



## COVID-19 Safety Plan

### Step 1 - Accessing the risks:

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 a short period of time.

In collaboration with front line workers, supervisors, and the joint health and safety committee, we have identified areas when people gather, such as nurse's stations, lunch rooms and meeting rooms. We have identified job tasks and processes where workers are close to one another or members of the public. We have identified the tools and equipment that workers share while working as well as visitors. We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

### Step 2 - Protocols Implemented to reduce the risk:

First level protection (elimination) – Elimination of face-to-face contact is the best control possible. The home has established and posted occupancy limits for all gathering spaces throughout the building. Work spaces have been re-arranged to ensure that workers are at least 2 m (6 ft) from other co-workers. In cases where social distancing cannot be maintained (i.e. direct patient care), staff members are required to wear appropriate PPE. In order to reduce the number of people at the facility, family members are not permitted to enter the home unless they are deemed paramount to resident care or for End-of-Life visitation of their loved one. We will be implementing social visits in the near future but are taking a cautious and phased approach to ensure our residents are protected. We will be facilitating 30 minute social visits Monday to Friday in the administration area at SFL followed by 15 minutes to return the resident to their room and then disinfecting the affected areas prior to the next visit. Alternatively, Recreation Staff are conducting Skype/Face Time visits with loved ones on a daily basis as well as scheduling window visits daily.

Second level protection (engineering controls) – Upon entry into the building and resident's neighborhood, all staff and visitors must wear appropriate PPE (Masks, Eye Protection). In areas where social distancing cannot be maintained, appropriate PPE must be worn.

Third level protection (administrative controls) – Staff are permitted to enter the building through one of two locations.

Location #1: Staff entrance accessible from staff parking lot off of Lethbridge Street – staff entering must immediately wash hands at a hand sanitizer station, located inside the staff entrance doors. Once hands have been washed the following steps are to be completed:

- a. Move to the shoe cleaning station and spray the soles of your shoes.
- b. Change into work clothes using the designated changing area located in the former staff lunch room. Place outdoor clothing and shoes in a locker.
- c. Proceed to employee hand scanner to sign in.
- d. Clean your hand using hand sanitizer.
- e. Report to assigned unit.
- f. Complete COVID screening tool. Take temperature and record it on the top corner of the screening tool.
- g. Receive mask from nurse.

Location #2: Staff entrance accessible from the front of the building on 10<sup>th</sup> avenue. Wash hands and follow steps listed above.

All Visitors will be accessing the building thru the front entrance on Laurier avenue. When the approved visitor comes in, they will be going thru the screening process and getting their temperature taken as well as the mask instructions on how to put it on correctly. Hand Hygiene instructions will be provided as well. The visiting area will be about 10 feet away and will minimize traffic into the building and with other staff. The washrooms are located just past the lobby area. For outside visits when the weather is nice, the Gazebo is located across the carport area and has 2 designated chairs (6 feet apart) for physical distancing.

Our home has posted occupancy limits for shared spaces in designated delivery areas, cleaning practices, and one-way doors and walkways to keep people physically separated.

Fourth level protection (PPE) – PPE is the last resort of mitigation such as wearing of masks, respirators, gowns, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations, such as dealing with infectious patients. Staff and visitors who are permitted entry into the home are required to wear masks, gloves, eye protection (shields) in all resident areas & kitchen.

We have reviewed the information on cleaning and disinfecting surfaces. Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed. We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Posters are distributed throughout the facility for reference. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. Cover your mouth and nose with a sleeve or tissue when coughing or sneezing. Allow a reasonable personal distance space to reduce human-to-human transmission.

We have implemented additional cleaning protocols for all common areas and surfaces (e.g., washrooms, equipment, desks, light switches, and door handles). This takes place for 6 hours daily in addition to the increased daily cleaning protocols.

### Step 3 - Policies:

All policies and related documents below reflect the Covid-19 changes.

- a. Appendix A – Handwashing and Hand Hygiene Tips, BC Centre for Disease Control/BC Ministry of Health, “Hand Hygiene”.
- b. Appendix B – About Coronavirus Disease (COVID-19).
- c. Appendix C - Coronavirus COVID-19, BC Centre for Disease Control/BC Ministry of Health, “The 9 steps to Doff (take off) Personal Protective Equipment (PPE).
- d. Appendix D - Coronavirus COVID-19, BC Centre for Disease Control/BC Ministry of Health, “The 5 steps to Don (put on) Personal protective equipment (PPE).
- e. Appendix E– Coronavirus COVID-19, BC Centre for Disease Control/BC Ministry of Health, “Reduce the Spread of COVID-19” and Care for yourself-others.
- f. Appendix F – SFL Infection Prevention and Control Program
- g. Appendix G – Outbreak Management – Tracking, Report and Trending (IPC)
- h. Appendix H – Sick – Call In Procedure
- i. Appendix I – Injury at Work – First Aid, Report and Investigate
- j. Appendix J – Workplace Violence Prevention Policy
- k. Appendix K - Visitors



COVID19\_Handwash  
ing Poster.pdf



Coronavirus-FAQ-En  
glish.pdf



COVID19\_MOH\_BCC  
DC\_Doffing.pdf



COVID19\_MOH\_BCC  
DC\_Donning.pdf



COVID-19-Care-for-  
yourself-others.pdf



ADM 2.13 IPC -  
Infection Prevention



ADM 2.17 Outbreak  
Mgmt - Tracking, Rep



HR 3.06 Sick - Calling  
In - Transmissible Illn



HR 5.05 Workplace  
Violence Prevention



HR 5.06 Injury at  
Work - First Aid, Rep



NUR 2.43  
Visitors.pdf

### Step 4 - Communication Plans and Training:

The home has posted signage at the main entrance indicating that visitors are restricted from entering the premises at this time. Contractors that have been given approval to enter into the premises are required to complete the COVID screening tool at the front door, given a mask and escorted to their destination by one of the Administrative Team members.

When accepting a new resident into the facility, family members are directed to drop personal belongings off at the front door. Administrative team will bring the items into the facility, disinfect and take belongings to the resident’s room. All clothing items are bagged and taken directly to laundry so that they can be laundered & labelled prior to delivery to the resident room.

Only items that are deemed medically essential are permitted into the facility at this time.

In response to the COVID-19 virus the facility has established the following means of sharing information across the organization:

- Staff emails – sent on a regular basis
- Ongoing Family communication on Covid-19 precautions in place and Infection, Prevention and Control measures.
- Facility meetings with staff
- Posters and print materials
- Awareness, education and training materials are printed for those employees who do not have personal email address registered with Administration.

As COVID-19 is a public health matter, information noted above is intended for all staff, residents and family members/visitors.

Additionally, the JOHS Committee will work with all departments to create safe work procedures and provide training in collaboration with the General Manager and department Managers.

Staff concerned that they may have come into contact with someone who may be ill are to take the following actions:

1. Report the incident to their supervisor
2. Call BC's HealthLink at 811 to share information regarding the incident and determine if any action needs to be taken.

Staff that are feeling stressed or worried are encouraged to utilize the company's Employee and Family Assistance Program (EFAP) for further support of confidential counselling services.

The Red Cross has information about preparing emotionally for disaster and emergencies for staff who do not have access to the EFAP.

### **Step 5 - Monitoring our workplace and updating plans as necessary:**

The COVID-19 virus is transmitted via liquid **droplets** when a person coughs or sneezes. The virus can enter through these droplets through the eyes, nose or throat if an employee is in close contact with a person who carries the COVID-19 virus. The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin. The COVID-19 virus can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze.

**Droplet Contact:** Some diseases can be transferred by infected droplets contacting surfaces of the eye, nose, or mouth. For example, droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and are too large to float in the air and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact.

## ***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, we have determined the risk level to our workers, depending on their potential exposure in the workplace.

See Appendix A for the level of risk and risk controls in place for these workers.

*Table 1: Risk assessment for pandemic influenza*

	<b>Low Risk</b> Workers who typically have no contact with people infected.	<b>Moderate risk</b> Workers who may be exposed to infected people or where social distancing cannot be practiced.	<b>High risk</b> Workers who may have contact with infected residents or where social distancing cannot be practiced
<b>Hand Hygiene</b>	<b>Yes</b> (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	<b>Yes</b> (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	<b>Yes</b> (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
<b>Disposable gloves</b>	Not required	Not required, unless handling contaminated objects	<b>Yes</b> , when providing direct patient care
<b>Aprons, gowns, or similar body protection</b>	Not required	<b>Yes</b> , when providing direct patient care to a resident who is presumed or positive COVID-19	<b>Yes</b> , when providing direct patient care to a resident who is presumed or positive COVID-19
<b>Eye protection – goggles or face shield</b>	Not required	<b>Yes</b> , when providing direct patient care.	<b>Yes</b> , when providing direct patient care.
<b>Airway protection – respirators</b>	Not required	Not required	<b>Yes</b> When providing aerosol generating treatment (nebulizer, CPAP/BIPAP) (minimum N95 respirator or equivalent).

**NOTE: All Visitors will be subject to CoVid-19 screening – checklist, temperature checks and educated on PPE, Hand Hygiene and Cough Etiquette. This will result in a Low Risk Rating for Visitors.**

### Step 6 – Assessing and addressing risks from resuming operations:

As restrictions are lifted in long term care, we seek guidance from Northern Health and the Provincial Health Officer through weekly conference calls, emails, posters and bulletins.

e.g – Hairdressing (LTCF):

- Hair stylists are screened and follow the precautions as outlined by Work Safe BC for personal services (i.e. both persons in care and Hair stylists wear a mask).
- The Work Safe BC Covid-19 Safety Plan must be completed, reviewed and approved by the Manager of the facility and posted outside the hair salon for the persons in care to view.
- Hair stylists must comply with the single site order:
  - Same hair stylists for a facility, vs multiple different hair stylists, AND
  - The hair stylist is designed to a single facility (hair stylists can work in a salon, just not in multiple LTC facilities).

### APPENDIX A: POSITION RISK CHART ASSESSMENT

POSITION	LEVEL OF RISK	CONTROL PROCEDURES
Front Reception Positions / General Manager	Low to Moderate	Regular and effective hand hygiene unless otherwise instructed
Contracted Providers/Volunteers/Family Members	Moderate	Regular and effective hand hygiene unless otherwise instructed
Nurses / Care Aides	High	As outlined in Table 1
Recreation	High	As outlined in Table 1
Housekeeping	Moderate	Regular and effective hand hygiene unless otherwise instructed
Laundry	Low to Moderate	Regular and effective hand hygiene unless otherwise instructed
Kitchen	Low	Regular and effective hand hygiene
Maintenance	Low to Moderate	Regular and effective hand hygiene unless otherwise instructed