



Making a difference...together

**CAPITAL REGIONAL DISTRICT  
COVID-19 SAFETY AND EXPOSURE CONTROL PLAN  
January 11, 2022**

**Robert Ingraham BSc. MBA CDMP**  
**Manager, Corporate Occupational Health & Safety**  
**Capital Regional District**  
**Human Resources and Corporate Safety**  
email: [ringraham@crd.bc.ca](mailto:ringraham@crd.bc.ca)

## Table of Contents

1	PANDEMIC PLAN UPDATE LOG .....	5
2	STATEMENT OF PURPOSE.....	7
3	Re-activating the covid-19 safety plan .....	7
4	COVID Safety Plan Reactivation steps.....	8
5	COVID 19 Bridge Document .....	10
6	Regulatory Requirements .....	10
7	DEFINITIONS .....	11
7.1	World Health Organization (WHO).....	11
7.2	BC Centre for Disease Control (BCCDC).....	12
7.3	Provincial Health Officer of BC .....	12
7.4	Health Canada.....	12
7.5	Essential Services.....	12
7.6	Pandemic .....	12
7.7	Phases to a Pandemic.....	12
7.8	Self-Monitor .....	12
7.9	Social Distancing or Physical Distancing.....	13
7.10	Self-Isolation.....	13
7.10.1	Fully vaccinated or had COVID-19 in the last 90 days:.....	13
7.10.2	Not fully vaccinated and did not have COVID-19 in the last 90 days:.....	14
8	CORONAVIRUS AND COVID-19 .....	14
9	COVID-19 SYMPTOMS.....	14
10	RESPONSIBILITIES .....	15
10.1	Employer:.....	15
10.2	Managers and Supervisors:.....	16
10.3	Employees/Workers:.....	17
11	Worker Rights.....	18
11.1.1	Right to Know .....	18
11.1.2	Right to Participate .....	18
11.1.3	Right to Refuse .....	18
12	COVID 19 TRANSMISSION .....	18
12.1	Controlling Exposure .....	18
12.2	Contact transmission, both direct and indirect .....	19

12.3	Droplet transmission .....	19
13	Assessing the risk - Risk Identification & assessment (Step 1) .....	20
13.1	CRD Risk Assessment .....	21
13.2	Risk levels include:.....	22
13.2.1	Breathing in Droplets in the air.....	22
13.2.2	Close Contact.....	22
13.2.3	Surface Contact .....	22
14	Implement PROTOCOLS & CONTROLS (Step 2) .....	22
14.1	Elimination (First Level of Protection).....	24
14.2	Engineering Controls (Second Level of Protection) .....	25
14.3	Administrative Controls (Third Level of Protection) .....	25
14.3.1	Hand Hygiene.....	25
14.3.2	Respiratory Etiquette .....	26
14.3.3	Social or Physical Distancing .....	26
14.3.4	Disinfecting and Cleaning .....	27
14.3.5	Stay Home if Sick .....	27
14.3.6	Flexible Work Arrangements.....	27
14.4	Personal Protective Equipment (Fourth level of protection).....	27
14.4.1	Use of Masks .....	28
14.4.2	Wear a mask if you are sick .....	28
15	Inspections .....	28
16	PROCEDURES FOR PRESUMPTIVE OR CONFIRMED COVID-19 CASE AT THE WORKPLACE .....	29
16.1	Presumptive Case.....	29
16.2	Confirmed Case .....	29
16.3	When can the presumptive or confirmed case return to work? .....	30
16.4	How should the workplace be cleaned after a presumptive or confirmed case was present? .....	30
16.5	Should other teams or workers be isolated? .....	30
16.6	Exposure criteria.....	32
17	FACILITY CLOSURES.....	32
18	BUSINESS CONTINUITY PLANS.....	32
19	EMPLOYEE COVID-19 EDUCATION.....	32
20	Public Health Orders .....	33
21	RESOURCES.....	33
22	REVIEW.....	33

23 Appendix A – CRD Facilities Management COVID-19 Janitorial Strategy .....34

23.1 CRD JANITORIAL STRATEGY – COVID-19..... 34

23.2 Facilities Management Infections Control Procedure .....37

23.3 Facilities Management ECP – COVID 19 Public Health Units .....37

23.4 Critical Infrastructure Access – COVID 19 Infectious Disease Protocol.....37

23.5 Facilities Management – Infection Control Safe Job Procedure.....37

23.6 SWP 105 COVID 19 Public Washroom Cleaning.....37

## 1 PANDEMIC PLAN UPDATE LOG

Review	Description of Change	Name	Revision Date
1.	CRD Corporate COVID-19 Exposure Control Plan Created	R. Ingraham Manager, Corporate OHS	March 2020
2.	Definitions, Social Distancing measurement, and other additions	R. Ingraham Manager, Corporate OHS	March 23, 2020
3.	Added "Possible or Confirmed COVID-19 case at the workplace procedures"  Added additional responsibilities for Employer, Managers & Supervisors, and Employees	R. Ingraham Manager, Corporate OHS	April 9, 2020
4.	Edits and Revisions to April 9 <sup>th</sup> revision	R. Ingraham Manager, Corporate OHS	April 14, 2020
5.	Public health orders: May 18 update (mask requirements)	R. Ingraham Manager, Corporate OHS	Nov 14, 2020
6.	On November 24, the Minister of Public Safety and Solicitor General issued an <a href="#">order</a> requiring all British Columbians, 12 years of age and older, to wear masks in many indoor settings.	R. Ingraham Manager, Corporate OHS	November 24 <sup>th</sup> , 2020
7.	Worker Health Checks: Public Health Order - Part of a robust COVID-19 Safety Plan involves ensuring people with symptoms of COVID-19 or who have had a potential exposure are prohibited from entering the workplace.	R. Ingraham Manager, Corporate OHS	December 16 <sup>th</sup> , 2020
8.	WorkSafeBC Inspections & Consultations during the COVID-19 Pandemic. Expedited Workplace closures.	R. Ingraham Manager, Corporate OHS	April 12 <sup>th</sup> , 2021
9.	On May 2, 2021, the provincial health officer issued an <a href="#">order</a> requiring workers to wear masks in indoor common	R. Ingraham Manager, Corporate OHS	May 2 <sup>nd</sup> , 2021

	areas of workplaces — meaning spaces where workers may gather with other workers when at the workplace.		
10.	BC's Restart – a four-step plan	C. Neilson Senior Manager HR&CS David Caird Manager HR Ops & Benefits	May 25 <sup>th</sup> , 2021
11.	Update - On January 7, 2022, the provincial health officer announced an order requiring employers to re-activate their COVID-19 Safety Plans.	R. Ingraham Manager, Corporate OHS	Jan. 10, 2022

## 2 STATEMENT OF PURPOSE

During the COVID-19 pandemic, the Capital Regional District (CRD) will take direction from the Provincial and Regional Health Officers who, under Provincial legislation, are delegated the responsibility and authority to protect public health. On May 25, 2021, the Province of BC announced the BC Restart Plan, for which this Safety and Exposure Control Plan reflects.

CRD is committed to providing a safe and healthy workplace for employees. This document assists Managers and Supervisors in:

- Mitigating the spread of COVID-19 among employees (and their families and friends).
- Assisting employees (and their families) in managing personal/family illness.
  - To minimize an employee's exposure to COVID-19, a combination of measures will be utilized, including the most effective control technologies available. Work procedures will protect not only employees, but also contractors or public who enter CRD facilities and Parks. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to COVID-19.
  - This plan will serve as CRD's Exposure Control Plan for COVID-19.

## 3 RE-ACTIVATING THE COVID-19 SAFETY PLAN

On June 17, 2021, the provincial health officer issued a statement for employers on transitioning from a **COVID-19 Safety Plan** to communicable disease prevention. On January 7, 2022, the provincial health officer announced an order requiring employers to re-activate their COVID-19 Safety Plans.

This replaces the previous requirement for employers to have communicable disease prevention plans in their workplaces. While communicable disease prevention plans and COVID-19 Safety Plans share some of the same fundamental principles, COVID-19 Safety Plans are formal, written plans with more rigorous controls and are more appropriate for **periods of elevated risk**, such as the one currently faced by B.C. workplaces by the Omicron variant.

In earlier stages of the pandemic, WorkSafeBC developed industry-specific protocols to provide employers with information and support on how to develop effective COVID-19 safety plans in their environment.

Following the [provincial health officer's announcement of an order requiring employers to re-activate their COVID 19 Safety Plans](#), WorkSafeBC re-posted industry-specific protocols. Employers are advised that this information should be considered in combination with [guidance from public health](#) as well as the particular circumstances of our workplace to determine which protocols should be included in our COVID-19 Safety Plan.

#### 4 COVID SAFETY PLAN REACTIVATION STEPS

The new Omicron strain of COVID is transmitting through BC at a rapid pace not seen with the prior variants and is now causing 80% of the new COVID cases. The province and the individual health authorities are reporting case rates at levels previously not seen since the start of the pandemic. The virus is now creating backlogs in the health system including the inability to do COVID testing and contact tracing resulting in the reporting of high rates of staff absenteeism by some employers.

The following enhanced preventative actions have been implemented following CAO and GM Emergency Advisory Group meetings held on December 24 and December 30, 2021:

- The COVID-19 Safety Plan has been amended and reactivated to provide guidance on close contact tracing with those that have COVID symptoms or COVID and to direct that masks are required to be worn in all common areas of facilities.
- Communication to staff on CRD Central regarding increased vigilance around basic preventative measures such as handwashing, social distancing, surface cleaning, etc.
- Return to limited 50% capacity in meeting rooms and other facility assembly areas.
- Notice to staff to limit in-person meetings and use virtual platforms where possible.
- Notice that Standing Committee and Board meetings will be held electronically other than for Chairs and Vice-chairs and those that feel they are unable to participate effectively via the electronic format.
- Review facility cleaning to assess adequacy of touch point cleaning depending on the function and use of CRD workplaces
- Limit to one person per vehicle where possible otherwise KN95 masks should be used
- Extra N95 masks and Rapid Testing kits ordered to enable those that work in close contact with others, or are part of an identified essential work unit, to wear masks where they are unable to physically separate from others.
- For essential service staff identified by work unit, the institution of rapid testing of staff that may presume they have COVID before they return to work and have not been able to access testing in a timely fashion through public health. Decisions to admit staff to work following testing will be made by those authorized to carry out the testing in consultation with the supervisor.
- Communication to all staff on CRD Central regarding the requirement to report in on their attendance at work before the start to the business day in the event that they are unable to perform regularly scheduled work or have not received pre-approval for leave or an absence, including the pre-approval to work from home as recorded in the payroll system (SAP).
- Departments are to review their stock of critical parts and other supplies necessary to maintain business functionality and proactively consider placing orders early to meet expected needs and minimize the possibility of delay that may occur with “just in time” orders.



- Departments are to review their essential services business continuity requirements including staffing levels to identify minimum staffing levels and absence tolerance necessary to maintain basic operational functions. This review should include proposed mitigation measures such as staggered shifts or work hours, creating smaller work units, forgoing in-person group meetings or electronic meetings as well as other possible potential staffing support options, such as contractors, staff from other areas, workload, deferral/redistribution, to be reviewed by Human Resources and Corporate Safety and approved as necessary by the CAO.
- The Flexibility in the Workplace Policy and its corresponding Work from Home Policy currently provide for the approval of short-term work from home arrangements on a case-by-case basis as approved by the Division Manager. In response to new Public Health directives and other COVID-related circumstances, and in order to maintain operational requirements with the possibility of higher levels of staff absence, General Managers will be working with managers and supervisors to evaluate operations and will consider measures such as, staggered start times, distributed marshal locations and increased testing for staff in critical roles, where deemed necessary.

Measures to be implemented for the most critical operations, IWS has carried out this review and implemented the following:

- Staggered start times for Water Operations – 3 work groups that marshal outside at 6:30, 6:45, 7:00
- Distributed marshal locations for Wastewater Operations – Trent, Craigflower and McLoughlin in Core Area and parking lot, operations room on Saanich Peninsula
- Single occupant (driver) in operations vehicles or where required two occupants wearing masks with front/back seating
- For critical operations (treatment plants) or where staffing levels are reaching critical levels in essential service operations, conduct one-time Covid testing for those staff with symptoms or in direct contact with someone who is Covid positive – if employee tests negative, they are approved to work with N95 mask

## 5 COVID 19 BRIDGE DOCUMENT

The CRD initially created a COVID-19 Safety Plan in April 2020.

The plan has continued to evolve based on Provincial Health Officer Orders and regulation requirements and guidelines identified WorkSafeBC.

We currently have a foreseeable hazard (COVID-19) in each workplace. This does not mean that the hazard is present in each workplace. However, as an employer, CRD is responsible to inform Workers of hazards in the workplace, and communicate effective controls/mitigation.

This hazard does not present a specific change for most of our current practices, procedures, policies, or programs. Rather, for most practices, procedures, policies and programs we need to add on the specific controls and mitigations determined and developed for COVID-19. This Safety and Exposure Control Plan defines those control and mitigation techniques and must be used in coordination with your current practices, procedures, policies and programs as a “bridge document”.

A bridge document is a document that supports another document and together creates a comprehensive document. We created this bridge document because workers, supervisors and managers were asking for techniques to control or mitigate COVID-19 exposure specific for many tasks. We determined through stakeholder engagement sessions that, “practices, procedures, policies and programs do not change as a result of this hazard in specific ways”.

**What if you identify a task where the hazard of COVID-19 is not controlled, or mitigated through current practices, procedures, policies, programs and/or this exposure control plan?**

- You must conduct an investigation and determine what controls or mitigation techniques need to be in place and implement them. If, at the Management level these controls, or mitigations cannot be determined, contact Corporate Safety for assistance.

## 6 REGULATORY REQUIREMENTS

WorkSafeBC has provided clear direction to Municipal Governments that the Exposure Control Plan requirement under Section 6.34 of the Provincial OH&S Regulations applies to workers **who may have occupational exposure** to COVID-19, and **will not apply to most general employers**. The general information requirements under section 5.2 as well as 5.59 (investigating symptoms) apply to most workplaces.

### 5.2 General information requirement

If a worker is or may be exposed to a chemical agent, or biological agent designated as a hazardous substance in section 5.1.1, **which could cause an adverse health effect, the employer must ensure that**

- (a) the identity of the chemical agent or biological agent, its possible effects on worker health and safety and any precautions required to protect the health and safety of the worker are

- clearly indicated by labels, SDSs, or other similar means,
- (b) the information required by paragraph (a) is clearly communicated to the worker,
  - (c) written procedures are prepared and implemented to eliminate or minimize a risk of exposure to a chemical agent or biological agent by any route that could cause an adverse health effect, and to address emergency and cleanup procedures in the event of a spill or release of a chemical agent or biological agent, and
  - (d) the supervisor and the worker are trained in and follow the measures required in this Part and Part 6 of this Regulation for the safe handling, use, storage and disposal of the chemical agent or biological agent, including emergency and spill cleanup procedures.

#### 5.59 Investigating symptoms

- (1) If a worker exhibits signs or reports symptoms of overexposure to a hazardous substance present in the workplace, the employer must investigate and assess the potential for exposure.
- (2) If the assessment demonstrates that the signs or symptoms can be caused by exposure to a hazardous substance that is present in the workplace, further investigation must be conducted, in consultation with the joint committee or the worker health and safety representative, as applicable, to address and resolve the worker's concern.
- (3) Records of the investigation required under subsection (2) must be made available to workers, and maintained by the employer for a minimum of 10 years.

An **Exposure Control Plan** is meant to be a “living” document, used as a source of information for answering COVID 19 related questions and to help ensure **exposure control** activities are in place.

**Exposure Control Plans (ECPs)** as required by the OHS Regulation involve a number of steps, including formal risk assessments **prepared by qualified persons and formal documentation**.

With respect to possible exposure to COVID at the workplace, **the risks and controls have been identified and established by the Provincial Health Officer (PHO) and the BC CDC.**

As such, **WorkSafeBC does not expect every workplace to create a detailed ECP** related to workplace exposure, but rather to focus on implementing the controls outlined by the PHO at their workplace. WorkSafeBC is engaging employers through inspections, consultations, and education to ensure they are following orders and guidance set forth for workplaces in BC, including specific guidance provided by the PHO for their industry. All employers should be aware of PHO orders and directions that affect their workplace and identify vectors of infection in their workplace (e.g., by conducting a walk through) to determine what appropriate controls should be:

- The orders and directions of the PHO, which are set out in guidance to employers & businesses provided by the BC Centre of Disease Control, constitute a minimum standard.

## 7 DEFINITIONS

### 7.1 World Health Organization (WHO)

- WHO's primary role is to direct international health within the United Nations' system and to lead partners in global health responses. [LINK](#)

## 7.2 BC Centre for Disease Control (BCCDC)

- The **BC Centre for Disease Control**, a program of the Provincial Health Services Authority, provides provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation. [LINK](#)

## 7.3 Provincial Health Officer of BC

- The Provincial Health Officer is the senior public health official for BC, and is responsible for monitoring the health of the population of BC and providing independent advice to the ministers and public officials on public health issues. The responsibilities of the Provincial Health Officer (PHO) are outlined in the Public Health Act. [LINK](#)

## 7.4 Health Canada

- Health Canada is responsible for helping Canadians maintain and improve their health. It ensures that high-quality health services are accessible, and works to reduce health risks. [LINK](#)

## 7.5 Essential Services

- Essential services are those daily services essential to preserving life, health, public safety and basic societal functioning. They are the services British Columbians come to rely on in their daily lives. See the following - [LINK](#)

## 7.6 Pandemic

- Pandemic comes from the Greek words pan, "all," and demos, "people." Health agencies use it to refer to the worldwide spread of a previously unknown disease.

## 7.7 Phases to a Pandemic

- First there's an **inter-pandemic phase** between outbreaks of a disease; then an **alert phase**, when a new disease type is observed in humans; then a **pandemic phase**, when the disease has spread globally; and finally a **transition phase**, when the global risk subsides. WHO risk-management documents acknowledge that the situation can **quickly change between the stages**. Ultimately, the declaration of a pandemic is up to the WHO director-general, "based on risk assessment and appropriate to the situation."

## 7.8 Self-Monitor

- Self-monitoring ([BCCDC Instructions](#)) is monitoring for symptoms such as fever, cough and difficulty breathing for 10 days from the day you last had contact with the person who has COVID-19, even if you are fully vaccinated or had COVID-19 in the past 90 days.

- If you develop symptoms of COVID-19 listed below, please use the BC CDC Self-assessment Tool to see if you should get tested for COVID-19:
  - Fever or chills
  - Sore throat
  - Cough
  - Loss of sense of smell or taste
  - Difficulty breathing
  - Loss of appetite
  - Extreme fatigue or tiredness
  - Headache
  - Body aches
  - Nausea or vomiting
  - Diarrhea
- If you have no symptoms of COVID-19, you do not need to be tested for COVID-19.

## 7.9 Social Distancing or Physical Distancing

- Social Distancing means making changes in your everyday routines in order to minimize close contact with others, including:
  - avoiding crowded places and non-essential gatherings
  - avoiding common greetings, such as handshakes
  - limiting contact with people at higher risk (e.g. older adults and those in poor health)
  - (Physical Distancing specific): keeping a distance of at least 2 arms lengths (approximately 2 meters/6 feet) from others, as much as possible

## 7.10 Self-Isolation

- Self-Isolation ([BCCDC Instructions](#)) - If you have a positive COVID-19 test, you must self-isolate. When you self-isolate, you stay home and keep away from others to help stop the spread of COVID-19.

## 7.11 Close Contact to a COVID-19 Positive Case

### 7.11.1 Fully vaccinated or had COVID-19 in the last 90 days

- You are not required to self-isolate, and you can continue to participate in routine activities, such as work or school, as long as you do not have any symptoms. However, do not visit friends or relatives who are higher risk for severe COVID-19 (e.g. those currently in hospital, long term care, those with compromised immune systems, or over the age of 70 years) for 10 days after you were last exposed to COVID-19.

- Fully vaccinated means you received both doses of a 2-dose series (e.g. AstraZeneca, Pfizer-BioNTech, or Moderna vaccine) or it has been more than 14 days since you received a single dose of a 1-dose series (e.g. Janssen).

#### 7.11.2 Not fully vaccinated and did not have COVID-19 in the last 90 days

- You need to self-isolate for 10 days from the day you last had contact with the person who has COVID-19, even if you do not have any symptoms.
- Self-isolation means keeping away from others to help stop the spread of COVID-19.
- Visit the BCCDC website ([BCCDC Instructions](#)) to learn more about how to self-isolate.
- In addition to the 10 days of self-isolation, you should not visit friends or relatives who are higher risk for severe COVID-19 (e.g. those currently in hospital, long term care, those with compromised immune systems or over the age of 70 years) for 14 days after you were last exposed to COVID-19.

## 8 CORONAVIRUS AND COVID-19

- Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease, or COVID-19.
- COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.
- The COVID-19 virus is rapidly spreading in other nations throughout the world with cases increasing rapidly in Italy, Iran, Spain, the United States, and Canada.

## 9 COVID-19 SYMPTOMS

- Those who are infected with COVID-19 may experience few or no symptoms. Employees may not know they have symptoms of COVID-19 because they are similar to a cold or flu. Symptoms may take up to 14 days to appear after exposure to COVID-19. This is the longest known infectious period for this disease.
- Symptoms have included:
  - fever
  - cough
  - difficulty breathing
  - pneumonia in both lungs
  - In severe cases, infection can lead to death.

## 10 RESPONSIBILITIES

### 10.1 Employer:

- Stay updated - On a regular basis, and especially during times of crisis, it is of crucial importance to remain up-to-date on Canada's laws, news, and alerts. **WorkSafeBC** - [LINK](#)
- Keep employees informed - ensure that the materials (for example, gloves, alcohol-based hand rubs, and hand washing facilities) and other resources such as employee training materials required to implement and maintain the exposure control plan are readily available where and when they are required.
- Select, implement and document the appropriate site-specific control measures.
- Evaluate the workplace for areas where people have frequent contact with each other and share spaces and objects and increase the frequency of cleaning in these areas.
- Ensure that high traffic work areas or frequently touched surfaces are cleaned and disinfected more often.
- Ensure that cleaning supplies are available for employees to clean and disinfect their workspaces.
- Cancel or postpone all non-essential travel.
- Ensure that Supervisors and Workers are educated and trained to an acceptable level of competency.
- Provide employees with any personal protective equipment recommended by occupational health and safety guidelines, and training to ensure it is used correctly.
- Ensure that employees use personal protective equipment as is appropriate for each situation (see Risk Assessment COVID-19 section).
- Conduct a periodic review of the Plan's effectiveness. This includes a review of the available exposure control technologies to ensure that these are selected and used when practical.
- Maintain records of training and inspections.
- Ensure that a copy of the Exposure Control Plan is available to employees.
- Close facilities or limit services to the public if warranted to maintain compliance with public health directives.
- Ensure employees know what to do when they have symptoms.

## 10.2 Managers and Supervisors:

- By legal definition, a “supervisor” is any individual responsible for directing the work of others.
- **Ensure that a COVID-19 risk assessment has been conducted for each working group** to determine the level of risk to employees in their work section. This risk assessment looks at all elements of the work including proximity to others, ability for workers to maintain social/physical distancing, ability to limit worker participation in in-person gatherings, maintaining cleanliness of tools, workspaces, and provision of necessary personal protective equipment.
- Consider ways that employees can practice physical distancing, such as increasing distance between desks and workstations.
- Increase distance between desks, tables and workstations.
- Keep a distance of 2 metres between you, your coworkers, and customers.
- Limit any contacts closer than 2 metres to the **shortest time possible**.
- Report to Senior Leadership any challenges or inability to maintain a healthy and safe workplace.
- Ensure that employees are adequately instructed on the controls for the hazards at the location(s).
- Ensure that employees use proper personal protective equipment as is appropriate for each situation (see Risk Assessment COVID-19 section).
- Send employees home if they are ill.
- Keep your environment clean. Use appropriate products to clean and disinfect items like your desk, work surfaces, phones, keyboards and electronics, keypads, elevator buttons, customer service counters, especially when visibly dirty.



### 10.3 Employees/Workers:

- Anyone with COVID-19-like symptoms such as a sore throat, fever, sneezing, or coughing must report your symptoms to your immediate supervisor and not come to work.
- **Self-Isolation** - See Section 7.10 Self-Isolation & follow the BCCDC Instructions ([BCCDC Instructions](#)).
- **Self-monitor** See Section 7.8 – Self Monitor & follow the BCCDC Instructions ([BCCDC Instructions](#)).

When entering the workplace, workers should:

- Comply with the employer's instructions around minimizing exposure to COVID-19.
- Follow established work procedures as directed by the employer or Supervisor.
- Practice good hand hygiene including frequent hand washing and/or use of hand sanitizer
- Know the hazards related to COVID-19 in the workplace.
- Keep your environment clean. Use appropriate products to clean and disinfect items like your desk, work surfaces, phones, keyboards and electronics, keypads, elevator buttons, customer service counters, especially when visibly dirty.
- Keep a distance of 2 meters between you, your coworkers, and the general public.
- Increase distance between desks, tables and workstations.
- Limit any contacts closer than 2 meters to the shortest time possible.
- Use any required personal protective equipment as instructed.
- Report any unsafe conditions or acts to their Supervisor.
- Know how and when to report exposure incidents.
- Leave work if suffering from flu-like symptoms and stay home until the symptoms are gone.
- Inform Manager or Supervisor if ill.
- If you share a residence with a person that has a suspected or confirmed case of COVID-19, you should continue to self-monitor.
- Take steps to minimize exposure to COVID-19 while away from work.

## 11 WORKER RIGHTS

On a worksite, everyone has varying levels of responsibility for workplace health and safety. You should know and understand your responsibilities — and those of others. If you're a worker, you also have three key rights.

### 11.1.1 Right to Know

- The right to know about hazards in the workplace.

### 11.1.2 Right to Participate

- The right to participate in health and safety activities in the workplace.

### 11.1.3 Right to Refuse

- The right to refuse unsafe work.

*Section 3.12 of the Occupational Health and Safety (OHS) Regulation provides that "A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person."*

*By this, if you have reasonable cause to believe that performing a job or task puts you or someone else at risk, you must not perform the job or task. You must first and immediately notify your supervisor or employer, who will then take the appropriate steps to determine if the work is unsafe and remedy the situation.*

**NOTE:** By law, employers are prohibited from penalizing workers for raising a health and safety issue.

**NOTE:** Please refer to the CRD OH&S Program Manual Section 17.5.34 for the Right to Refuse Dangerous Work Procedure.

## 12 COVID 19 TRANSMISSION

- COVID-19 is spread in the same way that seasonal influenza is spread. Exposure to the virus may occur in a variety of ways. The primary routes of transmission anticipated for COVID-19 are listed below, all of which need to be controlled.

### 12.1 Controlling Exposure

- The primary route of transmission for COVID-19 is close contact. The most significant risk factors for transmission are proximity and duration of contact, which increase an individual's exposure to respiratory droplets of all sizes, including aerosols. Transmission may occur through multiple pathways, including particles being inhaled, settling on people or other surfaces, or lingering in the air for some period of time.

- As a result, many controls and layers of protection must be used in combination to reduce the risk of COVID-19 transmission. These protections include physical distancing, barriers, masks, increased ventilation, hand hygiene, and enhanced cleaning.

## 12.2 Contact transmission, both direct and indirect

- Direct contact involves skin-to-skin contact. First Aid Attendants or Fire Department first responders could be exposed by direct contact. Indirect contact involves an employee touching a contaminated intermediate object. Here are some examples of both direct and indirect contact:
  - Shaking hands with an infected person, followed by touching one's eyes, nose, or mouth
  - Touching a surface contaminated with the virus, followed by touching one's eyes, nose, or mouth
  - Sharing food items or utensils with an infected person
  - Contact transmission is important to consider because COVID-19 can persist on hands and surfaces for an unknown amount of time.

**NOTE:** *The Centre for Disease Control (CDC) is reviewing all data on COVID-19 transmission as information becomes available. At this time, the risk of transmission of the virus that causes COVID-19 through sewerage systems is thought to be low. Although transmission of the virus that causes COVID-19 through sewage may be possible, there is no evidence to date that this has occurred. This guidance will be updated as necessary as new evidence is assessed.*

*Wastewater and sewage workers should use standard practices, practice basic hygiene precautions, and wear personal protective equipment (PPE) as prescribed for current work tasks.*

## 12.3 Droplet transmission

- Large droplets may be generated when an infected person coughs or sneezes. Droplets travel a short distance through the air and can be deposited on inanimate surfaces (leading to indirect contact transmission), or in the eyes, nose, or mouth.
- Infectious droplets from a coughing or sneezing person can directly land in the eye or onto the moist inner surfaces of the nose or mouth.
- As the distance from the person coughing or sneezing increases, the risk of infection from droplet transmission is reduced, but it 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, the risk of infection can increase.
- The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Regulation Guideline G6.34-6. Using this guideline as a reference, risk level to employees has been determined.

### 13 ASSESSING THE RISK - RISK IDENTIFICATION & ASSESSMENT (STEP 1)

Every CRD workplace is unique. The CRD must regularly assess all the hazards within our operations, taking appropriate steps to eliminate or control the associated risk. This process is referred to as a risk assessment.

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

In our risk identification & assessment process, the CRD has:

- ✓ Involved frontline workers, supervisors, and the joint health and safety committees.
- ✓ Identified areas where people gather, such as break rooms, production lines, and meeting rooms.
- ✓ Identified job tasks and processes where workers are close to one another or members of the public. This can occur in our workplace, in worker vehicles, or at other work locations.
- ✓ Identified the tools, machinery, and equipment that workers share while working.
- ✓ Identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches

Appropriate protective measures will vary according to the level of risk and kinds of activities an employee performs.

### 13.1 CRD Risk Assessment

LOW RISK	Employees who typically have no contact with people infected with COVID-19. This includes most CRD Employees conducting most CRD tasks.
MODERATE RISK	Employees who may be exposed to infected people from time to time in relatively large, well ventilated workspaces or employees who clean/disinfect public spaces. Includes: First Aid Attendants, Facility Workers, and First Responders.
HIGH RISK	Employees who may have contact with infected patients or with infected people in small poorly ventilated workspaces. Includes First Responders.

Control	LOW RISK	MODERATE RISK	HIGH RISK
HAND HYGENE	<b>YES:</b> Wash your hands with soap and water, or an alcohol based sanitizer wipes.	<b>YES:</b> Wash your hands with soap and water, or an alcohol based sanitizer wipes.	<b>YES:</b> Wash your hands with soap and water, or an alcohol based sanitizer wipes.
DISPOSABLE GLOVES	NOT REQUIRED	<b>NOT REQUIRED:</b> Unless handling contaminated objects on a regular basis.	<b>YES:</b> In some cases when working directly with COVID-19 Patients.
COVERALLS	NOT REQUIRED	NOT REQUIRED	<b>YES:</b> In some cases when working directly with COVID-19 Patients.
EYE PROTECTION	NOT REQUIRED	NOT REQUIRED	<b>YES:</b> In some cases when working directly with COVID-19 Patients.
RESPIRATORY PROTECTION	NOT REQUIRED	<b>NOT REQUIRED:</b> Employees are required to maintain a distance of 2 meters or 6 feet from others.	<b>YES:</b> A respirator or equivalent mask to be placed on the <b>infected person</b> if no oxygen mask is used.

## 13.2 Risk levels include:

There are **three (3)** primary routes of transmission for COVID-19, all of which need to be controlled. These include contact, droplet, and airborne transmission.

### 13.2.1 Breathing in Droplets in the air

BCCDC advises that COVID-19 is not typically transmitted through airborne transmission, however, if somebody coughs or sneezes they do generate droplets which are airborne for at least a short period of time but do not float in the air and generally fall to the ground within one to two metres. Anybody who is near the individual may risk breathing in these droplets. Physical distancing (maintaining 2 metres/6 feet of distance from other people at all time) will reduce the risk of this occurring.

### 13.2.2 Close Contact

Close contact refers to physical contact with another person, for example shaking hands or hugging. When people cough or sneeze, droplets may deposit on their skin or clothing, especially if they cough or sneeze into their hands. People who are carriers of COVID-19 may transfer the virus from their hands or clothing to others during close contact.

### 13.2.3 Surface Contact

Surfaces can become contaminated when droplets carrying SARS-CoV-2 deposit on them, or when they are touched by a person who is infected. Surface contact involves a worker touching a contaminated object such as a table, doorknob, telephone, or computer keyboard or tool, and then touching the eyes, nose, or mouth. Surface contact is important to consider because SARS-CoV-2 can persist for several days on surfaces.

The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined the risk level to our workers, depending on their potential exposure in the workplace.

## 14 IMPLEMENT PROTOCOLS & CONTROLS (STEP 2)

The CRD has reviews industry-specific protocols on [www.worksafebc.com](http://www.worksafebc.com) ([CLICK HERE](#)) to determine whether there industry-specific information that should be considered in COVID Safety Plan.

We continue to work with frontline workers, supervisors, and the joint health and safety committees as new information becomes available.

We continue to monitor orders, guidance, and notices issued by the provincial health officer ([CLICK HERE](#)) and relevant to our industry.

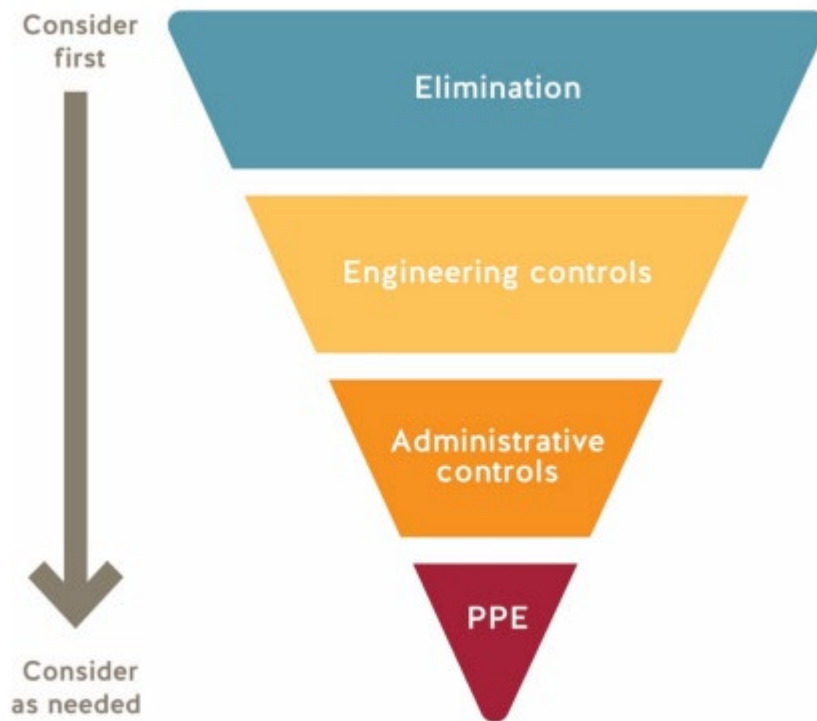
The OHS Regulation requires the CRD (the Employer) to implement infectious disease controls utilizing the **Hierarchy of Controls Method**.

Selecting an appropriate control is not always easy. It often involves doing a risk assessment to evaluate and prioritize the hazards and risks. In addition, both "normal" and any potential or unusual situations such as a COVID-19 Pandemic must be studied. Each hazard control program should be specially designed to suit the needs of the individual workplace. Hence, no two programs will be exactly alike.

Choosing a control method may involve:

- Evaluating and selecting temporary and permanent controls.
- Implementing temporary measures until permanent (engineering) controls can be put in place.
- Implementing permanent controls when reasonably practicable.

The Hierarchy of Controls for COVID -19 is as follows:



## 14.1 Elimination (First Level of Protection)

WorkSafeBC defines the **First level protection (elimination)** — as limiting the number of people in our workplace where practicable based on business operational requirements. This may include work flexibility in the workplace policies, establishing occupancy limits, rescheduling work tasks, or other means. Rearrange work spaces to ensure that workers are at least 2 m (6 ft.) from co-workers, customers, and members of the public.

It is extremely difficult to remove or eliminate the COVID-19 hazard from the workplace. However, elimination of face-to-face contact is the best control possible.

The Flexibility in the Workplace Policy and its corresponding Work from Home Policy currently provide for the approval of short-term work from home arrangements on a case-by-case basis as approved by the Division Manager.

In response to new Public Health directives and other COVID-related circumstances, and in order to maintain operational requirements with the possibility of higher levels of staff absence, General Managers will be working with managers and supervisors to evaluate operations and will consider measures such as, staggered start times, distributed marshal locations and increased testing for staff in critical roles, where deemed necessary.

The CRD has implemented or assessed the need to:

- Eliminate or postpone work tasks that may create a risk of exposure to COVID-19.
- Where practicable, conduct financial transactions by electronic means rather than cash or cheque at the municipal counter.
- Change processes to eliminate or reduce contact with others.
- Limit meetings and rely on conference calls, ZOOM or TEAMS meetings, mail or messenger tools.
- Take financial transactions by electronic methods rather than cash or cheque.
- Require that employees must stay home if they are sick or answer yes to any COVID-19 health Check questions.
- Where practicable, relying on phone, email or regular mail to answer public questions.



## 14.2 Engineering Controls (Second Level of Protection)

**Engineering controls:** Are controls, such as physical barriers, that are implemented were practicable?

These controls include: working from inside an enclosure when receiving bill payments or servicing internal and external clients.



The CRD recognizes that employees can't always maintain physical distancing. Where practicable the CRD has installed **barriers** such as Plexiglas to separate people.

Plexiglas counter shields which limit personal human contacts

- Individual offices/ work pod separation or partitions
- One-two person per vehicle, (Fire Trucks exempt)

**Note:** This may not prevent all exposure, Administrative and/or PPE may also be required

## 14.3 Administrative Controls (Third Level of Protection)

Administrative Controls establish rules and guidelines, such as posted occupancy limits for shared spaces, designated delivery areas, cleaning practices, and one-way doors and walkways to keep people physically separated.

The CRD has establish rules and guidelines, such as posted occupancy limits for shared spaces, designated delivery areas, cleaning practices, and one-way doors and walkways to keep people physically separated.

### 14.3.1 Hand Hygiene

- Hand washing is one of the best ways to minimize the risk of infection. Proper hand washing helps prevent the transfer of infectious material from the hands to other parts of the body – particularly the eyes, nose and mouth – or to other surfaces that are touched.
- Wash your hands immediately:

- Before leaving a work area.
- After handling materials that may be contaminated.
- Before eating, drinking, smoking, handling contact lenses, or applying makeup.
- After coughing or sneezing if hands may have been contaminated.
- Before and after group meetings.
- Use soap and warm running water; it does not have to be hot to be effective.
- Wash and rinse your hands for at least twenty (20) seconds.
- If water is unavailable, use a waterless hand cleanser that has at least 70% alcohol. Follow the manufacturer's instructions on how to use the cleanser.

#### 14.3.2 Respiratory Etiquette

Employees are expected to follow cough/sneeze etiquette, which is a combination of measures that minimizes the transmission of diseases via droplet or airborne routes.

**NOTE:** A sneeze does not automatically mean you're sick with COVID-19. *Once people have a cold, sneezing is just one more symptom. For those with chronic allergies, sneezing can be a signal that they're feeling miserable. Those symptoms can last for weeks, months or years. People also sneeze when they're not sick.*

#### **Respiratory etiquette includes the following components:**

- If you are sick, stay home until you are well.
- Always turn your head away from others when coughing or sneezing
- 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
- Wash hands regularly

#### 14.3.3 Social or Physical Distancing

When someone coughs or sneezes, they emit small liquid droplets from their nose or mouth which may contain the virus. If you are too close, you may breathe in the droplets. Recommendation is to maintain physical distancing at least 2 metres (6 feet) distance between yourself and anyone who is coughing or sneezing.

#### 14.3.4 Disinfecting and Cleaning

Clean workplace surfaces to reduce the chance of spreading disease. Cleaning should include handrails, doorknobs, counter tops, sinks, water taps, computer key boards and telephones, among other surfaces that may be touched by many people.

#### 14.3.5 Stay Home if Sick

If employees are ill, they must stay home and self-isolate.

If they develop symptoms of COVID-19 while at work, they must leave the workplace and follow the below procedure:

- Isolate yourself from others as quickly as possible.
- Immediately call your health care professional, a local public health authority, or 8-1-1.
- Describe your symptoms and travel history and follow advice on what you should do.

Your health care professional may ask you to self-isolate. People asked to self-isolate should stay home and be prepared to limit contact with others for 5 days if you are fully vaccinated and 10 days if you are not.

Employees shall only return to the workplace once they have recovered and no longer show symptoms. Employees shall report any symptoms of COVID-19 to their Manager or Supervisor.

#### 14.3.6 Flexible Work Arrangements

The CRD has a Flexibility in the Workplace Policy, and all work units have a Business Continuity Plan (BCP) that identifies opportunities for work to be performed remotely where operationally feasible and with prior approval, considering the nature of the work, the ability to maintain public service and the availability of equipment and technology.

Check with your manager to determine if social contact may be reduced by:

- Teleconferencing
- Holding Virtual Meeting through SharePoint and Teams

### 14.4 Personal Protective Equipment (Fourth level of protection)

PPE is the last form of protection and should only be considered after careful consideration of the previous control measures.

If the first three levels of protection aren't enough to control the risk, masks are used as a source control barrier. Source control refers to the **use of masks to cover a person's mouth and nose** and to help reduce the spread of large respiratory droplets to others when the person talks, sneezes, or coughs.

Ensure masks are selected and cared for appropriately and that workers are using masks correctly.

- PPE includes gloves, respirators, coveralls, goggles, and glasses.

#### 14.4.1 Use of Masks

Masks are required in all public indoor settings for all people born in 2017 or earlier (5+). [CLICK HERE](#) for more information regarding the mask order.

#### 14.4.2 Wear a mask if you are sick

**As noted above, if you are sick, stay home until you are well.**

Masks are recommended to be used by sick people to prevent transmission to other people. Masks are an appropriate part of infection prevention and control if you have symptoms of COVID-19 or are caring for a person with symptoms. The mask acts as a barrier and helps stop the tiny droplets from spreading when you cough or sneeze.

[COVID-19: Masks are mandatory in this workplace | WorkSafeBC](#)

## 15 INSPECTIONS

The CRD will undertake regular inspections of CRD workplace(s) and remedy unsafe or harmful conditions without delay. With respect to potential COVID-19 exposures the CRD will:

- Ensure that physical distancing is maintained wherever possible
- Review work procedures to ensure appropriate distancing
- Identify potential means of transmission on surfaces and minimize worker contact with those surfaces
- Stay informed of all public health orders, directions, and requirements, and take appropriate action in their workplace to prevent transmission of the virus.

## 16 PROCEDURES FOR PRESUMPTIVE OR CONFIRMED COVID-19 CASE AT THE WORKPLACE

- The following procedures have been developed using the Health Canada “public health management of cases and contact associated with novel coronavirus disease 2019 (COVID-19)” guidance.
- Follow these procedures and flow chart if someone in your working group meets any of the following criteria:
  1. Has been tested for COVID-19 within the last 10 days of being at work.
  2. Has tested positive for COVID-19 within the last 10 days of being at work.
  3. Has developed symptoms of COVID-19 within the last 10 days of being at work (cough, fever, sneezing, sore throat, fatigue)
    - **NOTE:** This individual will be referred to as either the “presumptive case” or “confirmed case.”

### 16.1 Presumptive Case

- A person:
  - with fever (over 38 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough AND
  - who meets the COVID-19 exposure criteria AND
  - in whom laboratory diagnosis of COVID-19 is
    - Inconclusive,
    - Negative (if specimen quality or timing is suspect), or
    - Positive but not confirmed by the National Microbiology Laboratory (NML) or a provincial public health laboratory by nucleic acid amplification tests (NAAT).

### 16.2 Confirmed Case

- A person with laboratory confirmation of infection with the virus that causes COVID-19 is performed at a reference laboratory (NML or a provincial public health laboratory), and consists of positive nucleic acid amplification tests (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing.
- Positive laboratory tests at a non-reference laboratory require additional testing at a reference laboratory for confirmation.

### 16.3 When can the presumptive or confirmed case return to work?

- A worker with a presumptive or confirmed case of COVID-19 shall not be permitted back at work until they have self-isolated for:
  - 5 days from the onset of symptoms if double vaccinated and are no longer experiencing symptoms of COVID-19
  - 10 days from the onset of symptoms if not fully vaccinated and are no longer experiencing symptoms of COVID-19
- If the presumptive/confirmed case is hospitalized or otherwise under the care of a medical professional, they should not return to work until the medical professionals determine that it is appropriate.

### 16.4 How should the workplace be cleaned after a presumptive or confirmed case was present?

- Contact Facilities to disinfect the area according to their Safe Job Procedure. Facilities will clean and disinfect all touch-surfaces in the area where the presumptive/confirmed case was present.

### 16.5 Should other teams or workers be isolated?

- If the presumptive case has been tested for COVID-19, the CRD call Health Link BC at 8-1-1 for guidance. The steps below would still apply, but testing or other actions may also be required as directed by Provincial Health.
- Identify any individuals who have been in **CLOSE CONTACT** with the presumptive/confirmed case. These individuals are permitted to work and should self-monitor for 14 days.

#### **CLOSE CONTACT means:**

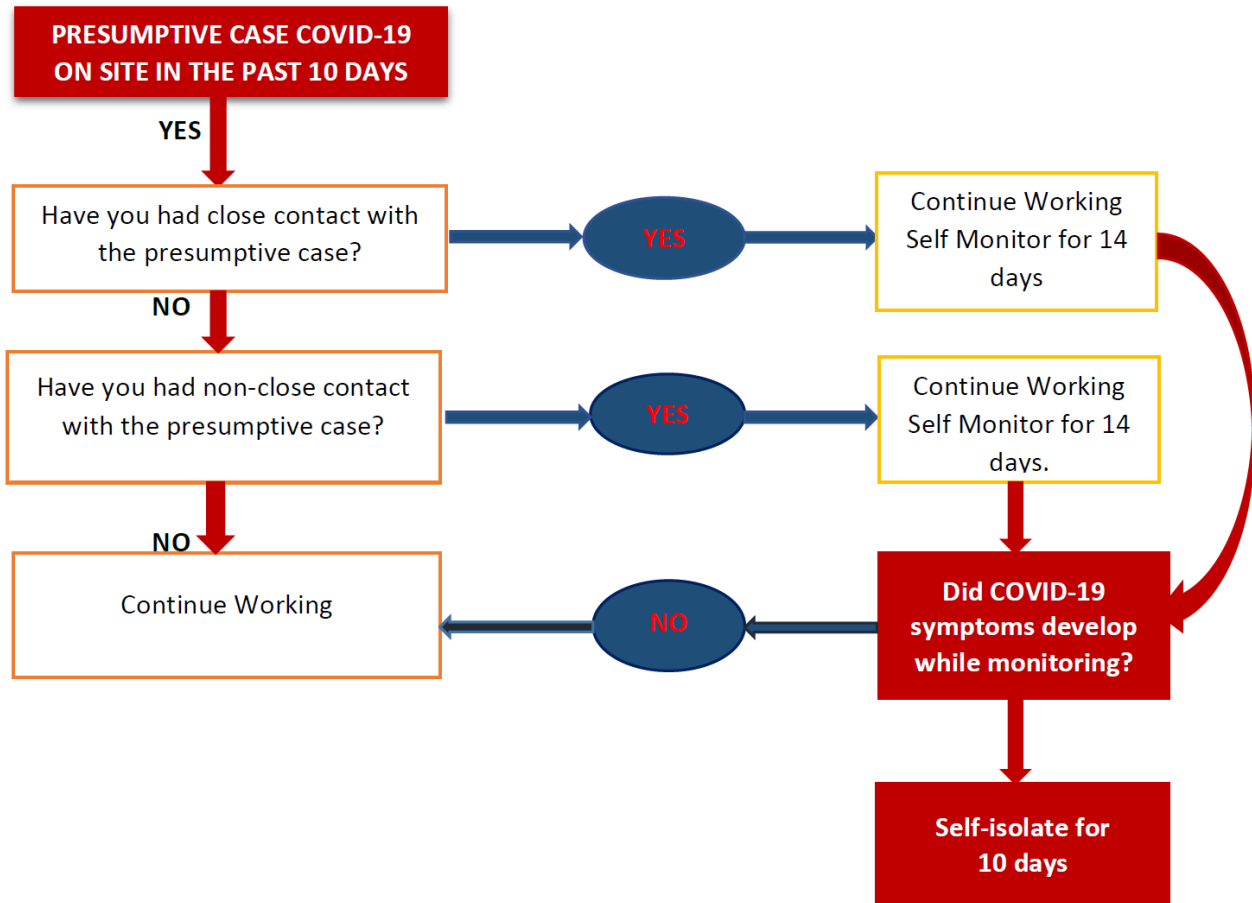
- Provided care for the presumptive/confirmed case **without** consistent and appropriate use of PPE (mask, gloves, safety glasses).
- Lives with the presumptive/confirmed case.
- Had direct contact with infectious body fluids of the presumptive/confirmed case (e.g. was coughed or sneezed on)
- Had close contact (within 2 meters) with the presumptive/confirmed case (for longer than a brief conversation) while the presumptive/confirmed case had symptoms of COVID-19 without consistent and appropriate use of PPE (mask, gloves, safety glasses).
- Identify any individuals who have been in **NON-CLOSE CONTACT** with the presumptive/confirmed case. These individuals should self-monitor for symptoms and should maintain physical distance (2 meters) from other workers, as well as hand washing and cough/sneeze etiquette. If they develop any symptoms, they should self-isolate.

**NON-CLOSE CONTACT means:**

- Provided care for the presumptive case **with** consistent and appropriate use of PPE.
- Has had contact with the presumptive case but has not been within 2 meters of the presumptive case while the presumptive case had symptoms of COVID-19.

**NOTE:** Wherever possible, the presumptive case’s coworkers should work separately from other work groups for 14 days after the presumptive case developed symptoms.

The following flowchart can be used as a reference:



- **NOTE:** If any workers who have had close or non-close contact with the presumptive case develops symptoms, then they should also be considered as presumptive cases and the steps should be repeated.

## 16.6 Exposure criteria

In the 14 days before onset of illness, a person who:

- [Traveled to an affected area](#), OR
- Had close contact with a confirmed or presumptive case of COVID-19, OR
- Had close contact with a person with acute respiratory illness who has been to an affected area within 14 days prior to their illness onset.

See [Health Canada Public Management of Cases and Contact Associated with Novel Coronavirus Disease 2019 \(COVID-19\) for more information.](#)

## 17 FACILITY CLOSURES

**NOTE:** When there are **confirmed** cases of COVID-19, Health Authorities will determine facility closures and provide guidance and direction on cleaning procedures and re-opening of the facility. In most cases, a facility closure is unnecessary. Enhanced cleaning of touch points is appropriate.

## 18 BUSINESS CONTINUITY PLANS

Managers and Supervisors are expected to follow their work unit's BCP during certain pandemic events. Examples of these events include but are not limited to:

- Establishment of the Emergency Operations Center (EOC).
- Excessive employee absenteeism resulting in imminent risk of critical services being impacted.
- A confirmed large-scale employee exposure.
- A "local" pandemic outbreak in the community.

CRD work unit BCPs have outlined those positions considered critical or essential services.

## 19 EMPLOYEE COVID-19 EDUCATION

Employees will receive COVID-19 education highlighting the following:

- The risk of exposure to COVID-19, and the signs and symptoms of the disease.
- The risk controls outlined in this plan.
- Location of washing facilities, including dispensing stations for alcohol-based hand rubs.
- Proper use of masks (for individuals identified to complete specific tasks based on hazards & risks).
- How to report an exposure to, or symptoms of COVID-19.



## 20 PUBLIC HEALTH ORDERS

Public Health Orders & Notices - [CLICK HERE FOR ORDERS WE MUST FOLLOW](#)

## 21 RESOURCES

- CRD COVID Information: [LINK](#)
- WorkSafeBC - [LINK](#)
- BC Centre for Disease Control [LINK](#)
- Provincial Health Services Authority: [LINK](#)
- Health Canada: [LINK](#)
- World Health Organization: [LINK](#)
- BC Construction Association: [LINK](#)
- BC Construction Safety Alliance: [LINK](#)
- BC Municipal Safety Association: [LINK](#)
- Health Canada: [LINK 1](#) [LINK 2](#)

## 22 REVIEW

- This is a living plan and can change rapidly and significantly depending on pandemic events. All changes will be made in consultation with applicable stakeholders.

## 23 APPENDIX A – CRD FACILITIES MANAGEMENT COVID-19 JANITORIAL STRATEGY

- a. Facilities management is committed to taking actions to reduce the risk of transmission of respiratory illnesses including COVID -19. Regular cleaning and disinfecting of objects and high-touch surfaces will help prevent the transmission of viruses.
- b. All workers will be educated and trained prior to undertaking work during a Pandemic.

### 23.1 CRD JANITORIAL STRATEGY – COVID-19

#### GENERAL INFO

Facilities Management staff are in continual dialogue with our counterparts at Island Health to ensure cleaning requirements for facilities are consistent to procedures used in Health facilities. FM is also discussing supply management issues with local supply companies to ensure that the CRD is planning ahead in case shortages occur with cleaning agents/goods. In more information comes available and/or conditions change, you will be notified as required.

Facilities Management provides Q&A's, posters, signage and touch point cleaning guides as information changes as the COVID 19 pandemic evolves. If you have any questions regarding the strategy, please contact the CRD EOC at [eocreports@crd.bc.ca](mailto:eocreports@crd.bc.ca)

#### PREVENTION

##### Cleaning Requirements

- Status-quo. During prevention, no additional cleaning is required for facilities, including fleet.

##### Inventory

- Discuss with your janitorial supply company about starting to stockpile goods on site, specifically, hand sanitizer, soap, and toilet paper. If your supplier is indicating supply issues for other janitorial products, stockpile them as well. Typically, a month's worth of product is recommended to store.
- Ensure that a minimum of 24hrs of supply for soap, hand sanitizer, paper towel and toilet paper is installed prior to the start of the day to reduce incidents of empty dispensers.

##### Signage

- Add additional signage showing proper handwashing procedures as per the WHO Handwashing Guide (see attached Graphic) in all washrooms and change rooms.

##### Education/training

- Facilities staff to be trained in proper procedures for washing hands as per the BC Health Authority's Handwashing Guide.
- Facilities staff to be trained in dispenser operations for safe handling for soap, hand sanitizer, paper towel and toilet paper to ensure refills are placed in a timely manner.
- Facility Managers should work with their janitorial staff/contractor to discuss additional requirements to ensure changes can be made on a moment's notice.

**NOTE:** Suppliers have indicated a shortage for dispensers for hand sanitizers and disinfectant wipes. If able to, stockpile and store. As cleaning requirements increase, these items will be critical in assisting in cleaning in our rural areas.

## **Level 1 – Enhanced Cleaning of “Touch Points”**

### Cleaning Requirements - Facilities

- Daytime janitorial staff should focus on cleaning “Touch Points” (see Touch Point Cleaning Guide) in your facility during working hours. If your facility is open to the general public, best practice is to clean touch points consistent with public access hours. Additional staff (internal or contracted services) may be required as this cleaning is in addition to normal cleaning schedules for your facility.
- For facilities with no sink to wash to wash your hands, add hand sanitizer dispensers. A notice from FM may be sent to larger facilities requesting relocation of dispensers in order to assist other CRD department’s needs.

### Cleaning Requirements – Fleet

- Employees and drivers of vehicles should wash their hands before and after the use or the operating of CRD vehicles, equipment and tools.
- Whilst in vehicles employees and drivers should cough and sneeze into a tissue or their sleeves. Avoid sneezing or coughing into the air or into their hands.
- Before and after each use of a vehicle the driver is responsible to wipe down the internal touch points within the vehicle. The minimum is to wipe down the steering wheel, gearshift, controls (window control buttons, etc.), radio buttons, seat belt buckles, CRD communication radio handsets and any other surface that are regular touch points.
- For Pool vehicles it is recommended that a reporting procedure (sign off sheet) be used to confirm sanitization has been done when returning vehicle keys to the vehicle coordinators within departments.
- All employees using tools or equipment are responsible for wiping down touch points on tools such as handles
- Use the sanitization liquid, spray bottle and disposable clothes or towels that will be provided by each department. The same sanitization product used in buildings can be used for vehicles.
- Each department is responsible to provide appropriate sanitization supplies to drivers or place in vehicles sanitization supplies needed to wipe down vehicles or tools.
- Supplies can be sources from your janitorial supply company.

### Inventory

- Continue to stockpile required goods. Depending on supply chain issues, it may be wise to stockpile more than a month’s worth of product. If supply is becoming an issue, work with your supplier to look at alternate options for products. FM will work with the Facility Manager based on current situations to assist with supply management on an as needed basis to ensure all facilities needs are met.

## Education/training

- Facility Managers should continue to work with their janitorial staff/contractor to discuss additional requirements to ensure changes can be made on a moment's notice.

### **Level 2 – Enhanced Frequency Cleaning of “Touch Points”**

#### Cleaning Requirements - Facilities

- Continue Level 1 cleaning of “Touch Points” at regular intervals during working hours. Depending on the size of your facility, more than one staff may be required to meet the demand of your facility.

## Education/training

- Facility Managers should continue to work with their janitorial staff/contractor to discuss additional requirements to ensure changes can be made on a moment's notice.

### **Level 3 – Deep Cleaning**

Building undergoes deep cleaning in ALL areas as per recommendations/protocols as directed by the designated Public Health authority such as Island Health.

#### Cleaning Requirements – Fleet

- Take the vehicle out of service where a possible COVID-19 contamination has occurred. Leave the vehicle parked and do not allow anybody to open or operate the vehicle before it has been disinfected
- Inform appropriated Supervisors/Managers and Corporate Fleet of the possible contamination
- Corporate Fleet will arrange for the vehicle to be disinfected by either a trained designated CRD employee or a contracted service provider.
- Corporate Fleet will inform the Department/ Driver when the vehicle is safe to use.
- Method for disinfection will be - Spray vehicle internal surfaces and working surfaces within vehicle with a solution such as Decon7 or similar solution. Decon7 is a strong disinfectant used by transit to disinfect buses. See attached MSDS Sheet for information.

**NOTE:** Health Canada's Hard-surface disinfectants and hand sanitizers - [LINK](#)

**23.2 Facilities Management Infections Control Procedure**

**23.3 Facilities Management ECP – COVID 19 Public Health Units**

**23.4 Critical Infrastructure Access – COVID 19 Infectious Disease Protocol**

**23.5 Facilities Management – Infection Control Safe Job Procedure**

**23.6 SWP 105 COVID 19 Public Washroom Cleaning**

**NOTE:** All COVID 19 Safe Work Practices and Safe Job Procedures will be posted on the Corporate Safety SharePoint Site.