Frequently Asked Questions (FAQ): Community and Family Services and COVID-19

# Territorial Program Department

# October 22, 2020

# \*\*\*Revisions and new additions will appear in RED\*\*\*

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# Preamble

Community and Family Services programs are needed now more than ever. Many people in our communities will be experiencing reduced wages or job loss and will be depending on us for support. As a guiding principle, **The Salvation Army will adhere to directives issued by government health authorities**. This document should also be read in conjunction with directions issued by The Salvation Army’s leadership. This document incorporates and repeats key points from [other FAQs](#Reference_1) to provide a quick reference. It is recommended to read [other FAQs](#Reference_1), including the Christmas FAQ, listed in the [Sources Consulted and Additional Resources](#Reference)section.

This FAQ is provided to support MUs in the delivery of service while promoting health and safety for staff, volunteers and service users. The information must be seen and applied through the lens of the values of The Salvation Army, especially that of dignity. Challenges created by the COVID-19 virus and the necessary changes in service-delivery methods themselves may create heightened anxiety levels. Living out the values of The Salvation Army is vital in all interactions with service users and with each other.

**Hope:** We give hope through the power of the gospel of Jesus Christ.

**Service:** We reach out to support others without discrimination.

**Dignity:** We respect and value each other, recognizing everyone’s worth.

**Stewardship:** We responsibly manage the resources entrusted to us.

Are we giving hope today? Are we still supporting others without discrimination in difficult times? Is dignity being reflected in our current service-delivery model? Are we being good stewards of the resources entrusted to us?

# Frequently Asked Questions (FAQ)

# The Basics

## **Where can we get up-to-date information regarding COVID-19?**

Please visit [salvationist.ca](https://salvationist.ca/covid19/) for current and up-to-date information regarding The Salvation Army’s response to COVID-19. This document will also be updated periodically to ensure up-to-date information is provided.

Please visit the Public Health Agency of Canada website for up-to-date instructions on keeping our communities healthy.

## **Health Canada Updates:** [Coronavirus disease (COVID-19): Outbreak updates](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html)

## **Provincial and Territories Public Health Authorities Phone Numbers and Websites**

|  |  |  |
| --- | --- | --- |
|  | **Phone number**  | **Website** |
| **British Columbia** | 811 | [BC Public Health Updates](https://www.healthlinkbc.ca/health-feature/coronavirus-disease-covid-19) |
| **Alberta** | 811 | [Alberta COVID-19 Updates](https://www.alberta.ca/coronavirus-info-for-albertans.aspx) |
| **Saskatchewan** | 811 | [Saskatchewan COVID-19 Updates](https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus) |
| **Manitoba** | 1-888-315-9257  | [Manitoba COVID-19 Updates](https://www.gov.mb.ca/covid19/index.html) |
| **Ontario** | 1-866-797-0000 | [Ontario COVID-19 Updates](https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus)  |
| **Quebec** | 811 | [La maladieà COVID-19 au Québec](https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/) |
| **New Brunswick** | 811 | [New Brunswick COVID-19 Updates](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html) |
| **Nova Scotia** | 811 | [Nova Scotia COVID-19 Updates](https://novascotia.ca/coronavirus/) |
| **Prince Edward Island** | 811 | [PEI COVID-19 Updates](https://www.princeedwardisland.ca/en/topic/renew-pei-together) |
| **Newfoundland and Labrador** | 811 or 1-888-709-2929 | [NL COVID-19 Updates](https://www.gov.nl.ca/covid-19/) |
| **Nunavut** | 867-975-5772 | [Nunavut Public Health Updates](https://www.gov.nu.ca/health/information/nunavuts-path) |
| **Northwest Territories** | 811 | [NW Territories Public Health Updates](https://www.gov.nt.ca/covid-19/) |
| **Yukon** | 811 | [Yukon Public Health Updates](https://yukon.ca/covid-19)  |

**Bermuda –  Phone number:** (441) 278-4900 **Website:** [Bermuda COVID-19 Update](https://www.gov.bm/coronavirus)

## **What is our first step?**

Various programs in Community and Family Services, such as food banks, trustee services and material assistance, are critical to our vulnerable service users. We strongly recommend that all management teams work directly with the local public-health authorities and follow their suggestions relative to proactively managing our response. Review your local pandemic plan and start a conversation early in your staff and management team meetings. If your Corps or the Corps building is currently closed, please follow the re-opening plan procedures established by your division. Each division has its own re-opening plan. Please connect with your Area Commanders for more information. Check with your local community partners and social-service committees in which you participate. They may have guidance, planning efforts or best-practice suggestions that are applicable to your local setting. It will be critical to attend these meetings or connect through email and telephone to ensure local social services are co-ordinated. Where applicable, review your government contracts and connect with your funders for their latest guidance.

## **We don’t have a pandemic plan. What should we do?**

A template is available on [salvationist.ca](https://salvationist.ca/files/salvationarmy/Magazines/2020/March/territorial_pandemic_influenza_plan_revised_2020_002_.pdf) under the COVID-19 post to provide guidance in creating a local plan. Review and see what considerations should be made for your setting.

## **Is there more guidance locally or specific to our program?**

Check with your local community partners and social-service committees in which you participate. They may have guidance or best-practice suggestions that are applicable to your local setting. It will be critical to attend these meetings or connect through email, video conference and telephone to ensure local social services are co-ordinated. Where applicable, review your government contracts and connect with your funders for their latest guidance.

## **There is no time. How can we continue chaplaincy work?**

Spiritual and religious care is critical. Isolation is lonely and scary. Please see more tips on “Spiritual and Religious Care Tips during COVID-19” in <https://salvationist.ca/covid-19/departmental-faqs/> through myarmy login. Commissioners Floyd and Tracey Tidd wrote on March 15, 2020:

The Salvation Army in Canada and Bermuda humbly yet with confidence declares to our communities and nation that we are committed to “Giving Hope Today.” This has come in so many ways to millions of people. In these days, there is an opportunity to magnify that commitment in words, actions and by walking alongside others, giving hope when it is needed most. We live with a hope that does not disappoint “because God’s love has been poured into our hearts through the Holy Spirit, who has been given to us” (Romans 5:5 *NIV*).

We encourage you to claim that reminder today and know that God is faithful to his promises. Find hope for today in knowing God is with you as your refuge and strength, an ever-present help in times of trouble. Remember that the hope God offers is a hope for the world. There are those all around us, especially in these days, who are looking for a hope that will not disappoint.

# Program Design

## **What are the issues that we should consider when reviewing all our Community and****Family Services programs?**

Community and Family Services programs are needed now more than ever. Many people in our communities will be experiencing reduced wages or job loss. How are the changes going to impact community needs? Are there more service gaps because some community agencies are no longer operational? Are there local resources in the form of Emergency Disaster Services (EDS) in other Ministry Units? Who else can you partner with in the community to leverage limited resources?

Where applicable, review your contract agreement first and connect with your funder for guidance. The management team should follow local public-health recommendations whether or not it has a government contract.

* Here are a few ideas:
	+ Can you operate by appointments only to safely distance clients? Can you space out your appointments so that fewer people are in the building at one time?
	+ Can you increase the number of days that you operate, allowing you to restrict the number of people visiting each day? Can you space out service users by grouping them alphabetically? Day 1 is last names beginning with A-D, Day 2 is last names beginning with E-H, etc. This is similar to how the federal government sets up for CERB.
	+ Can you reduce or eliminate drop-in services? It can be more difficult to predict service volume and manage crowds in a drop-in service.
	+ Can chairs be removed to allow for more space between people in the waiting room?
	+ Can you extend the width of the intake desk to increase the distance between service users and staff?
	+ Can you explore an option for [home delivery](#Question_f1) directly to service users?
	+ Can you setup a specific time for [drive-through](#Question_n9) pick up?
	+ How can you limit contact points?

Remember to update your voicemail greeting and bulletin board postings to reflect changes in your programs. Update your community partners so that accurate referrals can be made.

**Divisional leaders, including Area Commanders and Divisional Social Services Secretaries should be consulted as part of the reopening plans and are available to review and guide your decision-making process. THQ Corps Ministries Community and Family Services Consultant and THQ Regional Social Services Consultants can provide support and consultation in this process.**

## **Should we consider temporarily closing or rescheduling a non-essential program?**

Where applicable, review your contract agreement first and connect with your funder for guidance. If the program is not governed by a government contract, the management team should follow local public health recommendations. Can the program be adjusted so that fewer people are gathered in the same space? Area Commanders and Divisional Social Services Secretaries are available to review and guide your decision-making process. THQ Corps Ministries Community and Family Services Consultant and THQ Regional Social Services Consultants can provide support and consultation in this process.

## **Should we consider conducting some Community and Family Services programs/services via telephone or video conferencing if possible?**

The service nature and the service users’ needs should be considered first. This may be possible for some individualized case-management programs or life-skills group programs. Will this change be harmful in the helping process? Is the service user able to understand and cope with the change in service delivery? Are there other alternatives in service delivery that we should consider?

## **What are the impacts to Pathway of Hope or case-management programs?**

One-on-one conversations with service users should still be taking place via phone, text, video conference or other virtual means. Keeping in touch is critical as there are many changes occurring in the community.

## **We operate a community meal program. Are there****suggestions to be considered?**

Community meal programs should be reviewed in terms of service nature and volume. Consider a change in format such as giving out pre-packaged food to minimize the number of people remaining in one area and/or serving food from an EDS truck. Remember to review the tips on [physical distancing](#Question_p1). Provincial and local public health food safety and handling guidelines and restrictions must be followed when giving out pre-packaged food.

## **What if our food bank currently uses a supermarket model?**

Review your local public-health guidelines and consider moving to a pre-packaged model in the interim to minimize the number of times food and shelf surfaces are being touched and to reduce human interaction time. Review the question on surface transmission. Consider setting up a display shelf so that service users can point to items. Create a list or menu that can be updated frequently for service users to indicate their choices for a more dignified process. The list or menu can be laminated and cleaned easily after each use. For ideas on set up of space, read the re-opening playbook developed for the thrift stores under National Recycling Operations.

## **What if there is a sudden increase in demand of food-bank services and/or a decrease in food donations?**

Because many people in our communities will be experiencing lost wages or job loss, there is the potential for an increase in demand for food and a decrease in the receipt of donations.

Management can:

* Review the current food distribution policy to ensure food stock levels, food partnership arrangements, food distribution and food donation patterns are revised to ensure they are meeting current needs. Will your budget cover the new influx of needs? Should distribution be more limited because of a lower stock level? Or should distribution be increased to allow service users to come less frequently?
* Make local churches, service clubs, businesses and the general public aware of the need through social media, local media and other means. What are the increased needs? Co-ordinate with DHQ Public Relations and Development.
* Assess readiness to accept different types of food if there is a sudden surge in food donations. Review existing food donation policy to ensure it covers all areas such as dry goods, fresh produce and reducing food waste.
* Should you consider purchasing hygiene and cleaning items for distribution?
* Are you purchasing the right items to give service users what they need and the financial break they are looking for?
* Connect with your local food-bank network to access bulk-food purchasing programs such as: <https://marketplace.foodbankscanada.ca/vendors/>
* Connect with food rescue program such as: [https://foodrescue.ca/public/public-resources](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffoodrescue.ca%2Fpublic%2Fpublic-resources&data=02%7C01%7CFrank_Chu%40can.salvationarmy.org%7Cc88674cd062d4d443de708d7d19db78f%7C6d08a372d98a49f380efca826293a473%7C1%7C0%7C637208347620725781&sdata=fbMsWWHPrB4tCASZaRtkkCtf0LmgUnO26vGBItBX7sY%3D&reserved=0)
* Purchase through Complete Purchasing Services (CPS) if you are a member. Wholesale Club Store is another available resource. Please connect with your divisional office for more information.
* Can you purchase food to be delivered directly to the service users? Can new partnerships be established with retailers?
* Where budgets allow, consider providing gift cards to service users if there is a significant food shortage. Is it better or safer to give out gift cards instead of hampers? This is generally not recommended because service users will purchase food at retail prices. Local context or funder restriction should be reviewed. Attempt first to acquire food from wholesalers listed above.

THQ Business Department procurement staff can assist. Please connect with your divisional office for more information. As well, THQ is working with government and corporations to assist in food supplies.

## **How can a food drive be organized differently?**

Are businesses, schools or organizations going to be participating in light of COVID-19? Check provincial and local public health guidance for restrictions and guidelines for the following. Can you find a way to clean mass amounts of product and/or store them for a time period before sorting? Who can pick up the product and how can they do it safely? Can you place donation bins in the same place? Can you organize a food drive virtually? Can you organize a drive-through food-drive donation? Review [physical distancing](#Question_p1), [PPE](#Question_p11) and [surface transmission](#Question_p3) related issues.

## **We used to use a large venue in the community so that more service users can be served. What should we do? Can we keep up with the demand?**

Careful consideration and program planning should be done. There will likely be restrictions on how many people are allowed to gather. Alternatives should also be considered as things can change quickly in a pandemic. What other methods of distribution are possible? How will a change in venue impact your service volume? Who are the community partners you can work with to find creative solutions?

## **How might intake be different?**

Ministry Units should consider access to mobile devices and internet connections when planning for changes to intake procedures. If moving to an online format for completing intake forms, the Ministry Unit team will have to offer accommodations to individuals with different levels of access to technology such as computers or hard-copy forms available on site. Sanitation practices are to be applied here. Intake forms are currently available at <https://salvationarmy.ca/what-we-do/in-your-community/social-services/>. These forms are made available for service users to complete at home. A Ministry Unit must also consider how the verification of information may be different. Can you utilize volunteers as interviewers? Can pre-screening and intake be performed before in person services? Review your eligibility criteria based on the current context. Please review the question on [screening](#Question_p8). This review will also have to factor in funder restrictions, as applicable.

## **Can we run a drive-through model?**

There are Ministry Units who now operate a drive-through model for food distribution. Weather proofing by setting up a temporary tent is an option, but there may be restrictions due to local zoning and by-laws. The first step is to check with provincial regulations, municipal standards and local public-health authorities regarding outdoor permits if applicable and outdoor gathering size. What is the capacity of the parking lot? Can new partnerships be formed with shopping malls or owners of vacant parking lots that are not fully utilized? Will there be a line-up even though the appointment system is used? What are the impacts to the neighbourhood roads if there is a backlog of cars? Physical distancing of vehicles should be reviewed if vehicles will be side by side for any reason. Can you put more markers and signs to aid traffic flow and physical distancing? Will this change have an impact for service users coming by public transit or on foot? Will it be more dangerous for pedestrians as there is more vehicle traffic in the parking lot? Can two separate time periods be offered for service users who are using the drive-through model and those who don’t?

**All these extra measures will increase our expenses. What should we do?**

Review your financial position. The management team should review and forecast the implications to the current budget. Planning and support can be provided by your divisional office. Increasing public-relations coverage of the increased needs could draw additional public support. Connect with your funders for potential funding opportunities. Consider using more [volunteers](#Question_v2) and less paid workers if at all possible to reduce costs.

## **What if further measures are taken to “lock down” our community and different degrees of movement are restricted? How should we prepare?**

Review your local public health guidelines. There will be specific guidelines on what facilities can be opened and how services can be provided. It is likely more restrictions will be placed on how many people can stay in one building and how the lineup should be managed. The current appointment system should be reviewed to minimize lineups. Restricted movement will also have an impact on staff and volunteer availability. It will be critical to be in various local social services committees where community plans are discussed. Concerns can be raised and updates can be obtained through meetings and stakeholder consultations. [Re-opening document](#Reference_2) should also be reviewed.

# Food Delivery

## **What should we be aware of if we decide to deliver food hampers?**

We need to work with the assumption that some service users may be quarantining or self-isolating. It is best to separate different staff or volunteers to deliver to those who are quarantining or self-isolating and to those who are vulnerable, such as seniors or with a lower immune system. Follow directions regarding health and safety precaution from local public health authorities. Physical distancing guidelines must be practiced. Personal Protective Equipment (PPE) must be used given the circumstances. Deliveries can be dropped off in front of the door. Knock on the door when the delivery is made but avoid in-person greetings. These delivery instructions can be communicated prior to the drop off. Food safety and handling is to be considered when transporting multiple food hampers, ensuring temperatures of frozen or refrigerated items are taken into account. Read the sections regarding drivers (page 16-20) in the re-opening playbook of the thrift stores under National Recycling Operations.

## **Is it an effective use of available financial, employee, officer and volunteer resources with this service-delivery model?**

The program model should be reviewed before implementation. Alternative methods can also be explored, such as using delivery resources (e.g. taxi, local delivery services, mobile food delivery services). Do the service users have family or friends who can pick up the food on their behalf?

## **What if volunteers are used to deliver food hampers?**

All volunteers should go through the regular onboarding process as defined locally with guidance from Territorial documents. Policies and trainings must exist to guide practice if volunteers are using their own vehicles or Ministry Unit vehicles. Can a waiver be signed to acknowledge The Salvation Army insurance won’t cover volunteers when driving their own vehicles? Is there an expense reimbursement policy for mileage? Is there enough supervision to ensure vehicle logs are completed and vehicle-checking processes are performed in each shift? Please review the Volunteer Management section of this document. Read the sections regarding drivers (page 16-20) in the re-opening playbook of the thrift stores under National Recycling Operations.

## **What if a delivery company is paid to deliver food hampers?**

Service agreements should be reviewed, if available, to ensure the delivery company has insurance and an understanding of the risks when taking on delivery orders. Issues of confidentiality should be considered to protect privacy of service users. The delivery company will not fall under The Salvation Army's insurance coverage in the way that staff performing the tasks would.

## **Companies now drop off their delivery in the parking lot instead of directly inside the warehouse/facility. What kind of health and safety training should we be aware of?**

Employees and volunteers may need to perform different tasks during the pandemic. Training related to health and safety and use of machinery should be performed. An orientation should be done before asking anyone to perform a new task. If volunteers or employees are asked to lift items from the parking lot to the warehouse, they should first be trained accordingly. Only authorized and trained personnel should use heavy machinery such as forklifts, pallet trucks, ladders or heavy-duty push trolleys. Existing health and safety policies should be followed.

# Practical tips

## **I’ve heard about physical distancing. Are there any suggestions or tips on how this can be accomplished?**

One major objective of physical distancing is to increase the distance between and reduce the number of people in one area. It is important to understand and estimate service volume, building restrictions, [Personal Protective Equipment](#Question_p11) (PPE) usage and program type when considering physical distancing. Here are a few suggestions and questions to consider:

* Review your current space and see if there is more space, indoors or outdoors, that can be made available to reduce the number of people in one area. Using outdoor space will also be limited with winter weather.
	+ Can you decide in advance how many people should stay in one area? What is your space suited for? Advanced planning can help to manage a crowd before they enter an indoor space.
	+ Can you use a larger space in the interim if there is a need to gather a group of service users?
	+ Can you put markers or lines on the floor so that service users can easily identify how far apart they should be standing?
	+ Can you put directional arrows in aisles, hallways and doorways, stairwells and clear direction for entering and exiting the building through different doors?
	+ What does your space/environment look like for sorting of food? Is the space conducive to this type of work, while keeping physical distancing in practice? Can sorting be performed in a larger space?
	+ Can you limit the number of individuals using the washroom at one time? Consider propping open the outer door to reduce physical contact. Add a privacy screen if possible.
	+ What kind of [program design](#Question_n1) is required if the space is not feasible to fit all the service users?
	+ Please read the [re-opening playbook](#Reference_2) of the thrift stores under National Recycling Operations for more guidance and suggestions.
* Are the changes reflecting hope, service, dignity and stewardship?

## **Are there any suggestions in terms of cleaning and disinfecting the program space?**

Please follow latest directions of local public-health authorities.

* Place multiple hand sanitizers in key locations and have posters to encourage use.
* Ensure there is ample personal protective equipment and supplies available, e.g. rubber gloves, cleaning supplies, approved disinfectants, etc.
* Review your housekeeping practices and schedule more regular cleaning and disinfection of high-traffic areas, such as door handles, copiers, light switches, coffee machines, handrails, accessibility buttons and surfaces that are regularly touched. Document cleaning practices.
* Do your housekeeping practices and schedule include monthly or weekly deep and thorough cleaning of all areas?
* Review your waiting space and temporarily remove magazines, newspapers or children’s toys to avoid the spread of germs.
* Consider temporarily eliminating the completion/signing of documentation by clients if possible. For example, can workers complete the forms or enter information directly into Link2feed or another database system? Please review the questions on [screening](#Question_p8), [intake](#Question_n8) and [PPE](#Question_p11).

## **Is there concern about surface transmission, and how do we properly handle donations and distribution?**

According to public-health authorities, the possibility of transmission of COVID-19 through material surfaces is lower than by proximity with another person.[[1]](#footnote-2) Research is still being conducted on how long a COVID-19 virus can survive on a surface. It is possible that the virus survives on plastic and stainless-steel surfaces for up to three days, cardboard surfaces up to 24 hours and copper for four hours.[[2]](#footnote-3)  Regardless, a good working assumption is that all donated items may contain traces of COVID-19 virus and should be handled with caution.

With large donation volumes being processed daily, it may not be practical to disinfect all food surfaces and packaging. One possible way to minimize surface transmission may be to leave donated goods untouched in the warehouse for a time period before distribution. Inventory control methods and issues should also be reviewed if donations are going to be left untouched for a time period. Another tip is to remove a layer of packaging if multiple layers exist, prior to storing the items on shelves or in the refrigerator (e.g. a plastic bag inside a cardboard box). These strategies may not be feasible depending on the type of goods, storage space, and availability of staff and volunteers. Please read the [re-opening playbook](#Reference_2) of the thrift stores under National Recycling Operations for more guidance and suggestion. Also, consult the local/provincial public health for any specific instructions on how to quarantine goods.

It is important to educate and communicate with staff, volunteers and service users to increase their awareness on cleaning and disinfecting food items, including the fact that The Salvation Amy will not be able to fully assess the risk of contamination on donated goods. It can be helpful to put up a poster to remind service users.

At all times, it is recommended that staff, volunteers and service users wash their hands often, including after handling donated goods. Avoid touching your eyes, nose and mouth with unwashed hands. Frequently clean and disinfect your sorting area(s) throughout the day using a schedule.

## **Should hosting and greeting be changed?**

We can greet one another with smiles and waves instead of handshakes. Assign a greeter or someone to hand out wipes and sanitizer at the first point of contact. Ensure they have PPE and physical distance is maintained for this function by placing materials to be distributed on a table for services users to pick up. Apply the same logic for donation drop off.

## **What responsibility do we have to ensure safety of employees and volunteers?**

* The Salvation Army must take all reasonable precautions to protect employees and volunteers in the workplace.
* Actively encourage good personal hygiene practices. Ask employees and volunteers to wash their hands often, practicing physical distancing, proper sneezing/coughing techniques (into the upper sleeve or elbow) and avoiding physical contact where possible.
* Actively encourage sick employees/volunteers to stay home.
* Please refer to discussion on [Personal Protective Equipment](#Question_p11) (PPE).

## **There are many changes that we would like to implement. How can we communicate effectively to the service users?**

Visible signage can be posted throughout the building. There are posters available to download on [salvationist.ca](https://salvationist.ca/articles/coronavirus-canada-bermuda-territory/). Create signage that is appropriate for your setting and program type. Consider drafting answers to frequently asked questions to aid volunteers and employees as they communicate with service users. Remember to update your voicemail greeting and bulletin board postings to reflect changes in your programs.

## **What if service users, employees and volunteers are anxious or experiencing stress?**

We need to be prepared as this is an unusual time where some service users, staff and volunteers may experience high anxiety and stress levels over a pandemic.

Service Users Ensuring access to mental-health information is ready and proper referrals are made for service users if required. Is there a mobile crisis team available in your area? Who are the mental-health service providers in your area? Are there any employees who have received Mental Health First Aid training? Have all employees received non-violent crisis intervention training?

Employees Are they taking breaks? Are they emotionally and mentally ready to perform their tasks? Ensure they are aware of the Employee Assistance Program (EAP), which is available to support employees.

Volunteers Do we provide time to check in with them? Are they taking breaks? Are they emotionally and mentally ready to perform their assigned tasks?

## **How can we perform screening of service users?**

Community and Family Services program can choose to screen service users as one method for prevention. Please consult with the local public-health authorities and follow their suggestions to develop a process that can be used in your specific setting.

* Have you posted or customized this STOP [poster](https://salvationist.ca/files/salvationarmy/Magazines/2020/March/stop_covid_19_salvation_army_resource.pdf)?
* Are the employees trained to provide the screening process?
* Are the employees remaining calm and supportive during the screening process? We will need to be careful not to convey judgment and to protect the dignity of each person who presents for help.
* Are privacy and confidentiality issues being reviewed?
* Can the screening process be done discreetly?
* Is training provided on what to do if someone presents with symptoms?
* Is there a policy and procedure in place if a person is unable to follow instructions?
* Will the screening process produce a lineup? Please refer to the tips on [physical distancing](#Question_p1).

If someone has been exposed to the virus or is displaying symptoms, please:

* Contact your local public-health office immediately. If the person has a health provider, call them by phone to enquire about testing.
* Ask the person to wear a mask to prevent transmission to other people.
* Ask the person to wash their hands with either liquid soap and running water, and dry with paper towels or with alcohol-based hand sanitizer.
* Move the person to a separate area of the building where they are at least 2 metres (6 feet) away from other service users, volunteers and staff.
* If the service user is in distress, call 9-1-1.

## **What kind of Personal Protective Equipment (PPE) should be used?**

Please refer to a FAQ for more details on PPE in <https://salvationist.ca/covid-19/departmental-faqs/> using myarmy login. The necessary Personal Protective Equipment required as a result of COVID-19 is based on the various jurisdictional Occupational Health and Safety Act (OHSA) and its regulations, workplace risk assessments and the directives from the Chief Public Health Officer of Canada and the Chief Medical Officer of Health of their jurisdiction.

There may also be specific requirements from their local public-health units, funders, Provincial Health Authorities, Collective Agreements and other contractual agreements.

The PPE required for a specific workplace, such as masks, gloves, face shields, plexiglass dividers, is dependent on the risk in that environment and Public Health directives. Over the past few months, these requirements have been updated so it is extremely important that each workplace monitor information from their local health authorities.

PPE requirements can be determined by various sources for specific industries, such as retail, Long Term Care, shelters, and food banks. Funders, Collective Agreements and other contractual agreements may also impact the PPE requirements required.

Please refer to all applicable sources for your Ministry Unit including your JHSC/HS Representative and Union as applicable to ensure your Ministry Unit’s PPE Program meets with the requirements of all those applicable to the program(s) you operate at your facility.

The chart on the following page is a reference guide only.

Each Ministry Unit must continuously review their own risk level through conducting ongoing workplace risk assessments and revise their PPE program accordingly. Outbreak situations, potential staff/client exposure and staff/clients diagnosed with symptoms and changes to Public Health Guidelines can make changes to the PPE protocol required.

Are there enough sustainable resources locally to provide the adequate PPE for employees and volunteers and/or service users? Can you promote service users to use PPE of their own for pick up? Can you provide PPEs to service users who are able to use PPEs but show up without them? Have you ordered enough supplies with support from Regional EDS Director or your Divisional Headquarters?

**PPE Reference Guide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level 1**  | Lower risk | Administration only – Office Settings | Handwashing * + Hand Sanitizer
* Masks
* Gloves
* as directed by Public Health and/or MU Risk Assessment
 | Administration workersNo or limited contact with clients and public and workers can always practice Physical Distancing. |
| **Level 2** | Mid risk | All Ministry Units that includes Day Cares, Thrift Store, Food Banks, Family Services and EDS. | * Handwashing
* Hand Sanitizer
* Masks
* Gloves
* Face Shields
* Disposable Gowns
* Eye Protection
* other specific PPE
* as directed by Public Health and/or MU Risk Assessments
 | Frontline Workers that have direct contact with clients and public. Physical distancing should be practiced but may not be possible on all occasions.Certain Job tasks will also require additional PPE such as sorting unknown donations as well as food distribution/sorting |
| **Level 3** | Higher risk | All Ministry Units that includes Shelters, Long Term Care or Retirement Homes, Group Homes and other residential or those that have an Outbreak | Handwashing Hand SanitizerSurgical MasksGlovesFace ShieldsDisposable GownsEye Protectionother specific PPE such as Fitted N95 Masks as directed by Public Health and/or MU Risk Assessments | Frontline Workers that have direct and/or personal care contact with clients and public. Physical distancing that should be practised at all time but may not on some occasions due to the nature of the services provided.Client personal care work procedures with the client (hand feeding, medical procedures, etc.)Outbreak in Ministry Unit |

**Chart resources include:**

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

<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/covid19-personal-protective-equipment.html>

<https://www.ccohs.ca/oshanswers/>

<https://www.ccohs.ca/oshanswers/prevention/ppe/designin.html>

**If we require PPE training, are there resources available to us?**

Please note under the Occupational Health and Safety Act, it is a requirement to provide PPE training if an employee is using any safety equipment. Here is a link for a general course on PPE:

<http://vubiz.com/ChAccess/SalvationArmy/>

Please also refer to each manufacturer’s guide for the safe use of and disposal of all PPE that your Ministry Unit uses. Many of the provincial Public Health units also have practical “how to” posters as well, including wearing and removing of the PPE.

If you require assistance in specific training, please contact: stefania\_zareik@can.salvationarmy.org

Additional training resources:

**Here is a list of short videos produced by The Salvation Army- York Housing & Support Services and York Public Health:**

* [Hand Washing Training Video](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2F2ONDHDVMzBk&data=02%7C01%7CStefania_Zareik%40can.salvationarmy.org%7C9db4152f98494ff971ab08d7f1f7e2ec%7C6d08a372d98a49f380efca826293a473%7C1%7C0%7C637243919270945031&sdata=lUDLj4OAuxnK%2BcrF89i4e1%2FiqsdHxpOu25lP9H9pOvs%3D&reserved=0)
* [Safe use of PPE Training Video](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FoE9JZ70fRGk&data=02%7C01%7CStefania_Zareik%40can.salvationarmy.org%7C9db4152f98494ff971ab08d7f1f7e2ec%7C6d08a372d98a49f380efca826293a473%7C1%7C0%7C637243919270955028&sdata=JWSKOOa1SfLq8bU4Gi3uUmQRaDiTuO%2BqpA9F9Fu%2BQsQ%3D&reserved=0)
* [Cleaning and Disinfecting Training Video](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FwzdhVYdYltI&data=02%7C01%7CStefania_Zareik%40can.salvationarmy.org%7C9db4152f98494ff971ab08d7f1f7e2ec%7C6d08a372d98a49f380efca826293a473%7C1%7C0%7C637243919270955028&sdata=nBFhOS6zZwVvsYcKDG38V6vb2Hq4Sbr3YSm84lwByR0%3D&reserved=0)
* [Physical Distancing Training Video](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FF5UcAUSM8Os&data=02%7C01%7CStefania_Zareik%40can.salvationarmy.org%7C9db4152f98494ff971ab08d7f1f7e2ec%7C6d08a372d98a49f380efca826293a473%7C1%7C0%7C637243919270965026&sdata=IuaiUrgH3ci8ItzPCP4s%2BS2HOXlLpsA0BagomgFTFSk%3D&reserved=0)

The provincial chart above listed websites with training videos.

# Volunteer Management

## **Should we make changes in terms of volunteer management?**

Review usage of volunteers and consider whether we can perform required tasks with fewer volunteers. Are there volunteers who may not be required in the interim because their tasks are primarily administrative? Can you still have large numbers of volunteers? Have they received health and safety training? Are they trained on the local pandemic plan? If you don’t have enough volunteers, consider reaching out to the Salvationists in the corps for support.

Review the re-opening document and procedures for your division. Connect with Area Commanders and divisional employee relations representatives for guidance. They may choose to consult with the divisional or territorial volunteer management representatives on specific issues.

# COVID-19 Pausing and Redeploying Volunteers

The Salvation Army is creating innovative ways to respond to needs with new forms of care and service being developed. These new ways of responding may require additional people to assist and hence provides new opportunities for volunteers to continue their involvement.

## **Should we be using volunteers during the pandemic?**

* Our volunteers are essential in running many of our programs such as food banks, trustee services and material assistance, which are critical to our vulnerable service users.
* We strongly recommend that you work directly with the local public-health authorities and follow their suggestions relative to proactively managing your response and volunteers.
* Each division has its own re-opening plans and procedures. Please review with your area commander on how to move forward in your Ministry Units regarding usage of volunteers in your activities.

**Do we need to have any specific forms signed by volunteers during the pandemic? If so, which ones?**

* We recommend that best practice in volunteer management is followed as much as possible even in these unprecedented circumstances.
* Here are a few things you should focus on:
	+ Role Descriptions
		- You should provide your volunteers with a clear description of their role and responsibilities, e.g. if there is a specific way the role needs to be carried out, the place of volunteering, expected hours, etc.
		- As things need to move faster during an emergency, you may not be able to provide your volunteers with a role description until they start and it may be shorter than normal. The priority is that you outline their role and responsibilities as clearly as possible.
	+ Volunteer Agreement
		- This is a type of informal volunteer understanding. It is not a legal contract but solidifies the relationship between the volunteer and The Salvation Army by defining what is expected from both parties.
		- You may not have this in place, particularly during times of emergency. It is important that you clearly lay out what is expected of the volunteer and what they can expect of you.
	+ Training
		- Training used by employees can be used for volunteers in the re-opening process. Please see a checklist as your reference.



* + - You should provide your volunteers with training in how to carry out their role. In times of emergencies things move at a faster pace and what may usually be a two-day training is no longer possible. It may instead take the form of a short video/webinar, a written guide or on-the-job training. It is important that volunteers receive adequate training and feel safe and confident to carry out their role. Make sure to have your volunteers sign paperwork indicating that they have received training for their role.
		- Putting leaders in place to supervise, train and mentor during shifts is a great idea, especially during a pandemic.
	+ Volunteer Co-ordinator/Supervisor
		- In all cases, your volunteers should have a named volunteer supervisor or co-ordinator who supports them and who they can contact if any issues arise.

**How do we determine if volunteers are healthy and fit to take on a shift?**

* Screening volunteers must take place. Please consult with the local public-health authorities and Divisional Director of Employee Relations. Follow their suggestions relative to the process that can be used.
* Have you posted or customized this STOP [poster](https://salvationist.ca/files/salvationarmy/Magazines/2020/March/stop_covid_19_salvation_army_resource.pdf)?
* Do you have trained employees to provide the screening process?
* Are the employees remaining calm and supportive during the screening process? We will need to be careful not to convey judgement and to protect the dignity of our volunteers.
* Are privacy and confidentiality issues being reviewed?
* Can the screening process be done discreetly?
* Is training provided on what to do if someone presents with symptoms?
* Is there a policy and procedure in place if a person is unable to follow instructions?
* Has your volunteer recently returned from abroad? If so, they should adhere to the specific instructions on this matter and avoid volunteer work.
* Engage a conversation if it is appropriate with volunteers who are senior citizens or who suffer from background illnesses. Are there other volunteer opportunities that can reduce their risk? A good option would be to join on-line volunteering programs from home if possible.

A COVID-19 Volunteer Screening Tool is available online <https://salvationist.ca/covid-19/departmental-faqs/> using myarmy login.

**How should volunteers prepare for their shifts?**

* In preparation for volunteering, volunteers should:
	+ If possible, avoid traveling by public transport to volunteer posts.
	+ Not ride in a car with more than two people.
	+ Arrive with a personal supply of food and drink.
	+ Ensure they have fully completed the training for the current position and possess all the knowledge required to perform it.
	+ Complete the pre-screening form before each shift.

## **What should volunteers think about during their shifts?**

* During volunteering, volunteers should:
	+ Wash their hands often, practise physical distancing, demonstrate proper sneezing/coughing techniques (in the sleeve) and avoid physical contact where possible.
	+ Inform the staff/volunteer co-ordinator if they come across a client who is not feeling well.
	+ Inform the staff/volunteer co-ordinator if they become ill while on shift.
	+ Leave packages on the doorstep if delivering food or any other provisions.
	+ Take on only the number of tasks that they believe they can handle.

## **What should volunteers do after completing their shifts?**

* After volunteering, volunteers should:
	+ Inform the volunteer co-ordinator that their shift is over. Let them know how everything went, any thoughts and ideas they have and if anything out of the ordinary or worth noting transpired.
	+ Contact the volunteer co-ordinator if they feel distressed or in need of talking through feelings.
	+ Update the volunteer co-ordinator immediately if they become ill within a few days of volunteering.
	+ Rest, refresh and maintain daily routines.

## **What changes will happen to corporate groups?**

Will corporate groups still mandate social responsibility programs? It may no longer be about getting together in large groups for big team-building events or volunteering at a local community and family services. Physical distancing must be considered. Instead, consider making it more about building a sense of togetherness and connection by engaging in “Acts of Goodness” that may include remote or virtual volunteer opportunities, and other non-traditional ways of giving back. Perhaps it is more practical to encourage MUs to develop a list of needs so that corporate partners can donate or fundraise to support C&FS programs.

## **How can we work with volunteers who are more vulnerable?**

Given the evidence that COVID-19 has severe and detrimental impacts on older members of our community and those with underlying health conditions, develop a risk assessment so that your volunteer’s job description and requirement is reviewed. Please prioritize talking to volunteers who are in community/client facing roles and are:

* 65 years and older
* Pregnant
* Immunocompromised
* Diagnosed with underlying health and chronic medical conditions, such as lung disease, heart disease, kidney disease, neurological conditions and diabetes
* Living in the same household as someone who may be at increased risk of complications from COVID-19, i.e. living with someone who falls within one of the above categories
* Younger school groups

Even if the above volunteers aren’t in a community/client facing role, it would be wise to start a conversation with them about their volunteering. Provide a consent process so that all volunteers can exercise discretion and make decisions properly before volunteering.

**What do I do if a high-risk volunteer does not want to temporarily step down from their volunteer role?**

It is important they understand the situation and facts.

Importantly, that we care for their wellbeing and would encourage temporarily stepping down for their own safety and others around them. It would be wise to explore what is concerning the person about stepping down. If their concern relates to service continuity, alleviate the volunteer of this responsibility. If their concern relates to social isolation, explore how best to stay connected during this time.

If there is a role in your corps/program that does not involve face-to-face contact with others, you can try discussing this opportunity with them. Is it possible to change their volunteer time when there are less people in the MU? Review your consent process and risk assessment.

# When do I speak to my volunteers about some of our C&FS operations pausing?

It’s important to regularly communicate with your volunteers and keep them in the loop as much as possible. Please do what you can to stay in contact with your volunteers to ensure they feel cared for at this time. Some may never speak up and ask for ongoing contact, but a weekly check-in will go a long way! This will help keep anxieties in check and provide hope for volunteers that there are possibilities for continuing their involvement with The Salvation Army once things are back to normal or in different capacities.

# How can I care for my volunteers?

**Caring and staying connected with your volunteers**

During this time of isolation, it's important to remember that physical distancing doesn't mean losing our connection with each other. It's so important to keep in contact with your volunteers and many may feel isolated and vulnerable during this time. A friendly call may go a long way in supporting connection and well-being. Think about what is most meaningful for your volunteers to show that we are all in this together, and when physical distancing is over, we can come back together as a team and resume operations.

**Keeping volunteers engaged in The Salvation Army mission remotely**

If there is a way for your existing volunteers to continue their involvement with The Salvation Army mission, either through new opportunities at your site or remote engagement, this is worth exploring. Some examples include:

* Essential Supply Packing: Can volunteers put together care packages at home and drop them off at a designated location?
* Remote Program Support: Do you usually run programs like homework help/mentoring? Can this be facilitated online or can volunteers help create resource/learning packs? Can volunteers help in intake through telephone?
* Winter Preparation: The cold season is soon approaching! If you have volunteers who can knit or sew, discuss with them the idea of creating some garments for those experiencing vulnerability in the local community.
* Training and Development: Now could be a great time to provide your volunteers with training-and-development opportunities so that when they return to their role, they can do so with confidence!

**Caring and staying connected with volunteers**

Staying connected with your volunteers during this time can be tricky and not all volunteers may want/need it. Find what is most meaningful to your volunteers during this time and see how you can best cater to their needs.

Here are a few ideas:

* Calling once a week to check-in and chat - it’s a great opportunity to keep them looped in with the latest Salvation Army news and how we’re continuing to support the community through video chats
* If your volunteers are tech-savvy, why not organize a video chat once a week!
* If not all volunteers are tech-savvy, perhaps you have a volunteer who is and would be willing to help set-up the rest of the group.
* Don't forget special occasions like birthdays! Perhaps sending a virtual card or mailing one in the post on behalf of your whole team.
* Forward the latest The Salvation Army communications to your volunteers to keep them looped in.
* Some volunteers may prefer a weekly email. A Friday afternoon email to update volunteers with the latest news, opportunities and even to e-celebrate any special dates.

**Questions?**

Contact Territorial Corps Ministries Department, Social Services Department, Employee Relations or your Area Commander/Divisional Social Services Secretary. Corps Ministries Community and Family Services Consultant and THQ Regional Social Services Consultants can provide support and consultation in this process.

Corps Ministries Community and Family Services Consultant:

* Peter Thomas

Regional Social Services Consultants:

* David Reid (BC, ABNT, NL)
* Charlotte Dingwall (ONT, MAR)
* Dahlia Sherif (PRA, QC, BR)

Specialist Social Services Consultant (Community and Family Services and Accreditation):

* Frank Chu

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\*\*\*See also “Frequently Asked Questions (FAQ): Community and Family Services and COVID-19 for Christmas 2020”, “Frequently Asked Questions: Housing and Homelessness Services and COVID-19”, “Spiritual and Religious Care Tips during COVID-19”, “Plans to Gradually Ease Restrictions and Reopen - Personal Protective Equipment re: COVID-19 Frequently Asked Questions (FAQ) – Issue #1” and “Frequently Asked Questions (FAQs): Reopening Programs and COVID-19”, available here: <https://salvationist.ca/covid-19/departmental-faqs/> “Regathering Corps – COVID-19”, available here: https://salvationist.ca/files/salvationarmy/corps-ministries/Files/regathering\_corps\_ministries\_covid19\_june17b.pdf

“COVID-19 The Salvation Army Thrift Store National Recycling Operations Re-Opening Playbook”, available here:



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