

Purpose:	<p>Island Health is committed to providing safe and healthy workplaces.</p> <p>During the COVID-19 Pandemic, Island Health developed and enacted an Exposure Control Plan (ECP) that outlined measures aimed at preventing exposures to, and reducing the transmission of, COVID-19 within its workplaces and at all points of care. The ECP was designed to protect our employees, physicians, students, volunteers and contractors and as such, adherence to the procedures outlined within the document were considered mandatory as they reflected the directives/guidance provided by the Provincial Medical Health Officer (PMHO), Island Health’s Medical Health Officers (MHO’s), the Ministry of Health (MoH), the British Columbia Centre for Disease Control (BCCDC), and the <i>Occupational Health and Safety Regulation</i> enforced by WorkSafeBC.</p> <p>British Columbia now begins the process of recovering from the Covid-19 Pandemic. While Island Health’s COVID-19 ECP remains in place, this COVID-19 Pandemic Recovery Plan is meant to further address/mitigate the risks associated with increased activity and service delivery within Island Health’s workplaces.</p>
Scope:	<p>This Pandemic Recovery Plan applies to all Island Health employees, physicians, students, volunteers and contractors completing employer-assigned duties within its workplaces and any other designated points of care.</p>

Disclaimer: This Pandemic Recovery Plan may be altered in response to direction provided by the Island Health Emergency Operations Centre, the Ministry of Health and/or the Provincial/Island Health Medical Health Officer(s) and WorkSafeBC.

1.0 RESPONSIBILITIES

1.1 Island Health:

- Ensure risk assessments are conducted at all Island Health workplaces to identify areas/activities that may increase the risk of exposure to COVID-19.
- Through the Emergency Operations Centre (EOC) or Administration, modify service models and levels, using a risk-based approach when addressing identified concerns, unless otherwise ordered by a national, provincial and/or local regulatory authority.
- Provide healthy/safe working environments, ensure Operational leaders (e.g. managers/supervisors) are informed of, and adhere to, the directions provided through the EOC and/or Administration.
- Adhere to the Hierarchy of Controls when reducing of exposure risks and ensuring necessary resources are available including, but not limited to, engineering controls, administrative controls, and appropriate Personal Protective Equipment (PPE).
- Support necessary stakeholder groups, including the Joint Occupational Health and Safety (JOH&S) Committees.
- Re-evaluate this plan as necessary to ensure it remains viable and appropriate; in the event of a disruption/failure in this plan, advise the appropriate Agency (Agencies) and re-evaluate/revise as necessary.

1.2 Managers:

- Ensure risk assessments are conducted within their department(s) to identify areas/activities that may increase the risk of exposure to COVID-19. (See **Appendix A: COVID-19 Pandemic Recovery Plan Risk Assessment** and supplemental **Appendix B: Facility Level Risk Assessment**).
- Adhere to the directions provided by the Organizational leadership, organizational stakeholder groups (e.g. OH&S and IP&C Departments, JOH&S Committees, etc.), and external stakeholder groups (e.g. WorkSafeBC).
- Share awareness and informational resources with employees and others within departments/sites under his/her leadership.
- Where applicable, facilitate the development/provision of Safe Work Procedures (SWP's) and direct work in a manner that minimizes/eliminates exposure risks to employees.
- Where applicable, provide appropriate Personal Protective Equipment (PPE) and other equipment/controls.
- Where applicable, facilitate worker education/training pertaining to the selection, care, maintenance and use of any PPE (including fit testing for those employees who may be issued a respirator).
- Ensure all workers follow SWP's and appropriately use PPE (e.g. gloves, gowns, eye protection, masks/respirators, etc.).
- Provide information/feedback regarding employee comments/concerns to site/portfolio leadership, and other stakeholders including, but not limited to: Human Resources (including Occupational Health & Safety (OH&S)), Infection Prevention & Control (IPC), Professional Practice, etc.

1.3 Employees:

- Adhere to directions provided by departmental/site/program leadership, organizational stakeholder groups (e.g. the OH&S and IP&C departments, JOH&S Committees, etc.), and external stakeholder groups (e.g. WorkSafeBC).
- Attend and participate in education/training/instruction sessions (including respirator fit testing, where applicable).
- Review and adhere to applicable SWP's.
- Select, care, maintain and use PPE as per education/training.
- Understand how exposures can occur and when/how to report exposure incidents.
- Report feeling unwell to leadership immediately and follow directions regarding isolation, etc.
- Direct questions to leaders and/or appropriate stakeholder groups.

1.4 The Occupational Health and Safety (OH&S) Department:

- Ensure a copy of the exposure control plan is available to managers, and workers.
- Ensure the COVID-19 Exposure Control Plan is reviewed and updated as necessary.
- Support the development of supporting resources, as needed.
- Ensure a system for documenting instruction, training and fit testing is in place.
- Assist with the risk assessment process and consult on risk controls, as needed.

1.5 Infection Prevention and Control (IP&C) Department:

- Select, implement and document the appropriate site or scenario specific control measures.
- Ensure leaders and workers are educated and trained to an acceptable level of competency.

1.6 Professional Practice:

- Provide clinical practice guidance as it relates to staff/patient safety and COVID-19.
- Assist with the risk assessment process and consult on risk controls, as needed.

1.7 Joint Occupational Health and Safety Committee (JOSH):

- Be available to answer questions from staff.
- Support review and development of resources.
- Participate in the risk assessment process.

2.0 RISK IDENTIFICATION, ASSESSMENT AND CONTROL

2.1 COVID-19

COVID-19 (“**Corona Virus Disease of 2019**”) is the disease caused by the novel coronavirus, *SARS-CoV-2*.

It spreads in droplets formed when a person coughs, sneezes or speaks; as a result, workers not exercising appropriate social distancing may themselves become infected if they engage with an infected individual (including patients, visitors and co-workers). In addition to direct communication, the virus can be spread when individuals touch contaminated surfaces and then touch their faces prior to cleaning their hands. Finally, the likelihood of airborne transmission of COVID-19 increases during patient care activities called, “Aerosol Generating Medical Procedures” (AGMP) when they are performed on a suspected/confirmed COVID-19 cases. These high-risk activities increase the amount of droplets in the air and on surfaces. As a result, it is critical that patient care staff strictly adhere to Island Health PPE requirements.

Figure 1 (“Contact Modification Potential Grid”) depicts how social interactions should be modified to reduce the potential for disease transmission—decreasing the intensity of interactions (i.e. maintaining social distancing and reducing direct human contact activities such as handshaking) between individuals and decreasing the number of people within a setting at any given time greatly reduces the risk for transmission.

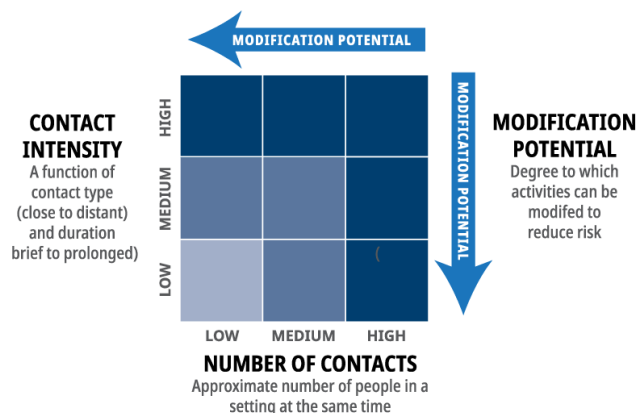


Figure 1: Contact Modification Potential Grid

Leadership, in conjunction with JOHSC members and other stakeholders at each Island Health areas/site, will utilize the two checklists contained within Appendices A and B of this document to assist in identifying, assessing and controlling COVID-19 related hazards. As well, union partners/stakeholders will be asked to review the tools

commencing on May 20, 2020; they will subsequently be able to provide feedback on any associated findings/recommendations throughout this process.

2.2 Risk Assessment

Table 1 provides guidance for individuals working within 2 metres of others. It was developed using reference materials obtained from:

- a. The Ministry of Health;
- b. The Provincial Medical Health Officer;
- c. Island Health Infection Prevention and Control;
- d. WorkSafeBC’s *Occupational Health & Safety Regulation* and *Occupational Health & Safety Guidelines*, including:
 - Regulation 5.54 “Controlling Exposure - Exposure Control Plan”,
 - Regulation 6.34 “Biological Agents - Exposure Control Plan,” ;
 - Guideline G6.34-6 “Exposure Control Plan - Pandemic Influenza”

Table 1: COVID-19 Risk Exposure Level – for workers/ students/ volunteers/physicians who are within 2 meters of a patient/client/resident/workers

	Worker is providing care to individual who is COVID-19 (Positive or suspected) and an AGMP* is being conducted	Worker is providing care to individual who is COVID-19 (Positive or suspected) and AGMP* is NOT being conducted	Worker is in proximity to a COVID-19 asymptomatic patient/client/resident/workers/ students/ volunteers/physicians
All Inpatient Care Areas (e.g. including Mental Health, Pediatric & Adult Medicine, Perinatal Services, etc.) Medical Imaging Departments Primary Care Settings	High Risk	Moderate Risk	Low Risk
Emergency Departments			
Operating Room Staff & Physicians			
Long-Term Care			
COVID-19 Screening Centers (Including drive through) Community Health Services/Assisted Living/Public Health/Overdose prevention sites	N/A	Moderate Risk	Low Risk
All other workplaces and workers/students/ volunteers/physicians			

*AGMP: “Aerosol-Generating Medical Procedure”

All workers, volunteers, students, physicians, contractors are considered to be low risk as they are directed to stay home if ill, go home if ill, not attend work if they have traveled within 14 days and to stay home if someone in their household is COVID positive and/or suspected of having COVID-19.

2.3 Risk Control

To reduce/mitigate the spread of COVID-19, controls will be instituted by Island Health following a Hierarchy of Controls similar to the graphic provided in Figure 2.



Figure 2: Hierarchy of Controls Applicable to COVID-19

Source: North American Training Solutions, downloaded from: <https://northamericatrainingolutions.com/covid-19-updates-and-info/>

Appendices A and B provide checklists to assist in identifying concerns, assessing risk associated with the concerns, and recording the appropriate mitigation strategies. All units/sites are expected to complete a checklist for their areas.

While the graphic depicts general steps to control the spread of COVID-19, the following paragraphs outline healthcare-specific topics:

Hierarchy of Controls – COVID 19 Concerns Related to Healthcare Settings:

Elimination

- Elimination of face-to-face contact is the preferred control, using services such as telehealth medicine, or promotion of work from home options where possible.

Substitution

- Use of social distancing (i.e. maintaining a distance of 2 metres from others) as applicable.

Engineering Controls

- Use of negative pressure rooms and other physical barriers to maintain social distancing.

Administrative Controls

- Informational and directional signage;
- Hand hygiene protocols, cough/sneeze etiquette;
- Cohorting patients with similar symptoms; and
- Requiring staff who become symptomatic with influenza-like symptoms to remain off work.

Personal Protective Equipment (PPE)

- Information regarding the types of PPE required with contact, droplet, or airborne transmission can be found in the Infection Prevention & Control Reference Guide.

Island Health is taking measures, as directed by the Provincial Health Officer, to preserve PPE. We are implementing prioritization measures and conservation protocols to ensure that adequate supplies of reliable PPE remains available protect healthcare workers and their patients.

PPE recommendation tables have been developed by Learning and Performance Support in collaboration with Infection Prevention and Control, Clinical Operations, Professional Practice, Occupational Health and Safety, and Medical Affairs with guidance taken from BCCDC and Ministry of Health to provide clear guidance to care providers on appropriate PPE. An example is provided in Table 2 below--updates can be found in the [PPE for Healthcare Personnel During COVID-19](#) document.

- With respect to respiratory protection, it is important to note:
 - **Surgical masks** - are effective at capturing droplets and must be used in combination with eye protection, frequent hand-cleaning with soap and water or alcohol-based hand rub, gloves and a gown.
 - **N95 Respirators** - are used to contain large droplets generated during an AGMP on a person under investigation for or diagnosed with COVID-19 to minimize the spread of potentially infectious material. Workers must wear an N95 when directly involved in an AGMP. **An N95 masks must be fit tested.**

Furthermore, on units where elastomeric (re-usable) respirators have been issued instead of N-95 disposable respirators, leaders and employees may refer to: [Recommendation for the Use of Elastomeric Half-Face piece Respirators \(EHFR's\) During COVID-19](#).

Table 2: Personal Protection for All Island Health Spaces

All Island Health Spaces									
When within 2 meters of another person with...	Excellent Hand Hygiene	Isolation Gown	Gloves	Surgical/ Procedure Mask	Face Shield/Visor or Goggles	N95 Mask	Head and Neck Covers	Doffing	Provincial Guideline Adherence
No respiratory symptoms or fever	✓	Not required	Not required	✓ Wear same surgical/ procedural mask, as long as the mask does not become wet/ contaminated (e.g., worker sneezes in your face) within 2 meters	Not required However, eye protection will be made available upon request	Not required	Not required	Hand hygiene required when touching or removing mask. Eye protection to be cleaned & disinfected each time it is donned/ removed.	Meets guidelines

3.0 SAFE WORK PRACTICES

3.1 Hand Hygiene

All Island Health employees, physicians, students, volunteers and contractors must follow the [Island Health Hand Hygiene Policy](#). Proper hand hygiene helps prevent the transfer of infectious material from the hands to other parts of the body (including the eyes, nose and mouth) and to other surfaces that may be touched/contacted by others.

As per this Policy, hand hygiene must be performed:

- At each of the “4 Moments for Hand Hygiene” as defined by the World Health Organization;
- Before and after touching high contact surfaces (e.g. shared work stations, and business equipment);
- Before donning and after doffing any type of gloves;
- Before donning and after doffing personal protective equipment (e.g. [Putting on PPE](#) and [Removing PPE](#));
- Before/after contact with a patient or entering (and upon exiting) the “patient’s zone” (which is defined as the area immediately surrounding a patient);
- Before/after carrying out an invasive or aseptic procedure; and
- After contact with blood or body fluids.

Resources outlining proper hand hygiene techniques are available:

- I. *How to Clean Your Hands with Soap and Water* (Poster)
https://intranet.viha.ca/departments/infection_prevention/Documents/how-clean-hands-soap-water-landscape.pdf
- II. *How to Clean Your Hands with Alcohol Based Hand Rub* (Poster)
https://intranet.viha.ca/departments/infection_prevention/Documents/how-clean-hands-alcohol-based-hand-rub-landscape.pdf

Note:

- Appropriate hand hygiene also involves:
 - Resisting the temptation to touch one’s own eyes, nose or mouth with unwashed hands; and
 - Using utensils (i.e. forks, spoons or toothpicks) when eating and serving foods (i.e. food should not be handled directly by hand).

3.2 Cough/Sneeze Etiquette

All staff are expected to follow cough/sneeze etiquette to minimize the transmission of diseases via droplet routes. Cough/sneeze etiquette includes the following components:

- Covering the mouth and nose with a sleeve or tissue when coughing or sneezing to reduce the spread of germs;
- Using tissues to contain secretions and immediately disposing of used tissues in an appropriate garbage receptacle;
- Immediately washing hands afterwards; and
- Turning your head away from others when coughing or sneezing.

3.3 Decontamination Procedures

For guidance, see unit-specific procedures and Island Health's Infection Prevention and Control Resources.

3.4 Additional Safe Work Practices

Additional safe work practices will be adapted, refined and developed in response to COVID-19. This includes unit specific guidelines, work practices and protocols.

4 EDUCATION AND TRAINING

All staff must follow clinical practice guidelines and required organizational practices for their occupation. Island Health has established the following means of sharing information across the organization:

- All Island Health employee emails - daily update from the CEO & Chief MHO;
- COVID-19 related bulletin posts on Island Health [intranet home page](#);
- [COVID-19 webpage](#), BCCDC - sources of truth;
- [IPAC Resources](#) ;
- Fit testing as defined by PPE Requirements;
- Hand Hygiene and cough/sneeze etiquette; and
- Unit specific orientation.

5 REPORTING AND HEALTH MONITORING (current process as of May 21, 2020)

When there is a confirmed case of COVID-19 within our Island Health facilities (or places of work in the community), a risk assessment is completed to determine who may have been exposed. If after this contact tracing occurs, it is determined that a staff member may have been at risk of exposure, the staff member will be contacted by an occupational health and/or public health professional who will ask questions to assess the risk level of the exposure, and provide immediate direction.

Refer to [Potential Exposure to COVID-19 in the Workplace - Directions for Island Health Leaders](#)

5.1 Employee Resources

If Employees report feeling worried/anxious about COVID-19 related issues, there are a number of resources and supports available.

Refer to [COVID-19: Resources for Staying Mentally and Emotionally Well](#) for details about the supports and services available.

6 RECORD KEEPING

Records shall be kept as per Island Health's established processes.

7 DEFINITIONS

- **AGMP** – *Aerosol Generating Medical Procedure*
- **BCCDC** – *British Columbia Centre for Disease Control*
- **ECP** – *Exposure Control Plan*

- **EOC** – *Emergency Operations Centre*
- **MHO** - *Medical Health Officer*
- **PHAC** – *Public Health Agency of Canada*
- **PPE** – *Personal Protective Equipment*
- **SWP** – *Safe Work Practice*
- **WHO** – *World Health Organization*

8 RELATED ISLAND HEALTH STANDARDS

- IPAC [Resources](#)
- Infection Prevention and Control [Best Practices Guidelines for Droplet Precautions](#)
- Island Health Infection Prevention and Control - Point of Care Risk Assessment
https://intranet.viha.ca/departments/infection_prevention/Documents/posters_and_brochures/prec_autions_table.pdf

9 REFERENCES

- WorkSafeBC *Occupational Health and Safety Regulation Guideline, G6.34-6 Exposure control plan - Pandemic influenza*
- [BCCDC COVID-19 screening guide](#)
- [PICNet](#) 2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare

10 RESOURCES

- Island Health Intranet – <https://intranet.viha.ca>
- BCCDC – <http://www.bccdc.ca/>
- WorkSafeBC- <https://worksafebc.com>
- PHAC - <https://www.canada.ca/en/public-health.html>
- WHO - <https://www.who.int/>
- PICNet - <https://www.picnet.ca/>
- Unit Specific Guidelines

Appendix A: COVID-19 Pandemic Recovery Plan Checklist and Actions List

The following checklist identifies locations, conditions, and situations that may be impacted by COVID-19, especially given the re-introduction of staff and/or an increase in the service(s) delivered. To complete the checklist, consider the following for each question and answer:

- a. Whether the question is applicable and if so, whether the item has been suitably addressed (or not).
- b. If the intent of a question has not been addressed:
 - I. Assign a priority to addressing the item from the Priority Matrix below. Priority can be calculated by multiplying the likelihood of exposure with degree of adversity for the outcome.
 - II. Determine what action(s) must be completed to ensure the associated risk(s) has/have been rectified/minimized.
 - A copy of the “Facility Level Risk Assessment” is provided in Appendix B. It provides in-depth questions and mitigation strategies that can be used when completing this section.
 - Assessment teams may choose to complete Appendix B in addition to this table.

Please check one: This is a Site Department

Date: _____ Department: _____

Site: _____ Program: _____

Participants:

Name	Position	Signature
1.		
2.		
3.		
4.		
5.		

Priority Matrix for Items Identified in Checklist.

		Minor Adverse Outcome 1	Moderate Adverse Outcome 2	Major Adverse Outcome 3
LIKELIHOOD of EXPOSURE	Unlikely 1	Low Priority 1	Low Priority 2	Medium Priority 3
	Might happen 2	Low Priority 2	Medium Priority 4	High Priority 6
	Highly likely 3	Medium Priority 3	High Priority 6	Very High Priority 9

Based on CSA Z1002-12, the Work Safe Alberta matrix, and modifications for clarity

COVID-19 Pandemic Recovery Plan Checklist and Actions List

Item	Yes, No or N/A	Priority Rating (Low = 1; V. High = 9)	Action Item(s) To Address Noted Gaps/Deficiencies
Communication about COVID-19			
1. Systems are implemented to inform workers and stakeholders like the Joint Occupational Health & Safety Committees (JOHSC) about the current risk of exposure to COVID-19 and the steps that must be followed to reduce/eliminate these workplace risks?			
2. Are workers and stakeholders like the JOHSC able to inform Island Health Leadership about concerns related to COVID-19?			
Identifying Exposure hazards and Developing Measures to Control Exposure			
3. Has a walk-through of the workplace been conducted to identify specific conditions or tasks that may increase the risk of worker/physician/ patient/visitor exposure to COVID-19? Note: Further information can be found in Appendix B.			
4. Have physicians/workers (including the JOH&S Committees) been asked where they believe potential exposures may occur and how they think exposures can be controlled? Note: Further information can be found in Appendix B.			
Controls at the Worksite			
5. Has the site/unit identified controls to eliminate/ minimize the risk of exposure? Note: Further information can be found in Appendix B.			
6. Have the identified controls been implemented?			
7. Are the identified controls effective?			
8. Has leadership determined the acceptable number of people that should be in the assessed area(s) to determine appropriate numbers of staff, patients, visitors, etc.?			
9. Has leadership determined what “core work” must be undertaken and where it can be safely and productively performed?			
10. Has leadership determined which staff/physicians must be present and to what job function(s) they will be assigned?			

Item	Yes, No or N/A	Priority Rating (Low = 1; V. High = 9)	Action Item(s) To Address Noted Gaps/Deficiencies
11. Can workers (and others) self-distance (i.e. maintain a 2-meter distance between themselves and patients/ clients and between themselves and co-workers)? If “No”, complete the following section(s) from Appendix B—Sect. 1 (“Floor, Department/Room Capacity”)			
12. With respect to Q. 11, do existing work station configurations currently accommodate COVID-19 protocols? If “No”, complete the following section(s) from Appendix B—Sect. 2 (“Design of Individual Workstations”).			
13. Have steps been taken to ensure that there is adequate housekeeping/cleaning both during and between shifts? If “No”, complete the following sections from Appendix B—Sect. 3 (“Housekeeping Levels for Work Areas and Communal Areas”), Sect. 4 (“Sanitation Supplies”).			
14. With respect to Q. 11, do public areas currently minimize the risk of COVID-19 infectious transfer? If “No”, complete the following sections from Appendix B—Sect. 6 (“Reception Areas, Lobbies and Waiting Rooms”), Sect. 7 (“Elevators”), Sect. 8 (“Lunchrooms/Cafeterias”), Sect. 9 (“Restrooms”), Sect. 10 (“Meeting Rooms”), “Sect. 13 (“Utilities/Vending Machines/Water Dispensers/Coffee Machines/etc.), Sect. 15 (“Recreational Areas”).			
15. Are there adequate hand- washing stations (soap/water and/or hand sanitizer) to encourage workers, physicians, patients, visitors, etc. to wash their hands frequently? If “No”, complete the following sections from Appendix B—Sect. 6 (“Reception Areas, Lobbies & Waiting Rooms”), Sect. 8 (“Lunchrooms/ Cafeterias”).			
16. In addition to Q. 15, have arrangements been made to enhance cleaning and disinfection of high-contact items such as door handles, faucet handles, and shared			

equipment (e.g. shared workstations and office equipment like printers/photocopiers, etc.)? If “No”, complete the following sections from Appendix B—Sect. 14 (“Shared Equipment, Items and Furniture”).			
17. Does the organization have a system to monitor/track the efficacy of the items described in this section?			
18. In addition to Q. 15, have arrangements been made to enhance cleaning and disinfection of high-contact items such as door handles, faucet handles, and shared equipment (e.g. shared workstations and office equipment like printers/photocopiers, etc.)? If “No”, complete the following sections from Appendix B—Sect. 14 (“Shared Equipment, Items and Furniture”).			
Addressing Concerns About Sick Workers and/or Those Returning from Outside B.C.			
19. Is there a system in place to ensure that Managers, Supervisors and Workers understand what they must do if they become ill with COVID-19 symptoms?			
20. Is there a system in place to ensure that Managers, Supervisors and Workers understand what they must do if they have been travelling outside of B.C.?			
Occupational Health and Safety Requirements			
21. Has the JOHSC (or Worker Representative) been involved in the preparations for increasing service delivery and/or staffing levels?			
22. Have relevant health & safety protocols been incorporated into day-to-day Operations?			
23. Has job appropriate / mandated training been completed or scheduled for returning staff?			
24. Will additional staff education/training be required? If “Yes”, describe.			
25. Is Orientation/Training to new/revised protocols and PPE being provided?			

Appendix B: Facility Level Risk Assessment for COVID-19 Pandemic Recovery Plan

Facility Name/Address		Floor/Department/Work Area	
Assessment Date:		Planned Review Date:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	
Assessors Name:		Job Title:	



Introduction



The Facility Risk Assessment considers a facility’s infrastructure and the feasibility to restructure, redesign and/or adapt the facility to reduce the risk associated with COVID-19. The risk assessment consists of identifying and assessing areas used by staff and choosing appropriate control measures.

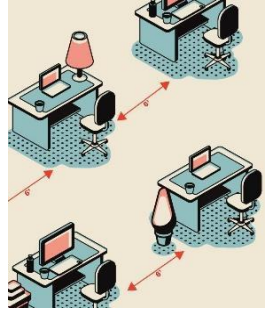

How to use this tool


This tool will help facility managers and Joint Occupational Health & Safety Committees review facility infrastructure to ensure staff can safely return to the office in light of COVID-19 and the “new normal”.


The “Items” column lists infrastructure elements that must be considered. The “Recommended Controls” column lists controls that relate to the infrastructure item and help facilitate alignment with the BC Government’s “Core Control Measures.” The middle column lists yes/no questions as to whether or not a particular control measure is in place or can be implemented. ‘Yes’ indicates alignment or the ability to align. If the answer is ‘No’, it requires both adoption of the control measure, or justification as to why it cannot be achieved and what will be done in its place to control the risk. When assessing the risk for each item in the last section, be mindful that the greater the number of contacts and the greater the contact intensity (function of distance and duration), the greater the risk of staff being exposed to and contracting COVID-19. The goal of the risk assessment is to determine the level of risk and implement controls to adequately mitigate that risk.


Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
1	Floor/department/room capacity based on floor plan.	Will staff within the departments be able to work from home? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	To reduce staff numbers in the workplace, consider having staff work from home. Also, explore the possibility of arranging work shifts to reduce numbers of staff in the workplace. 
		Are the workstations spaced within the assessed area(s) to ensure that at a minimum, there is a minimum 2-meter physical distance between staff? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Consider removing workstations and/or reconfiguring workstation layout. 


Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
1	Floor/department/room capacity based on floor plan (cont.'d).	<p>Are there adequate restrooms to maintain the required 2-meter physical distancing requirements?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Review the reduced restroom capacity implications.</p> 
		Other:	
		<p>Risk Rating Before (circle one): Low Med High</p>	
		<p>Risk Rating After (circle one): Low Med High</p>	
2	Design of Individual Workstations	<p>Are workstations located within 2 meters of high traffic areas?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Ensure there are no workstations located within 2 meters of the high traffic areas.</p> <p>If this is not feasible, provide barriers to isolate the workstation.</p> 


Facility Level Risk Assessment for COVID-19 Exposure				
#	Items	Details	Recommended Controls	
2	Design of Individual Workstations (cont.'d)	<p>Are workstations located within a 2-metre radius of one another?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Alternatively, demarcate walking lane using tape to ensure 2 metres distancing from workers.</p> <p>Ensure there are no workstations located within 2 metres of each other or designate which seats the workers can sit in to maintain adequate physical distancing.</p> <p>If this is not feasible, provide a barrier or partition to isolate the staff.</p> 	
		<p>Where workstations are within a radius of 2 metres of physical distance, are barriers provided?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Barriers or high-walled cubicles should be installed to isolate the staff.</p> 	
		<p>Are individual workstations designed to be shared among staff?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>The barriers must be made of readily cleanable materials</p> <p>It is recommended that staff do not share workstations. If sharing is required, staff must be made aware of the requirement to wipe the workspace, including commonly used items (phones, pens, computers, etc.) with disinfectant wipes after use.</p>	
		<p>Other:</p>		
		<p>Risk Rating Before (circle one): Low Med High</p> <p>Risk Rating After (circle one): Low Med High</p>		

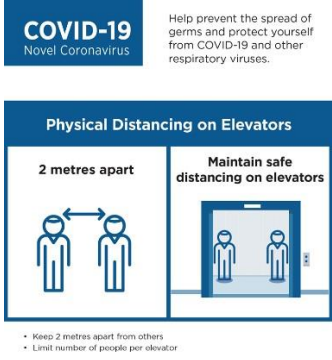
Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
3	Housekeeping levels for work areas and communal areas (e.g. kitchens, restrooms, elevators)	<p>Does Housekeeping have capacity to increase cleaning frequency of the workplace, especially the common areas, and frequently touched surfaces?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Enhance your environmental cleaning procedures and protocols, especially for disinfecting high-touch surfaces and objects</p>  <p>e.g. phones, elevator buttons, handrails, door handles, computers, desks, lunch tables, kitchens, washrooms, faucet handles, seating areas, surface counters, customer service counters, etc.</p>
		<p>Is it feasible to increase cleaning frequency of the workplace, especially the common areas, and frequently touched surfaces? (Be sure to consider capacity of housekeeping staff).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Consider having increased cleaning done during the daytime to make it visible to employees to provide sense of security.</p>
		Other:	
		<p>Risk Rating Before (circle one): Low Med High</p> <p>Risk Rating After (circle one): Low Med High</p>	


Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
4	Sanitation Supplies	<p>Do workers/physicians within the workplace have access to sanitation equipment such as disinfectant wipes, sanitizer dispensers?</p> <p>Note₁: Ensure disinfectants and hand sanitizers are approved for use against COVID-19 by Health Canada.</p> <p>Note₂: Ensure disinfectants and hand sanitizers are used/stored in accordance with WHMIS legislation.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Employees who interact in person with the public (within 2 meters), with objects handled by the public, or with spaces occupied by the public, are instructed to perform hand hygiene often and between every interaction with members of the public.</p> 
		Other:	
		<p>Risk Rating Before (circle one): Low Med High</p> <p>Risk Rating After (circle one): Low Med High</p>	
5	Ventilation Systems	<p>Does the workplace have the capability to increase ventilation in the facility?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Increase facility ventilation rates, including opening doors and windows, where possible.</p> <p>Use high efficiency air filters.</p>

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
5	Ventilation Systems (cont.'d)	Other:	
		Risk Rating Before (circle one):	Low Med High
		Risk Rating After (circle one):	Low Med High
6	Reception Areas, Lobbies and Waiting Rooms	<p>Can the reception area be arranged to allow 2 meter of physical distance between the visitors and the receptionists?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Ensure there is a minimum of 2-meter physical distance between the visitors and the receptionists. In cases where this is not achievable, provide Plexiglas between visitors and staff at the reception area.</p> 
		<p>Is it feasible to implement a touch-less sign-in?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Hands-free sign-in features will reduce visitors touching surfaces.</p>

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
6	Reception Areas, Lobbies and Waiting Rooms (cont.'d)	<p>Can the seating be arranged in the lobbies and waiting rooms to maintain 2 meter physical distancing?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Ensure to arrange the seating space to maintain 2 meter physical distancing.</p> 
		<p>Have non-essential items been removed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Remove non-essential items (e.g. magazines, remotes).</p>
		<p>Is it feasible to post a hygiene etiquette poster, as well as a poster reminding staff to self-assess for symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Ensure to have hygiene etiquette posters for coughing and hand washing in common areas.</p> <p>Ensure there is a posting that reminds staff to self-assess for signs and symptoms to refrain from coming in to work.</p>


Facility Level Risk Assessment for COVID-19 Exposure				
#	Items	Details	Recommended Controls	
6	Reception Areas, Lobbies & Waiting Rooms (cont.'d)	Is it feasible to have hand sanitizer at the entrances, and through the areas? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Place hand sanitizer stations at entrances and throughout the area(s).	
		Is it feasible to alter delivery procedures and educate vendors to reduce contact and increase physical distancing? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Have deliveries left outside or distanced from staff.	
		Can the floor be marked with tape to demarcate 2 meter physical distancing? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Demarcate 2 meter spacing to allow staff to maintain physical distancing as they enter the facility. 	
		Is it feasible to alter delivery procedures and educate vendors to reduce contact and increase physical distancing? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		
		Other:		
		Risk Rating Before (circle one):		Low Med High
Risk Rating After (circle one):		Low Med High		

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
7	Elevators	Can the floor of the lobby be marked with tape to demarcate 2 meter physical distancing at the elevator? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Demarcate 2 meter spacing in elevator lobbies. In high occupancy buildings, consider need for clearly delineated line-up lanes increase lobby capacity.
		Can the workplace minimize the use of the elevator to maintain a minimum 2-meter physical distance for elevator’s occupants? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	In taller buildings, encourage workers on lower floors to use stairs to avoid elevator use.
		Is it feasible to post a hygiene etiquette poster? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Post elevator etiquette poster, facing same direction or away from other occupant(s), respiratory etiquette (e.g. sneezing into elbow).
		Can the workplace minimize the use of the elevator to maintain 2 meter physical distance for elevator’s occupants? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Post maximum capacity prominently outside elevators and inside, ensuring 2 meter spacing. 
		Other:	

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
7	Elevators (cont.'d)	<p>Risk Rating Before (circle one): Low Med High</p> <p>Risk Rating After (circle one): Low Med High</p>	
8	Lunchrooms/Cafeterias	<p>Is the lunchroom large enough for staff to maintain physical distancing of 2 meters?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Post the maximum capacity prominently outside and inside lunchrooms.</p>  <p>Appropriately space seating and label as, “available” or “do not use.”</p> <p>For large lunchrooms with congestion potential, consider posting a traffic flow map.</p> <p>Encourage staff to minimize time in the lunch room (e.g. <15 minutes/seating).</p>
		<p>Can appliances in the lunchroom be separated to allow for physical distancing of 2 meters?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Space microwaves and other appliances apart in the kitchen.</p>
		<p>For areas where physical distancing cannot be achieved, is it feasible to install tall barriers?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comment:</p>	<p>Tall barriers will provide protection to staff against potential droplets when physical distancing cannot be maintained.</p>

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
8	Lunchrooms/Cafeterias (cont.'d)	Does the lunch room have access to soap and water, and/or hand sanitizers? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Ensure facilities available including soap for hand washing, and/or hand sanitizer (reference needed).
		Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection of frequently touched surfaces.
			Post kitchen hygiene posters (e.g. CDC poster)
		Is it feasible to have staff clean and disinfect areas used after each use? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	BCCDC requests staff to clean and disinfect areas used after each use.
		Other:	
		Risk Rating Before (circle one): Low Med High	
		Risk Rating After (circle one): Low Med High	
9	Restrooms	Are the restrooms large enough for staff to maintain physical distancing of 2 meters? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Sign posted at door indicating only one person at a time to enter restroom (if a risk assessment deems it safe for more than 1 person to enter, ensuring 2 meters spacing at bottleneck areas such as sinks and urinals, a higher capacity may be posted). Demarcate 2 meters spacing at entrance.

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
9	Restrooms (Cont.'d)		Post hygiene posters of appropriate cleaning technique and importance of frequent hand washing.
		Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to housecleaning or other relevant parties to increase frequency of disinfection for frequently touched surfaces.
		Other:	
		Risk Rating Before (circle one): Low Med High Risk Rating After (circle one): Low Med High	

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
10	Meeting Rooms (Cont.'d)	Are the meeting rooms large enough for staff to maintain physical distancing of 2 meters? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Remove excess chairs 
			Prioritize meeting rooms nearer the entrance for meetings with visitors to minimize contact with staff.
			Based on revised assessment of numbers for meeting rooms needed, consider repurposing some meeting rooms with workstations to offset reductions in staff capacity due to physical distancing requirement.
		Is it feasible to increase ventilation for the meeting room? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Increasing meeting room ventilation and prioritize use of meeting rooms with good ventilation, including rooms in which having doors open would least inconvenience nearby workers.
	Is it feasible to have tissues and hand sanitizer located throughout space [11] Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Ensure to have hand sanitizer located throughout space.	
			Ensure to have closed trash cans available forward used tissue disposal.
			Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection of frequently touched surfaces.

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
10	Meeting Rooms (cont.'d)	Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection of frequently touched surfaces.
		Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	
		Other:	
		Risk Rating Before (circle one): Low Med High Risk Rating After (circle one): Low Med High	
11	Printer rooms and designated call areas	Are the printer and/or designated call rooms large enough for staff to maintain physical distancing of 2 meters? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Post meeting room capacity to maintain 2 meter physical distancing.

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
11	Printer rooms and designated call areas (Cont.'d)	Is it feasible to have tissues and hand sanitizer located throughout space [11] Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Ensure to have hand sanitizer located throughout space.
		Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection for frequently touched surfaces.
		Other:	
		Risk Rating Before (circle one): Low Med High Risk Rating After (circle one): Low Med High	

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
12	First Aid Rooms	Are procedural masks available for both the first aiders and their patients? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Ensure to have procedural masks available for providing first aid.
		Are disinfectant wipes available for first aid staff? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Ensure disinfectant wipes are available for staff to use for wiping touched areas in the first aid rooms.
		Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection for frequently touched surfaces.
		Other:	
		Risk Rating Before (circle one): Low Med High Risk Rating After (circle one): Low Med High	

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
13	Utilities (Vending machines/water dispensers/coffee machines/fridges/micro waves)	Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection for frequently touched surfaces.
		Other:	
		Risk Rating Before (circle): Low Med High Risk Rating After (circle): Low Med High	
14	Shared equipment, items, furniture	Is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection for frequently touched surfaces.
		Is there any shared equipment, items, and furniture that is hard to clean? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	

Facility Level Risk Assessment for COVID-19 Exposure			
#	Items	Details	Recommended Controls
14	Shared equipment, items, furniture (cont.'d)	Is there any equipment, items, furniture that can be removed because it is unnecessary? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Removing unnecessary shared items will prevent staff from using and touching them.
		Other:	
		Risk Rating Before (circle one):	Low Med High
		Risk Rating After (circle one):	Low Med High
15	Recreational areas (bike rooms, lockers, gyms,)	Are the recreational areas large enough for staff to maintain physical distancing of 2 meters? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	If "No", close gyms because staff will be producing increased amount of aerosols during exercise. If "Yes", post recreational area capacity to maintain 2 meter physical distancing.
		If applicable, is it feasible to increase the frequency of cleaning for high touch surfaces? Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:	Plan in place and communicated to Housecleaning or other relevant parties to increase frequency of disinfection for frequently touched surfaces.
		Other:	
		Risk Rating Before (circle one):	Low Med High
		Risk Rating After (circle one):	Low Med High

