



COVID-19 EXPOSURE CONTROL PLAN

(May 21, 2020)

The following Workplace Exposure Control Plan is a response to the outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including Canada. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19"). The Public Health Agency of Canada has determined the Human Coronavirus to be a Risk Group Classification: Group 2.

In light of the emerging details of the global COVID-19 pandemic, we have assembled the following Workplace Exposure Control Plan for our site based upon the risk assessment conducted on May 19, 2020.

The Workplace Exposure Control Plan is intended to provide a safe workplace for all employees and reduce the hazard of spreading a potentially dangerous disease.

The situation-based matrix provides specific actions in the below plan that enable quick and decisive action to conform to the recommendations of the BC Ministry of Health and the Public Health Agency of Canada to reduce the spread of COVID-19 while supporting the Canadian population.

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

In the case of pandemic influenza it is anticipated there will be three primary routes of transmission, all of which need to be controlled. Based on the use of traditional terminology, the routes are as follows:

- *Airborne transmission*: Airborne (inhalable) particles can be generated from coughs and sneezes. They can also be generated from some medical procedures such as endotracheal intubation, bronchoscopy, nebulizer treatment, or airway suctioning.

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

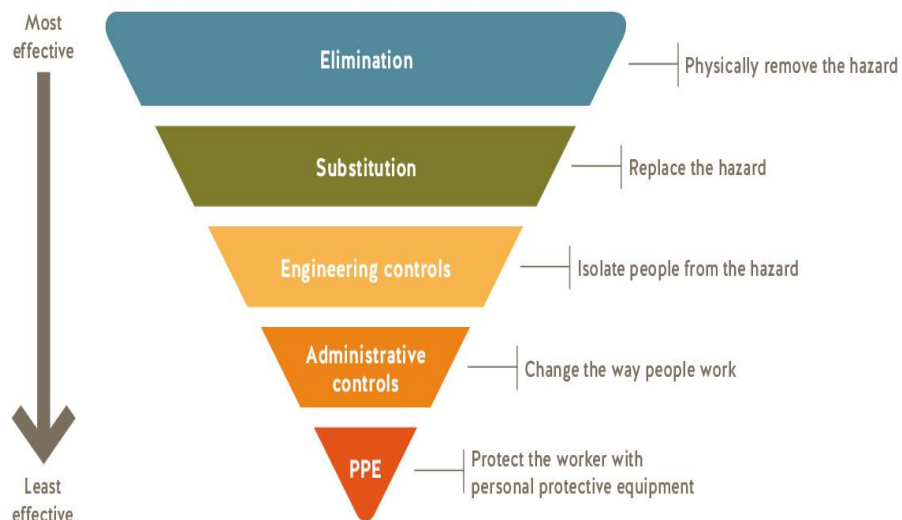
- **Droplet transmission:** Large droplets may be generated by an infected person through coughing or sneezing, and also through medical procedures such as cough induction. Droplets travel a short distance through the air and can be deposited on inanimate surfaces, or in the eyes, nose, or mouth.
- **Contact transmission, both direct and indirect:** Direct contact involves direct skin-to-skin contact, such as when a worker performs patient care or emergency response activity that requires direct personal contact (such as turning or bathing a patient). Indirect contact involves a worker's contact with a contaminated intermediate object such as a contaminated table top, door knob, or a computer keyboard used by an infected worker and then touching the eyes, nose, or mouth. Contact transmission is important to consider because influenza viruses can persist for minutes on hands and hours on surfaces.

The hierarchy of controls

When considering how to reduce the risk, there's a certain order you should follow. This is called the hierarchy of controls. It's important to follow the hierarchy, as shown below, rather than start with the easiest control measures.

<https://www.worksafebc.com/en/health-safety/create-manage/managing-risk/controlling-risks>

Hierarchy of controls



Elimination or substitution

Eliminating the hazard completely is always the first choice. Substitution involves replacing the material or process with a less hazardous one. KSCL staff provide essential support and therefore eliminating risk is strived for but often not possible. Examples where KSCL has been able to eliminate or substitute risk include:

- Family visits have been substituted with virtual visits or visits outside where social distancing is possible (only would apply to individuals who could understand and comply with social distancing rules)
- Staff meetings/OH&S meetings – virtual meetings have been implemented to reduce contact

Engineering controls

These involve using work equipment or other means to prevent workers from being exposed to a hazard. Examples of Engineering controls include:

- Signage posted instructing how to wash hands
- Signage for physical distancing
- Signage for proper usage of masks
- Frequent cleaning and disinfection of workspaces and high touch objects

Administrative controls

KSCL's Administrative controls that have been implemented to reduce risk of exposure to Covid-19 include:

- The development of this Exposure Control Plan through a Risk Assessment conducted by the OH&S Committee
- Implementation of the Covid-19 Staff Screening Assessment
- Written Safe work procedures for high risk tasks such as; providing personal care, providing meal support and medication administration, shopping and errands, transportation, laundry, staff shift change, meal preparation, cleaning routines, and providing care during a Covid-19 outbreak.
- Implementation of Staff working at only one site

Personal protective equipment and clothing

Using personal protective equipment (PPE) is another important control to protect workers. KSCL follows the guidelines for PPE usage outlined by the BCCDC.



















<http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory-protection-COVID19.pdf>

SITE RISK ASSESSMENT FOR COVID-19 RISK OF WORKPLACE EXPOSURE

SITE OF ASSESSMENT	All Kootenay Society for Community Living Residential and Community Sites
DATE OF ASSESSMENT	May 19, 2020
ASSESSMENT TEAM	<u>Sunny Junker, Pauline Fenton, and Lauren Schellenberg:</u> for the employer <u>KSCL OH&S Committee</u> : for the union <u>Feedback from all employees at each sites</u> : for the union
OBJECTIVE	To determine all jobs, tasks, and procedures for which occupational exposure to COVID-19 is anticipated and to evaluate the likelihood that such exposure would occur.
OUTCOME	Create a Workplace Exposure Control Plan to mitigate risk of COVID-19 exposure to workers on site.
REVIEW OF WORKPLACE EXPOSURE CONTROL PLAN	Daily - Effective Immediately.

	LOW RISK	MODERATE RISK	MODERATE TO HIGH RISK	HIGH RISK
RISK OF EXPOSURE TO COVID-19 with no control measures in place	Workers who have no contact with individuals closer than the 2m social distancing and individual has no symptoms or suspicion of Covid-19	Workers who have contact with individuals closer than the 2m social distancing for short periods of time in ventilated work spaces. Individual has no symptoms or suspicion of Covid-19	Workers who have contact with individuals closer than the 2m social distancing for long periods of time in any work space. Individual has no symptoms or suspicion of Covid-19	Workers who have contact with individuals closer than the 2m social distancing for any period of time in any work spaces. Individual has symptoms/ suspicion or confirmed Covid-19.
CONTROLS TO REDUCE RISKS OF EXPOSURE TO COVID-19				
HAND HYGIENE	Yes, washing with soap and water for at least twenty (20) seconds, or using hand wipes that contain effective disinfectant	Yes, washing with soap and water for at least twenty (20) seconds, or using hand wipes that contain effective disinfectant	Yes, washing with soap and water for at least twenty (20) seconds, or using hand wipes that contain effective disinfectant	Yes, washing with soap and water for at least twenty (20) seconds, or using hand wipes that contain effective disinfectant
PHYSICAL DISTANCING	Yes, must always keep a minimum distance of two (2) meters from any person	Yes, maintaining minimum of (2) meters from any person whenever possible	Yes, maintaining minimum of (2) meters from any person whenever possible	Yes, maintaining minimum of (2) meters from any person whenever possible
DISPOSABLE GLOVES	Not required	Yes, when handling contaminated objects or providing personal care routines.	Yes, when handling contaminated objects or providing personal care routines.	Yes, when handling contaminated objects, providing personal care, or when working directly in an area with a symptomatic/suspected or confirmed Covid-19 resident

APRONS, GOWNS, OR SIMILAR BODY PROTECTION	Not required	Not Required but dependent on task and risk to contaminants	Yes, use gowns or similar body protection when working within 2m of someone exhibiting symptoms	Yes, when working in close proximity to symptomatic/suspected or confirmed COVID-19 residents.
EYE PROTECTION / GOGGLES OR FACE SHIELD	Not required	Yes, when performing personal care routines that could reasonable risk body fluids in workers face. Eg. Assisting with teeth brushing.	Yes, when performing personal care routines that could reasonable risk body fluids in workers face. Eg. Assisting with teeth brushing.	Yes, use goggles and face shield when working in close proximity to symptomatic/suspected or confirmed COVID-19 residents.

<p>MASKS</p>	<p>Not required</p>	<p>Yes, required when in (2) meter social distancing cannot be maintained.</p>	<p>Yes, required when in (2) meter social distancing cannot be maintained.</p>	<p>Yes, surgical Mask required</p>							
<p>COUGH/SNEEZE ETIQUETTE</p>	<p>Workers/Individuals are expected (encouraged) to follow cough/sneeze etiquette, which is a combination of measures that minimizes the transmission of COVID-19 via droplet or airborne routes. Cough/sneeze etiquette includes the following components:</p> <ul style="list-style-type: none"> ▪ Educate workers/clients in control measures, including hand washing ▪ <u>Post signs at workplace entry points to instruct everyone about control measures</u> ▪ Cover your mouth and nose with a sleeve or tissue when coughing or sneezing ▪ Use tissues to contain secretions, and dispose of them promptly in a waste container ▪ Turn your head away from others when coughing or sneezing ▪ Wash hands immediately and regularly 										
<p>HAND WASHING PROCEDURE</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td data-bbox="485 789 709 1252"> <p>1. Press hands palm to palm.</p>  </td> <td data-bbox="709 789 934 1252"> <p>2. Press each palm over back of opposing hand.</p>  </td> <td data-bbox="934 789 1159 1252"> <p>3. Interlace fingers, palm to palm.</p>  </td> <td data-bbox="1159 789 1383 1252"> <p>4. Interlock fingers.</p>  </td> <td data-bbox="1383 789 1608 1252"> <p>5. Rotate each thumb in palm.</p>  </td> <td data-bbox="1608 789 1833 1252"> <p>6. Rotate fingertips in palm.</p>  </td> </tr> </table>					<p>1. Press hands palm to palm.</p> 	<p>2. Press each palm over back of opposing hand.</p> 	<p>3. Interlace fingers, palm to palm.</p> 	<p>4. Interlock fingers.</p> 	<p>5. Rotate each thumb in palm.</p> 	<p>6. Rotate fingertips in palm.</p> 
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FREQUENCY DEFINITIONS

Frequency	% of Shift	Hours of 8-hour workday
Not required (N/R)	0%	0
Seldom (S)	0-5%	Not performed on a daily basis
Rare (R)	1-5%	<30 min /day
Occasional (O)	6-33%	30 min to 2 hours per day or 1 exposure every 30 min.
Frequent (F)	34-66%	2 hours 43 min per day to 5 hours 21 min per day or 1 exposure every 30 min.
Constant (C)	67-100%	5 hours 22 min per day to 8 hours per day or 1 exposure every 30 sec.

PART 1: WORK ACTIVITIES RISK ASSESSEMENT (Exposure Frequency) –

At time of No Covid-19 Outbreak

Task	Time frame of Exposure to Individual/co-worker	Exposure to individual/co-workers (within 2 meter rule)	Contact to high touch points and Route of Exposure	Control Measures	RISK OF EXPOSURE
Personal Care	Occasional	Yes	Yes 1. Contact 2. Airborne	<ol style="list-style-type: none"> 1. Safe work procedure 2. Universal precautions 3. PPE worn: Masks, gloves, gown (old shirt), face shield, goggles 4. Handwashing 5. Social distancing 6. Reducing contact by having an assigned staff per individual per shift (when possible) 7. Keeping exposure time to a minimum by making routines as short as possible and when necessary 8. Training for Donning and Doffing of PPE 9. Cleaning schedule 10. Encourage individual to wear a mask and follow hygiene etiquette 	Low
Meal assistance And Medication Administration	occasional	Maybe but try to not have more than one person in kitchen area	Yes 1.Contact 2. airborne	<ol style="list-style-type: none"> 1. Safe Work Procedure 2. Universal precautions 3. Masks and gloves 4. Handwashing 5. Social distancing 6. Staggering meals 7. Position of where Sitting 8. Face shield – dependent swallowing assessment and ability 	low

Shopping/errands – (Other) - alone	Occasional	No	Yes 1. Contact 2. Airborne	<ol style="list-style-type: none"> 1. Safe Work Procedure 2. Hand sanitize between stops 3. Gloves - change 4. Change house shoes and house clothes 5. Masks 6. Individuals not going shopping 7. Try and have same staff do shopping at end of shift if possible 8. Best to have shopper not on shift 	low
Transportation – with individual	occasional	Yes – most van’s won’t allow 2m distancing especially when assisting in and out of vehicle	Yes 1. Contact 2. airborne	<ol style="list-style-type: none"> 1. Safe Work Procedure 2. masks 3. encourage individual to wear mask and hand sanitizer 4. cleaning before and after driving 5. working alone procedure 6. sit in far back – keep distance 7. keeping sanitizer out of car 8. limit outings 9. shorter duration 	<p>Low – if individual wears mask or can be 2m</p> <p>Medium – if not mask and closer than 2m</p>
Socializing – visits 2m distance	rare	no	no	<ol style="list-style-type: none"> 1. maintaining 2 m 2. visits outside – not in the house 3. no sharing of objects 4. visits only with people who can understand the 2m distance 	low
Laundry	occasional	no	Yes 1. contact	<ol style="list-style-type: none"> 1. safe work procedure 2. steps to put laundry in bag – take out and put in washingmachine 3. laundry bag instead laundry basket – 	low

				universal precautions for someone who is ill 4. gloves	
Coming and Going from Work	occasional	no	Yes 1. contact	1. Safe Work Procedure 2. shoes at house 3. clothes for house and for home 4. screening tool	low
Staff Admin General Duties (shift change, logging, training, etc)	occasional	Potential - yes	Yes 1. contact 2. airborne	1. environmental controls when possible – make different work stations or times when logging etc occurs 2. limiting contact 3. Disinfection of materials 4. Wearing mask when not 2 m	low
Meal prep	Occasional	No	Yes 1. contact	1. Safe Work Procedure 2. hand washing 3. gloves 4. one staff only- no residents 5. Masks 6. Designated meal prep gown or outfit 7. Following food safe	low
Sanitizing Routines	Occasional	no	Yes 1. Contact	1. Safe Work Procedure 2. Cleaning Checklist 3. PPE – gloves, mask 4. SDS sheets for cleaning supplies 5. WHIMIS	low

PART 2: WORK ACTIVITIES RISK ASSESSEMENT (Exposure Frequency) –

Covid-19 Outbreak

Task	Time frame of Exposure to Individual/co-worker	Exposure to individual/co-workers (within 2 meter rule)	Contact to high touch points and Route of Exposure	Control Measures	RISK OF EXPOSURE
All Care/Contact with Infected Individual	Occasional	Yes	Yes 1. Contact 2. Airborne	<ol style="list-style-type: none"> 1. Safe work procedure 2. Reporting procedures 3. Universal precautions 4. Isolating the Individual 5. PPE worn: Masks, gloves, gown (old shirt), face shield, goggles 6. Handwashing 7. Proper handling of contaminated products/linen 8. Reducing contact by having an assigned staff per individual per shift (when possible) 9. Keeping exposure time to a minimum by making routines as short as possible and when necessary 10. Training for Donning and Doffing of PPE 11. Cleaning schedule 12. Encourage individual to wear a mask and follow hygiene etiquette 	Medium

WORKPLACE EXPOSURE CONTROL PLAN

PART 1: RISK ASSESSEMENT REVIEW	
DATE OF ASSESSMENT	May 19, 2020
DATE EXPOSURE CONTROL PLAN WAS CREATED:	May 22, 2020
DATE EXPOSURE CONTROL PLAN TO BE REVIEWED:	June 9, 2020
PART 2: DISTRIBUTION OF INFORMATION	
Information Sharing	Emails, ED report, Zoom or Microsoft Teams, Phone calls, KSCL website, Sharevision, Online learning, etc.
HANDWASHING PROTOCOL	Distributed and posted March 2020 by email to all sites.
COVID-19 INFORMATION	Distributed and posted in March 2020 through "Residential Precautions Covid-19" and then April "KSCL Covid-19 Outbreak Guidelines" which was reviewed and revised weekly.
WORKPLACE EXPOSURE CONTROL PLAN	Created and distributed May 21, 2020 through email and posting on site bulletin boards (Covid-19 Binders)

<p>SELF ASSESSMENT TOOL</p>	<p>The online self- assessment tool created by the BC government to help people understand their current health status as related to COVID-19 and determine if they are in need medical attention distributed through email on Mar-2020</p> <p style="text-align: center;">https://covid19.thrive.health/</p>
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PART 3: SITE EXPOSURE CONTROL PLAN

<p>PPE - PERSONAL PROTECTIVE EQUIPMENT</p>	<p>hand sanitizer, gloves, masks, gowns (extra shirt), booties, hair caps, face shields, goggles</p> <p>Emergency kits are located and available at each KSCL Residential Site</p> <p>Extra stock of PPE at KSCL main office along with supply carts in case of a Covid-19 Outbreak</p> <p>Universal Precautions training distributed on April 15, 2020 and completed by all staff</p> <p>Donning and Doffing posters distributed and posted</p>
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PERSONAL HYGIENE:	<p>Proper hygiene can help reduce the risk of infection or spreading infection to others, therefore immediately:</p> <ul style="list-style-type: none">• Each person entering the workplace is required to wash their hands with disinfecting soap and hot water and use the alcohol based hand sanitizer provided.• All employees are encouraged to wash their hands often with soap and water for at least 20 seconds, especially after using the washroom• when coughing or sneezing all employees must:<ul style="list-style-type: none">✓ cough or sneeze into a tissue or the bend of their arm, not the hand✓ dispose of any tissues used as soon as possible in a lined waste basket and wash hands afterwards• All employees must avoid touching their eyes, nose, or mouth with unwashed hands• All employees must not share eating utensils, drinks, towels or cigarettes with anybody.
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<p>SITE VISITS AND VISTORS</p>	<p>No non-essential visitors are permitted on site.</p>
<p>PHYSICAL DISTANCING:</p>	<p>It is imperative that everyone practice the physical distancing recommendations of the provincial and federal governments including:</p> <ul style="list-style-type: none"> • avoiding non-essential gatherings • avoiding common greetings, such as handshakes • avoiding crowded places such as concerts, arenas, conferences and festivals • limiting contact with people at higher risk like older adults and those in poor health • keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible • keeping a distance of at least 2 arms-length (approximately 2 metres) from others
<p>STAGGERING BREAKS AND SHIFT START AND END TIMES</p>	<p>Lunch Breaks, coffee breaks will be staggered to limit the number of individuals who may be arriving, leaving or resting at the same time.</p> <p>All employees must do their part to keep lunchroom and break rooms clean and sanitized.</p> <p>All employees are directed to not arrive to work and enter the building any earlier than 15 minutes prior to the start of their shift. This will help to limit the number of individuals in the workplace that have contact with one another.</p>
<p>TRAVEL FOR WORK PURPOSES</p>	<p>All travel must either adhere to 2 m social distancing or the use of PPE.</p> <p>Sanitizing of vehicle steering wheel, handles, gear shift, belts are all done before and after use</p>
<p>WORKING ON SITE</p>	<p>Attendance to the site will be scheduled to support the workflow and minimize the number of individuals in the workplace.</p>

PART 4: REPORTING TO WORK (For all employees)

COMPANY POLICIES
REGARDING COVID-19

1. **Covid -19 Staff Screening Assessment** – this protocol is followed by all staff prior to coming to work and upon arriving work where a declaration is signed by all staff.
2. **Seasonal Influenza Vaccine for individuals and respiratory illness prevention and Outbreaks Management – Policy # 102.76**
3. **Viral Gastroenteritis Prevention and Outbreak Management - Policy #102.90**

What does “close contact” mean?

It is important to understand how coronavirus spreads. Public Health Canada’s information on this is: Human coronaviruses cause infections of the nose, throat and lungs.

They are most commonly spread from an infected person through:

- Respiratory droplets generated when you cough or sneeze
- Close, prolonged personal contact, such as touching or shaking hands
- Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands
- Current evidence suggests person-to-person spread is efficient when there is close contact.

Also it is important to realize that we do not know for sure if the virus can be transmitted when a person is not showing symptoms. Here is what experts have said:

- The World Health Organization (WHO) suggests that your risk for contracting the novel coronavirus from someone who isn’t showing any symptoms is very low.
- Experts do believe it’s possible that someone with a novel coronavirus infection could transmit it to others even if they don’t show any symptoms, or have such mild symptoms that they don’t really know they’re sick.
- However, according to the CDC, a person who has contracted the virus is most contagious when they’re showing symptoms — and that’s when they’re the most likely to transmit the virus.
- Based on the above information, simply being around people who have COVID-19 does not mean you will contract the virus. Based on the best available science, the virus is not “airborne” in the sense that if a person coughs then someone who is 10m away would not inhale the droplets, as droplets do not float through the air but rather sink to the ground. However, if a person coughed and droplets settled on an object you then touch then you could contract the virus.
- Due to these facts, it is likely that if you live with someone who has COVID-19 you will also contract the virus since you are likely often close enough to them to inhale droplets and you likely frequently touch objects they have coughed/sneezed on. However it also means that simply being around other people does not necessarily qualify as close contact.
- If you are unsure whether you have been in “close contact” with someone who has or is suspected of having COVID-19 then please reach out to your HR department for guidance

**EXPOSURE CONTROL
PLAN
UPDATES**

CREATED:	May 22, 2020
UPDATE COMPLETED:	
UPDATE COMPLETED:	
UPDATE COMPLETED:	
UPDATE COMPLETED:	
Standing Agenda Items	<ol style="list-style-type: none">1. Workplace Protocol Changes - this document is posted on the bulletin board and is updated on a regular basis.2. Reporting to work- do not report to work if you are sick. Please advise your supervisor why you are not attending work. COMPLETE the Staff Screening Assessment Prior to shift and Upon Arriving.3. Handwashing- we have posted in the bathrooms and in the kitchen the sign for how to effectively wash your hands. Please follow these guidelines. wash your hands vigorously and frequently.4. Avoid touching your face, mouth, eyes, nose especially without washed hands.5. Physical Distancing- maintain physical distancing between you and any customer/client or co-worker of 2 meters (6.5 feet).

Additional Topics of Discussion	
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