Community Serving Agencies and Outreach Work

Many community organizations provide support to specific populations, such as those that deliver services to seniors, and people with chronic health conditions. These populations face increased health risks from COVID-19.

Structurally-disadvantaged populations include BIPOC (Black, Indigenous, and People of Color) communities, newcomers and refugees, people living in poverty, people who use drugs, persons with disabilities, 2SLGBTQQIA* communities, and people experiencing economic and social exclusion.

In addition to the general guidance that all groups need to follow, these guidelines, provides specific recommendations to organizations that provide services to populations that experience disadvantages to help address their unique circumstances and provides guidelines to further decrease the risk of COVID-19 transmission.

Drop-in and outreach services may be required to address community needs. Populations who experience disadvantages may not have the same access to accurate and accessible information about COVID-19 as other people in Manitoba. Relationships with trusted community organizations play a key role in sharing information. Community agencies should share up-to-date basic health and safety information about physical distancing, hand hygiene, symptoms, and testing.

- All staff, volunteers and service users must be screened for symptoms of COVID-19 or exposures before entering the facility or before being allowed to participate in activities. Ensure strict exclusion policies are in place for service users, staff and volunteers who are ill and processes are in place to refer for assessment and care. (Individuals at higher risk of serious illness may consider waiting to return to these facilities).
- Place signage throughout the site where service is provided to remind staff, volunteers, and service users of physical distancing measures, hand hygiene, and cough etiquette.
- If drop-ins are required based on community needs, establish measures to avoid congregation and establish a process to monitor capacity to maintain physical distancing.
- Where possible, offer services with one-on-one interactions or small groups.
- Organizations that serve a population with higher risks of more severe illness due to COVID-19 should consider further limiting group sizes from the allowed limit of 25 people indoors to 10 to 15 as a further protective mechanism.
- Set-up space (e.g. chairs, tables) to allow for physical distancing.
- Practice hand hygiene between interactions with individuals and ensure hand hygiene stations are available for clients.
- If distributing meals, consider individually-wrapped meals that can be taken outside instead of having clients congregating inside for meals, when appropriate.

- Ensure enhanced and frequent cleaning and disinfection at the site where services are provided. If washrooms are available for use, increased frequency of cleaning should occur. For more information, visit: www.manitoba.ca/covid19/prepareandprevent.
- Provide information about other services and community organizations available, such as access to washrooms, shelter, food, telephones, etc.
- When providing harm reduction services, offer more harm reduction supplies to reduce the number of interactions.
- Maintain physical distancing during outreach activities.
- When providing outreach services, aim for outdoor interactions(e.g. outside outreach vans or outside homes).
- If unable to maintain physical distancing while providing services, follow guidance for person protective equipment (PPE). See Shared Health guidance on PPE https://sharedhealthmb.ca/covid19/providers/ppe-resources/. If PPE is not available, maintain physical distancing and limit close interactions. Consider the use of non-medical masks (www.gov.mb.ca/covid19/prepareandprevent) and ensure thorough and frequent hand hygiene.
- Monitor uptake of services to balance COVID-19 risk-reducing approaches with access to essential services like supply or food distribution.
- If clients are agreeable, maintain lists of participants for a minimum of 21 days to ensure appropriate public health follow-up can be done should a participant be exposed to COVID-19 during these activities.