



Biological Exposure Control Program

Communicable Diseases – COVID-19 Pandemic Response Plan Addendum

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1.0 Introduction

The Biological Hazards: Communicable Diseases Exposure Control Program outlines the necessary responsibilities, procedures, and tools to reduce employees' risk of exposure to communicable diseases.

The Program also addresses the requirements to ensure that the risk of exposure to communicable diseases, at all PHSA owned and operated sites, is maintained at levels meeting applicable standards and guidelines.

British Columbia now begins the process of recovering from the Covid-19 Pandemic. This COVID-19 Pandemic Recovery Plan is meant to further address/mitigate the risks associated with increased activity and service delivery within PHSA's workplaces.

1.1 Scope

This Pandemic Recovery Plan applies to all PHSA employees, physicians, students, volunteers and contractors completing employer-assigned duties within its workplaces and any other designated points of care.

Compliance with the program will be monitored by the responsible department manager with assistance from Workplace Health. Workplace Health will assist with the development, maintenance and administration of The Program.

The activities and functions occurring within Lower Mainland consolidated programs outside of PHSA (e.g. Pharmacy and Medical Imaging) are out of scope for the purposes of this Exposure Control Program as these areas are associated with different health authorities. Refer to the appropriate employer's Workplace Health Department for more information.

Several components contained within this Program are not unique to managing Communicable Diseases and are processes that occur on a regular basis within PHSA. As such, all related PHSA policies, programs, and guidelines remain in effect unless specifically noted in this Program. These resources include:

- [BC Centre for Disease Control Resources](#)
- [COVID-19 Resources for Staff](#)
- [COVID-19 Resources on POD](#)
- [COVID-19 Attending the Worksite Procedures](#)
- [COVID-19 Becoming Sick Procedures](#)
- [COVID-19 Interim Remote Work Guidelines](#)
- [COVID-19 Shift Rotation Guidelines](#)
- [COVID-19 Travel Guidelines](#)
- [COVID-19 Non-Medical Mask Use in Non-Clinical Settings](#)
- [PHSA Respiratory Protection Program](#)
- [PHSA Workplace Health Policy](#)
- [Infection Prevention and Control Manuals](#)
- [PHSA Influenza Prevention Policy](#)
- [BCAS Intranet and BCEHS Operational Handbook](#)

1.2 Applicable Regulations and Standards

Regulations pertaining to communicable disease exposures are contained throughout the [WorkSafeBC Occupational Health and Safety Regulation \(OHSR\)](#) particularly section 5.54 and 6.34 related to the management of Communicable Diseases. As such, the information contained within this program is related specifically to the elements required to ensure the health and safety of workers while at work and should be considered within the context of supporting those specific elements as part of the larger PHSA Communicable Diseases plans and processes.

2.0 Program Administration

The PHSA Program Emergency Operations Centres have the responsibility to develop and oversee administration of the Pandemic Recovery Plan Addendum to the Exposure Control Plan. In addition to these responsibilities, various departments and individuals have specific responsibilities to ensure its successful implementation and ongoing maintenance.

2.1 Executive Team and Directors

Through the direction of the program's Emergency Operations Centre, Senior Management is responsible for ensuring the health and safety of all PHSA employees. Senior Management will:

- Ensure that risk assessments are conducted at all PHSA workplaces to identify areas/activities that may increase the risk of exposure to COVID-19.
- Modify clinical and work practices, using a risk-based approach, to address identified risks, and ensure that the risk of exposure is mitigated through these modifications.
- Ensure that Operational leaders (e.g. managers/supervisors) are informed of, and adhere to, the directions provided through the EOC regarding risk mitigation efforts during pandemic recovery.
- Adhere to the Hierarchy of Controls related to the reduction of exposure risks and ensure necessary resources including, but not limited to, engineering controls, administrative controls, and appropriate Personal Protective Equipment (PPE), are made available as required.
- Support necessary stakeholder groups, including the Joint Occupational Health and Safety (JOH&S) Committees in the risk assessment and risk mitigation processes.
- Re-evaluate this plan as necessary to ensure that it remains viable and appropriate; in the event of a disruption/failure in this plan, advise the appropriate PHSA Programs/areas and re-evaluate/revise as necessary.

2.2 Managers and Supervisors

Management / Supervisors will:

- Adhere to the directions provided by the EOC, organizational stakeholder groups (e.g. Safety & Prevention, IPAC, 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.
- Ensure that risk assessments are conducted within their department(s) to identify areas/activities that may increase the risk of exposure to COVID-19.

- Facilitate the development/provision of risk mitigation as identified through the Risk Assessments in their departments including Safe Work Procedures and ensure work is conducted in a manner that minimizes/eliminates exposure risks to employees.
- Provide appropriate Personal Protective Equipment (PPE) and other equipment/controls
- 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 Safe Work Procedures and appropriately use PPE (e.g. gloves, gowns, eye protection, masks/respirators, etc.).
- Provide information/feedback regarding employee comments/concerns to site/portfolio.

2.3 Staff and Physicians

PHSA Staff and Physicians will:

- Not work if feeling unwell.
- Complete the voluntary [staff symptom self-assessment tool](#) prior to starting work.
- Follow directions provided by departmental/site/program leadership, organizational stakeholder groups (e.g. the Safety & Prevention, IPAC 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 Safe Work Procedures.
- 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.
- Use all required safety equipment, devices and personal protective equipment as directed.
- Report all unsafe acts and/or conditions.
- Conduct point of care risk assessments (PCRA)/appropriate screening of patients at all points of patient entry.

2.4 Joint Occupational Health and Safety Committee (JOHSC)

Committee members will:

- Participate in a regular review of the COVID-19 Safety Plans and risk assessments with the Health Authority's Occupational Health and Safety Department.
- Make recommendations, as applicable.
- Be available to answer questions from staff
- Promote awareness and actively participate in the effective implementation of the ECP.

2.5 Lower Mainland Consolidated Services (i.e. Other Health Authority Staff on PHSA sites)

Health Authorities on PHSA sites providing clinical and clinical support services have primary responsibility to ensure that their work is carried out in a safe manner and in compliance with the WorkSafeBC Occupational Health and Safety Regulation and specific PHSA policies and procedures as outlined in this COVID-19 Pandemic Recovery Plan. They are responsible for the conduct and work

practices of their workers and any contractors they may bring on-site and to coordinate the work activities of workers and contractors.

2.6 Contractors/Consultants and Service Providers

Contractors have primary responsibility to ensure that their work is carried out in a safe manner and in compliance with the WorkSafeBC Occupational Health and Safety Regulation. They are responsible for the conduct and work practices of their workers and any sub-contractors they may bring on-site and to coordinate the work activities of workers and contractors. Issues of non-compliance will be dealt with directly with the principal contractor or service provider as they are noted.

PHSA is regarded as both the owner and prime contractor at PHSA owned facilities with the exception of Abbotsford Regional Cancer Centre and Teck Acute Care Centre CW for the purposes of the Workers Compensation Act and Occupational Health and Safety Regulation.

The Contract Manager must ensure that all work carried out in PHSA facilities is in compliance with the WorkSafeBC Occupational Health and Safety Regulation and PHSA requirements as outlined in this Recovery Plan.

Contractors, consultants and service providers will comply with specific safety requirements and procedures based on information provided by PHSA of any known COVID-19 risks including exposures.

2.7 Infection Prevention & Control (IPAC)

IPAC will:

- Identify outbreaks and facilitate response in the PHSA region including processes/protocols to mitigate further spread of COVID-19.
- Ensure Infection Control policies and procedures related to this Program are current and accessible to staff and physicians.
- Collaborate with managers, health care providers, Public Health, supervisors, Workplace Health and the JOHSC representatives to provide education and training on the following topics:
 - Signs and symptoms of COVID-19.
 - Modes of transmission.
 - Written infection control policies and procedures that direct the employee on how to eliminate or minimize exposure for them to other staff, patients or visitors.
 - Proper use and selection of Personal Protective Equipment (PPE).

2.8 Provincial Workplace Health Call Centre Occupational Health Nursing (PWHCC OHN)

PWHCC OHN will:

- Consult with Infection Prevention and Control and Public Health to confirm communicable disease incidents in the workplace and to determine the exposure criteria for Health Care Workers.
- Identify employees who are in direct contact with the source of a communicable disease and who meet the exposure criteria.
- Provide post exposure follow up for employees including recommendations for work restrictions and/or further medical care.

2.9 PHSA Occupational Health Nursing, Workplace Health and Safety

PHSA OHN will:

- Assist in contact tracing, active surveillance of close contacts and recommend self-isolation of community contacts when required.
- Develop PHSA specific communicable disease exposure policies, procedures and processes
- Respond to queries from managers, delegates or employees related to policies, procedures and processes
- Update information on PHSA intranet sites
- As necessary, collaborate with the PWHCC to coordinate post exposure follow up response as directed by the Medical Health Officers, Medical Microbiologists or Physician Designates for Infectious Disease
- Carry out activities that may be required as directed by the Medical Health Officer, Medical Microbiologist or Physician Designate for Infectious Disease (i.e. needing to swab employees, administering immunizations, assisting with arranging for post-exposure follow-up testing)
- Coordinate the administration of vaccinations that may be required
 - Administer immunizations or tests; alternatively redirect employees to the appropriate service provider as determined by the health authority
 - Document employee exposure details into the disease exposure tab of WHITE database and document in health charting tab as appropriate
- Provide communicable disease education and training as needed

2.10 PHSA Safety & Prevention, Workplace Health and Safety

Safety & Prevention will:

- Consult in Covid-19 risk assessment and mitigation with regard to appropriate exposure control measures and best practices.
- Ensure a copy of the COVID-19 Pandemic Recovery Plan is available to managers, and workers.
- Ensure the exposure control plan for COVID-19 response 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.
- Coordinate and facilitate in collaboration with PHSA program departments fit-testing sessions for staff and Respirator Train the Fit-Tester sessions where necessary and advise on other personal protective equipment best practices.
- Assist with the risk assessment process and consult on risk controls, as needed.

3.0 Hazard Identification, Risk Assessment and Control

3.1 Hazard Identification

COVID-19 (“**Corona Virus Disease of 2019**”) is the disease caused by the novel coronavirus, *SARS-CoV-2*. COVID-19 can be transmitted when an infected person (a patient, a visitor, or a worker) coughs, sneezes or even speaks allowing virus-containing droplets to emanate from the mouth or nose.

The novel coronavirus, COVID-19, is spread from an infected person (patient, worker or visitor) through droplets and contact with contaminated surfaces, such as:

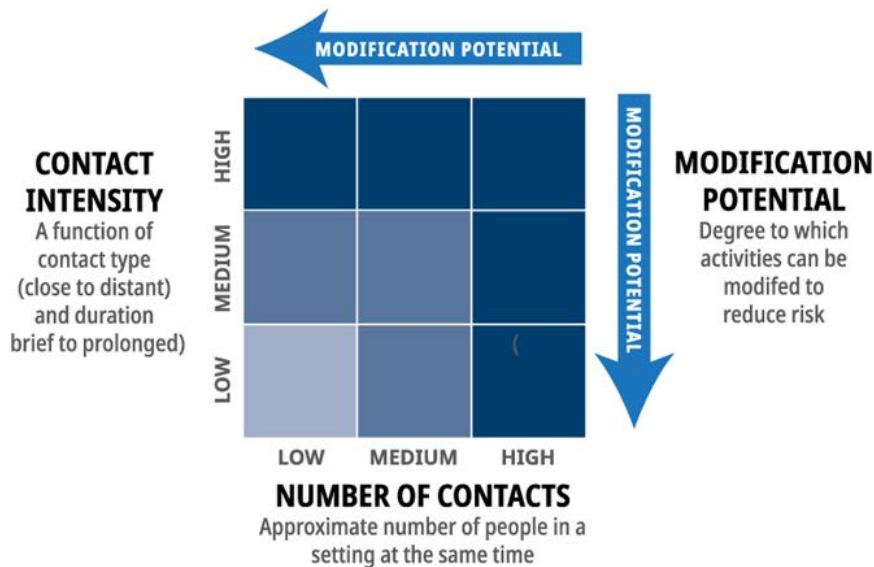
- Respiratory droplets generated when they cough or sneeze;
- Close, prolonged personal contact, such as touching or shaking hands; or
- Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.

Airborne transmission of COVID-19 occurs when an aerosol generating medical procedure (AGMP) is performed on a suspected/confirmed case. When performing an AGMP adhere to PHSA PPE requirements.

3.2 Risk Assessment and Evaluation

Workplaces must assess the level of risk related to COVID-19 and implement controls to minimize the risk. PHSA is using a two-pronged approach, a Facility Level Risk Assessment to evaluate risk and implement controls related to infrastructure, and a Team Level Risk Assessment to examine risks associated with the tasks that individuals and teams do and address them where required. The Team Level Risk Assessment will be done by managers or supervisors with input from staff and documentation will be maintained by the department.

The [BC Government’s Go Forward Strategy](#) uses the following matrix to illustrate level of risk to consider when conducting a risk assessment. 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.



The BC Government’s Go Forward Strategy identifies three areas which form the core measures of the “new normal” for which organizations must plan: personal control measures, social interaction measures and organizational practices. Some of these measures are covered in the Facility Risk Assessment, which

focuses on infrastructure to complement the Team Level Risk Assessment. The “new normal” is expected to be in place for the next 12 - 18 months, until a safe and effective vaccine or treatment is created or until herd immunity has been reached in the population.

3.3 Controls

The Occupational Health and Safety Regulation (OHSR) requires employers to have exposure prevention and infection control measures based on the following hierarchy. For COVID-19, and in absence of a vaccine, the hierarchy has been adopted to include:

1. Elimination/Substitution
 - 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.
 - Use of physical distancing (e.g. maintaining a distance of 2m from others) resulting in reduction in number of contacts.
2. Engineering Controls
 - Examples may include negative pressure rooms and other physical barriers to maintain physical distancing.
3. Administrative Controls
 - [Staff Symptom Self-Assessment Tool](#) (i.e. Staff Screening Tool)
 - Informational and directional signage;
 - Hand hygiene protocols, cough/sneeze etiquette;
 - Allow a reasonable personal distance space to reduce human-to-human transmission;
 - An increase in cleaning frequencies for shared work surfaces and equipment;
 - Cohorting patients with like symptoms
 - Staff working from home; and
 - Staff who become symptomatic with Influenza-like symptoms need to remain off work for the prescribed period of time.
4. Personal Protective equipment (PPE)

For clinical environments, Infection Prevention and Control develops various manuals, guidelines, and associated resources to support and implement available controls. These combine the exposure prevention methods listed above into sets of practices based on mode of disease transmission. These are designed to protect both the health care worker and the patients. Refer to the Infection Prevention and Control page on [PHSA POD](#).

Most traditional non-clinical office environments, in which 2 m physical distancing is not met, has increased risks owing to the long duration of being within 2 m of a relatively small number of people. Tasks which involve close contact with larger numbers of people increase the risk. There may be some cases in which physical distancing criteria are already met which would place employees in a low risk category. Core control measures must be implemented even in workplaces deemed to be low risk.

In preparation for returning non-clinical staff to the workplace, remote work is the best protection against COVID-19 exposure; physical distancing is next best; and introducing physical barriers between staff follows in terms of effectiveness and practicality. Efforts must focus on these approaches progressively

giving consideration in this hierarchical fashion.

PPE is the last resort of mitigation such, as wearing of masks, respirators, gowns, gloves, goggles and/or face-shields. PHSA has a variety of PPE available for staff dealing with patients. Information on what types of PPE is required with contact, droplet, or airborne transmission can be found in on the [BCCDC PPE Page](#) and in the [PHSA Infection Control Manuals](#)

PHSA 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.

4.0 Exposure/Hazard Reporting

Communicable Disease hazard concerns should be reported to a supervisor or manager and follow normal site hazard reporting processes (e.g. PSLS).

All inadvertent communicable disease exposures and breeches of PPE must be reported to the Provincial Workplace Health Call Centre at 1-866-922-9464.

Required follow-up and corrective actions will occur as outlined in the documentation associated with these processes.

5.0 Health Protection (Post-Exposure Management)

Both Infection Prevention & Control (IPAC) and Workplace Health are involved in the [contact tracing process](#) and follow the directions from Public Health and the Medical Health Officer (MHO). Below are the steps they take when an employee tests positive for COVID-19.

5.1 Steps for Infection Prevention and Control

1. Public Health contacts positive employee on behalf of the Medical Health Officer (MHO)
2. Employee notifies manager if there was any potential patient exposure based on instructions from Public Health.
3. Manager follows up with Infection Prevention & Control (IPAC) for guidance and gathers information on possible patient exposures

5.2 Steps for Occupational Health Nurses, Workplace Health & Safety

1. Public Health contacts positive employee on behalf of the Medical Health Officer (MHO)
2. Workplace Health (or Public Health) contacts employee's manager to get a list of employees who may have been potentially exposed, based on MHO contact tracing and exposure criteria
3. Workplace Health (or Public Health) contacts individuals on the list for assessment based on MHO exposure criteria.
4. Workplace Health (or Public Health) provides the impacted employee(s) with instructions regarding isolation or symptom monitoring.
5. Workplace Health provides manager or leader with updates.

6.0 Education and Training

Education and training for clinical staff has been ongoing during the pandemic. Education and training is provided prior to work assignment wherever possible when potential communicable disease exposure to COVID-19 could occur. This education and training must also be provided to employees returning to a workplace where exposure hazard to infectious agents may have changed during the employee's absence. The training will be reviewed if any changes to COVID-19 Pandemic Recovery Plan or work procedures that could affect exposure potential occur.

Two online courses have been developed to supplement on-the-job training for staff.

1. [PHSA COVID-19 overview](#): This 45-minute course includes information about the COVID-19 virus, precautions staff should take at the workplace to minimize transmission, staff exposure, testing and psychological health and safety supports. Any PHSA staff member/contractor who has been working remotely but is returning to the workplace, either on a part-time or a full-time basis must take this course. Clinical staff who have been working throughout the pandemic have received this training on-the-job during the course of the pandemic.
2. [PHSA COVID-19 guidelines & procedures](#): This 20-minute course entails reviewing and signing-off on PHSA's COVID-19 guidelines & procedures, as well as the facility safety plan. All PHSA staff/contractors must take this course unless a program specific curriculum has been created, which includes the review of these guidelines and procedures (e.g. BCEHS and CW sites).

Departments will continue to provide notification (during handover report) at the start of the work assignment detailing applicable infection control precautions in place.

7.0 Documentation/Recordkeeping

7.1 Exposure Records

All known infectious agent exposures will be documented on the Occupational Health Employee File. As part of the post-exposure follow-up, the Provincial Workplace Health Call Centre Assistant or Occupational Health Nurse may collect and document specific information on the exposure. This information will be documented in the confidential Workplace Health Incident Tracking and Evaluation Database (WHITE).

7.2 Education and Training Records

A database and record for all employees trained in the elements of Communicable Disease exposure prevention is maintained for courses in the PHSA Learning Hub. Department managers are required to maintain departmental training records, including orientation.

7.3 Written Work Procedures

Facility Safety Plans have been posted on the [PHSA COVID-19 Staff Resources Page](#). The plans identify both PHSA-wide and site-specific written procedure. Department and jobs-specific written work procedures are to be maintained by the department manager/supervisors.

8.0 Program Review

This Exposure Control Program (ECP) will be reviewed annually to ensure that it remains compliant with applicable legislation, regulatory requirements, applicable standards, and applicable to all stakeholders.

Appendix A: PHSA - COVID-19 Safety Plan for Pandemic Recovery Template

This is the COVID-19 Workplace Safety Plan for **enter site/facility/program name** .

By [order of the Provincial Health Officer](#), this plan is posted electronically and at the workplace, and a copy will be provided to a health officer or WorkSafeBC officer on request.

PHSA is committed to providing safe and healthy workplaces. This Safety Plan describes the policies, guidelines, and procedures we have in place to reduce the risk of transmission, with 6 key steps:

1. Assess risk to identify places where transmission may occur
2. Implement measures to reduce risk
3. Develop policies such as who can be on site and how to address illness in the workplace
4. Establish communication plans and training
5. Monitor the workplace and update plans as required
6. Assess and address risks from resuming operations.

1. Assess risk

Step 1: Assess risks at the workplace

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.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Risk assessments are a critical part of our COVID-19 safety plan. We have established a multi-level risk assessment process, and they are a proactive process designed to ensure the safety of our workers.

These risk assessments have involved input from employees, supervisors, and our joint health and safety committee to assess both clinical and non-clinical settings. Incorporating Infection Prevention and Control practices, PHSA has developed an assessment tool to determine areas of risk within work locations and for tasks that teams perform.

As part of this process, we have identified areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.

Summary of Considerations:

<input type="checkbox"/>	We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
<input type="checkbox"/>	We have identified areas where people gather, such as break rooms, nursing stations, reception areas, waiting rooms, meeting rooms.
<input type="checkbox"/>	We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs).
<input type="checkbox"/>	We have identified the tools, machinery, and equipment that workers share while working.
<input type="checkbox"/>	We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

The facility completed risk assessment is attached.

1. Implement measures to reduce risk

Protocols are implemented to minimize the risks of transmission. PHSA provincial direction of the Provincial Health Officer and the BC Centre for Disease Control.

To reduce risk, we are using a hierarchy of controls including elimination (e.g., limiting the number of people on site), engineering controls (e.g., physical barriers), administrative controls (e.g., increased cleaning frequency), and appropriate Personal Protective Equipment (e.g., respirators). Our safety plan includes detailed [exposure control plan](#) to mitigate and prevent illness.

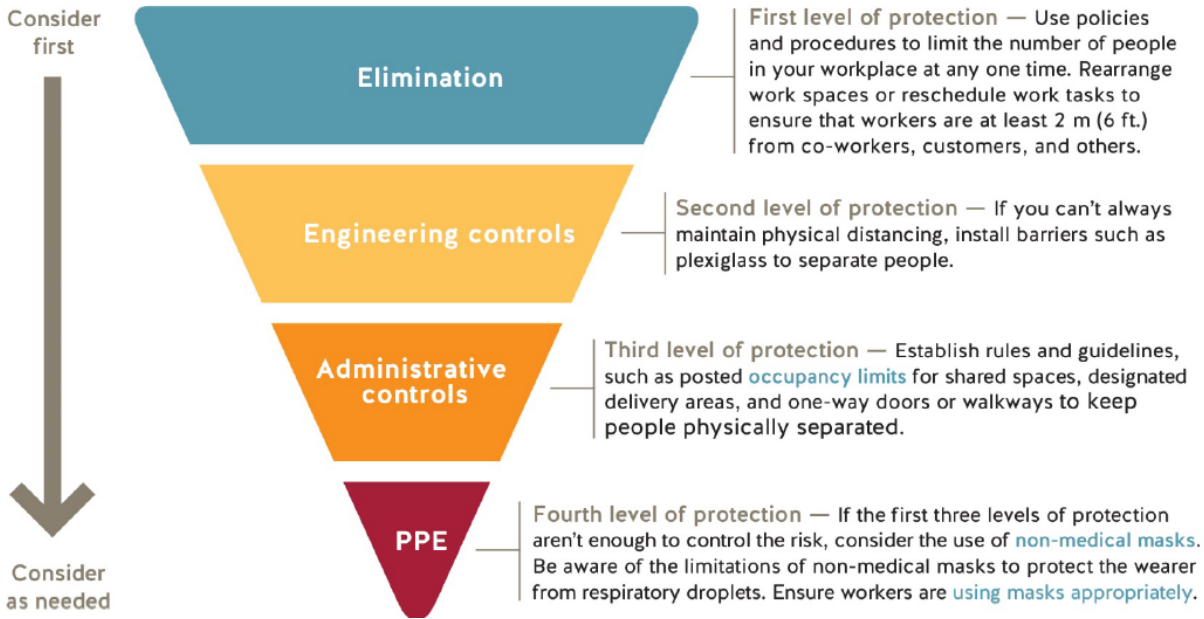
For identified risks, PHSA will implement measures to eliminate or minimize the risk of transmission of COVID-19 in the workplace, with an emphasis on physical distancing, cleaning, and hygiene.

The following sources have been included for information, input, and guidance:

<input type="checkbox"/>	Industry-specific protocols on www.worksafebc.com . Additional protocols have been identified and implemented where the posted protocols don't address all the risks to PHSA staff.
<input type="checkbox"/>	Frontline workers, supervisors, and the joint health and safety committee (or worker representative).
<input type="checkbox"/>	Orders, guidance, and notices issued by the provincial health officer relevant to our industry.
<input type="checkbox"/>	Other BC Health Authorities.

Reducing the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, protocols have been implemented to protect against identified risks. Different protocols offer different levels of protection. Wherever possible, protocols that offer the highest level of protection are used. Other controls from additional levels are used if the first level isn't practicable, feasible or evidence-based, or does not completely control the risk.



First level protection (elimination): Limit the number of people at the workplace and ensure physical distance whenever possible

<input type="checkbox"/>	<p>We have established and posted an occupancy limit for our premises.</p> <p>Public Health has advised that the prohibition on gatherings of greater than 50 people refers to “one-time or episodic events” (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained.</p> <p>[Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]</p>
<input type="checkbox"/>	<p>In order to reduce the number of people at the worksite, we have considered work-from-home arrangements, virtual meetings, rescheduling work tasks, and limiting the number of customers and visitors in the workplace.</p>
<input type="checkbox"/>	<p>We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.</p>
<input type="checkbox"/>	<p>We have implemented measures to keep workers and others at least 2 metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.</p>

Control measures implemented at this site for maintaining physical distance in the workplace are outlined in the Facility Risk Assessment for COVID, and department risk assessments where applicable.

Second level protection (engineering): Barriers and partitions

<input type="checkbox"/>	<p>We have installed barriers where workers can't keep physically distant from co-workers, clients/patients, and other protection measures not practical, safe options.</p>
<input type="checkbox"/>	<p>We have included barrier cleaning in our cleaning protocols.</p>
<input type="checkbox"/>	<p>We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).</p>

The use of engineering controls such as barriers and partitions are outlined in the Facility Risk Assessment for COVID, and department risk assessments where applicable.

Third level protection (administrative): Rules and guidelines

<input type="checkbox"/>	We have identified rules and guidelines for how workers should conduct themselves.
<input type="checkbox"/>	We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

The administrative controls (rules, guidelines and education/training) in place to reduce the risk of transmission are outlined in the Facility Risk Assessment for COVID, and department risk assessments where applicable.

Supporting PHSA documents:

- [COVID-19: Attending the Worksite Procedures](#)
- [COVID-19: Becoming Sick Procedures](#)
- [COVID-19: Maintaining a Safe and Inclusive Culture](#)
- [COVID-19: Interim Remote Work Guidelines](#)
- [COVID-19: Shift Rotation Guidelines](#)
- [COVID 19: Travel Guidelines](#)

Fourth level protection: Using masks (optional measure in addition to other control measures)

<input type="checkbox"/>	We have reviewed the information on selecting and using masks and instructions on how to use a mask.
<input type="checkbox"/>	We understand the limitations of masks to protect the wearer from respiratory droplets. We understand that masks should only be considered when other control measures cannot be implemented.
<input type="checkbox"/>	We have trained workers in the proper use of masks.

Supporting documents:

[BCCDC Guidelines on Mask Usage](#)

Reduce the risk of surface transmission through effective cleaning and hygiene practices

<input type="checkbox"/>	We have reviewed the information on cleaning and disinfecting surfaces.
<input type="checkbox"/>	Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed
<input type="checkbox"/>	We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus.
<input type="checkbox"/>	We have implemented cleaning protocols for all common areas and surfaces e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).
<input type="checkbox"/>	Workers who are cleaning have adequate training and materials.
<input type="checkbox"/>	We have removed unnecessary tools and equipment to simplify the cleaning process e.g., coffee makers and shared utensils and plates.

Supporting documents

Site-specific cleaning protocols

- *Add site-specific documentation that may specify who is responsible for cleaning, the cleaning schedule, and what the cleaning protocols will include.*

2. Develop policies

All employees and staff must follow safe work practices and protocols such as staying home when sick, performing hand hygiene to prevent transfer of infectious material, and decontamination procedures as required.

We have implemented policies to manage our workplaces, including policies around who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

PHSA policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

<input type="checkbox"/>	Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
<input type="checkbox"/>	Anyone directed by Public Health to self-isolate.
<input type="checkbox"/>	Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
<input type="checkbox"/>	Visitors are prohibited or limited in the workplace.

<input type="checkbox"/>	First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic.
<input type="checkbox"/>	We have a working alone policy in place (if needed).
<input type="checkbox"/>	We have a work from home policy in place (if needed).
<input type="checkbox"/>	Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace. Ensure an appropriate violence prevention program is in place.
<input type="checkbox"/>	Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Report to First aid, if appropriate. Ask the worker to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further guidance related to testing and self-isolation.]
<input type="checkbox"/>	If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
<input type="checkbox"/>	Clean and disinfect any surfaces that the ill worker has come into contact with.

Supporting documents:

- [First aid protocols during the COVID-19 pandemic](#)
- [COVID-19: Attending the Worksite Procedures](#)
- [COVID-19: Becoming Sick Procedures](#)
- [Flexible Work Options Policy](#)
- [Working Alone Program](#)

3. Establish communication plans and training

We have taken steps to ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at the workplace.

We accomplish this through education on safety measures that are in put in place, policies for staying home when ill, and posting signage limiting occupancy and instructing staff and employees on effective hand washing practices. All teams should review their own risk assessment findings.

<input type="checkbox"/>	We have a training plan to ensure everyone is trained in workplace policies and procedures.
<input type="checkbox"/>	All workers have received the policies for staying home when sick. See Safety Talk – Illness in the Workplace
<input type="checkbox"/>	We have posted signage at the workplace, including occupancy limits and effective hygiene practices.
<input type="checkbox"/>	We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.

<input type="checkbox"/>	Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed. See Supervisor Health and Safety Orientation
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4. Monitor the workplace and update plans as required

Things may change as operations resume. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. PHSA employees can raise safety concerns through their [Safety Consultant](#) or their [Joint Occupational Health and Safety Committee](#).

<input type="checkbox"/>	We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
<input type="checkbox"/>	Workers know who to go to with health and safety concerns.
<input type="checkbox"/>	When resolving safety issues, we will involve joint health and safety committees or worker health and safety representatives (or, in smaller workplaces, other workers).

5. Assess and address risks from resuming operations

Due to the changing nature of this pandemic, we must continue to monitor our work environments for any new areas of concern and conduct regular reviews of any identified risks. Such reviews may result in the need for additional training or for the development or revision of procedures to mitigate issues present in the work environment.

<input type="checkbox"/>	We have a training plan for new staff.
<input type="checkbox"/>	We have a training plan for staff taking on new roles or responsibilities.
<input type="checkbox"/>	We have a training plan around changes to our operations, such as new equipment, processes, or products.
<input type="checkbox"/>	We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
<input type="checkbox"/>	We have identified a safe process for clearing systems and lines of product that have been out of use.

Separate Safety Plans are required for each site. PHSA will post Safety Plans in work locations. For assistance with the implementation of the safety plan, risk identification, site walk-throughs, and the PHSA exposure control plan, please contact workplacehealth@phsa.ca.

Appendix A: COVID-19 Exposure Risk Assessment Checklist: See templates below

Appendix B: Corrective Actions List - Facility Assessment

Action Item		Action Item Complete	
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Appendix B: Clinical Settings - COVID-19 Exposure Risk Assessment

Clinical Settings- COVID-19 Exposure Risk Assessment:

Updated: 10 June 2020

Name of Site / Location	
Date:	

One part of developing your COVID-19 Safety Plan is identifying protocols to keep workers safe. Consider the elements below as you develop the plan for your workplace.

These protocols are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your workers.

Facility Risk Assessment Sections 1-3 to be completed by the Facility / Office Manager or delegate.

Instructions

1. Assemble an assessment team that includes department leadership and worker representation from the Joint Occupational Health and Safety Committee (JOHSC). For sites without a JOHSC, the applicable safety representative should be part of the assessment team.
2. Have a “kick-off” meeting to establish a plan for the visual inspection.
3. Perform visual inspection of the office suite. Consider bringing supplies like measuring tape, floor plans of work area etc. to the walkthrough.
4. Complete Sections 1-3 of the checklist. Identify and implement controls to mitigate identified hazards.
5. Consult with your Facility Manager to address an engineering or other matters outside of your control. Discuss options and obtain costing (if required) with Facilities Management. **All engineering controls that will require contractors and/or consultants, or will result in significant costs to implement, will require ELT sign-off prior to implementation.**
6. Review outstanding issues and determine if the unit/department is ready for the recovery phase.
7. Provide a completed copy to workplacehealth@phsa.ca

Please consult workplacehealth@phsa.ca or your [Safety Consultant](#) for assistance.

Note: Team Based Risk Assessment: Sections 4 and 5 cover the “team based risk assessment”, which is to be completed by department leaders for their specific team. Records to be kept by team leader. Department leaders do not have to complete sections 1-5 of this tool.

COVID-19 Recovery Checklist For Clinical Settings

Element		Yes	No	N/A	Remediation Plan
1) Policies and Procedures					
1.1	The facility's capacity to accommodate appropriate patient flow is assessed on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Environmental Services (EVS) contract in place, identifying: Routine cleaning and disinfection procedures, Frequency of cleaning, List of clinical and non-clinical areas EVS will clean and disinfect and Terminal cleaning of rooms suspected of contamination from symptomatic patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	The following recommendations for medical and nonmedical staff are in place, including: Not coming to work sick, staggered start and break times, no sharing of food etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	1.4.1 There is a process in place for MOA or clerk to pre-screen patients requiring an appointment to the ambulatory clinic for COVID-like symptoms. Patients will also be screened: <ul style="list-style-type: none"> • Upon arrival at the entrance of the facility. • At the clinic reception 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.4.2 Points of entry have controlled access in place to facilitate: <ol style="list-style-type: none"> 1. Screening for symptoms 2. Providing surgical/procedure masks if required 3. Patient flow (with physical distancing) 4. Performing hand hygiene 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.4.3 Reception and other staff where feasible can maintain a 2 meter distance with clients/patients, have a physical barrier or wear PPE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Designated isolation/private room is available for direct placement of symptomatic/high-risk patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	There is a process in place to take patients presenting with COVID-like symptoms to the designated examination/isolation room and/or waiting area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	There is a process in place that determines that the terminal clean of symptomatic/high risk patient's examination room will be done upon discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	There is a process in place for booking medically indicated patients at the end of the day, if possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	1.9.1 There is a process in place to provide surgical/procedure masks to individuals that present with COVID-19-like symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1.9.2 Personal protective equipment (PPE) is available for staff as outlined in the current PPE Recommendations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Alcohol-based hand rub (ABHR) is available at entrance and exit from clinical and non-clinical areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COVID-19 Recovery Checklist For Clinical Settings

Element		Yes	No	N/A	Remediation Plan
1.11	A process in place to provide guidance/update to elevator monitors with elevator capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Education					
2.1	Medical and non-medical staff have received education on appropriate use of personal protective equipment, based on current IPAC guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Medical and non-medical staff training and education has been documented. Please refer to the LearningHub for online education resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Medical and non-medical staff are aware of appropriate donning and doffing procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Point of Care Risk Assessment has been reviewed with staff providing direct patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Medical and non-medical staff have been provided information relating to COVID-19 and the measures in place to ensure safety within the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Are communication channels in place to update staff on changes in procedures and to respond to concerns, e.g.: <ul style="list-style-type: none"> • Daily check in meetings • Email • Posted notices 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Routine practices					
3.1	PPE supplies are readily available and accessible in appropriate sizes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	ABHR are located at point of care (clinical areas). Soap, water, and paper towel is available for use at hand washing stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Single use, disposable equipment used if possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Single-use covers (e.g., paper table covers) are discarded after each patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	High touch points (e.g. side tables, side rails, chairs) in patient care area are cleaned and disinfected between clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Any medical/clinical equipment used (e.g. blood pressure cuffs, clipboard) should be cleaned and disinfected using the routine department practices for cleaning and disinfecting between patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.7	Containers that are used for product storage are cleaned, disinfected and dried in-between use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.8	Products (e.g. creams, lotions) are dedicated to the user.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.9	Staff/Medical staff should avoid unnecessary travel between rooms/areas for assessment and/or treatment. Specifically the number of treatment bays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COVID-19 Recovery Checklist For Clinical Settings

Element		Yes	No	N/A	Remediation Plan
	used by an individual physician should be limited/designated per clinic.				
4) Environment					
4.1	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present throughout clinical and non-clinical areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Clear physical distancing indicators and room capacity posters are in place throughout clinical and non-clinical areas, i.e. elevators, waiting rooms, staffrooms, meeting rooms and other shared spaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Stairwell access made available to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	A schedule is in place for cleaning and disinfecting surfaces/bins/shelves that are not routinely serviced by EVS or staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Staff lounges are de-cluttered and set up to accommodate physical distancing. Maximum occupancy is posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Non-clinical areas (e.g., waiting area) have been de-cluttered removing non-essential items (magazines, toys, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Staff lounges and work spaces are equipped with disinfecting wipes for medical and non-medical staff to clean and disinfect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	ABHR are available at computer/phone stations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Staff have access to change rooms for changing to dedicated work clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	Examination and clinic rooms have minimal supplies and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Medical and non-medical equipment (e.g. clipboards) are not accessible by patients/visitors/families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) FOR OFFICE and Non-CLINICAL AREAS:					
5.1	There is a process in place for virtual or telephone meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	There is a process in place for meeting organizers to remind visitors to not come into the office if experiencing any COVID-19-like symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Reception and other staff where feasible can maintain a 2 metre distance with visitors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Visual alerts (e.g., signs, posters) indicating hand hygiene, respiratory etiquette and physical distancing are present in the office suite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Clear physical distancing indicators are in place in common areas, i.e. elevators, waiting rooms, staffrooms etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Stairwell access made available to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COVID-19 Recovery Checklist For Clinical Settings

Element		Yes	No	N/A	Remediation Plan
5.7	Common areas (e.g., waiting area) have been de-cluttered removing non-essential items (toys, magazines, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Office spaces have minimal supplies and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Team-Based Items / Staff Wellness					
6.1	Department leaders have considered which staff are able to continue to remotely and is the process to determine this in place. (If appropriate, consider implementing a process in place to support a physician's virtual visit or phone consultation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Communication channels are in place to update staff on changes in procedures and to respond to concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	If applicable, the manager has had or planned a staff readiness conversations with employees prior to their return to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Team leader has considered or scheduled regular wellness check-ins with team staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	A list of wellness resources for staff is clearly displayed in your work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7) Other					
Task-specific risks + remediation plans & Other measures not otherwise mentioned					

Additional comments:

Appendix C: Non-Clinical Settings - COVID-19 Exposure Risk Assessment

Non-Clinical Settings - COVID-19 Exposure Risk Assessment:

Updated: June, 10 2020

Site:	
Date:	

One part of developing your COVID-19 Safety Plan is identifying protocols to keep workers safe. Consider the elements below as you develop the plan for your workplace.

These protocols are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if the protocols suggested here do not sufficiently address the risk to your workers.

Facility Risk Assessment Sections 1-3 to be completed by the Facility / Office Manager or delegate.

Instructions

1. Assemble an assessment team that includes department leadership and worker representation from the Joint Occupational Health and Safety Committee (JOHSC). For sites without a JOHSC, the applicable safety representative should be part of the assessment team.
2. Have a “kick-off” meeting to establish a plan for the visual inspection.
3. Perform visual inspection of the office suite. Consider bringing supplies like measuring tape, floor plans of work area etc. to the walkthrough.
4. Complete Sections 1-3 of the checklist. Identify and implement controls to mitigate identified hazards.
5. Consult with your Facility Manager to address an engineering or other matters outside of your control. Discuss options and obtain costing (if required) with Facilities Management. **All engineering controls that will require contractors and/or consultants, or will result in significant costs to implement, will require ELT sign-off prior to implementation.**
6. Review outstanding issues and determine if the unit/department is ready for the recovery phase.
7. Provide a completed copy to Workplace Health.

Please consult workplacehealth@phsa.ca or your [Safety Consultant](#) for assistance.

Note: Team Based Risk Assessment: Sections 4 and 5 cover the “team based risk assessment”, which is to be completed by department leaders for their specific team. Records to be kept by team leader. Department leaders do not have to complete sections 1-4 of this tool.

Element		Yes	No	N/A	Remediation Plan
1) Policies and Procedures					
1.1	The facility's capacity to accommodate appropriate flow of people is assessed on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Environmental Services (EVS) contract in place, identifying: Routine cleaning and disinfection procedures, frequency of cleaning, list of areas EVS will clean and disinfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Environment					
2.1	Alcohol-based hand rub (ABHR) is available at entrance and exit from office suite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	2.2.1 Visual alerts (e.g., signs, posters) indicating hand hygiene and respiratory etiquette are posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.2 Clear physical distancing indicators are in place in common areas, i.e. elevators, waiting rooms, staffrooms etc. and maximum occupancy is posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2.2.2 Stairwell access made available to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Common areas (e.g., waiting area) have been de-cluttered removing non-essential items (magazines, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Reception and other staff where feasible can maintain a 2 metre distance with visitors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Office spaces have minimal supplies and equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	All individual workstations are located greater than 2 m of each other and located at least 2 meters from high traffic areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Cleaning supplies are available at shared workstations and other common areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Education					
3.1	Staff have been provided information relating to COVID-19 and the measures in place to ensure safety within the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	There is a list of wellness resources for staff clearly displayed in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Team-Based Items					
4.1	A scheduling process is in place to limit the number of department staff and meet requirements of facility capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Communication channels are in place to update staff on changes in procedures and to respond to concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Regular wellness check-ins with your team staff has been considered or implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5) Other

Task-specific
risks +
remediation
plans
&
Other
measures not
otherwise
mentioned

Additional comments: