

COVID-19 PANDEMIC HEALTH & SAFETY READINESS CHECKLIST

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 been 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.

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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). ☐

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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. ☐

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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. ☐

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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. ☐

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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. ☐

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- 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' □

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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.canada.ca/en/public-health/services/publications/diseases-conditions/taking-care-mental-health.html>
 - <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 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 ☐

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. ☐

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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. ☐

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- 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. ☐
- 9. Review of family health, hygiene and cleaning practices. ☐
- 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. ☐

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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.canada.ca/en/public-health/services/publications/diseases-conditions/taking-care-mental-health.html>.

<https://www.crisisservicescanada.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. ☐

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