



WHISTLER
COMMUNITY SERVICES
— SOCIETY —

**Whistler Community Services Society (WCSS)
COVID 19 Exposure Control Plan**

HEALTH HAZARDS OF COVID 19

COVID 19 is a new coronavirus that causes diseases ranging from the common cold to more severe respiratory illnesses. COVID-19 has been declared a global pandemic and public health emergency.

Older people (over the age of 60) and those with a weakened immune system or underlying medical conditions are considered at higher risk of severe illness.

SYMPTOMS

Symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. Symptoms may include fever, sore throat, loss of appetite, chills, loss of sense of smell or taste, nausea and vomiting, cough or exacerbation of chronic cough, headache, muscle aches, shortness of breath, fatigue, runny noses and diarrhea.

Less common symptoms of COVID-19 include stuffy nose, conjunctivitis (pink eye), dizziness, confusion, abdominal pain and skin rashes or discoloration of fingers and toes.

People infected with COVID-19 may experience little or no symptoms with illness ranging from mild to severe.

TRANSMISSION

Public Health experts are quite confident that the disease is spread through droplet transmission, which is consistent with all other coronaviruses. This type of transmission from person to person occurs when infected people cough or sneeze and produce droplets. There is no reported evidence of airborne transmission.

Contagious period

If you are infected with COVID-19 the period of time before symptoms develop can be from one to 10 days. This is referred to as the incubation period. The average is about five days. There is evidence that coronavirus may be spread before people realize they have symptoms. Wearing a mask in public may help protect others.

Droplet contact: COVID-19 can be transferred by large infected droplets contacting surfaces of the eye, nose or mouth. These droplets typically spread only one to two meters and are too large to float in the air and quickly fall to the ground. When droplets fall on surfaces or objects, people can catch COVID-19 by touching contaminated surfaces or objects, then touching their eyes, nose or mouth.

Airborne transmission: This occurs when much smaller evaporated droplets float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lung. Again, health experts believe that coronavirus cannot be transmitted through airborne transmission.

Exposure to the virus may occur in a variety of ways, including the following:

- Shaking hands with an infected person or touching a surface contaminated with the virus, followed by touching one's eyes, nose, or mouth.
- Infectious droplets from a coughing or sneezing person landing in the eye or onto the moist inner surfaces of the nose or mouth.
- Sharing food items or utensils with an infected person.

STATEMENT OF PURPOSE

WCSS is committed to providing a safe and healthy workplace for all of employees. A combination of control measures will be utilized to mitigate the risk of exposure and potential spread of the virus to employees. Our work procedures will protect WCSS employees, contractors and public when it is deemed appropriate to enter our facilities. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to COVID-19.

RESPONSIBILITIES

Employer Responsibilities

WCSS will:

- Ensure that materials (for example, face masks, gloves, alcohol-based hand sanitizer, and washing facilities) and other resources such as this plan, will be readily available to employees.
- Select, implement and document the appropriate facility or service-specific control measures.

- Ensure that managers and workers are educated and trained to an acceptable level of competency.
- Conduct a periodic review of the plan's effectiveness. This includes a review of the available control measures.
- Ensure that workers are provided with and properly use all required Personal Protective Equipment (PPE).
- Maintain records of safety inspections and worker training.
- Ensure that a copy of this exposure control plan is available to all employees.
- Close facilities or limit services to the public if warranted.

Manager/Supervisor responsibilities

Our managers/supervisors will:

- Ensure that workers are adequately instructed on the specific controls for the hazards at the location or service.
- Ensure that workers use appropriate personal protective equipment for example, gloves and masks when required.
- Direct work in a manner that eliminates or minimizes the risk to workers.
- Send workers home if they are ill.
- **Wear a face mask while at work (masks may be removed when in a closed office space or communal lunchroom).**

Worker Responsibilities

Our workers will:

- Follow the guidelines of BC Centre for Disease Control and BC Health Authority to reduce the spread of COVID-19 outside the workplace. What you do in your personal time affects your workplace.
- Know and understand the hazards of the workplace.
- Follow all established safe work procedures as directed by their manager, HR Administrator or Executive Director (ED).
- Use and care for required PPE as instructed.
- Report any unsafe conditions or acts to their manager or Occupational Health & Safety member.
- Immediately contact their manager if a worker begins to feel ill at work, then leave work and follow health agency guidelines around self-isolation until symptoms resolve.
- **Wear a face mask while at work (masks may be removed when in communal lunchroom or behind a plexiglass).**

Contractor Responsibilities:

- Follow the requirements outlined in this exposure control plan.
- Wear a face mask upon entry into the building.

RISK IDENTIFICATION AND ASSESSMENT

Three primary routes of transmission are anticipated, all of which need to be controlled. These include contact, droplet, and airborne transmission.

Contact transmission, both direct and indirect

Direct contact involves skin-to-skin contact, such as patient care or emergency response activity that requires direct personal contact. No WCSS worker would be exposed to direct contact.

Indirect contact involves a worker touching a contaminated intermediate object such as a table, doorknob, telephone, or a computer keyboard, and then touching the eyes, nose, or mouth. The virus can spread across multiple surfaces by touching one contaminated surface, then subsequently touching other surfaces. Contact transmission is important to consider because viruses can persist for minutes on hands and hours on surfaces.

Droplet transmission

Large liquid 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.

As the distance from the person coughing or sneezing increases, the risk of infection from droplet exposure is reduced. It can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. Wearing a face mask is mandatory while in the workplace.

Airborne transmission

Airborne (inhalable) particles can be generated from coughs and sneezes.

Coughs and sneezes produce both large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods and can be inhaled. The large droplets can also evaporate quickly to form additional inhalable particles.

The BC Centre of Disease Control and Vancouver Coastal Health states that the virus is transmitted by droplet transmission.

RISK ASSESSMENT

The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Regulation Guideline G6.34-6. Using this guideline as a reference, managers, HR Administrator and the ED will assess the risk associated for each facility and service.

Table 01: Risk assessment for COVID-19

	Low Risk	Moderate risk	High risk
	Workers who typically do not have close contact with people infected with COVID-19	Workers who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces	Workers who may have close contact with infected patients or with infected people in small, poorly ventilated workspaces
Hand Hygiene	Yes- washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant	Yes- washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant	Yes- washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant
Disposable gloves	Not required	Not required, unless handling contaminated objects on a regular basis	Yes- in some cases, such as when working directly with COVID-19 infected individuals
Aprons, gowns, or similar body protection	Not required	Not required	Yes- in some cases, such as when working directly with COVID-19 patients
Eye & Face protection – goggles, face masks or face shield	Required	Required	Yes- in some cases, such as when working directly with COVID-19 patients
Airway protection – respirators	Not required	Not required unless likely to be exposed to coughing and sneezing	Yes- N95 respirator or equivalent that covers the mouth and nose

RISK CONTROLS

The WorkSafeBC Regulation requires employers to implement infectious disease controls in the following order of preference that adheres to the hierarchy of controls (in descending order of effectiveness):

- 1. Elimination**
- 2. Engineering controls**
- 3. Administrative controls**
- 4. Personal Protective Equipment (PPE)**

1. **Eliminating** face-to-face contact is the preferred control because it eliminates the hazard to the worker. This includes closing facilities, having employees work remotely from home where possible, prohibiting workers to report to work if they are ill, and moving meetings to video or teleconference.
2. Where elimination is not possible, **engineering** controls will be implemented to create a physical barrier between the worker and the hazard. Examples include plexi-glass shield at intake in the Food Bank or markings on the floor to indicate 2 meters between clients. Engineering controls will not prevent all exposure so Administrative and/or PPE controls will also be required.
3. **Administrative** controls involve the creation of Safe Work Procedures (SWPs) and policies that are introduced to mitigate the risk of hazard exposure to the worker. Examples include reconfiguring work stations to adhere to distancing guidelines, staggering start times, daily cleaning of workstations and commonly touched work surfaces, hand washing and cough/sneeze etiquette, and limiting the number of workers in the truck. WCSS On Site Work Procedure during COVID has been emailed to all workers and is saved on DropBox.
4. **Personal Protective Equipment (PPE)** is the final line of defence and is often presented in conjunction with Administrative controls. PPE offers a personal barrier between the worker and the hazard. Examples include using gloves, the wearing of masks or eye protection.

HYGIENE SPECIFIC ADMINISTRATIVE CONTROLS

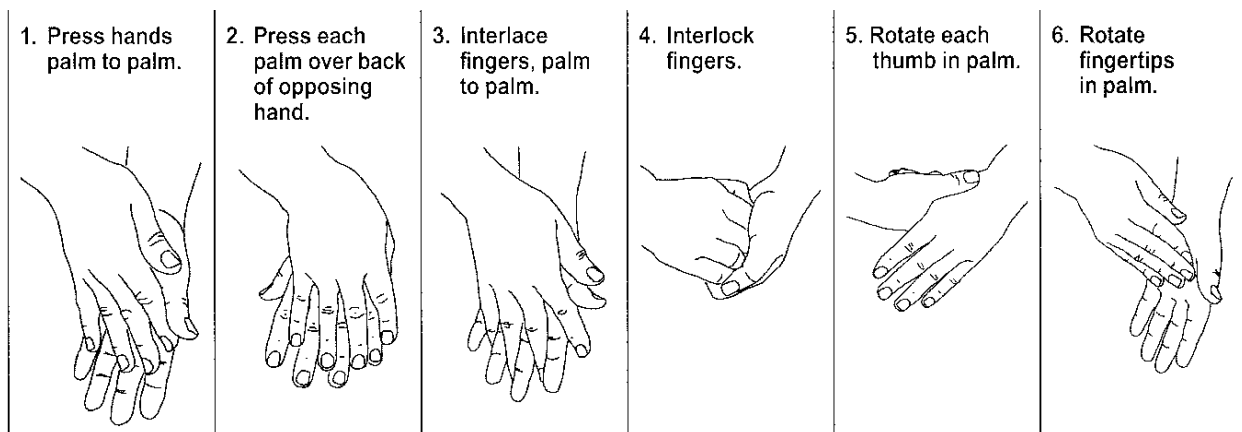
Hand Washing

Hand washing is one of the best ways to prevent 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 often with soap and water for a minimum of 20 seconds. Wash them immediately:

- Upon entering and before leaving work,
- After using the washroom,
- Before eating and drinking,
- After handling materials that may be contaminated,
- Before you touch your face

Hand Washing Procedure



Use soap and warm running water; it does not have to be hot to be effective. If water is unavailable, use an alcohol based hand rubs (ABHR) that has at least 70% alcohol. If your hands are visibly soiled, use a wipe first, then ABHR to effectively clean them. Follow the manufacturer's instructions on how to use the cleanser.

- **Avoid touching your eyes, nose and mouth with unwashed hands.**

Cough/Sneeze Etiquette

Our workers are expected to follow cough/sneeze etiquette, which is a combination of measures that minimizes the transmission of diseases via droplet routes. Cough/sneeze etiquette includes the following components:

- Turn away from others and 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 sealed waste container
- Wash hands regularly with soap and water for a minimum of 20 seconds

Ill workers

If workers are ill, they must report their illness to their manager and stay at home. If they develop COVID-19-like symptoms while at work, they are to contact their manager immediately and leave the workplace. Upon returning home, workers will be asked to either use the BCCOVID-19 Symptom Self-Assessment Tool, <https://bc.thrive.health/>, or App, contact 8-1-1 or their family doctor by phone and report to their manager the result.

Workers will be asked to follow the BC Centre of Disease Control's recommendations for self-isolation and self-monitoring:

- For self-monitoring, see [BCCDC How to self-monitor](#).
- For self-isolation, refer to the BCCDC [Self-Isolation webpage](#).
- For daily self-monitoring, use the [BCCDC Daily Self-Monitoring Form for Contacts of a Case of COVID-19](#).

Workers who experienced respiratory illness are only permitted to return to the workplace if they are feeling better after 10 days following the onset of symptoms AND if they have not had a fever for 72 hours, whichever is later.

Refer to the section Presumed COVID-19 Case at Work for information on what actions to take when a worker who has worked on site becomes ill.

Use of masks

A mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing *by the person wearing the mask*. They are also worn by first responders for infection prevention. Masks help minimize the spread of potentially infectious material *from the infected wearer* to other people. Using masks should be combined with other preventative measures such as frequent hand washing and physical distancing. In order for the mask to be effective, the wearer should avoid adjusting the mask after it has been donned. Some essential tasks will require workers to perform specific tasks in close proximity to other workers.

WCSS employees are required to wear a face mask while in the workplace. Face masks may be removed in closed office space, communal lunchroom or if behind a plexiglass barrier.

Physical distancing

Workers are to distance themselves 2 metres (six feet) from other people to reduce the risk of exposure to droplets. If in-person meetings cannot be avoided, conduct them in well-ventilated spaces that allow for distancing.

WORKER TRAINING

Our workers will receive training and orientation to the following:

- The risk of exposure to COVID-19, and the signs and symptoms of the disease
- Safe work procedures to be followed, including hand washing, cough/sneeze etiquette, physical/social distancing,
- Location of washing facilities, including dispensing stations for alcohol-based hand rubs,
- Proper use of masks,
- How to report an exposure to, or symptoms of, COVID-19.

HEALTH MONITORING

If you are feeling ill, do not come to work. Notify your manager, call 8-1-1 and follow the advice given.

A worker will isolate themselves from other workers and promptly report any COVID-19 symptoms to their manager. The worker will be told to go home and perform the COVID 19 Self-assessment tool provided by the BC Centre of Disease Control (BC CDC).

Symptoms of COVID-19 may include (see Symptoms above for a full list):

- Fever over 38 degrees Celsius
- Cough
- Sneezing
- Fatigue
- Sore throat
- Difficulty breathing
- Runny nose
- Vomiting

Exposure may occur by inhaling infected droplets generated by sneezing/coughing, touching contaminated surfaces then touching the face and close contact with an infected person.

Workers are to adhere to public health guidelines or recommendations from their health care practitioner while ill. Workers may return to work once they have recovered and meet the requirements of the BC CDC.

PRESUMED COVID-19 CASE AT WORK

If an employee is suspected or tests positive for COVID-19, the following steps will be taken:

- Notify the HR Administrator or ED with the name and contact information of the employee.
- Complete a first aid form immediately and bring to the attention of the HR Administrator.
- Close off the work area(s) that the worker used. Open windows if possible to increase air circulation.
- Ensure the work station(s) and equipment the employee had contact with is disinfected including all common areas and shared equipment.
- Identify employees who would have had close contact (within 2 metres) with the employee. Provide their names and contact information to the HR Administrator or ED. They will be required to self-isolate for 14 days and monitor for symptoms if Public Health Authority has identified them as a close contact of someone diagnosed with COVID-19. See: BCCDC [Self-Isolation webpage](#).
- Identify any employees who would have had contact from a distance with the employee. Provide their names and contact information to the HR Administrator or ED. They will be instructed to monitor for symptoms for 10 days. They will be assigned to remote work if possible. See: [BCCDC How to self-monitor](#).
- When an employee falls ill and is suspected or confirmed with COVID-19, their personal and medical information will be kept confidential. Employees who are notified will not be told who it is that fell ill, rather what actions they need to take.

Returning to work post-illness

An employee will be permitted to return to work when advised by a medical professional or 10 days after the onset of symptoms. The BC CDC states that coughing may persist

