

## District COVID-19 Safety Plan for the School Board Office

The District is committed to providing a safe and healthy workplace for all staff and visitors. A combination of control measures, including staying home when ill, physical distancing, minimized physical contact, hand hygiene and frequent cleaning and disinfection, will be used to minimize exposure to pandemic viruses. These work procedures will protect staff and visitors to the School Board Office (SBO). It is important that all staff follow the procedures outlined in this plan in order to prevent or reduce exposure to pandemic viruses, including COVID-19.

### 1. Risk Identification and Assessment

- 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.

#### Surface Transmission Assessment

The District has identified general areas in the SBO where surfaces and other materials are touched often by staff and visitors, including pens, tech devices and high touch points throughout the building. The District's Enhanced Cleaning and Disinfecting Checklist identifies these areas and the frequency of cleaning/disinfecting that is required each day.

#### Physical Distancing Assessment

The District has also identified general areas where staff and/or visitors may gather (hallways, entrances, meeting rooms, washrooms, staff rooms, photocopy rooms, elevators) and have implemented control measures to minimize access and/or occupancies in these areas. The District has also addressed physical distancing of staff, students and members of the general public visiting the SBO.

### 2. Control Measures and Protocols in Place to Reduce Risk

#### Personal Measures

- All staff who have symptoms of COVID-19 OR travelled outside Canada in the last 14 days OR are identified as a close contact of a confirmed case or outbreak are directed to stay home and self-isolate.
- Procedures for staff who become ill at work are in place ([Appendix A](#))
- Signage is posted advising that employees, delivery persons, or visitors exhibiting COVID-like symptoms are not permitted to enter the building.
- Those staff that are unsure of if they should self-isolate are directed to use the [BC COVID-19 Self-Assessment Tool](#) and/or advised to contact 8-1-1 or the local public health unit to seek further input or to contact a family physician or nurse practitioner to be assessed for COVID-19 and other infectious respiratory diseases

## Hand Hygiene

The following are in place at the SBO:

- Proper hand washing instructions and posters with instructions
- Where sinks are not available, alcohol-based hand rub containing at least 60% alcohol is provided
- Hand hygiene stations are set up at the entrances to the building and in various departments

## Respiratory Etiquette

Staff have been provided the following direction:

- Cough and sneeze into their elbow, sleeve, or a tissue. Throw away used tissues and immediately and perform hand hygiene.
- Refrain from touching eyes, nose, or mouth with unwashed hands.
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Cloth or homemade masks are not recommended.

## Personal Protective Equipment

Staff have been provided the following information:

- Personal protective equipment (PPE), such as masks and gloves are not needed, beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work. They should only be used when all other controls fail (*e.g. only used when other control methods cannot reduce the risk to a low enough level*).

## Physical Distancing and Minimizing Physical Contact Measures for Staff

The following physical distancing strategies for staff have been recommended:

- Avoiding close greetings (e.g., hugs, handshakes).
- Spreading people out into different areas (to allow distance between and adults using different desk and table formation).
- Arranging workstations at least 2 metres apart and away from communal pathways.
- Organizing staff into smaller groups that stay together throughout the day.
- Staggering start and end times for staff if crowding at entry and exit locations means the physical distancing requirement of at least 2 metres cannot be maintained and encouraging workers to take breaks at their own desk or outside.
- Staggering break times to provide a greater amount of space for everyone.
- Distancing the tables in lunchrooms
- Encouraging workers to bring their own dishes and utensils.
- Encouraging appropriate hand hygiene.
- Managing flow of people in common areas, including hallways.
- Encouraging private vehicle use where possible to decrease transportation density.
- Refraining from providing and consuming communal foods.
- Allowing communal doors to remain open throughout the workday to reduce contact with door handles.
- Instructing workers to use their own equipment, such as pens, staplers, headsets, and computers.

- Minimizing the number of people using previously shared office equipment or other items (photocopiers, coffee machines, microwave ovens, etc.). Shared equipment to be cleaned and disinfected after each use.
- Providing sanitizer in areas where equipment is shared
- Avoiding meetings or gatherings where physical distances cannot be maintained. Use larger rooms, moving meetings outside, or having all or some attendees attend virtually.
- Posting occupancy signs at elevators and small meeting rooms ([Appendix C](#))

#### **Control measures in place for Visitors and Deliveries:**

The following strategies for visitors and deliveries have been implemented:

- Single flow traffic (one entrance and one exit) with arrows to indicate paths to enter and exit
- Floor markers to indicate where to line up for reception and to distance visitors 2 metres from each other and the receptionist
- Signs posted on the doors to advise visitors not to enter the building if they have symptoms of COVID-19 OR have travelled outside Canada in the last 14 days OR are identified as a close contact of a confirmed case or outbreak
- Restricted access to 2<sup>nd</sup> and 3<sup>rd</sup> floors (staff must come down to reception to meet with visitors where possible)
- Hand sanitizing stations at the entrance with directions to use before approaching reception
- Frequent cleaning/sanitizing of touch points, washrooms and counters in lobby and entrance/exit
- Technology shared by visitors to be sanitized between users
- Delivery zone (loading dock and reception) are clearly communicated and identified and limited to receivers and deliverers only

#### **Managers/Supervisors will be responsible for the following:**

- Ensuring all staff under their direction are:
  - Informed of and follow the control measures and protocols in place to reduce risk
  - Aware of the signs and symptoms of COVID-19 and how to report and what to do if they become ill at work ([Appendix A](#))
- Implementing safe distancing protocols for staff under their direction and Identifying the need for additional measures for physical distancing and implementing appropriate protocols
- Implementing clear protocols for employees and visitors entering and exiting the SBO
- Implementing clear protocols for bringing materials into and out of the SBO
- Implementing clear protocols for safe and healthy handling of all food items and clear communication to staff not to contact or share items, and other parameters deemed appropriate.
- Not allowing large in-person meetings at the SBO
- Ensuring employees are not sharing personal items (*e.g. electronic devices, writing instruments, etc.*).

## **Cleaning and Disinfection**

Regular cleaning and disinfection is in place to prevent the transmission of COVID-19 from contaminated objects and surfaces. Sites are being cleaned and disinfected in accordance with the District's Enhanced Cleaning and Disinfecting Checklist as follows:

### **Day custodians will engage in enhanced hand touch cleaning at a minimum of twice per day:**

- Main Entrance and all interior doors – every hour.
- Push plates and push areas above the door handles and crash bars both sides – twice a shift
- Handrails and elevators – twice a shift
  - Staircase handrails, guardrails.
  - Elevator panels
- Washrooms – every 45 minutes to 1 hour.
  - Faucet and countertop.
  - Toilet and urinal flush buttons and handles.
  - Toilet stall locking mechanisms, pulls and areas around both sides.
  - Soap dispensers; and
  - Hand dryers and paper towel dispensers.
- Reception area and copy rooms– every hour.
  - Countertops / desktops.
  - Light switches.
  - Cabinet handles.
  - Copiers printers touch screen and lid handles and edges and telephones.
- Staffroom – 3 times per day (after breaks)
  - Door handles and light switches.
  - Cabinet handles.
  - Faucets.
  - Appliance handles.
  - Countertops, tables, and area immediately underneath; and
  - Chairs (top, back and armrest).
- Offices
  - Door handles and light switches.
  - Cabinet handles.
  - Chairs (top, back and armrest).
  - Desks and tabletops and immediately under the sides.
  - Countertops; and
  - Telephone

### **Evening custodians will engage in enhanced hand touch cleaning and disinfecting of all surfaces once a day:**

- Washrooms (full clean)
  - Sinks, faucets, and countertops.
  - Toilets and urinals including flush buttons and handles.
  - Toilet stall locking mechanisms, pulls and areas around both sides.
  - Soap dispensers.
  - Hand dryers and paper towel dispensers; and
  - Clean and damp mop floors

- Reception area and copy rooms
  - Countertops / desktops.
  - Door handles and light switches.
  - Cabinet handles.
  - Copiers printers touch screen and lid handles and edges; and
  - Telephones.
- Offices
  - Door handles and light switches.
  - Cabinet handles:
  - Tables and desktops.
  - Computer keyboard, mouse, monitor push button and touch screens.
  - Telephone.
- Staffroom
  - Door handles and light switches.
  - Cabinet handles.
  - Faucets.
  - Appliance handles.
  - Countertops, tables, and area immediately underneath; and
  - Chairs (top, back and armrest).
  - Garbage, recycling and organic
  - Dispose of daily in all rooms and common areas; and
  - Wipe all lids

### 3. SBO Protocols in Place for COVID -19

- Staff are to follow all risk reduction strategies including staying home if they sick, practicing good hand hygiene by washing their hands with soap and water regularly and coughing or sneezing into their elbow or a tissue
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must not enter the building
- Procedures and protocols are in place for when a staff member become ill at work ([Appendix A](#))
- COVID specific procedures have been developed and implemented for First Aid Attendants ([Appendix B](#))
- A Working at Home agreement (including home safety and working alone) has been implemented
- Visitor access to the School Board Office has been limited or restricted
- Illness/Injury reporting protocols are to continue as usual

### 4. Communication and Training

- Managers/Supervisors are to communicate the information provided in this COVID-19 Safety Plan with all staff during the week of May 25<sup>th</sup>=29th. NOTE: If there are site specific tasks or processes that present a risk to a staff member that has not been identified in the SBO COVID -19 Safety Plan, the Manager will be required to have a risk assessment completed for those tasks or processes to determine if additional control measures need to be implemented.
- Staff and visitors are to follow hand hygiene protocols and cough and sneeze etiquette

## 5. Workplace Monitoring

Managers of departments with an excess of 10% of absences due to similar symptoms are to report to the Superintendent. The District will then pass on this information to the Fraser Health Authority if warranted. The Manager of Facilities Services will coordinate targeted cleaning of affected rooms if criteria for surface contact cleaning has been met. Facilities Services will ensure staff on site will have sufficient and appropriate product and instructions to perform targeted cleaning of common surface contact points. The District will continue to update staff with any new information provided by the Ministry of Education, BCCDC, Provincial Health Officer, WorksafeBC and/or the Local Health Authority.

## 6. Additional training that may be required

Managers will be responsible for ensuring new hires and staff returning from an extended absence have been trained in the risk reduction strategies and are informed of the content provided in this COVID-19 Safety Plan as well as any department specific protocols.

## Appendix A: If Staff Develops Symptoms at Work:

Staff must report their illness to their Manager (via phone, text, email, or other virtual manner)

**Staff should go home as soon as possible.**

If unable to leave immediately:

- Symptomatic staff should separate themselves into an area away from others.
- Maintain a distance of 2 metres from others.
- Use a tissue or mask to cover their nose and mouth while they wait to be picked up.
- Staff responsible for facility cleaning must clean and disinfect the space where the staff member was separated and any areas used by them (e.g., classroom, bathroom, common areas).
- If concerned, contact the local public health unit to seek further input.

## OFAA protocols during the COVID-19 pandemic

### A guide for employers and occupational first aid attendants

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions you may take to include public health directives such as physical distancing, hand hygiene, and disinfection in your procedures.

1. When you receive a call for first aid, if possible, gather the following information:
  - What are the circumstances surrounding the call for assistance?
  - Are critical interventions likely required? If so, call 911 or have an emergency transport vehicle (ETV) prepared.
  - Are there any obvious signs of COVID-19? If so, send the patient home or to a hospital.
2. If no critical interventions are required, if possible and appropriate, interview the patient from a distance. Ask the following questions:
  - Is anyone sick or in self-isolation in your household?
  - Have you been in contact with anyone who has been sick?
3. When you arrive at the patient's location, assess the situation:
  - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?
  - If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario below).
4. If the patient can't self-treat, don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
  - Face shield or surgical-type mask
  - Pocket mask
  - Gloves
  - Coveralls (disposable or washable)
  - Apron or lab coat
  - Glasses or goggles

Because the global supply of PPE is scarce, you may need to consider other options. There are various types of masks, face shields, and respirators that you can consider.
5. After treatment, sanitize all equipment with either soap and water or 70% isopropyl alcohol. Remove and wash any PPE that is not disposable, as well as any exposed clothing. Wash your hands thoroughly. If critical interventions are required and there is no way of determining background information, don appropriate PPE and limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

### Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 metres (about 6 feet) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 metres from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

### Scenario: OFA Level 1 and Level 2 with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and conducts a primary survey to determine what, if any,

critical interventions are required. The attendant positions the patient in the three-quarter-prone position to ensure that the airway is open and clear and no further interventions are needed. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away. The attendant monitors the patient until the ambulance arrives.

### Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway (OPA) to protect and maintain the airway. The attendant then conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away.

Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use any PPE or other measures available to provide a barrier between the helpers and the patient, including covering the patient with a blanket. Once the patient is loaded, ensure the helpers remove their PPE and wash their hands with soap and water.

# Help prevent the spread of COVID-19

In order to reduce risk of exposure to the virus that causes COVID-19, we are limiting the number of people in this space.

**Address / room / space:**

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**Occupancy limit:** \_\_\_\_\_ **people**