



COVID-19 Exposure Control Plan

1.0 PURPOSE

The purpose of this COVID-19 exposure control plan is to detail the measures the Regional District Central Kootenay (RDCK) will take in the event of a Coronavirus pandemic.

2.0 SCOPE

This document is based on the measures to be undertaken to respond to a potential Coronavirus pandemic. However, it will provide general guidance on the response to other types of pandemics with specific actions tailored to the characteristics of each disease.

This pandemic plan is specific to the actions the RDCK will take to protect RDCK employees and for those locations for which the RDCK is responsible for the health and safety of others.

2.1 Definitions

BCAS -	British Columbia Ambulance Service
BCCDC -	British Columbia Centre for Disease Control
SA -	Safety Advisor
HRM -	Human Resources Manager
HRC -	Human Resources Coordinator
HRA -	Human Resources Advisor
RDCK -	Regional District Central Kootenay
CAO -	Chief Administrative Officer
EAP -	Employee Assistance Program
HS -	Health and Safety
SMT -	Senior Management Team
RFC -	Regional Fire Chief
EPM	Emergency Program Manager
FAA -	First Aid Attendant
FAR -	First Aid Record
Field Workers -	Staff that visit worksites that may or may not be controlled by RDCK.
GP -	General Practitioner (Doctor)
HR -	Human Resources
JOHSC -	Joint Occupational Health & Safety Committee
PIO -	Public Information Officer
WHO -	World Health Organization



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2.2 Guidance Material

The following sources were used in the preparation of this plan: WorkSafeBC Guidelines G6.34-6; Revised April 27, 2015; The World Health Organization; The Council of Canadian Academies as well as Health Canada and the BC Centre for Disease Control.

3.0 HEALTH & SAFETY HAZARD ASSESSMENT

The pandemic plan provides a health and safety hazard analysis for the various RDCK employee groups / jobs using the criteria set out in the Health & Safety Management System Risk Assessment Procedure is as follows:

Activity	Health and Safety Hazard	Frequency	Consequences	Risk Rating
Fire Department First responders called to assist with sick patients	Possible infection with Coronavirus due to contact with sick and injured public	5	4	20 High
Receptionist, lifeguard, fitness instructor; landfill, utility, building official, bylaw and planning personnel who have contact with the public	Possible infection with Coronavirus due to repeated contact with the public	4	4	16 Moderate
Personnel Limited Contact (office staff)	Could become infected with Coronavirus	1	4	4 Low
Field Workers visiting dams etc.	Could become infected with Coronavirus	2	4	8 Low
Staff that travel out of province / country	Could become infected with Coronavirus / Contact with public in confine spaces	4	4	16 Moderate

In the event of a Coronavirus pandemic, it is possible employee absenteeism could be in the 35% to 45% range, with at least 30% absenteeism being likely. For example, employees may be absent due to their own illness, family illness, or employees may not report to work due to the fear of becoming ill.



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4.0 PANDEMIC RESPONSE PLAN

The Regional District of Central Kootenay Response Plan has Four Phases;

- **Level 1** Preparation
- **Level 2** Mitigation / Prevention
- **Level 3** Response
- **Level 4** Recovery

4.1 Level 1 – Preparation

4.1.1 Description:

Preparation: What we should always be doing. The actions listed below are things that we can and should be doing to minimize the likelihood of a pandemic from becoming an emergency.

4.1.2 Trigger: Level 1 will be initiated based on information from the BCCDC Plan Phase-1 Pre-Pandemic stage (Appendix 1) with an extra emphasis during the cold and flu seasons.

4.1.3 Actions:

Level 1 Preparation	
Action	Person Responsible
AWARENESS / EDUCATION	
Prepare Staff: • Train staff regarding infection prevention and good habits / hygiene (see Appendix 2) • Train First Aid Attendant and Receptionist in Glove and Mask procedures.	- SA
Print and make available: • Healthy Habits / Infection Control Information Acquire / prepare posters, flyers and related materials defining “healthy habits” that support infection control.	- JOHSC
Post and distribute infection control and Coronavirus basic information.	- SA - JOHSC
Review Pandemic plan.	- SMT - JOHSC - HRM
INFECTION CONTROL	
Establish, promote and evaluate Sanitation and Disinfection Procedures a. Make accessible soap, paper towels and hand sanitizer b. Display hand washing & cough etiquette posters c. Implement procedures for control & disposal of infectious waste (as per WorkSafeBC regulations) d. Ensure the cleaning staff has the appropriate training, disinfectants and PPE e. Develop policies to send ill staff home or to medical aid	- JOHSC - SA



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SURVEILLANCE	
Monitor any staff illness to decide level of action to be taken.	- HRC - HRA
Monitor the WHO; CDC (US) and BCCDC websites for any pandemic alerts.	Develop Pandemic Planning Committee: <ul style="list-style-type: none"> • EPM • RFC • SA
CONTINUITY OF OPERATIONS	
Plan for and initiate cross-training particularly for roles that require more extensive training.	- Department heads
COMMUNICATION / COLLABORATION	
Develop contacts with Community Agencies such as: <ol style="list-style-type: none"> 1. BCCDC 2. Interior Health 3. BC Ambulance 4. EMBC 5. Local Emergency Rooms & Hospitals; suggested contacts include Chiefs of Staff and/or Head of ER departments. 	Pandemic Planning Committee <ul style="list-style-type: none"> • EPM • RFC • SA
Maintain list of staff emergency contact information.	- HRC - HRA
Inform the staff about [Flu] shots that may be available. A vaccine for coronavirus may or may not be available within the timeframe of the pandemic; it is probably about a year away; however, this crisis can be used to promote vaccinations that we do have such as Flu, which you have correctly identified.	- JOHSC - SA

4.2 Level 2 – Mitigation / Prevention

4.2.1 Description:

Mitigation / Prevention: The actions listed below are required in order to be done to be prepared for a Pandemic. These are actions for which there is not likely to be adequate time or resources to complete after the Pandemic begins to occur.

4.2.2 Trigger:

Level 2 will be initiated when the BCCDC sends out an alert that a [particular virulent strain is expected for the flu season or a] Phase 4 Pandemic Alert has been issued

4.2.3 Actions:

Level 2	
Mitigation / Prevention	
Action	Person Responsible
AWARENESS / EDUCATION	
Provide Training to staff on the Pandemic Plan.	- SA
Plan and begin to publish articles on signs and symptoms of Coronavirus and infection control	- SA



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- Define essential services, and plan for contingency delivery	
Develop standard for work at home for Phase 3.	- MHR
COMMUNICATION / COLLABORATION	
Confirm external contact numbers	- SA
Issue travel alerts as necessary; suggest regular weekly updates to staff by email +/- text message as well as on an as needed basis	- MHR
Review Pandemic Plans of Prime Contractors for RDCK facilities and worksites.	- Projects

4.3 Level 3 - Response

4.3.1 Description:

Response: Actions taken to manage the Pandemic.

4.3.2 Trigger:

Will be implemented when a Phase 6 Pandemic alert has been issued by the BC Centre of Disease Control (BCCDC), and advice from the RDCK medical advisor.

4.3.3 Actions:

Level 3 RESPONSE Pandemic Coronavirus Present Locally	
Action	Person Responsible
AWARENESS/EDUCATION	
Inform staff that the Pandemic Plan is in effect and brief staff on required actions.	- SA - MHR - Department heads
Provide information to staff on prevention procedures and updates on the extent of infection. This will need to be a dynamic process e.g. weekly or even daily updates in the acute phase.	- SA - MHR
Provide information on flu shots and encourage employees to be immunized.	- MHR - Department heads
INFECTION CONTROL	
Implement Procedures for Prevention of Disease Transmission <ul style="list-style-type: none"> a. Implement Safe Work Procedures developed in phase 2 for all medium to high risk workers b. Cancel non-critical public contact and community events c. Avoid crowded environments / maximize virtual meetings (teleconference, etc.) d. Implement revised travel (minimize travel) and work at home policies. e. Manage staff that become ill at work; see Appendix 8 f. Clean high use objects (phones, keyboards, pool vehicle, desk) daily 	- Each Department - Department heads
Implement Disease Confinement Procedures <ul style="list-style-type: none"> i. Remind and enforce staff to stay home when ill 	- SA - HRC



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Maintain adequate supplies of gloves, N95 respirator masks, and appropriate cleaning materials; fit test all first responders and staff at high risk to the N-95 mask	- SA
SURVEILLANCE	
Reporting: a. Record each incident of staff exhibiting symptoms of Coronavirus or sent home due to Coronavirus, using forms provided. (Appendix 11) b. When absences are phoned in, ask and note those absent due to Coronavirus like symptoms.	- HRC - Supervisors
Monitor illness of staff: a. Review weekly suggest daily running totals to be reviewed weekly. b. Alert Interior Health to substantial increases in absenteeism	- HRC - HRA - SA
Monitor state of community through Interior Health and the BCCDC; to meet weekly or daily as required	Pandemic working group • EPM • RFC • SA
HEALTH CONCERNS	
Provide separate workspaces to high risk staff to the extent possible.	- MHR
CONTINUITY OF OPERATIONS	
Implement Contingency Plans	- All Departments
Hold weekly (or daily if required) implementation update meetings Communicate updates to the SMT as required	- MHR - Department heads - Pandemic Planning Committee
COMMUNICATION / COLLABORATION	
Maintain regular communications with Prime Contractors at sites RDCK staff need to attend.	- SA - Projects

4.4 4 – Recovery

4.4.1 Description:

Recovery: Activities to take place after the Pandemic has ended. In the case of Coronavirus, this does not necessarily mean there are no further cases [of Covid-19] but the high incidence and continuing spread will have subsided.

4.4.2 Trigger:

Level 4 will be initiated after the BCCDC has determined that the Coronavirus pandemic has ended.

4.4.3 Actions:



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Level 4 RECOVERY	
Action	Person Responsible
AWARENESS / EDUCATION	
Post reminders of healthy habits.	- JOHSC
Provide information to staff on extent of Coronavirus in the community.	- SA
Provide staff information on Employee Assistance Program (EAP)	- HRC - HRA
INFECTION CONTROL	
Return to Phase 1 procedures.	- SA
SURVEILLANCE	
Monitor for staff that may need long-term physical and or mental health support or intervention.	- MHR
HEALTH CONCERNS	
Maintain awareness of high-risk staff.	- MHR
CONTINUITY OF OPERATIONS	
Continue senior staff briefings to monitor recovery status, revise the response plan if needed.	- MHR - SMT
Evaluate the Pandemic Plan and revise as appropriate	- SA
COMMUNICATION / COLLABORATION	
Review the Pandemic Plan for Prime Contractor sites with the Prime Contractors.	- Projects - SA

5.0 TRAINING

Staff at the RDCK will receive training in the following areas:

- Review of this exposure control plan.
- Discussion the risk of exposure to Coronavirus and the signs and symptoms of the disease.
- Review of safe work procedures no limited to , including hand washing and cough/sneeze etiquette and physical distancing of 2 meters at all times between co-workers and/or the public
- Location of washing facilities, including dispensing stations for alcohol-based hand rubs.
- Review of the RDCK working from home guidelines, if applicable.
- Encouraging staff to stay home if you're sick or have been in contact with an unwell person.
- Training in donning and duffing gloves; fleet vehicle and office disinfectant wipes; handling & opening mail and permits and physical distancing requirements at all times
- How to seek first aid
- How to report an exposure to or symptoms of Coronavirus
- Proper use and fit test of N-95 masks (first responders; first aid attendants; life guards; landfill attendants and receptionist); **eye protection is also**



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recommended for high risk exposure prone personnel. Use masks with visors for these personnel.

5.1 Specific Training for the First Aid Attendant

- Proper use and fit test of the N-95 Mask
- Reviewing WorkSafeBC written plan dealing with infectious waste
- Signs and symptoms and recognition of the Coronavirus
- Appropriate treatment and disposition of a staff member who becomes ill at work

6.0 RESPONSIBILITIES (SEE APPENDIX 3)

Health Monitoring

RDCK workers will promptly report any symptoms of suspected Coronavirus to their manager or supervisor and the first aid attendant.

Record Keeping

The RDCK will keep records of instruction and training provided to workers regarding Coronavirus, as well as exposure reports and first aid records.

Annual Review

The RDCK will review the exposure control plan every year and on an as needed basis [this is a rapidly changing environment] and update it as necessary, in consultation with the Joint Health and Safety Committee and the RDCK's Health and Safety Representative. A record of the review will be maintained on form 301-01.

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8.0 REVISION HISTORY

Version	Date of Issue	Identified By	Description of Change
DRAFT	Jan 28, 2020	Andre Noel, Safety	New document
V1	March 12, 2020	Andre Noel	Medical advisor and SMT comments incorporated into plan
V2	April 02, 2020	Andre Noel	Updated as per the Medical Health Officer advice and guidelines
V3	April 28, 2020	Andre Noel	Update plan for by-law and building inspectors
V4	May 27, 2020		Update plan resumption of business at landfill and transfer stations
V5	July 23, 2020	Andre Noel	Department and/or facility COVID risk assessment and safety plan have been removed from RDCK COVID Exposure Control Plan. Those assessment and safety plan will be standalone documents able to change as operations start to re-open



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Appendix 1

BCCDC Pandemic Phases

Pandemic Phases (adapted from the *WHO global preparedness plan*) G6.34-2
Exposure control plan - Pandemic Coronavirus

Phase Characteristics

Phase 1 – Pre-Pandemic

A virus in animals has caused no known infections in humans.

Phase 2 – Pre-Pandemic

An animal flu virus has caused infection in humans.

Phase 3 – Pandemic Alert

Sporadic cases or small clusters of disease occur in humans. Human-to-human transmission, if any, is insufficient to cause community-level outbreaks.

Phase 4 – Pandemic Alert

The risk for a pandemic is greatly increased but not certain.

Phase 5 – Pandemic Alert

Spread of disease between humans is occurring in more than one country of one WHO region.

Phase 6 – Community-level outbreaks are in at least one additional country in a different WHO region from phase 5. A global pandemic is underway.



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Appendix 2

Respiratory infection caused by novel Coronavirus

Illnesses associated with the new Coronavirus, named 2019-nCoV, are similar to several respiratory illnesses and include fever, dry cough, sore throat and headache. Most cases are considered mild to moderate with a subset experiencing more severe illness with shortness of breath and difficulty breathing.

Cases were initially linked to exposure to live animals at a seafood market in Wuhan City but the substantial increase in cases thereafter is due to human-to-human transmission of the virus. Other respiratory viruses can be spread from a cough or sneeze or from touching something an infected person has touched and then touching your eyes, mouth or nose. The main ways and efficiency of 2019-nCoV spread still require better understanding. Large droplet and contact spread.

Health authorities in China have taken prevention and control measures to prevent the spread of infection and are continuing to investigate the source of 2019-nCoV. The risk to Canadians is considered low at this time, however, the threat is being taken seriously.

What is "occupational exposure" to Coronavirus?

"Occupational exposure," as defined in section [6.33](#) of the *Regulation*, is the reasonably anticipated contact with a biological agent that is designated as a hazardous substance, resulting from the performance of a worker's duties. A pandemic virus is likely to be a hazardous substance under section [5.1.1](#) of the *Regulation*.

Pandemics in the 20th Century

Years	Flu	Virus	Mortality
1918 - 1919	"Spanish"	Type A (H1N1)	20 million worldwide 550,000 USA
1957 – 1958	"Asian"	Type A (H2N2)	70,000 USA
1968 – 1969	"Hong Kong"	Type A (H3N2)	34,000 USA
2003	"SARS"	Type A (H1N1)	744

Controlling Exposure:

How can and will we protect our staff from Infectious Disease? The possibility of contact varies depending on the specific organism and its route of transmission. For



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this virus, contact resulting from the performance of a worker's duties may occur, for example, when in close contact with a person who has the coronavirus.

How can Coronavirus be spread?

If you have been travelling to an affected country and you become ill or become ill after you return home, tell your health care provider about recent travel and your symptoms. You should also tell your provider if you had close contact with a sick person or had another high-risk exposure such as direct contact with animals from an infected country.

The BC Centre for Disease Control advises that Coronavirus is communicable up to 7 to 10 days before the onset of symptoms and 3 – 5 days afterward (this may be longer in some children and some adults).

Exposure to Coronavirus may occur in a variety of ways such as:

1. Breathing airborne droplets or particles containing corona virus (generated, for example, from coughing, sneezing, and aerosol-generating medical procedures used with infected patients)
2. Infectious droplets (from a coughing or sneezing infected person) landing in the eye or onto the mucosa (moist inner surface) of the nose or mouth
3. Shaking hands with an infected person or touching a surface contaminated with the virus followed by touching one's eyes, nose, or mouth
4. Sharing food items or utensils with an infected person

Routes of transmission by which the virus can infect a worker:

In the case of Coronavirus it is anticipated there will be two primary routes of transmission, all of which need to be controlled. Based on the use of traditional terminology, the routes are:

*** *Airborne transmission:*** Airborne (inhalable) particles can be generated from coughs and sneezes. They can also be generated from some medical procedures such as nebulizer treatment for asthma patients.

Both coughs and sneezes produce large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods, and can be inhaled. In addition, large droplets can evaporate quickly to form inhalable particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced, but can still be a concern in smaller, enclosed



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areas, especially where there is limited ventilation. As the number of infected people in a room increases, all things being equal, the risk of infection can increase.

*** Droplet transmission:** Large droplets may be generated by an infected person through coughing or sneezing, and also through medical procedures such as cough induction. Droplets travel a short distance through the air and can be deposited on inanimate surfaces, or in the eyes, nose, or mouth.

What are the signs and symptoms of Coronavirus?

The World Health Organization states that Coronavirus incubation period ranges 7 to 10 days before symptoms onset, and 3 - 5 days afterwards (but may be longer in some children and some adults).

Coronavirus in humans is a highly contagious virus that is usually spread through droplets of moisture caused by coughing or sneezing. As the virus attacks our bodies, it causes a number of symptoms, the most common of which include:

1. Fever
2. Coughing
3. Difficulty breathing
4. Pneumonia in both lungs

If workers show symptoms of Coronavirus:

Follow procedures in Appendix 13

Treatment for Coronavirus:

At present, there is no vaccine for the Coronavirus. CDC states the vaccine could take up to one year to develop.

MINIMIZING ILLNESS AMONG STAFF

Primary strategies which will be used in order to minimize illness among staff include:

- Restrict workplace entry of people with Coronavirus symptoms.
- Promote good personal hygiene practices and workplace cleaning practices.
- Enforce social distancing, no shaking hands, and limit number of meetings.
- Enable work from home strategies if possible.
- Assist staff who become ill at work.
- Minimize face to face contact.



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Personal protective measures for pandemic COVID-19

This Table provides basic information for personal protection of workers in some but not all types of work situations. **A risk analysis will need to be done in all cases.**

	Low risk Workers who typically have no contact with pandemic Covid-19 infected persons	<u>Moderate risk:</u> Workers who may be exposed to infected persons from time to time in relatively large, well ventilated workspaces	<u>High risk</u> Workers who may have contact with infected patients, or with infected persons in small, poorly ventilated workspaces
Hand Hygiene	Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)	Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)	Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)
Disposable Gloves	Not required	Not required (unless handling contaminated objects)	Yes in some cases- e.g. when working directly with Coronavirus patients and high risk cases
Apron, Gown, or similar body protection	Not required	Not required	Yes in some cases- e.g. when working directly with Coronavirus patients and high risk cases
Eye Protection - Goggles or Face shield	Not required	Not required	Yes in some cases- e.g. when working directly with Coronavirus patients and high risk cases
Airway Protection - Respirators	Not required	Not required (unless likely to be exposed to coughing and sneezing)	Yes (minimum N95 respirator) Mandatory Annual fit test required

The RDCK will ensure that sufficient supplies of hand cleansers and single use tissues are available in the work places and that used tissues are disposed of immediately. The RDCK will also strive to provide a “clean” environment, however it is recognized that a clean environment is not necessarily a “sterilized” environment. Disinfectants will be provided in areas deemed to be “high traffic” areas. These will include waterless hand cleanser, spray bottles, and wipes which contain disinfectant.

Use of N 95 masks



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A N 95 mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing by the person using the mask.

If staff choose to use a mask, a mask will be provided to the staff member. Masks must be disposed of as soon as it becomes moist or after any cough or sneeze, in an appropriate waste receptacle and hands must be thoroughly washed and dried after the mask has been discarded. Employees demonstrating respiratory infection at work shall be instructed to report to First Aid for treatment and direction. Infected employees shall not return to work until no longer infectious (as defined by the regional health authority). Current research indicates that improper use of a mask may result in increased risk of contracting a virus to the mask wearer.

While the RDCK expects to continue to operate during a pandemic event, the RDCK will also take steps to minimize the spread of infection. The primary strategy for achieving this is to send staff home if they are suspected of being infected.

Supplies Required:

Protective clothing for First Aid Attendant to include:

- Gloves
- Masks (masks shall be N95 standard)
- Eye protection or face shield
- Waterless hand wash
- Cleansing supplies
- Spray disinfectant
- Wipes



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Appendix 3

Employee Responsibilities:

1. Reporting to work when fit for duty.
2. Notifying the supervisor when not fit for duty.
3. Notifying the supervisor when observing a co-worker who may not be fit for duty (in cases where the possibly impaired individual is the employees' supervisor, the employee should make the notification to the next higher-level manager or Human Relations staff).
4. Cooperating with a supervisor directive and/or referral for a medical evaluation.

Our workers will:

5. Know the hazards of the workplace.
6. Follow established work procedures as directed by the employer or supervisor.
7. Use any required PPE as instructed.
8. Report any unsafe conditions or acts to the supervisor.
9. Know how and when to report exposure incidents.

Supervisor Responsibilities:

1. Observing the attendance, performance and behavior of staff they supervise.
2. Interviewing an employee who appears to the supervisor unfit for duty and referring an employee for a medical evaluation when appropriate.
3. Recording the reasons/observations that triggered a fitness for duty medical evaluation referral.
4. Utilizing this policy in a fair and consistent manner, respecting the employee's privacy and the confidentiality of medical information.

Our supervisors will:

5. Ensure that workers are adequately trained in the use of PEE
6. Training must be documented and recorded in the Safety Management System.
7. Ensure that workers use proper respirators, they have been fit tested, and the results are recorded.
8. Direct work in a manner that eliminates or minimizes the risk to workers.



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The Regional District of Central Kootenay will:

1. Ensure that the materials (for example, gloves, alcohol-based hand rubs, and washing facilities) and other resources (for example, worker training materials) required to implement and maintain the plan are readily available where and when they are required.
2. Select, implement, and document the appropriate site-specific control measures.
3. Ensure that supervisors and workers are educated and trained to an acceptable level of competency.
4. Ensure that workers use appropriate personal protective equipment (PPE) — for example, gloves, eye protection, and respirators.
5. Conduct a periodic review of the plan's effectiveness. This includes a review of the available control technologies to ensure that these are selected and used when practical.
6. Maintain records of training and inspections.
7. Ensure that a copy of the exposure control plan is available to workers.

Fit for Work Policy in Event of Pandemic

A fit for work policy provides guidelines on how long employees who have demonstrated they are suffering the effects of Coronavirus should stay away from work. This period of time will be established once the effects of the Coronavirus are known. The policy shall also facilitate employees returning to work once they are well. Staff will be trained in respiratory etiquette and symptom recognition.

The RDCK is committed to providing a safe work environment in the event of a pandemic, and to protect the health and safety of all staff. This policy and application apply specifically to a pandemic event.

Purpose:

This policy provides a procedure for identifying and intervening when staff could pose a threat to the safety of others and property as a result of having contracted COVID-19 related to the pandemic.

Definitions:

“Fit for Work”: means able to perform the duties of the job, without creating a risk for staff of contracting the COVID-19 virus.



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Procedures:

1. The supervisor who receives reliable information that an employee may be unfit for duty, or through personal observation believes an employee to be unfit for duty, will validate and document the information or observations as soon as is practical. Actions that may trigger the need to evaluate an employee's fitness for work with respect to this policy are limited to observation of possible corona virus infection symptoms.
2. The supervisor will present the information or observations to the employee at the earliest possible time in order to validate them, and will allow the employee to respond to the concern. The supervisor in consultation with HR will then determine whether the employee should leave the workplace immediately for safety reasons [suggest you consider getting a medical opinion in cases like this].
3. The supervisor may direct the employee to a health service provider to assess the condition of the employee. An employee may not be allowed to return to work until such an assessment has been provided or until the supervisor has been satisfied that the employee is [fit to return to work] suggest you get a medical opinion on this or have documentation that explicit up-to-date guidelines have been followed.
4. Prior to returning to work after recovery from the Coronavirus, the supervisor shall consider advice received from the local health authorities on the length of time considered appropriate to recover from the virus, and the length of time the virus remains infectious.



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Appendix 4

Regulatory excerpt from WorkSafeBC

Section 6.34(1) (Exposure control plan) of the OHS Regulation ("Regulation") states:

(1) if a worker has or may have occupational exposure, the employer must develop and implement an exposure control plan, based on the precautionary principle, that meets the requirements of section [5.54](#) and that includes the following:

(a) a risk assessment conducted by a qualified person to determine if there is a potential for occupational exposure by any route of transmission;

(b) a list of all work activities for which there is a potential for occupational exposure;

(c) engineering controls and administrative controls to eliminate or minimize the potential for occupational exposure;

(d) standard or routine infection control precautions and transmission-based precautions for all work activities that have been identified as having a potential for occupational exposure, including

(i) housekeeping practices designed to keep the workplace clean and free from spills, splashes or other accidental contamination,

(ii) work procedures to ensure that contaminated laundry is isolated, bagged and handled as little as possible, and

(e) a description of personal protective equipment designed to eliminate or minimize occupational exposure;

(f) a program to inform workers about the contents of the exposure control plan and to provide them with adequate education, training and supervision

(g) a record of all training and education provided to workers in the program described in paragraph (f);

(h) a record of all workers who have been exposed, while performing work activities, to a biological agent

(b) risk identification, assessment and control;

(c) education and training;



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- (d) written work procedures, when required;*
 - (e) hygiene facilities and decontamination procedures, when required;*
 - (f) health monitoring, when required;*
 - (g) documentation, when required.*
- (3) The plan must be reviewed at least annually and updated as necessary by the employer, in consultation with the joint committee or the worker health and safety representative, as applicable.*



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Appendix 5

MEMO TO STAFF DURING PLANNING PHASE

This is a draft memo to staff during the Coronavirus pandemic planning phase outlining the current efforts to prepare for a possible Coronavirus pandemic outbreak.

Draft Message

To: All Employees
From:
Date:
Subject: PANDEMIC PLANNING

On a regular basis, we hear about the outbreak of coronavirus and how it is spreading to countries around the world. While the Coronavirus is not yet in the Kootenays, it may arrive here in the future. Public health professionals are aware that the Coronavirus may mutate so that it can easily infect people and spread rapidly from person-to-person. This would cause a worldwide Coronavirus outbreak, called a pandemic. Even if this does not happen, a different, brand new Coronavirus has emerged with little warning.

While no one looks forward to a Coronavirus pandemic, the RDCK is taking a proactive approach in addressing Coronavirus for our facilities and worksites. This includes the development of a written Coronavirus Pandemic Action Plan. We are working closely with health officials to share the most up-to-date information as it becomes available. We are coordinating our efforts with other agencies involved in Coronavirus pandemic planning and we will continue to monitor the situation so that we are able to efficiently respond to any changes. We will provide you with periodic updates.

In the meantime, we encourage you to learn more about Coronavirus pandemic by visiting the <http://www.bccdc.ca/> website which contains valuable information about what each of us can and should be doing to prepare for the possibility of Coronavirus pandemic.

Should you have any questions or concerns, please do not hesitate to contact us [list contact names, position, email and phone numbers].



COVID-19 Exposure Control Plan

Appendix 6

MEMO TO STAFF OF A LOCALLY OCCURRING PANDEMIC

This is the actual letter sent out

March 12, 2020

To: RDCK Employees

From: Stuart Horn

Subject: Staff Information Bulletin #1 COVID-19

On February 08, 2020 the RDCK developed an internal Pandemic Planning Committee to monitor the COVID-19. The committee consist of Nora Hannon, Chris Johnson and André Noël.

This memo forms part of the RDCK Pandemic Plan. The Pandemic Plan will be available to all staff, to help inform decisions around COVID-19

There have been a small number of cases of COVID-19 in B.C. which are being very closely managed. We are now aware of early evidence that this virus can cause a range of mild to severe symptoms, and it is possible that people will not recognize symptoms that are mild, while still being contagious. During this time, people can reduce the chance of spread by limiting contact with others whether or not symptoms are present.

Infections continue to be reported globally in 118 countries to date. The World Health Organization has now declared a worldwide pandemic and many countries are escalating their pandemic control measures.

Our knowledge of the coronavirus continues to grow, and we are using public health information from Interior Health, EMBC and the RDCK Public Health Medical Director to inform our recommendations. <https://www.interiorhealth.ca/YourEnvironment/CommunicableDiseaseControl/Pages/Breaking-Newsand-Info.aspx>

Travel:

We understand spring break is fast approaching and staff may have travel plans. As per the current Canadian government travel advisory, travel to all globally fast-growing outbreak countries, is to be avoided. These countries include China, Iran, France, Germany and Italy and the Far East.

Please refer to the guidance below for any travel plans you may have.

All personal travel until further notice:

- We strongly advise against travel to all severely affected countries i.e. China, Iran, Italy, France, Germany and the Far East.
- We advise against travel outside Canada.
- If you have travelled outside of Canada, self-quarantine for 14 days on return will be required. Notify your supervisor or manager. If you have travelled to areas within Canada with known cases *and* have contact with *known* (corona test positive) cases (either symptomatic or not) or close contact with people (including family) unwell with acute respiratory symptoms, self- quarantine for 14 days. Notify your supervisor or manager.



COVID-19 Exposure Control Plan

- If you have travelled to affected areas within Canada but have no known contacts with coronavirus infected persons or close contact with persons with acute respiratory symptoms, no quarantine is necessary at the current time.
- Those symptomatic with acute respiratory symptoms i.e. temperature more than 37.5 C, cough, sore throat, and muscle aches should self-quarantine for 14 days.
- Working from home may be an option for some employees. Please consult with your supervisor and HR, to determine if the option to work from home is feasible in your situation.
- **If you are affected by this travel bulletin, please contact your supervisor as soon as possible.**
- You and your family members who develop symptoms should call your health-care provider or 8-1-1 (BC Health Link) to discuss any need for testing and follow-up.
- **If you require a test, please ensure you telephone your primary care provider prior to visiting so appropriate precautions can be arranged.**
- Please check the Canadian government website prior to any and all travel. <https://travel.gc.ca/travelling/advisories>

All business travel until further notice:

- Effective immediately RDCK employees are being requested to cancel all non essential business travel until further notice.
- Your manager will confirm and approve essential travel.

Meetings:

- You are advised to consider rescheduling or cancelling all non-essential public meetings and gatherings. Please discuss your upcoming meeting and gathering schedule with your supervisor.
- You are encouraged to schedule meetings via video or phone conferencing when possible.
- You are advised to refer to the RDCK COVID-19 Meeting Guide. This will be available on Monday, March 16th.

Preventing the spread of COVID-19:

- **If you have symptoms of acute respiratory illness it is recommended to stay home and not come to work until you are free of fever (temperature greater than 37.5° C using an oral thermometer), and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).**
- Proper hygiene can help reduce the risk of infection or spreading infection to others:
- Wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food <https://www.healthlinkbc.ca/healthlinkbc-files/hand-washing>
- Use alcohol-based hand sanitizer if soap and water are not available
- When coughing or sneezing cough or sneeze into a tissue or the bend of your arm, not your hand
- Dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Elbow or toe tap instead of shaking hands



COVID-19 Exposure Control Plan

- Consider social distancing (1m personal space)
- Limit contact with anyone who is unwell

Symptoms of COVID-19

CORONAVIRUS SYMPTOMS, OR SOMETHING ELSE?

COLD OR ALLERGIES:	FLU OR CORONAVIRUS:	CORONAVIRUS:
<input checked="" type="checkbox"/> ITCHY EYES	<input checked="" type="checkbox"/> FEVER	<input checked="" type="checkbox"/> SHORTNESS OF BREATH
<input checked="" type="checkbox"/> STUFFY NOSE	<input checked="" type="checkbox"/> FATIGUE	<input checked="" type="checkbox"/> HISTORY OF TRAVEL
<input checked="" type="checkbox"/> SNEEZING	<input checked="" type="checkbox"/> BODY ACHES	<input checked="" type="checkbox"/> EXPOSURE
	<input checked="" type="checkbox"/> COUGH	
	<input checked="" type="checkbox"/> WORSENING SYMPTOMS	

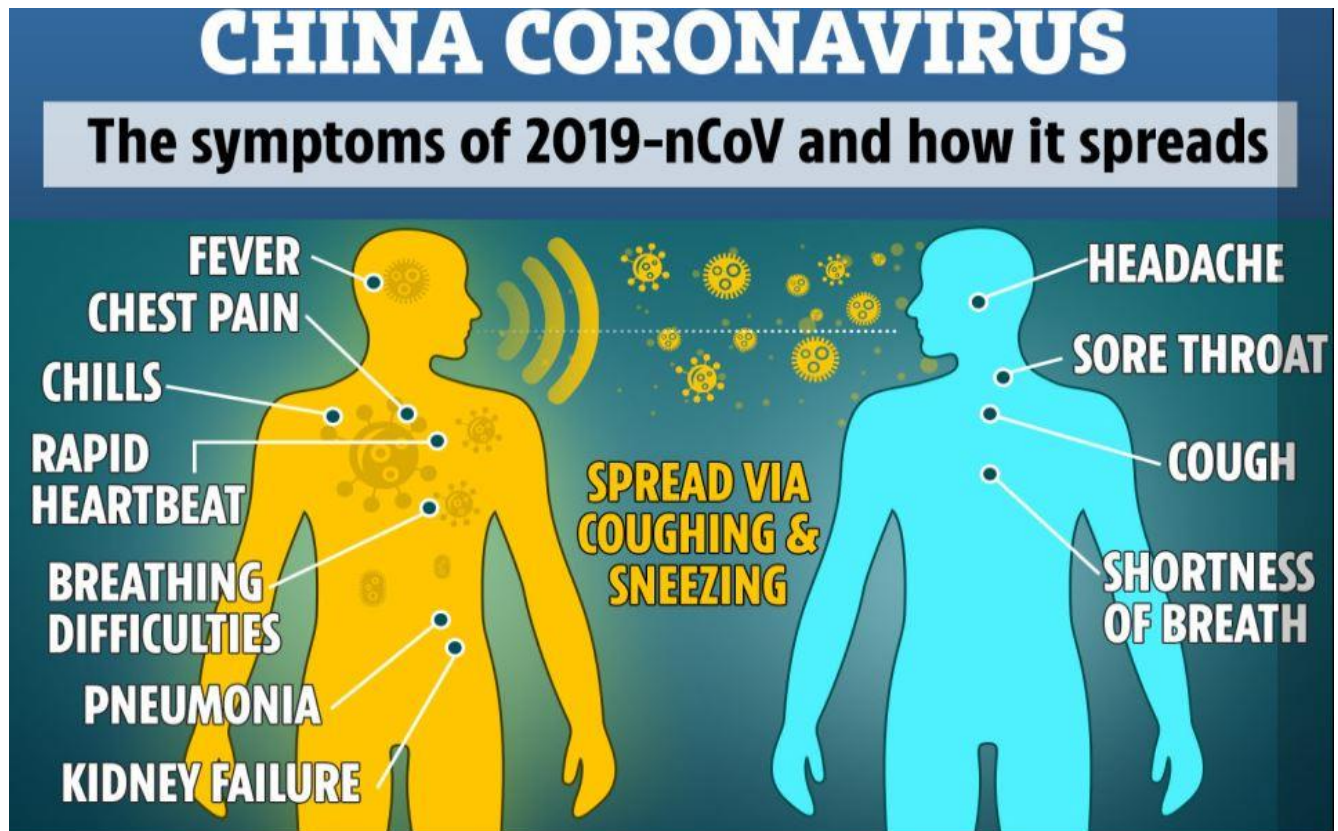
SYMPTOMS AND RISKS VARY FROM PERSON TO PERSON. ALWAYS CHECK WITH YOUR DOCTOR.

Sources: CDC, Mayo Clinic

Appendix - 7



COVID-19 Exposure Control Plan



Is the 2019 Coronavirus (2019-nCoV) the same as SARS or MERS virus?

No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged 2019-nCoV is not the same as the Coronavirus that causes Middle East Respiratory Syndrome (MERS) or the Coronavirus that causes Severe Acute Respiratory Syndrome (SARS). However, genetic analyses suggest this virus emerged from a virus related to SARS. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.



COVID-19 Exposure Control Plan

Appendix 8

Managing Staff Who Become Ill at Work

If a person feels ill, or if someone observes that another person is exhibiting symptoms of Coronavirus at work, they are to contact their supervisor and work from home if possible.

1. Check if the employee has any of the symptoms outlined in the Appendix 7 chart;
2. If the employee does not have any symptoms like those listed, they are very unlikely to have Coronavirus, and should be reassured but advised to see their GP if they are still concerned;
3. If the employee does have symptoms that match some of those listed, they should be treated as a “suspect case.” It may be helpful to have a staff Coronavirus notification form completed, including details of any staff and/or visitors they have been in contact with;
4. The employee should be informed where they can find a N 95 mask and instructed to wear it immediately. This is to help protect other staff;
5. The employee should leave work in a manner that will limit exposure to other staff and immediately contact a health professional in the manner advised by Interior Health. This may involve phoning the person’s normal doctor or nurse, or a specially designated centre to seek further advice. The employee’s manager should be informed that they have left work;
6. The employee, should, if at all possible, avoid public transport when leaving work;
7. Contact management – it is helpful for employers to:
 - a) Identify contacts (once an employee is suspected to be infected);
 - b) Advise contacts in person that they have been in contact with a person suspected of having Coronavirus;
 - c) Ask contacts to go home, and stay at home until advised otherwise;
8. The employee’s work station should be cleaned and disinfected.



COVID-19 Exposure Control Plan

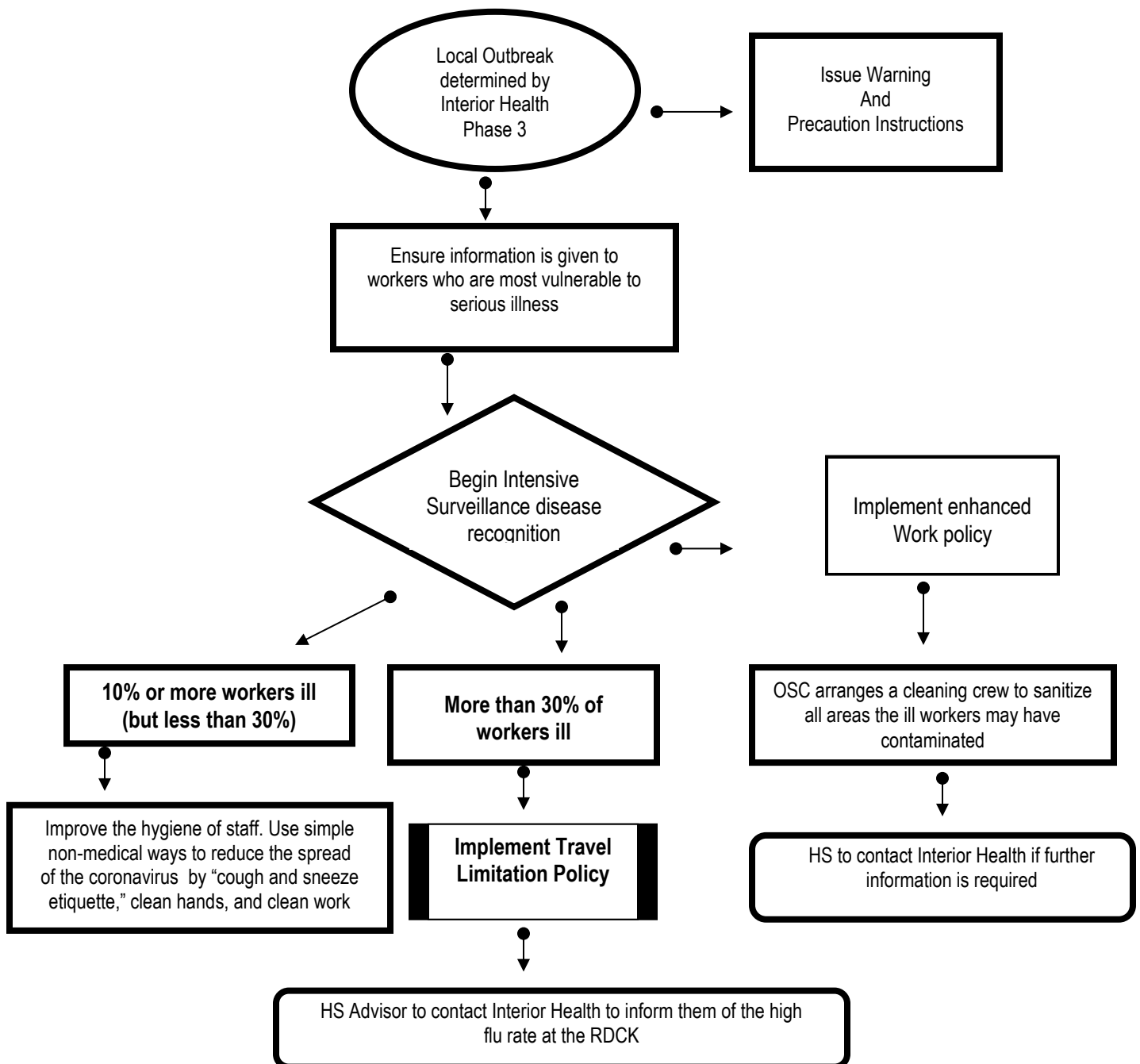
9. HR will manage the absence and return to work of the employee and their contacts. Some issues to consider include:
 - a. Advice to the employee on how long to stay away from work;
 - b. Decisions on the leave and cover arrangements;
 - c. Checking on the staff member during his/her absence from work. This will facilitate treatment, contact tracing, etc., if they become ill;
10. HR will ensure that:
 - i. the employee is healthy before allowing them to return to work; and
 - ii. that they are encouraged to return to work once they are well.



COVID-19 Exposure Control Plan

Appendix 9

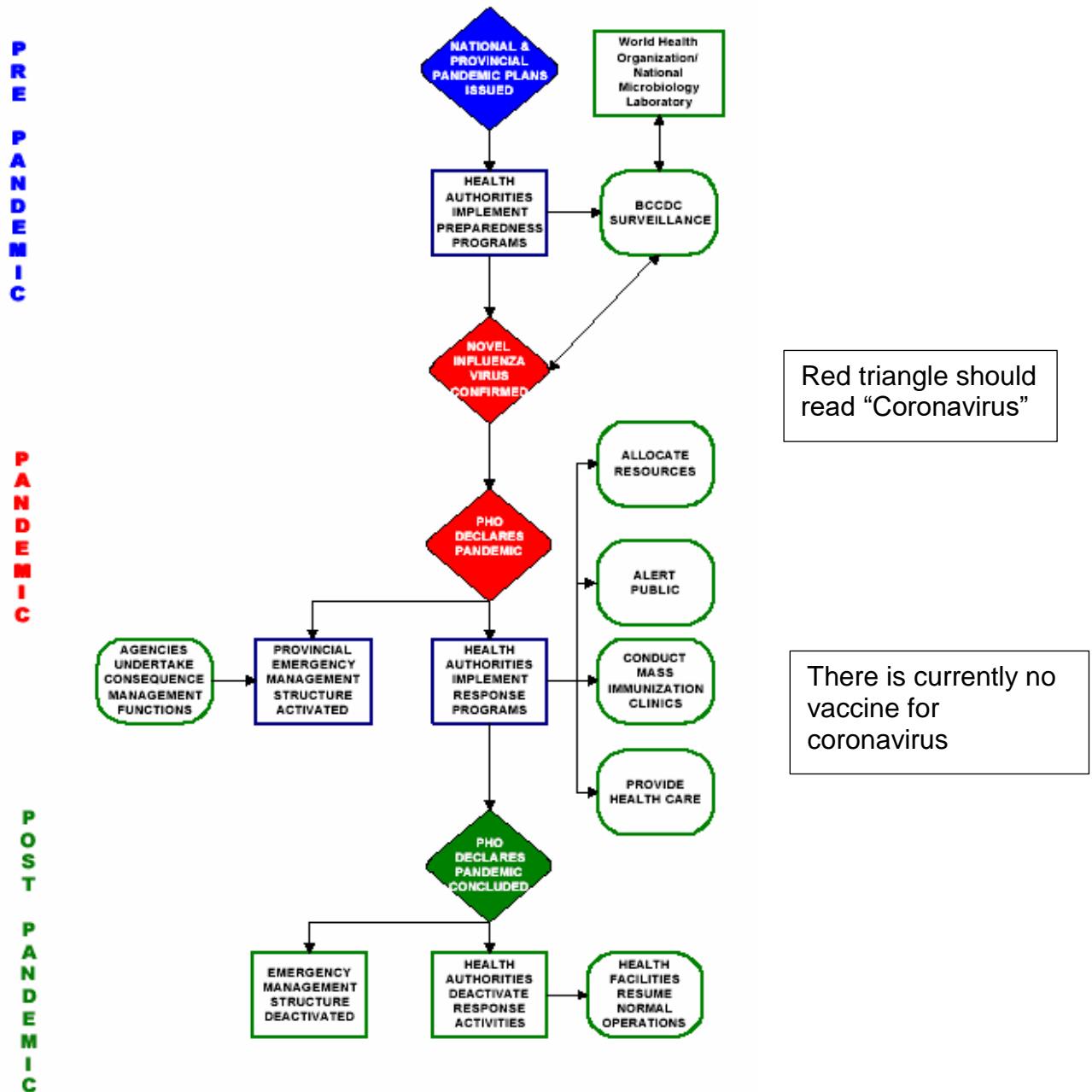
Organizational Pandemic Flow Chart





COVID-19 Exposure Control Plan

Appendix 10



Red triangle should read "Coronavirus"

There is currently no vaccine for coronavirus



COVID-19 Exposure Control Plan

Appendix 11

SUSPECTED CORONAVIRUS (COVID-19) CASE AT WORK

Details of Ill Employee

Name: _____ Department _____

Job Title: _____ Year of Birth: _____

City of Residence: _____

Tel. Numbers: w: _____ h: _____ cell: _____

Suggest you also take personal email contact

Symptoms Reported:

Fever	Y	N	Body Aches	Y	N
Headache	Y	N	Fatigue	Y	N
Dry Cough	Y	N	Other	_____	
Cold	Y	N	_____		
Sore Throat	Y	N	_____		

Time of Fever Onset: _____

Any member of family ill with Coronavirus (2019-NCOV) Y N

Countries Visited:

Flights Taken: Departure City _____ Arrival Cities _____

Details of Reporting Party

Name: _____ Job Title: _____

Telephone Numbers: w: _____ h: _____ cell: _____

Information Taken By: _____

Name

Phone

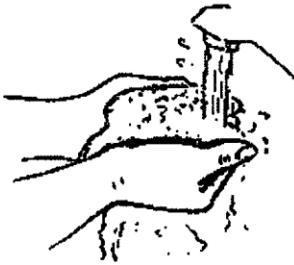




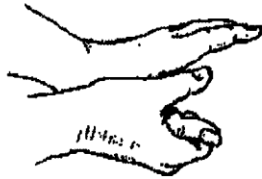



Date



COVID-19 Exposure Control Plan

Appendix 12

HAND HYGIENE NOTICES

Hand Hygiene with Soap and Water		
<p>1. Remove jewelry. Wet hands with warm water</p> 	<p>2. Add soap to palms</p> 	<p>3. Rub hands together to create a lather</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Clean knuckles, back of hands and fingers</p> 	<p>6. Clean the space between the thumb and index finger</p> 
<p>7. Work the finger tips into the palms to clean under the nails</p> 	<p>8. Rinse well under warm running water</p> 	<p>9. Dry with a single-use towel and then use towel to turn off the tap</p> 
<p>Minimum wash time 10-20 seconds.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan



COVID-19 Exposure Control Plan

Appendix 13

Hand Hygiene with Alcohol-based Hand Sanitizer		
<p>1. Remove jewelry. Apply enough product to open palms.**</p> 	<p>2. Rub hands together palms to palms</p> 	<p>3. Rub in between and around fingers</p> 
<p>4. Cover all surfaces of the hands and fingers</p> 	<p>5. Rub backs of hands and fingers. Rub each thumb.</p> 	<p>6. Rub fingertips of each hand in opposite palm</p> 
<p>7. Keep rubbing until hands are dry. **The volume required to be effective varies from product to product. Enough product to keep hands moist for <u>15 seconds</u> should be applied. Do not use these products with water. Do not use paper towels to dry hands.</p>		
<p>Note: Wash hands with soap and water if hands are visibly dirty or contaminated with blood or other body fluids. Certain manufacturers recommend washing hands with soap and water after 5-10 applications of gel.</p>		

Source: Vancouver Coastal Health's Regional Pandemic Influenza Response Plan

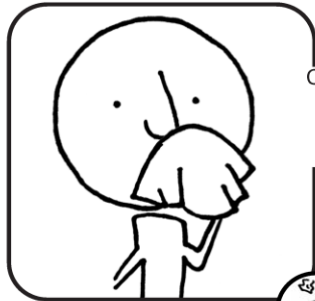


COVID-19 Exposure Control Plan

Appendix 14

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or
cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water

or
clean with alcohol-based hand cleaner.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us



Minnesota Antibiotic Resistance Collaborative





COVID-19 Exposure Control Plan

Appendix 15

Checklist for pandemic planning

- Staff are aware of Coronavirus like illness symptoms ('red flags') that alert them to suspect a case
- Staff are aware of the difference in symptoms for Coronavirus and the common cold
- Staff understand the role of hand hygiene, social distancing methods and cough etiquette
- Staff understand the rationale for requesting that a suspected patient must wear a N 95 mask
- Stocks of PPE have been ordered and staff know where they are located
- Staff are competent in the application, removal and disposal of PPE
- Staff know where to locate the contact details for your public health authority and in what situation they would need to contact them for advice
- Staff understand the responsibility they have in preparing for a pandemic
- All staff understand the waste policy and can identify the risks to staff when handling infectious waste
- All staff understand the cleaning policy, including cleaning solutions used for surface cleaning
- Posters and signage are in place to reinforce pandemic planning messages for staff and guests



COVID-19 Exposure Control Plan

Appendix 16

HELPFUL WEBSITES

World Health Organization:

www.who.int/csr/disease/avian/en/index.html

Public Health Agency of Canada Coronavirus Watch:

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

Capital Health:

[http://www.capitalhealth.ca/EspecialyFor/EmergencyPreparedness/AvianCoronavirus\(2019-NCOV\)/default.htm](http://www.capitalhealth.ca/EspecialyFor/EmergencyPreparedness/AvianCoronavirus(2019-NCOV)/default.htm)

Health Canada:

http://www.hc-sc.gc.ca/iyh-vsv/diseases-maladies/pandem_e.html

BC Center of Disease Control:

<http://www.bccdc.org>

This is a more technical medical link but there is excellent and up-to-date information on the website:

https://www.thelancet.com/coronavirus?dgcid=kr_pop-up_tlcoronavirus20



COVID-19 Exposure Control Plan

Appendix 17

Emergency Pandemic Supplies

General Supplies and Equipment	
Item Description	Quantity
Hand Soap	at least 1 dispenser per washroom
Alcohol-based / waterless hand hygiene products (must contain at least 60% Alcohol)	1 per employee
Facial Tissues	1 per employees desk
Disposable cups for water	1 case
Disposable N95 masks Suggest also add masks-with-visors for high risk personnel e.g. first responders and receptionists	1 per employee plus 10
Aerosol disinfectant (for keyboards, etc)	2 cans
Latex free gloves	1 box of each size
Thermometer	1 (temporal)
Goggles or safety glasses for anyone having contact with sick personnel	4 pairs
Disposal bags for infectious material	1 box
Paper towels	One 4 pack
Bottled water	12 bottles
First Aid Kit	1 per floor