense under the Quarantine Act, and could lead to resettled refugees facing penalties including fines or imprisonment. One tool that may be used for this purpose is the Refugee Acknowledgement Form for Mandatory Self-Isolation.
   - Inform them that RAP SPOs are expected to notify the appropriate local authorities and IRCC of any refugees who move out of temporary accommodation before the end of the 14-day self-isolation.
   - Inform the client of current provincial or regional travel restrictions
   - Ask for details of their plan for accommodation, as they may not receive accommodation services in the new community from a RAP SPO.
13. Have measures in place to entirely separate a) clients aged 65 and over, b) clients with compromised immune systems, and c) clients with underlying medical conditions.

14. Plan to contact your local telehealth service to find out if it is possible and advisable to arrange the initial primary health care screening during the quarantine period.

15. If a family member gets sick or displays symptoms, call your local Telehealth service immediately. Ensure all RAP SPO staff know to follow Public Health Agency of Canada and local health authority protocols by calling local public health authorities and following directives regarding potential testing or treatment requirements. Follow public health guidance on how to isolate ill person from other family members.

16. If on-site medical supports (e.g. personal support worker assistance) are required by the client, contact your IRCC officer as soon as possible to assist in making these arrangements.

17. Any necessary prescription medication or other items to meet immediate and essential needs are provided during quarantine period.

18. Plan to bring groceries or meals to clients’ quarters throughout quarantine period – or plan for safe use of common kitchen/dining area (see item #20)
   - Boxes, containers, packages, fruits/vegetables are washed.
   - Clients trained in cleaning protocols.

19. Given possibly longer than usual stays in temporary accommodation, plan for the possibility of providing clients with personal supplies and food and incidental allowances on one-month basis in order to limit the number of transactions.

20. Plan for safe usage of common spaces (supported with appropriate and clearly visible signage):
   - Shared laundry room (if available on-site): plan to provide extended access hours and explain that only one family at a time can use the laundry facilities.
   - Kitchen facilities: Plan to have one family unit at a time use the facilities; have the kitchen facilities cleaned after one family’s use.
   - Cafeteria/dining room:
     - Plan to have each family unit to maintain a distance of 2 meters or more from each other, or set a schedule for families in quarantine to use the cafeteria at separate times than those not in quarantine.
21. Plan to clean tables and chairs after each use.

21. Plan to explain to clients that they should remain in their assigned quarters in the temporary accommodation facility, for their safety and that of others, but that they are permitted to go outside alone or as a family unit (for health breaks, smoking, etc.), all while remaining on the property of the temporary accommodation facility. If they do so, have appropriate protocols in place and remind them that they must:
   - Ensure to wear a mask from their quarters until they get outside, as well as from outside until they reach their quarters
   - Maintain a physical distance of at least 2m from others that are not in their family unit
   - If they must take an elevator, ensure they are in the elevator alone or only with other members of their family unit.

22. Plan to explain to clients that visitors including friends and relatives are prohibited during the isolation/quarantine period, and the entire stay in RAP temporary housing.

23. Plan to explain that quarantined clients cannot receive items, food or gifts from relatives or friends outside the hotel/reception centre or share items with other quarantined families inside the hotel/reception centre.

24. Explain that there should be no community/family sharing of utensils.

25. Plan to provide client with a cell phone if they don’t already have one, or assist them in obtaining a SIM card for their own phone, for use in case of emergency or other needs.

26. Toys or books are provided, cleaned and sanitized prior to distribution.

27. Plan for RAP staff to check-in remotely daily, or check in while physically distancing (keeping a 2m distance or greater) and wearing PPE.

28. Provide basic emergency protocol to clients in their first language (including phone numbers to use in case of emergencies).

29. If possible, during the 14-day isolation or quarantine period, over the phone and using interpretation services as needed, assist clients in completing online/hard copy applications for:
   - Provincial health care insurance
   - Social insurance number (SIN), (SIN online application) NOTE: While Service Canada (SC) offices are gradually reopening, space will be limited due to physical distancing measures. RAP SPOs are strongly encouraged to direct clients to online applications. SC’s service standard for clients’
receipt of their SIN is 20 business days from the time the application is received

- Canada Child Benefit (CCB)

30. Provide basic orientation on:
   - COVID-19 pandemic and health and safety measures as per latest PHAC guidance
   - Interim Federal Health Program
   - Most essential topics relating to rights and responsibilities and laws in Canada
   - Culture shock, including mental health and mental health supports available to them:
     - Plan to explain and discuss that feelings of fear, stress and worry are normal in a pandemic and when moving to a new country.
     - Provide an overview of what mental health supports are available, including the phone numbers for the Kids Help Phone and distress lines as well as the links below:
       - [https://www.crisisservicescanada.ca/en/looking-for-local-resources-support/](https://www.crisisservicescanada.ca/en/looking-for-local-resources-support/)
     - Find out more about IFHP through Medavie Blue Cross website/contact centre for the latest counselling provision and coverage including tele-counselling and online counselling provisions.

- Immigration Loans

- RAP Income Support to be provided upon move out – NOTE: The RAP orientation interview led by the IRCC RAP Officer will conducted by phone, until further notice.

- Budgeting, i.e. convey that support that will be provided is only meant to cover immediate and essential needs

31. Review safety protocols for transportation methods and/or drivers in accessing essential needs/services.

32. If single parent falls ill, ensure staff know how to contact provincial child services authority to ensure children are protected with temporary protection/guardianship is in place.
33. Post-quarantine/isolation period:

- ensure all health & safety requirements are continued during orientation sessions.
- ensure a sufficient number of staff members are available to work in person or remotely, and have the material and resources available to them, to continue to deliver immediate and essential RAP services that are possible to deliver with all prevention measures applied including physical distancing.

34. Have a plan in place for alternative temporary housing, in case the accommodation in place for clients completing their quarantine or isolation period and other accommodation spaces within the usual temporary accommodation location are limited (e.g. arrange for hotels or other accommodation until permanent accommodation can be found for clients coming out of quarantine or isolation; discuss alternative temporary housing options and related additional costs with your IRCC project officer).

ASSISTANCE LOCATING PERMANENT HOUSING

Do you have the following in place?

1. If possible, arrange and view potential viewing virtually. If necessary, limit physical viewings to only one GAR family member and during escort accompaniment ensure GAR and staff are wearing PPE.
   - Arrange for virtual viewings where possible.
   - If in person viewings are taking place, ideally only have 1 person viewing.
   - Ensure that SPO staff (if accompanying) and clients are wearing PPE.
   - Ask landlord to leave lights on and doors and closets open to limit touching (and see more tips to follow here).

2. Plan to provide necessary furniture and/or payment in lieu of furniture. If using a furniture cash model, as stores typically used may not currently be opened, plan to assist clients with purchasing furniture online and/or curbside pick-ups.

3. Residence cleanliness reviewed upon move-in.

4. Clients are provided with appropriate cleaning supplies.
• Disinfectant cleaning solutions
• Mops, pails and brooms
• Disinfectant wipes if available
• Soap for hand washing and towels for drying hands
• Laundry detergent

5. Review grocery purchases and how to clean items once in-home.
6. Provide list of essential services in the community for online ordering or in person shopping. This may include reviewing transportation options.
7. If clients will be living in apartment building, plan to review physical distancing and other sanitary measures, e.g. not to enter elevator with other people are in it, use elbows for door handles, etc.
8. Plan to inform clients should be informed that building managers may only be dealing with urgent requests during this period (e.g. water leaking, etc.), and that other requests may be dealt with later on when public health guidelines are updated.
10. Explain procedures to follow if a family member becomes ill, i.e. numbers to call, how to isolate ill person from other family members.
11. Review physical distancing, hand-washing, PPE usage and all other health & safety requirements, including bylaw rules for applicable jurisdiction.
12. Check IFHP through Medavie Blue Cross website/contact centre for latest counselling provision and coverage including tele-counselling and online counselling provisions

SETTLEMENT CASE MANAGEMENT

Do you have the following in place?

1. The ability to provide services and orientations virtually.
2. The required service-delivery tools (computer, cell, PPE) are in place for remote service delivery
3. Contingency plan is in place if a family member falls ill. Explain how to isolate ill person from other family members. If single parent falls ill, contact appropriate provincial/territorial child services.
4. Complete case management needs and assets assessment and Settlement Action Plan

5. Explain and discuss that feelings of fear, stress and worry are normal in a pandemic and when moving to a new country. Provide an overview of what mental health supports are available, including the phone numbers for the Kids Help Phone and distress lines as well as the links below:


   https://www.crisiservicescanada.ca/en/looking-for-local-resources-support/

   Check IFHP through Medavie Blue Cross website/contact centre for the latest counselling provision and coverage including tele-counselling and online counselling provisions.

6. Develop a follow-up service plan and check-in schedule.

August 31, 2020 version
Background

The first version of this document, issued on May 14, 2020, was the consensus view of the Resettlement Assistance Program (RAP) COVID-19 Response Task Team that was struck in late March 2020 to advise Immigration Refugees and Citizenship Canada (IRCC) on the needs of RAP Service Provider Organizations (SPOs) and to share resources and best practices to support RAP SPOs to safely continue to deliver critical services. The task team was made up of 12 leaders from the Settlement sector and several IRCC officials.

This document has now been updated with the latest guidelines from IRCC and from the Public Health Agency of Canada (PHAC). It outlines the five critical times/transitions for GAR clients while outlining proposed approaches and protocols for each stage. These five critical transitions include:
1. Pre-Arrival
2. Port of Entry Airport Services
3. Temporary Accommodation & Delivery of Critical RAP Services
4. Assistance in locating Permanent Housing/Transition to Settlement Case Management
5. Post-RAP services including Settlement case management services

The purpose of this document is to support RAP SPOs in developing and implementing their management strategies, standards, guidelines and protocols for the delivery of critical services to GARs during the COVID-19 outbreak. It is recognized that GAR arrivals to Canada are now slowly resuming, and it is assumed that current measures such as physical distancing and the requirement for a 14-day mandatory quarantine upon arrival in Canada will be applicable for the foreseeable future.

The practices outlined in this document are based on the best available information at the time of writing. This document is evergreen, and is being updated as new information or guidance becomes available. Please check the SettleNet.org group "Resettlement of GARs and COVID-19" for the most recent version of this document.

The adoption of these practices supports efforts to standardize good practices across the country to ensure that public health guidelines, and the mandatory quarantine period required upon arrival, are being strictly followed. Some standards in this document may require additional resources to implement; RAP SPOs are to contact their IRCC project officer to flag and discuss any additional resources they may need to implement these measures.

Lastly, this document does not replace the latest official guidance from PHAC, nor official IRCC functional guidance, nor the contents of the RAP Service Provider Handbook, however, it has been reviewed to make sure it is consistent with these. The previous version of this document has also be reviewed by PHAC and Canada Border Services Agency (CBSA) for accuracy. Suggestions for updates to this document, or questions for IRCC about the COVID-19 response should be directed to your IRCC Project Officer.
Stage One: Pre-Arrival

➢ Canada’s border restriction measures, coupled with the temporary suspension of resettlement departures by Canada’s primary resettlement delivery partners – the United Nations Refugee Agency (UNHCR) and the International Organization for Migration (IOM) – initially resulted in a very limited number of resettlement movements. Although certain selected refugees are exempt from the travel ban, and resettlement movements are now slowly resuming, there are still limitations on who can be resettled at this time, given capacity constraints of partners abroad and in Canada which still renders travel very challenging.

➢ IRCC continues to be committed to working with RAP SPOs to confirm their capacity to support GAR arrivals as resettlement travel slowly resumes. IRCC will continue to reach out to RAP SPOs prior to the resettlement of any case.

➢ Prior to boarding, air travelers will undergo a limited examination with a focus on signs and symptoms of COVID-19. Anyone who shows symptoms of COVID-19 will not be allowed to enter Canada by air. All air passengers are also required to have a non-medical mask or face covering to cover their mouth and nose during travel.

➢ IOM provides a visual guide (‘Help reduce the spread of COVID-19’, and since August 2020, ‘Resettling to Canada during the COVID-19 Pandemic1’ both available in multiple languages) to resettled refugees that outlines hygiene and safety measures including social distancing and hand washing techniques. Where possible, IOM distributes hand sanitizers and tissues to departing clients.


➢ In lieu of in-person sessions, where possible, IOM is currently providing pre-departure orientation over the phone to travel-ready refugees. These phone sessions are approximately two hours in length. The most essential and critical topics are covered during these sessions, including:

- COVID-19 and quarantine measures on arrival in Canada
- Travel, what to pack, and baggage allowances
- Multicultural Canada
- Canadian seasons
- Resettlement programs, and related financial and settlement support
- Health (particularly mental health)
- Housing
- Education (with a focus on language training)
- Employment
Clients are given the opportunity to ask questions about all of the above, and to share any other question or concern they may have. Where possible, IOM will also provide the COA Participant Workbook to clients before their departure.

Stage Two: Port of Entry

➢ RAP POE Airport Services staff wearing personal protective equipment (PPE) meet the GAR clients at the airplane gate and provide escort accompaniment through customs and immigration processes, as per current protocols described in Chapter 5 of the RAP Service Provider Handbook.

➢ Upon arrival, clients are reminded to follow good hand hygiene on a regular basis, either by washing their hands when possible, or by using hand sanitizer. RAP POE staff will explain PHAC guidelines, including the mandatory 14-day quarantine upon arrival at their final destination.

➢ RAP POE Airport Services staff will provide an additional mask and a pair of gloves to each client at the airport. Clients are reminded that they should be wearing a mask or face covering at all times while they are in the airport, and until they reach their temporary accommodation at their final destination. As recommended by PHAC, they are informed that the use of masks is recommended for periods of time when it is not possible to consistently maintain a 2 meter distance from others, particularly in crowded public settings such as stores, shopping areas, and public transportation. They are also informed that in some jurisdictions, the use of masks in many indoor public spaces and on public transit is now mandatory.

➢ On arrival at the POE airport, a health check is conducted by the Canadian officials. If the GAR client exhibits no health concerns, they will proceed to their final destination where RAP staff awaits to undertake immediate reception and intake procedures. If the client is symptomatic, they cannot continue using a public conveyance to go to the final destination. The PHAC quarantine officer at the port of entry will determine if:

1) the client needs to be quarantined at a PHAC quarantine facility at the POE (or nearby); if so, the quarantine officer will arrange for the transportation of the client to the quarantine centre. OR

2) the client can continue to their final destination without using a public conveyance. The quarantine officer will ensure that the transport to the end destination is appropriate and the end destination is suitable to complete a quarantine period (e.g. easy access to medical facilities, and not be in close contact with vulnerable persons such as those who are immune compromised or very elderly). OR

3) If there are factors that suggest that their needs may be better served by the local RAP
SPO, arrangements may be made at that time for the client to stay in a RAP temporary accommodation managed by the local RAP SPO to complete their 14-day quarantine period, before continuing their onward journey to final destination.

➢ Services/professionals available at federal quarantine centres include: mental health services, social workers, specialized medical health teams, telehealth, nurses performing regular health checks, over the phone interpretation services, rooms with phones and free WiFi.

➢ All GAR clients will have with them a ‘Letter of Introduction’ prepared by IRCC (see Annex A), and addressed to the CBSA officer. This letter explains that GARs will be received in Canada by RAP SPOs, and reassures the CBSA officer and/or PHAC officer that RAP SPOs have been instructed by IRCC to implement suitable arrangements for a quarantine plan for all incoming GAR clients. Using the RAP SPO Emergency Contact list, and prior to letting the GAR client proceed to final destination, CBSA or PHAC may contact the receiving RAP SPO to confirm that the arrangements made for clients to complete their 14-day quarantine are adequate.

➢ If the client must spend the night at the POE due to having had a long journey to Canada, or having arrived too late at the POE to continue their journey, they may be directed to remain at a PHAC quarantine facility for 14 days. However, instead, at the discretion of the PHAC quarantine officer, the client may either:

1) stay overnight at the airport hotel in strict isolation, and continue his or her onward journey the next day. RAP POE Airport Services staff will escort clients to the overnight hotel, bring food to their hotel room’s door and bring them back to airport next day, OR

2) as explained above, if there are factors that suggest that their needs may be better served by the local RAP SPO, arrangements may be made at that time for the client to stay in a RAP temporary accommodation managed by the local RAP SPO to complete their 14-day quarantine period, before continuing their onward journey to final destination.

➢ If a GAR client does in fact exhibit health concerns and symptoms related to COVID-19, but is authorized by PHAC to continue their journey to final destination, the POE RAP SPO should alert the receiving RAP SPO as soon as possible, in advance of the client leaving the airport.

➢ All clients will be given the “Help Reduce the Spread of COVID-19” pamphlet from Public Health Agency of Canada to reinforce personal hygiene during the transfer to final destination.

➢ Transportation from airport or bus terminal to temporary accommodation facility (for asymptomatic clients):

   o Clients must continue to wear their masks until they arrive at their private quarters in the temporary accommodation facility.

   o As a preferred option, clients should be transported using taxis or private vehicles. If using a private vehicle, clients should sit in the back seat. If not possible to maintain the 2-meter distance in the private vehicle, and if the weather allows, it is recommended to keep the windows open for the full journey to the temporary accommodation facility.
If using public transport (e.g. bus), each family unit should enter one by one and be seated in a manner to ensure that the 2-meter distance is respected between each family unit.

Stage Three:
RAP Temporary Accommodations & Delivery of Critical RAP Services

- PHAC and/or CBSA may contact the RAP SPO throughout the 14-day quarantine period to follow up and ensure that quarantine requirements are being followed, or to follow contact tracing procedures. The calls would be specific to each client or family group, so the RAP SPO may receive multiple calls each day.

- RAP SPO staff are encouraged to seek locally-available training on COVID-19 or communicable diseases. They should be equipped with the necessary PPE, cell phone and laptop to be able to work from home or the office, as required. RAP SPOs are to contact their IRCC project officer for any questions related to the equipment or resources RAP SPO staff may need to continue to provide critical RAP services.

- RAP SPO staff are provided with training on how to use protective gear and protocols for their use.

- RAP SPO arranges for temporary housing in either reception house or in commercial accommodation, ensuring the facilities that will be used by incoming clients allow them to adequately and safely quarantine for the mandatory 14-day period.

- RAP SPO staff meets the GAR client and undertake reception services wearing PPE. RAP SPO assesses and addresses any urgent need (e.g. need for prescription refills).

- RAP SPO follows Public Health Agency of Canada and local health authority guidance if individuals exhibit symptoms and may need to be tested or treated. All subsequent follow up should follow local health authority directions.

- Arrange for onsite primary health care screening. Contact your local Telehealth service or local clinic to follow advice on how and where to obtain these services. If a health emergency occurs during the 14-day quarantine/isolation period, follow standard emergency procedures and inform first responders of pertinent, COVID-related information. If on-site medical supports (e.g. personal support worker assistance) are required by the client, contact your IRCC officer as soon as possible to assist in making these arrangements.

- GAR clients proceed into 14-day quarantine:
o RAP SPO staff arrange to deliver meals or groceries (will vary due to local context) and any necessary prescription medication during quarantine period. Food allowance/meal costs are adjusted to respond to local food shortages/cost increases due to limited staff capacity to shop around.

o To the extent possible, clients should remain in their assigned quarters in the temporary accommodation facility, for their safety and that of others. However, clients are permitted to go outside alone or as a family unit (for health breaks, smoking, etc.), all while remaining on the property of the temporary accommodation facility. If they do so, they must:
  ▪ Ensure to wear a mask from their quarters until they get outside, as well as from outside until they reach their quarters
  ▪ Maintain a physical distance of at least 2 meters from others that are not in their family unit
  ▪ If they must take an elevator, ensure they are in the elevator alone or only with other members of their family unit.

o Children resource box (e.g. toys, books) are provided as appropriate during this period. Toys or books are cleaned and sanitized prior to distribution and after usage.

o GAR family is provided with a cell phone, if they don’t already have one, or are assisted in obtaining a SIM card for their own phone, for use in case of emergency or other needs.

o RAP staff check-in daily either remotely, or in person while keeping a 2-metre distance or greater and wearing PPE

➢ Explain implications of the March 25th 2020 Order:

o The Minimizing the Risk of Exposure to COVID-19 in Canada Order was issued on March 25, 2020, in order to manage all persons who enter Canada whether by air, land, rail and sea, to minimize the travel related risk of introduction and spread of COVID-19 by requiring all persons who enter Canada to isolate for 14 days from the day upon which they entered Canada.

o In situations where newly arrived refugees express interest to move to another community prior to completing their mandatory 14-day isolation, RAP SPOs are asked to:
  ▪ Find out why the client wants to move and explain that they can do so after the quarantine period.
  ▪ Remind the client of their legal obligation to quarantine for 14 days, whether or not they have symptoms of COVID-19 and inform the client that they must not move until after completing the 14-day quarantine period.
  ▪ Ensure the client fully understands that failure to comply with this Order is
an offense under the Quarantine Act, and could lead to the clients facing penalties including fines or imprisonment. One tool that may be used for this purpose is the Refugee Acknowledgement Form for Mandatory Self-Isolation (shared by your IRCC officer in April 2020).

- Inform the client that RAP SPOs are expected to notify the appropriate local authorities and IRCC of any refugees who move out of temporary accommodation before the end of the 14-day quarantine.

- Inform the client of current provincial or regional travel restrictions.

- Ask for details of the client’s plan for accommodation, as they may not receive accommodation services in the new community from a RAP SPO.
  - As per usual procedures, RAP SPOs are asked to inform IRCC of any secondary migrating RAP client who comes to their organization unannounced and seeking IRCC-funded temporary accommodation or other RAP services.

➤ Explain to clients that in the context of the COVID-19 pandemic, any visitors including friends and relatives are prohibited during the isolation/quarantine period, or the entire stay in RAP temporary housing.

➤ Explain that quarantined clients cannot receive items, food or gifts from relatives or friends outside the hotel/reception centre or share items with other quarantined families inside the hotel/reception centre.

➤ Use of common spaces:
  - Shared laundry room (if available on-site): provide extended access hours and explain that only one family at a time can use the laundry facilities.
  - Kitchen facilities: Have one family unit at a time use the facilities; have the kitchen facilities cleaned after each use.
  - Cafeteria/dining room: Have each family unit to maintain a distance of 2 meters or more from each other, or set a schedule for families in quarantine to use the cafeteria at separate times than those not in quarantine. Clean tables and chairs after each use.

➤ Depending on local context, RAP SPOs may quarantine GAR clients in a different temporary housing site. RAP SPOs that may arrange for permanent accommodation prior to arrival will consider placing GAR client(s) directly into permanent accommodation.

➤ In cases where clients exhibit signs and symptoms consistent with COVID-19, local public health authorities have been contacted, and clients are advised to isolate, RAP SPOs should have measures in place to ensure that clients have easy access to medical services, as well as ability to isolate in a place where they would not be in contact with the rest of their family, or other vulnerable persons.

➤ A basic emergency protocol is provided to clients in their first language (including phone numbers to use in case of emergencies)
➢ Provide basic orientation to COVID-19 pandemic and current public health authority guidelines

➢ During the self-isolation period, if at all possible to do over the phone with the client(s), using interpretation services as needed:

   o Complete a hard copy or online application for:
     ▪ Provincial health care insurance
     ▪ Social insurance number (SIN) (SIN online application – While Service Canada (SC) offices are gradually reopening, space will be limited due to physical distancing measures. RAP SPOs are strongly encouraged to direct clients to online applications. RAP SPOs can assist clients in completing the online application, but they cannot apply on their behalf. SC’s service standard for clients’ receipt of their SIN is 20 business days from the time the application is received.
     ▪ Canada Child Benefit (CCB)

   o Provide basic orientation on:
     ▪ Interim Federal Health Program
     ▪ Health and safety as per latest PHAC guidance
     ▪ Most essential topics relating to rights and responsibilities and laws in Canada
     ▪ Culture shock, including mental health and mental health supports available to them
     ▪ Immigration Loans
     ▪ RAP Income Support to be provided upon move out – NOTE: While in some locations, RAP orientation interviews are led by RAP SPOs, in locations where these are led by IRCC RAP Officers, interviews will be conducted by phone, until further notice.
     ▪ Budgeting, i.e. convey that support that will be provided is only meant to cover immediate and essential needs

➢ In the case that a single parent falls ill, RAP SPO staff work with their respective provincial child protection authority to ensure children are have temporary protection and/or that a guardianship is in place. RAP staff are not to act in the capacity of a guardian or foster parent.

➢ After the client’s 14-day quarantine or isolation period, RAP staff continue to deliver the immediate and essential RAP services that they are able to deliver while ensuring that physical distancing measures can still be applied, including the service of assistance in locating permanent accommodation, and other immediate and essential RAP services.

➢ As a result of longer than usual stays in temporary housing and depending on the reception centre model, GARS may be given personal supplies and food and incidental allowances on one-month basis in order to limit the number of transactions.
➢ NOTE: One Year Window (OYW) clients who book their own flights to Canada will be counseled by IRCC prior to their departure regarding the fact that they will not be provided with RAP temporary accommodation services upon arrival, but rather, they will have to quarantine themselves for 14 days upon arrival in their family’s home in Canada.

Stage Four: Assistance in locating permanent accommodation and transition to Settlement Case Management Services

➢ When assisting clients to locate permanent accommodation, in alignment with provincial real estate and rental guidance, use virtual viewings where possible, or have clients (and staff if accompanying) wear PPE for any viewing that may take place (and follow this link for more helpful tips to follow when assisting clients with finding permanent accommodation). If necessary, limit physical viewings to only one GAR family member, and during escort accompaniment, ensure GAR client and staff are wearing PPE.

➢ When permanent housing is secured, as per usual procedures, necessary furniture and/or payment in lieu of furniture is provided. If using a furniture cash model, as stores typically used may not currently be opened, assist clients with purchasing furniture online and/or curbside pick-ups.

➢ If clients will be living in apartment building, go over procedures of physical distancing and other sanitary measures, e.g. not to enter elevator with other people are in it, use elbows for door handles, etc.

➢ Clients should be informed that building managers may only be dealing with urgent requests during this period (e.g. water leaking, etc.), and that other requests may be dealt with later on when public health guidelines are updated.

➢ If applicable to client and services are available, GAR client is referred by RAP staff to Settler Management services.
Stage Five: Post-RAP / Settlement Case Management

➢ Settlement case management staff undertake telephone check-in and assessment of all newly arrived RAP clients to ensure any immediate need, concern or issue can be mitigated.

➢ Case management staff use phones or social media platforms to connect with GAR clients where appropriate.

➢ Staff undertake necessary intake and assessment, develop settlement action plan and deliver specialized support virtually whenever possible, and in-person (using PPE and practicing physical distancing) if absolutely necessary.

➢ Settlement Case Management staff develop a tracking system to assess vulnerable clients in their care using a vulnerable person assessment tool. If there are concerns, referrals are made to specialized services within the SPO (e.g. short-term counsellor, health coordinator, etc.) or to external community resources based on each assessment.

➢ RAP or settlement staff ensure that RAP clients, if needed, are successfully transitioned from RAP income support to Provincial income assistance.

➢ Either RAP or settlement staff ensure that GAR clients landed in 2019 are supported to file their income tax in order to avail themselves of all federal benefits.

➢ Single parents who are RAP clients are linked, if necessary, to respective provincial child protection services as needed if they fall ill and must be hospitalized.
Annex A – Letter of Introduction

To the Border Services Officer:

This application for permanent residence in Canada has been approved under the Government-Assisted Refugee (GAR) Program.

The applicant(s) has/have been informed of travel restrictions measures implemented in response to the COVID-19 pandemic, including that all air travelers, including refugees, must pass a health screening (where available) before boarding their flights to Canada and that all travelers arriving in Canada must wear masks/face coverings on all commercial flights and undergo another health screening at the port of entry.

Additionally, the applicant(s) has/have been advised of the mandatory requirement for travelers with symptoms consistent with COVID-19 to isolate for 14 days and those without symptoms to quarantine for 14 days.

Immigration, Refugees and Citizenship Canada (IRCC) recognizes that all travelers arriving in Canada must present a credible quarantine plan when asked by a Border Services Officer and/or a Public Health Quarantine Officer.

Please note that the Government of Canada, through IRCC, is responsible for providing Government-Assisted Refugees (GARs) with the support that they require to facilitate their settlement in Canada. Relevant support services are carried out by Resettlement Assistance Program – Service Provider Organizations (RAP-SPO). This includes providing them and their families (if applicable) with temporary accommodation upon arrival for a minimum of 14 days to complete the mandatory quarantine period, and assistance in locating permanent housing.

As such, IRCC avails itself of this opportunity to advise the Canada Border Services Agency and the Public Health Agency of Canada that the RAP-SPOs have been instructed to implement suitable arrangements for a quarantine plan for the applicant(s).

Additionally, RAP-SPOs provide orientation sessions to GARs to disseminate information relevant to their settlement in Canada, including guidance on public health measures in relation to the COVID-19 pandemic.

To obtain further information on the quarantine plan and accommodation arrangements for the refugee(s), please contact the RAP-SPO at the final destination.

IRCC extends its gratitude for your continued support and collaboration. Please contact the Resettlement Operations Centre – Ottawa (IRCC_INROCO-CORORI_IRCC@cis.gc.ca) should you require further information in relation to this application.

Sincerely,

Resettlement Operations Centre – Ottawa
IRCC_INROCO-CORORI_IRCC@cis.gc.ca
Appendix 4

CNC program

When re-opening, start with reduced numbers in larger groups ie. preschoolers (8 instead of 16), toddlers (5 instead of 10) for the following reasons:

Staff will be able to:

- get the children used to the new routine regarding self-hygiene procedure (frequent washing hands, new routine of drop off and pick up)
- communicate with parents effectively
- get used to the new sanitizing protocols and recommended cleaning while providing services. The operational plan will be updated accordingly to the need.

The following recommendations should take place to prevent and control the spread of the virus while operating.

1. Drop-off and Pick up

- Only the assigned parent is allowed to drop off and pick up the child
- Children will be pre-screened when dropped off including temperature check (with a non-contact thermometer)
- Any staff or child experiencing any of the following symptoms will not be allowed in the space:
  - Fever or signs of fever
  - New cough or worsening chronic cough
  - Runny nose – Headache – sore throat
  - New onset of fatigue, muscle pain, diarrhea or lost of taste or smell
  - A child is displaying purple fingers or toes even as the only symptoms
- Any person either staff or parents (including family members on the same house) arriving from travel outside NB and allowed province must avoid attending childcare facility for 14 days.
- The parent must wear a mask during the drop off, pick up and also while communicating with the staff.
- The parents have to follow the floor signage to ensure 2m / 6ft distance
- Only children and staff are allowed inside the CNC space. The drop off and pick up will be at the CNC door.
- The attendance form will be at a table in front of the CNC space for parents to sign in and out daily.
- At the drop off the child should be passed to the staff person without using more time than necessary.
  Parents must have their child prepared when dropping off (indoor shoes on, lunch box etc.).
- Staff will deal with one parent at a time – this will require more time when dropping off or picking up a child

2. Baby room

- If there is an option to minimize breast feeding, than it should be utilized by giving the baby other food (ie. yoghurt, fruits, baby foods etc)
- If there is a need for breast feeding, only mom will be allowed following:
  1- Wear a mask as long as she is inside the room
  2- Wash her hand before taking her baby
  3- Sit on the chair assigned for breast feeding beside the storage door
4- After finishing she will pass the baby to the staff
5- She has to sanitize the chair after finishing under staff supervision
6- One mom at a time will be allowed inside the room for breastfeeding

Measures for Prevention and Control by CNC Team

Physical distancing
- Inside CNC space: max number of children and staff in one group must not exceed 15 and no more than two groups per room. (Provincial recommendation)
- Each group is exempted from the 2 m. physical distancing, but different groups have to be separated throughout the day.
- Encourage children not to touch each other and keep distance as possible.

Cleaning and disinfecting procedures
- All surfaces that are frequently used such as tables, chairs, doorknobs, handrails, toys should be cleaned twice daily or when soiled.
- Toys that children may put in their mouth must be washed with potable water after they have been cleaned and disinfected.
- Items that can’t be easily cleaned, must be removed: stuffed toys, puzzles, sand table and play dough etc.

Hand washing and other personal hygiene
- Children & staff should be encouraged to wash their hands frequently
- Encourage the children not to touch their faces, eyes, nose or mouth with unwashed hands
- To teach children how to behave when sneezing and coughing:
  Cover mouth and nose with a disposable tissue, or the cease of elbow and dispose used tissue and wash hands immediately

Food
- “No sharing” policy between children or staff
- No sharing of food, food containers, spoons, forks or cups (Not provided by CNC)
- Parents are responsible for providing food and utensils for their children

Napping and sleeping area
- Sleeping mats will be arranged that children lye head to feet whenever possible
- Blankets and mattress covers are not shared and must be washed at least weekly or more often if soiled
- No extra blankets will be provided by CNC in case a child forget its own
- Mats has to be labelled with the child’s name to be used by the same child every time
- Sanitize and clean the mat after every single use before putting them away

Classroom Set up
- Minimize the toys used by the children daily for sanitization reasons
- Classroom set up to provide different corners so you can divide the group easily
- Remove soft toys, dress up corner
- Playdough & sand table are not allowed in the program
• No fabric cushions in the reading corner (leather etc.)
• No Cooking activities
• Field trips, holiday events, and other activities creating groups - are not permitted.

Changing Diapers

• Staff will change diapers and help children using the toilet in all age groups to avoid parents inside the space and to be sure the space is clean and sanitized all the time

Calling Parents

• If there is a need to get the parents for urgent situations, it is recommended to call them on cell phone number or text them.
• Parents have to be aware that we will use the phone as a way to communicate with them while their children in the facility.
• A list of parent phone number has to be listed in each room to facilitate communication
Appendix 5

Employee Acknowledgement of Shared Responsibility for Stopping the Spread of COVID-19

NOTICE TO MCAF EMPLOYEES: THIS CONCERNS YOUR HEALTH AND SAFETY

Due to the ongoing risk of infection arising from the COVID-19 pandemic, and in the interest of protecting the health and safety of all employees and others on MCAF property, the organization requires your acknowledgment and acceptance of the following COVID-19 safety measures as part of its ongoing Health and Safety program. Under applicable public health advisories and health and safety legislation, we both share the following legal obligations:

MCAF – As your employer to ensure a healthy and safe workplace, which means undertaking best practice steps to stop the spread of COVID-19 in the workplace; and

Employees and Contractors – To ensure your own health and safety and that of your co-workers by adhering to COVID-19 risk mitigation steps.

As such, consistent with our respective health and safety obligations, you accept and acknowledge to undertake the following:

- If I feel sick or exhibit any COVID-19 symptoms, I will not enter the workplace and will seek appropriate medical/health advice (i.e. calling New Brunswick public health at 811). Signs or symptoms of COVID-19 can be similar to the cold and/or flu and may include one or more of:
  - Cough, fever, chills, difficulty breathing, weakness, dizziness, runny nose, etc.
- I will follow MCAF’s screening practices to ensure that anyone with COVID-19 or exhibiting COVID-19 symptoms does not enter the workplace. This includes my ongoing daily compliance with applicable (a) daily screening questionnaires, and (b) daily temperature screening;
- At all times while working in any MCAF workplace or vehicle, wherever possible, I will maintain 2 m/6 ft of social distancing from other persons.
- Where it is not possible to maintain two 2 m/6 ft of social distancing on any given task, I will wear personal protective equipment (“PPE”) (i.e. masks, gloves, shields, etc.);
- Follow the signage to maintain social distancing. Follow specific instructions re. daily schedule which could include changes to (a) start time, (b) breaks, (c) lunch time, or (d) departure time, all in the interests of assisting with social distancing;
- Follow applicable hygiene protocols and etiquette in my workplace which may include:
  a. Washing/sanitizing hands frequently;
  b. Sanitizing and disinfecting hard surfaces;
  c. Refraining from lending/borrowing tools and office supplies;
  d. If it is necessary to share tools/office supplies, ensure that they are sanitized appropriately prior to use;
  e. Try not to touch your face;
- Follow any other hygiene protocols implemented by MCAF;
- Follow any other health and safety measures implemented by MCAF with respect to the specific risks and hazards of my job as they relate to minimizing any exposure and spread of COVID-19.
By signing below, I acknowledge and accept that:

(a) I have read and understood these common COVID-19 risk mitigation steps and will abide by them upon my return to the workplace; and

(b) If I knowingly or flagrantly disregard these common COVID-19 risk mitigation steps, I could be subject to disciplinary action by MCAF.

Acknowledged date: ____________________________

Employee’s Signature: ____________________________
Appendix 6

Employee Declaration (Returning from Self-Isolation)

COVID-19 EMPLOYEE DECLARATION  Release from Self-Isolation Associated with COVID-19

As a result of COVID-19, I was in self-isolation. My contact information is as follows:

NAME:

POSITION:

PHONE #:

EMAIL:

In accordance with public health directives and/or medical advice I was advised and/or directed to go into self-isolation as a result of one of the following:

□ Exhibiting symptoms associated with COVID-19;

□ Returning from travel outside of New Brunswick within the last 14 days;

□ Having had close contact within the last 14 days with a confirmed case of COVID-19;

□ Having had close contact within the last 14 days with a person being tested for COVID19;

I commenced self-isolation on ________________________ [Date]. My period of self-isolation ended on ________________________ [Date] and I have not had any symptoms associated with COVID-19 in 24 hours.

I declare that I have complied with the above-noted advice on Self-Isolation and that this information is true and accurate. I understand that providing incomplete or inaccurate information could lead to disciplinary action up to and including dismissal.

_________________________   _______________________
SIGNATURE:                DATE

By signing above, I acknowledge that MCAF and I share the responsibility for workplace health and safety. This declaration is being collected, used and retained by MCAF for the purposes of workplace health and safety arising out of the COVID-19 pandemic. I consent to MCAF retaining this information while the COVID-19 pandemic persists and to MCAF collecting further information should that become necessary in instances that may include, confirming the above-noted information or should any future contact tracing become necessary.

I see, all the acknowledgement documents will be signed by staff etc. and kept on file

I wonder if we could have created one document that would state that the person will comply with all MCAF health and safety measures implemented to prevent, minimize any exposure and spread of COVID-19.
COVID-19 Awareness

Signage posted throughout MCAF to promote proper hygiene and physical distancing to reduce the risk of spreading COVID-19:

- **Stop the spread signage**

- **Use Elbow to Push Door**
- Room capacity

- Stay Healthy

- Cover up