



Alberni Valley Hospice Society
Ty Watson House

COVID -19 Safety Plan

EXPOSURE CONTROL PLAN

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This document is a requirement in the Employee Orientation Package.

For the safety of everyone, all persons working or volunteering within Ty Watson House or 2579 Tenth Avenue must read and understand this plan.

(“Read & Understood: Covid-19 Safety Plan” acknowledgement for personnel or volunteer file is found in Appendix I)

Purpose

Alberni Valley Hospice Society (AVHS) is committed to providing a safe and healthy workplace for all our staff and volunteers. A combination of measures will be used to minimize or eliminate exposure to COVID-19. Our safe work procedures and instructions are in place not only for our staff and volunteers (generally referred to as “workers”) but also for all members of the public who enter our facilities. All workers must follow the procedures and/or instructions outlined in this plan as this will minimize the risk and reduce exposure of COVID-19.

Exposure Control Plan (ECP) is specific to WorkSafeBC Occupational Health & Safety Regulation requirements (Section 5.54). This ECP is based on the current understanding of COVID-19 Influenza. This ECP also follows the guidelines outlined in the Social Service Providers for the Prevention and Control of COVID-19 guidelines by the BC Centre for Disease Control and BC Ministry of Health.

Background – Pandemic Influenza

A Pandemic is the outbreak of an infectious disease that occurs over a large geographical area, often worldwide, affecting a large proportion of the population with elevated rates of illness.

- When viruses combine or mutate they evolve into a new virus.
- When people have little or no immunity to a new virus, it results in a greater person-to-person spread of illness
- Wide-spread illness that affects all age groups, including young adults, may lead to a pandemic.
- The results of a pandemic can lead to more serious outcomes like hospitalization and death.

The World Health Organization (WHO), Health Canada, and the BC Centre for Disease Control have recommended that all workplaces create pandemic influenza preparedness plans to diminish the potential adverse effects of a flu pandemic.

Exposure Control Plan Responsibilities

Employer

AVHS will:

- Ensure that the exposure control plan is implemented, maintained, and available to workers.
- Select, implement, and document the risk assessment on the “**Risk Identification**” form in **Appendix 2** to continue to identify appropriate site-specific control measures.
- Ensure that engineering controls and safe work procedures suitable to the identified exposure risks are established to minimize or eliminate a worker’s potential for exposure to communicable diseases.
- Ensure that all resources and materials required to implement and maintain the plan are reasonable and made available as practical when required.
- Ensure that supervisors, workers and volunteers are informed and understand the content of this plan.
- Review the ECP’s effectiveness as new information becomes available on COVID-19 or on an annual basis.
- Maintain records of training and inspections.

Supervisors/Managers and Coordinators

Supervisors/Managers and Coordinators will:

- Ensure that workers are adequately instructed on the controls for the hazards at the location.
- Ensure that workers use proper PPE if required.
- Direct work in a manner that eliminates or minimizes the risk to workers.

Workers

Workers will:

- Know the hazards of the workplace.
- Follow established work procedures and instructions as directed by the employer or supervisor/manager/coordinator.
- Appropriately use and maintain any required PPE as instructed and trained (e.g., coughing into sleeve, regular hand washing, etc.)
- Report any unsafe conditions or acts to the supervisor/manager/coordinator.
- Know how and when to report exposure incidents.

COVID-19 Facts

Coronaviruses (SARS CoV 2) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. COVID-19 is a new strain that was discovered in 2019 and has not been previously identified in humans. Coronaviruses are zoonotic, meaning they are transmitted between animals and people.

Transmission

According to the BC Centre for Disease Control, the virus is transmitted by droplets which may be generated when an infected person coughs or sneezes. Droplets can be deposited on inanimate surfaces or in the eyes, nose, or mouth. Scenarios with an increased risk include a person who has:

- Close contact (within 2 meters) with a COVID-19 case experiencing respiratory symptoms (e.g., sneezing, coughing). This places a person at risk of being exposed to potentially infective respiratory droplets.
- Droplets do not hang in the air, but can land on surfaces and contaminate them (e.g., doorknobs, light switches, counters) AND/OR
- If the person coughs or sneezes into their hands, they can transfer the virus onto things that they touch.
 - Therefore, it is recommended to cough into your elbow, or a tissue that can be thrown away immediately and do frequent hand hygiene with plain soap and water or alcohol-based sanitizer with 60% alcohol content.

Signs and Symptoms

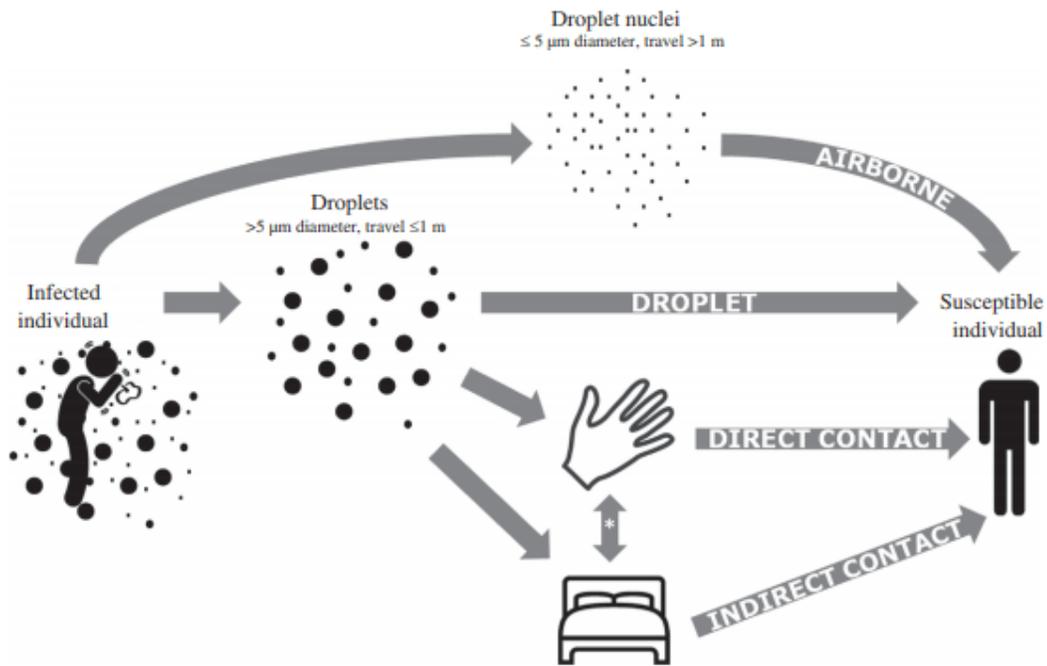
The symptoms of COVID-19 are similar to other respiratory illnesses, including the flu and common cold. They include:

- Cough
- Sneezing
- Fever
- Muscle aches
- Sore throat
- Difficulty breathing

Symptoms may appear 2-14 days after exposure. These symptoms are usually mild and begin gradually.

Risk Identification

Currently there are two (2) primary routes of transmission for COVID-19, each of which need to be controlled. These include contact, and droplet transmission.



* Transmission routes involving a combination of hand & surface = indirect contact.

Risk Assessment

A 'risk' is the *chance* of injury or occupational disease occurring. 'Risk Assessment' is the process of analyzing the condition, which could create a chance for injury or disease. A risk assessment takes into account:

- The chance of the occupational disease occurring.
- Who is at risk of exposure?
- Which workers or volunteers have a higher risk of exposure because of the clients with whom they may have contact with.

Contact Transmission

Direct and Indirect

Direct contact involves skin-to-skin contact. Indirect contact involves a worker touching a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard, and then touching their eyes, nose, or mouth. Contact transmission is important to consider because viruses can persist on hands and on surfaces. There is currently no data available on stability of COVID-19 on surfaces. Data has shown that the stability in the environment depends on several factors including relative temperature, humidity, and surface type.

Droplet Transmission

Large droplets may be generated when an infected person coughs or sneezes. Droplets can travel a short distance through the air and can be deposited on inanimate surfaces or in the eyes, nose, or mouth.

Airborne Transmission

Small droplet nuclei may travel more than 1 meter from sneezing or coughing.

Those infected may be most contagious when they are symptomatic. However, some spread might be possible before people show symptoms (asymptomatic).

Risk Assessment Table

Low Risk

Workers who typically have no contact with people infected with pandemic influenza

Moderate Risk

Workers who may be exposed to infected people from time to time in relatively large, well ventilated workspaces

High Risk

Workers who may have contact with infected patients or with infected people in small, poorly ventilated workspaces

	<u>Low Risk</u>	<u>Moderate Risk</u>	<u>High Risk</u>
<i>Hand Hygiene</i>	Required- washing with soap and water	Required- washing with soap and water	Required- washing with soap and water
<i>Physical Distancing</i>	Required	Required	Required
<i>Social Etiquette</i>	Required	Required	Required
<i>Travel Restrictions</i>	Required	Required	Required
<i>Self-Monitor</i>	Required	Required	Required
<i>Cleaning Measures</i>	Required	Required	Required
<i>Pre-screen Clients</i>	Not required	Required	Required
<i>Disposable Gloves</i>	Not required	Not required	Required
<i>Masks</i>	Not required	Not required	Required

*All workers at AVHS are at low to moderate risk because of the controls AVHS has put in place (PPE, physical distancing, cleaning protocol, hand washing protocols etc.).

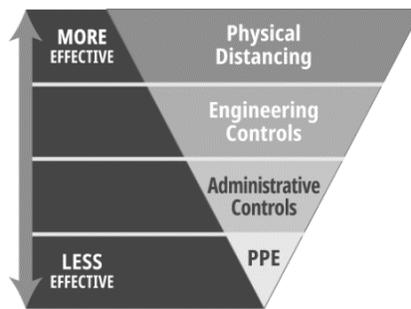
Risk Controls

Infectious disease controls shall be considered for implementation in the following order of preference:

1. Physical distancing:
 - a. standing 6 ft (2 meters) away from coworkers, volunteers and clients
2. Engineering controls:
 - a. Providing hand sanitizer, cleaning of personal workspace by the employee using cleaning supplies provided by AVHS, follow enhanced cleaning protocols cleaning of common areas and high touch areas, alternative client service delivery methods where practicable (e.g., telephone, video conference).
3. Administrative controls:
 - a. Hand hygiene, signage, awareness for cough/sneeze etiquette, social etiquette, communications, self monitor, self isolate, isolate, sick days' policy, work from home flex options.
4. Personal Protective Equipment (PPE):
 - a. gloves, masks

It is expected that administrative controls will have the most significant impact on exposure risk.

Hierarchy of Controls



Controls in place at AVHS

Physical Distancing Controls

- Practice physical distancing > 2 meters if face-to-face meetings are required
- Refrain from typical handshaking and hugging
- Avoid over crowding of common rooms or areas (kitchen, lobby, washroom, etc.)
- Stagger lunch breaks to accommodate physical distancing protocols (Max cap stated by each room)
- Use virtual communication methods like Zoom, emails, and conference calls to communicate

Engineering Controls

- Using hand sanitizer when hand washing isn't easily accessible
- Each worker will clean their personal workspaces regularly with provided cleaning supplies
- Following enhanced cleaning protocols, in common areas and high touch spots such as desks, keyboards, phone, chair arms and computer screens
- Using alternative client service delivery methods where practicable (e.g., telephone, video conference etc.) To be determined by Managers, Coordinators and Executive Director.

Administrative Controls

- Ensuring that workers do **not** come to work if they are sick or have been told to self-isolate or isolate. Refer to the BC Health Link COVID-19 self assessment test <https://bc.thrive.health/>
 - Stay at home and away from others for at least 10 days if you have the symptoms.
 - After 10 days, if your symptoms have been improving for at least 72 hours and your temperature is normal, you can return to your routine activities
 - If after 10 days your temperature has not resolved and there hasn't been an improvement in your symptoms for at least 72 hours, you should remain isolated and seek medical attention.
- Notify your supervisor/manager/coordinator of any symptoms you are experiencing when at work

Hand Washing

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 hand to other parts of the body – particularly the eyes, nose, and mouth – or to other surfaces that are touched.

Hand washing is required:

- Before leaving home, on arrival at work, and before leaving work
- After using the toilet
- Before and after breaks
- Before and after eating any food, including snacks

- Before touching face (nose, eyes, or mouth)
- Before food preparation, handling
- After handling materials that may be contaminated
- When going to and from the facility or to a facility outside in the public
- All food must be prepared and consumed in the kitchen area. Eating at desks is not permitted.

Hand washing procedure:



Cough and Sneeze Etiquette

- Cover your mouth and nose with a tissue
- Dispose of your tissue properly
- If there is no tissue, cough or sneeze into the bend of your elbow – not your hand.
- If you sneeze or cough into your hand, wash your hands as soon as possible.

PPE Controls

- Using provided masks and gloves when required (i.e., when physical distancing cannot be achieved or if client or members of the public presents as unwell).

APPENDIX 1

READ and UNDERSTOOD: COVID-19 SAFETY PLAN

EMPLOYEE/VOLUNTEER NAME: _____(please print)

DATE: _____

My signature below attests that I have fully read and understood the COVID-19 Safety Plan.

PLEASE NOTE:

From time to time, this document may need to be revised and updated. All workers will be provided with an updated copy, with the revision date noted on the cover page. Workers will be required to Read and Understand the changes and resubmit this Appendix for their personnel or volunteer file.

Employee/Volunteer Signature: _____ Date: _____

Only sign here for future revisions:

Employee/Volunteer Signature: _____ Date: _____

Submit this to the Executive Director for inclusion in the worker's personnel/volunteer file.

Signature of Executive Director:

_____ Date Received: _____

APPENDIX 2

RISK IDENTIFICATION

WORKER'S NAME : _____ (please print)

DATE: _____

Workers may notice an unidentified risk not covered in the plan. Briefly describe the risk and please include your suggested method to reduce the risk below. Thank you for your help in protecting us all.

DESCRIPTION OF IDENTIFIED RISK:

SUGGESTED RISK REDUCTION METHOD:

Submit this form to the Executive Director.

Signature of Executive Director:

_____ Date Received: _____