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

# Territorial Program Department

# March 18, 2020

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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. 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.

Commissioners Floyd and Tracey Tidd wrote on March 15, 2020:

While following the directives provided by health professionals, we must remain a people who give hope today. We have a hope that does not disappoint and a privilege of being bearers of the hope Christ brings to our neighbours and communities.   
  
We count it a privilege to stand and serve with you in these days. Thank you for who you are and for making yourselves available to be used by God to share the love of Jesus. The faithful service and engagement of so many people for so many years has developed a credibility and a trust in The Salvation Army, especially in times such as these. Thank you for your continuing efforts to be The Salvation Army others look to in times of trouble, knowing you will give hope today when it is needed most.   
  
May you know the certainty of his hope that does not disappoint, the depth of his perfect love that casts out fear, and faith as of a mustard seed that will see God do immeasurably more than we could ever ask or imagine, for it is his Spirit and power at work within us.   
  
Praying with you and for you, that God will bless The Salvation Army so we might bring blessings to others.

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/articles/coronavirus-canada-bermuda-territory/) 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**  
**British Columbia**811  
**Alberta**811  
**Saskatchewan**811  
**Manitoba**1-888-315-9257  
**Ontario**1-866-797-0000  
**Quebec**811  
**New Brunswick**811  
**Nova Scotia**811  
**Prince Edward Island**811  
**Newfoundland and Labrador**811 or 1-888-709-2929  
**Nunavut**867-975-5772  
**Northwest Territories**911  
**Yukon**811

## **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 in your staff and management team meetings.

## **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 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.

# Practical tips

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

One major objective of social distancing is to increase the distance between and reduce the number of people in one area. Here are a few suggestions or 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.
  + 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 food sorting be performed in a larger space?
  + Can you decide in advance how many people should stay in one area? Advanced planning can help to manage a crowd before they enter an indoor space.
* Review your program design and intake model.
  + Can you space out your appointments so that fewer people are in the building at one time?
  + 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?
* Are the changes reflecting hope, service, dignity and stewardship?

## **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.

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

* 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, etc.
* Review your housekeeping practices and schedule more regular cleaning of high-traffic areas, such as door handles, handrails, accessibility buttons and surfaces that are regularly touched.
* 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 Link 2 feed or another database system?

## **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 social 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.

## **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.

## **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.
* Where budgets allow, consider providing gift cards to service users if there is a food shortage.
* Make local churches, service clubs, businesses and the general public aware of the need through social media, local media and other means.
* If there is a sudden surge in food donations, are we ready to accept different types of food donations? Review existing food donation policy to ensure it covers all areas such as dry goods, fresh produce and reducing food waste.

## **Should we make changes in terms of volunteermanagement?**

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? 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.

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

Spiritual and religious care is critical. Isolation is lonely and scary. 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.

## **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.

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?**

Screening of service users can be one method that a Community and Family Services program chooses to do. Please consult with the local public health authorities and 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)?
* 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 judgement 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 line up? Please refer to the tips on social distancing.

# Non-essential Programs

## **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 Regional Social Services Consultants can provide support and consultation in this process.

## **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?

## **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 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 meals program 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 [social distancing](#Question_p1). Food safety and handling should be considered when giving out pre-packaged food.

## **All these extra measures will increase our budget. What shouldwe 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.

**Questions?** Contact Territorial Social Services Department, Employee Relations or your AC/Divisional Social Services Secretary.