PHSA - COVID-19 Safety Plan for Pandemic Recovery

This is the COVID-19 Workplace Safety Plan for **St. Paul's Hospital Labs .**

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 <u>clinical</u> and <u>non-clinical</u> 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:

☒	We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
☒	We have identified areas where people gather, such as break rooms, nursing stations, reception areas, waiting rooms, meeting rooms.
☒	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).
☒	We have identified the tools, machinery, and equipment that workers share while working.
☒	We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

☒ The facility completed risk assessment is attached.

2. 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.
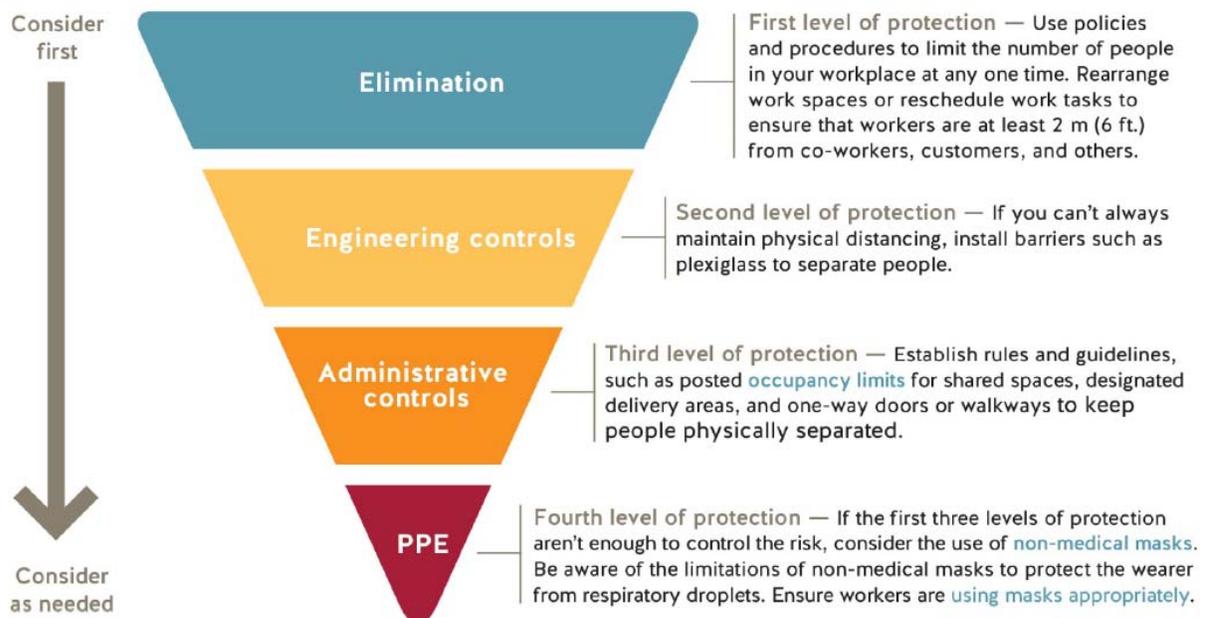
For identified risks, PHSA will implement measures to eliminate or minimize the risk of transmission of COVID-19 in the workplace, with an emphasis on physical distancing, cleaning, and hygiene.

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

☒	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.
☒	Frontline workers, supervisors, and the joint health and safety committee (or worker representative).
☒	Orders, guidance, and notices issued by the provincial health officer relevant to our industry.
☒	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.

Consider first

↓

Consider as needed

Elimination

Engineering controls

Administrative controls

PPE

First level of protection — Use policies and procedures to limit the number of people in your workplace at any one time. Rearrange work spaces or reschedule work tasks to ensure that workers are at least 2 m (6 ft.) from co-workers, customers, and others.

Second level of protection — If you can't always maintain physical distancing, install barriers such as plexiglass to separate people.

Third level of protection — Establish rules and guidelines, such as posted occupancy limits for shared spaces, designated delivery areas, and one-way doors or walkways to keep people physically separated.

Fourth level of protection — If the first three levels of protection aren't enough to control the risk, consider the use of non-medical masks. Be aware of the limitations of non-medical masks to protect the wearer from respiratory droplets. Ensure workers are using masks appropriately.

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

☒	We have established and posted an occupancy limit for our premises. 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. [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.]
☒	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.
☒	We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.
☒	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.

☒ *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

☐	We have installed barriers, or are pursuing the installation of barriers, where workers can't keep physically distant from co-workers, clients/patients, and other protection measures not practical, safe options.
☐	We have included barrier cleaning in our cleaning protocols.
☐	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).

PHC has rejected the installation of barriers

☒ *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

☒	We have identified rules and guidelines for how workers should conduct themselves.
☒	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: Resources for Staff](#)
- [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](#)

Supporting documents from other Health Authorities (to be followed based on Host Health Authority):

LM Labs Safety Manual: http://fhpulse/clinical_support_services/laboratory/Pages/SafetyManual.aspx

Fraser Health Authority:
http://fhpulse/quality_and_patient_safety/infection_control/Pages/novel_coronavirus.aspx

Vancouver Costal Health Authority:
https://my.vch.ca/covid19/staff-safety

Providence Health Care:
http://phc-connect/programs/msip/safe_patient_handling/total_lifts/Documents/COVID-19%20Recovery%20Phase%201%20One%20pager%20May%2019%202020.pdf

Staff are encouraged to refer the relevant intranet page for the most up-to-date information.

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

☒	We have reviewed the information on selecting and using masks and instructions on how to use a mask.
☒	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.
☒	We have trained workers in the proper use of masks.

Supporting documents:

[BCCDC Guidelines on Mask Usage](#)

[PHSA Guidance on Non-medical Mask Use in Non-Clinical Settings](#)

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

☒	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. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus.
☒	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).
☒	Workers who are cleaning have adequate training and materials.
☒	We have removed unnecessary tools and equipment to simplify the cleaning process e.g., coffee makers and shared utensils and plates.

Supporting documents

- **LM Labs Safety Manual SM206 – Hand Hygiene**

3. 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.

☒	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.
☒	Anyone directed by Public Health to self-isolate.

☒	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 or follow the direction of the Occupational Health Nurse if deemed an essential worker.
☒	Visitors are prohibited or limited in the workplace.
☒	First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic. N/A – First aid is provided by Integrated Protection Services hired by the PHC site
☒	We have a working alone policy in place (if needed).
☐	We have a work from home policy in place (if needed). N/A
☒	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.
☒	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.]
☒	If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
☒	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

4. 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.

☒	We have a training plan to ensure everyone is trained in workplace policies and procedures.
☒	All workers have received the policies for staying home when sick. See Safety Talk – Illness in the Workplace

☒	We have posted signage at the workplace, including occupancy limits and effective hygiene practices.
☒	We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.
☒	Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed. See Supervisor Health and Safety Orientation

5. 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.

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

6. 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.

☒	We have a training plan for new staff.
☒	We have a training plan for staff taking on new roles or responsibilities.
☒	We have a training plan around changes to our operations, such as new equipment, processes, or products.
☒	We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
☒	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:

Attached as a separate document

FINAL PHSA Risk
Assessment Checklist

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Assessment Checklist

Appendix B: Corrective Actions List - Facility Assessment

Action Item	Action Item Complete	
1. No actions resulted from the risk assessment	☒Yes	☐ No