

# COVID-19 RISK EXPOSURE & MITIGATION PLAN Updated September 2020

**Worksite: Main Office, 518 Lake Street, Nelson, BC**

## Step 1: Understanding and Assessing the Risks

We understand that:

- The virus that causes COVID-19 spreads in several ways including via droplets when a person coughs or sneezes, or if one touches a contaminated surface and then touches their face
- The risk of person-to-person transmission increases the closer one comes to other people, the more time they spend near them, and the more people one comes near
- The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time

In assessing the risks at our Main Office Worksite, we have:

- Involved our front-line workers, supervisors, administration staff, and our Joint Occupational Safety and Health (JOSH) Committee, in the assessment of risks
- Identified areas where people gather, for e.g. kitchen, hallways, copier areas, reception, and meeting rooms
- Identified job tasks or processes where workers are close to one another or members of the public
- Identified equipment that workers share while working, including copiers, shredder, kitchen equipment
- Identified surfaces that people touch often, including door handles, light switches, copiers, bathrooms, meeting room tables/chairs, kitchen counter, storage room, filing cabinets, and common areas of the building (e.g. stairwell, front door, elevator buttons, mailbox)

## Step 2: Protocols for Reducing Risks of Person-to-Person Transmission

### a. First Level Protection (Elimination)

We have:

- ✓ established and posted an occupancy limit for all of our office spaces, particularly common spaces such as kitchen, washrooms, meeting rooms, copier areas, and elevator
- ✓ maintaining work-from-home arrangements, virtual meetings, and staggering in-office hours so that no more than 50% of employees are in office at one time, and revising work schedules as needed
- ✓ Limited all in-person counselling work to our two large meeting room spaces as opposed to individual staff offices. Staff use on-line room booking calendar.
- ✓ Implemented measures to keep staff and others at least 2 metres apart, wherever possible.
- ✓ posted signage on main office door to notify clients/public that office remains closed except to those who have pre-arranged an appointment
- ✓ Closed waiting room to clients. Clients coming for in-person sessions are asked to come exactly on time for their appointments and staff will meet them at the front door so waiting is not required
- ✓ restricted our washrooms to staff and NCS clients only through use of signage and monitoring by Admin Assistant

## **b. Second Level Protection (Engineering Controls): Partitions and Barriers**

We have:

- ✓ installed plexiglass across the reception desk to protect Admin Assistant
- ✓ included plexiglass cleaning in our cleaning protocols
- ✓ turned on the automatic main office door release so that any clients/patients using the elevator can self-navigate easily to other areas of the 2<sup>nd</sup> floor (doctors' offices)
- ✓ placed a separate PPE disposal covered container in a central area (kitchen)
- ✓ rearranged our meeting rooms for in-person sessions so that physical distancing can be maintained and contact with furnishings and objects is kept to a minimum
- ✓ moved the paper shredder from the kitchen area to a separate room; sanitizing spray available for cleaning area
- ✓ installed convex mirrors in corners of the hallway and copier areas to reflect oncoming traffic
- ✓ taped lines on the office and hallway floors to identify 2 metre spacing
- ✓ partitioned off the elevator traffic to go only one direction from elevator

## **c. Third Level Protection (Administrative Controls): Rules and Guidelines to Reduce Risk**

We have:

- ✓ Identified rules and guidelines for how staff should conduct themselves while on-site. These have been sent to all staff via email
- ✓ Communicated the rules and guidelines clearly through a combination of written protocols and signage that include:

### Employee Health/Self-Assessments

- Remaining at home if staff have symptoms of COVID-19
- Going home immediately should staff develop COVID-19 symptoms while on-site; advise supervisor immediately; call 811 and follow directives given; report outcomes of testing (if done) to supervisor
- Self-isolating for 14 days if they have traveled outside of Canada, or contact with anyone who has traveled outside of Canada, or have been directed to self-isolate by public health
- Conducting self-assessment when returning from travel outside of BC; if symptomatic must self-isolate 10 days

### Office setting

- Monitoring the number of people on the premises at any given time (main office is limited to staff only; rotating schedule of office hours is in place)
- Removing access to agency toys and resource materials by closing waiting room
- Placing plain-language, easily-readable signage on main office door directing clients as to scheduled/non-scheduled appointments as well as what they can expect as they enter the offices around cleaning standards; frequently changing up the signage to attract people's attention
- Requesting contactless delivery to maintain physical distancing requirement (e.g., delivery person leaves packages in a pre-arranged location) where possible
- Using tables and baskets when passing items directly to and from clients, ensuring hand hygiene and possibly masks are used

### Modifying work flow and common areas

- Maintaining virtual service delivery (whether from home or from office) where deemed appropriate and effective

- Staggering office hours so that no more than 50% of staff are present at any one time. Weekly schedule of office hours is managed and monitored by Administrative Assistant
- Holding all staff and team meetings virtually where numbers exceed 5 or more (for in-person meetings, staff must be 2 metres apart). Virtual meetings are always an option.
- Respecting all signage in office, including room occupancy signs, and drawing clients' attention to same
- Sanitizing each meeting rooms' surfaces after each client session
- Offering hand sanitizing stations at main entrances
- Removing all unnecessary kitchen equipment to simplify cleaning process; sanitizing spray available

#### In-Person appointments and communicating with clients

- Limiting in-person client counselling/support sessions to 3 large meeting rooms
- Reconfiguring furniture layout to promote physical distancing; reducing amount of furniture in each room
- Limiting number of in-person sessions to 9 per day (3 per room) or 45 per week max.
- Offering out-of-door options for in-person sessions or activities where appropriate; staff to wear masks if not confident they can maintain physical distancing
- Asking clients to arrive as close to their scheduled appointment time as they can; meeting clients as they enter the building and direct them to session rooms
- Limiting sessions to only those individuals whose participation is necessary (e.g. individuals supporting clients with disabilities or parent/caregivers)
- Offering common area/hallway waiting chairs for parents or caregivers of children in session, if necessary
- Rescheduling sessions if clients become sick or are placed under self-isolation or have traveled outside country within the last 14 days; resuming virtual sessions remains an option
- **Staff wearing panic buttons when in session in large rooms; staff seated closest to exit door**
- Restricting in-person group options to 6 people or less (including staff person); offering virtual group options where appropriate; no food allowed during groups; avoid supply sharing; clean and disinfect contact surfaces between group sessions
- Keeping track of all clients who receive in-person sessions in the event of a positive case at this site and to assist public health's contact tracing. This tracking is done through a confidential on-line calendar booking system

#### Home Visits/Supervised Visits/Outreach Visits

- **Permitting limited use of in-home, in-person supervised parent/child visits, or in-person outreach visits (i.e. Family Support, Homeless Prevention, Street Outreach, Youth Outreach, and Women's Outreach) to situations where it is not possible to provide the services required in any other manner or it is deemed more expedient. In all cases, consider conducting the visits outdoors, if possible**
- Conducting appropriate health screening procedures in advance of each visit
- Assessing ability to physically distance within the visit space. If this is not possible, consider meeting in an outdoor space, a different location, or reducing the number of adults in the space for the duration of the visit (i.e. limit individuals present to only those necessary for the visit)
- Following Work Alone Policy guidelines re notification of staff whereabouts, etc.
- Using personal protective equipment (masks, gloves, and safety shields) if 2 metre distancing cannot be maintained consistently
- Offering masks and hand sanitizer to clients

- At the time of the booking, sharing information on expectations and modifications clients can expect related to COVID-19 safety plans (e.g. physical distancing, hand hygiene, masks, etc.)

#### Health Checks

- Ensuring client health questionnaires are administered a maximum of 24 hours prior to each in-person session (note: parents/caregivers may respond to health questionnaire on behalf of their child(ren))
- If clear of symptoms and no risks are presented during the check, advise clients on protocols to follow while at the office
- Where a client has symptoms, postponing the visit or switch to virtual visit (if appropriate); suggesting that the client call 811 for further direction on how to proceed
- If client is unsheltered, supporting them to call (or call for them) 1-888-COVID19 (1-866-268-4319)
- Where provision of service is deemed necessary despite the risk, directing them to a separate room or designated area, offering a mask, and asking them to follow the protocols for physical distancing, hand hygiene and masks.

#### Transporting Clients

- Restricting any transporting of clients in staff vehicles, including for supervised child/parent visits, until further notice
- Arranging for taxis to transport clients if the need is urgent and no other options exist

#### Cleaning and Disinfection

- Establishing and respecting cleaning protocols:
  - All common area frequently touched surfaces are sanitized twice daily (noon and at close of day) by Admin Assistant with 70%+ alcohol solution, including things like copiers, door handles, fridge and dishwasher doors, elevator buttons, stair rails, hallway chairs/tables, etc.
  - Bathrooms are sanitized after each use (all staff to take responsibility)
  - Desk tops, phone sets, computers, and office chairs are sanitized once/week (on weekends by janitor)
- Minimizing use of shared pens and phones; disinfecting when needed
- Providing hand sanitizing stations at entry doors and kitchen area and kept out of reach of children
- carrying out hand hygiene upon entering and leaving the office and at various other points of contact such as:
  - Before and after preparing and eating food
  - After use of washrooms, sneezing or coughing
  - Before or after changing diapers
  - After disposal of garbage
  - Before and after using a mask or PPE
  - Whenever hands look dirty
- Keeping doors and entry ways open and accessible to prevent touching surfaces, for e.g. main door auto-release is in "on" position and reception doors are open during the day

#### Physical distancing

- Respecting 2 metre physical spacing between themselves, clients and others in the building; use reflective hallway mirrors to minimize contact
- Avoiding close greetings like hugs or handshakes with people outside your bubble; model same for clients
- Keeping social circle small – 'fewer faces, bigger spaces'

### General Hygiene

- Handwashing regularly throughout the day
- Avoiding touching your face unless you've just washed your hands
- Covering coughs and sneezes; dispose of tissues in PPE containers; wash hands
- Applying hand sanitizer frequently
- Staying home and away from others if sick
- Cleaning surfaces often

### **d. Fourth Level Protection (Using PPE): Optional in addition to other controls**

We support the use of PPE and a supply of PPE is readily available.

### Use of Masks and other PPE

- Following protocols/signage for donning, doffing, and disposing safely of PPE
- Accessing the supply of masks (washable and disposable styles) available in the kitchen area for staff; masks may be offered to clients including instructing them in proper use
- Encouraging staff to wear masks while in the office, particularly when they do not feel that safe distancing can be maintained; staff are free to wear masks at all times if they wish
- Remembering that PPE should only be used in combination with other control measures such as handwashing and physical distancing

## **Step 3: Policies and Protocols**

The following policies and/or protocols are in place and communicated to staff. Supervisors have been trained and are there to support staff to adhere to these policies/protocols. All of the below will be consolidated and kept on the Next Cloud Server for easy access:

1. Orders from BC's Public Health Officer and guidance from BC Centre for Disease Control and Worksafe BC for establishing minimum worker health and safety standards
2. Risk Assessment (including higher risk employees) and Reducing Risk
3. COVID-19 Self-Assessment
  - a. Staying Home even if having mild symptoms
  - b. Feeling sick at work
  - c. Calling 811 and following public health guidelines/recommendations
  - d. Limiting social circles
  - e. Severely ill at work, call 911
  - f. Disinfection of all surfaces of ill person
  - g. Self-isolation for minimum 10 days
  - h. Travel outside of BC; safety while travelling; self-assessment of symptoms upon return; 14-day self isolation returning from international travel
4. Working from Home
5. Staggered Office Hours/Adjusting work schedules
6. Selecting and Using Masks/PPE supply
7. Hygiene Protocols
8. Cleaning and Disinfecting Surfaces
9. In-Person Counselling
10. Sick Leave Policy (particularly related to COVID-19)
11. Annual Leave Policy
12. Leaves of Absence Policy
13. Reporting COVID +ve cases to Worksafe & CSSEA (Employers' Association) if workplace contracted

14. Undue Hazards/Unsafe Work
15. Employee Self-Care/Employee Assistance Program (Managing COVID-19 Stress and Anxiety)
16. Working Alone (Agency Policy #5014)
17. First Aid protocols
18. Transporting Clients
19. Violence Prevention (particularly as it relates to addressing risks that may arise as clients adapt to restrictions or modifications to the workplace)
20. Trauma-Informed Approach to Working with Vulnerable Clients during COVID-19
21. Service Continuity Plan (particularly as it relates to an outbreak in our community)

#### Step 4: Communications Plans and Training

- Executive Director will work in collaboration with Management Team and JOSH Committee in the development of policies and protocols and will communicate these in a timely manner, via email, as things develop (minimum on a monthly basis)
- Program Managers will communicate weekly with their program staff to support everyone's understanding of the protocols, changes, and directives; managers are there to provide site specific protocols, encourage self-care and provide resource materials, and convey staff's questions and concerns regarding protocols to Management team and JOSH Committee
- JOSH Committee worker reps are also a route for staff to communicate safety concerns
- Any specific safety training required will be organized for staff or directions provided (e.g. donning/doffing PPE, First Aid protocols, etc.)

#### Step 5: Monitoring and Updating the Safety Plan

- Executive Director and Program Managers are responsible for monitoring the day-to-day safety and risks of exposure by staff and to recommend changes to protocols and policies
- *Risk Exposure & Mitigation Plan* will be updated regularly as things change, particularly as new directives come from the Public Health Officer and/or Funders

#### Step 6: Relevant Links and Resources

Refer to the following links for up-to-date information on COVID-19 and guidance on safe operations:

- [https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/bcs\\_restart\\_plan\\_web.pdf](https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/bcs_restart_plan_web.pdf)
- <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/phase-3>
- [https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc\\_covid-19\\_go-forward\\_management\\_strategy\\_web.pdf](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf)
- <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation>
- <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/in-person-counselling>

- <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>
- <http://www.bccdc.ca/health-info/diseases-conditions/covid-19>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html>
- <https://www.canada.ca/en/public-health.html>
- <https://www.bcgeu.ca/covid>
- <https://www.ctvnews.ca/health/coronavirus/covid-19-exposure-notification-app-now-available-1.5046868>