

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. COVID-19 will continue to circulate in our population, however with high immunization rates in BC, as well as emerging treatment options for people at higher risk of serious disease, we can transition to managing COVID-19 as we do other serious respiratory infections in the community.

Public health will continue to review emerging evidence and monitor cases and transmission trends of COVID-19 to determine if actions should be taken to prevent COVID-19. Guidance will continue to be modified as needed as we transition from emergency response to the pandemic to the recovery and readiness phases in the next few months.

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.

2. Control Measures and Protocols in Place to Reduce Risk

Vaccines

Vaccines are important tools to protect against many serious communicable diseases. Vaccination protects from serious illness due to COVID-19 and is the most effective way to reduce the impact of COVID-19 on our communities. It is strongly recommended that adults interacting with children be fully vaccinated. All COVID-19 vaccines approved for use in Canada protect against serious complications, including from the omicron variant. It is important to get all recommended vaccine doses to get the most effective protection against serious cases of COVID-19. More information about COVID-19 vaccines is available from the [BCCDC website](#) and on the [Work Safe B.C. website](#). Staff are also encouraged to ensure they are up to date on [all recommended vaccines for other communicable diseases](#).

Returning from International Travel

For 14 days following entry into Canada*, you and any children who travelled with you must:

- properly wear a well-constructed and well-fitting mask when in public spaces, both indoors and outdoors
- maintain a list of all close contacts and locations you visit
- keep copies of your proof of vaccination
- Monitor for symptoms for 14 days after your arrival

Details can be found on the following link: <https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada#children>

* Some federal rules after entering Canada are different from the provincial or territorial rules. In this case, you must follow the stricter rules.

Health Awareness

Staff should complete a daily health check prior to entering the SBO. Staff who are exhibiting [symptoms of COVID-19](#) should stay home until they are well enough to return to work. Staff can attend work if their symptoms are consistent with a previously diagnosed health condition (e.g., seasonal allergies) or symptoms have improved enough to where you feel well enough to return to work and their fever has resolved without the use of fever-reducing medication (e.g. acetaminophen, ibuprofen). The [When to Get Tested for COVID-19](#) resource or the [B.C. Self-Assessment Tool](#) provides more information on whether you should get a test for COVID-19. If you are unsure or concerned about your symptoms, connect with your health care provider or call 8-1-1.

Staff who test positive for COVID-19 should follow the guidance on the [BCCDC website](#) as to how long they should self-isolate. They can return to work when they no longer need to self-isolate as long as symptoms have improved, and they are well enough to participate in work activities. The District does not require a health care provider note (i.e. a doctor's note) to confirm the health status of any individual, beyond those required to support medical accommodation as per usual practice.

If a staff member develops symptoms of illness at work, they should be supported to go home until their symptoms have improved. Appropriate infection control precautions should be taken while the person is preparing to leave the premises, including use of appropriate hand hygiene and cleaning/disinfection of surfaces soiled with bodily fluids. They may use a mask if they are experiencing respiratory symptoms

Hand Hygiene

The following continue to be 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 should continue to follow proper respiratory etiquette by:

- Coughing and sneezing into their elbow, sleeve, or a tissue. Throwing away used tissues and immediately and performing hand hygiene.
- Refraining from touching eyes, nose, or mouth with unwashed hands.
- Refraining from sharing any food, drinks, unwashed utensils, etc.

Non-Medical Masks and Face Coverings

The decision to wear a mask beyond when it is recommended by public health is a personal one, based on individual preference. Some staff may choose to continue to wear a non-medical mask or face covering throughout the day or for certain activities. The choice of staff to choose whether they practice additional personal prevention measures should be respected. Information on non-medical masks is available from [BCCDC](#).

Ventilation and Air Exchange

The SBO will continue to ensure all mechanical heating, ventilation and air conditioning (HVAC) systems are designed, operated, and maintained as per standards and specifications for ongoing comfort of workers ([Part 4 of OHS Regulation](#)), and that they are working properly. Staff may open windows when the weather permits if it doesn't impact the functioning of ventilation systems.

Cleaning and Disinfecting

Regular cleaning and disinfection will continue to help prevent the spread of communicable diseases. Cleaning of frequently touched surfaces will occur in line with regular practices and when visibly dirty.

Space Arrangement

While there are no longer physical distancing requirements, it is important to respect others personal space.

Visitors

Visitors will still be required to complete a daily health check prior to entering the building, however the SBO can return to their normal practices for visitors signing in and signing out.

3. SBO Protocols in Place for COVID -19

- Staff are to follow all risk reduction strategies including doing a daily health check prior to coming to work, staying home if they sick, practicing good hand hygiene by washing their hands with soap and water regularly and coughing/sneezing into their elbow or a tissue
- Procedures and protocols are in place for when a staff member become ill ([Appendix A](#))
- COVID specific procedures have been developed and implemented for First Aid Attendants ([Appendix B](#))
- Illness/Injury reporting protocols are to continue as usual

4. Communication and Training

- Managers/Supervisors are to communicate the updates information provided in this COVID-19 Safety Plan with all staff prior to April 1st.
 - NOTE: If there are department 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 conduct a risk assessment to determine if additional control measures need to be implemented.
- Staff and visitors are to follow hand hygiene protocols and cough and sneeze etiquette

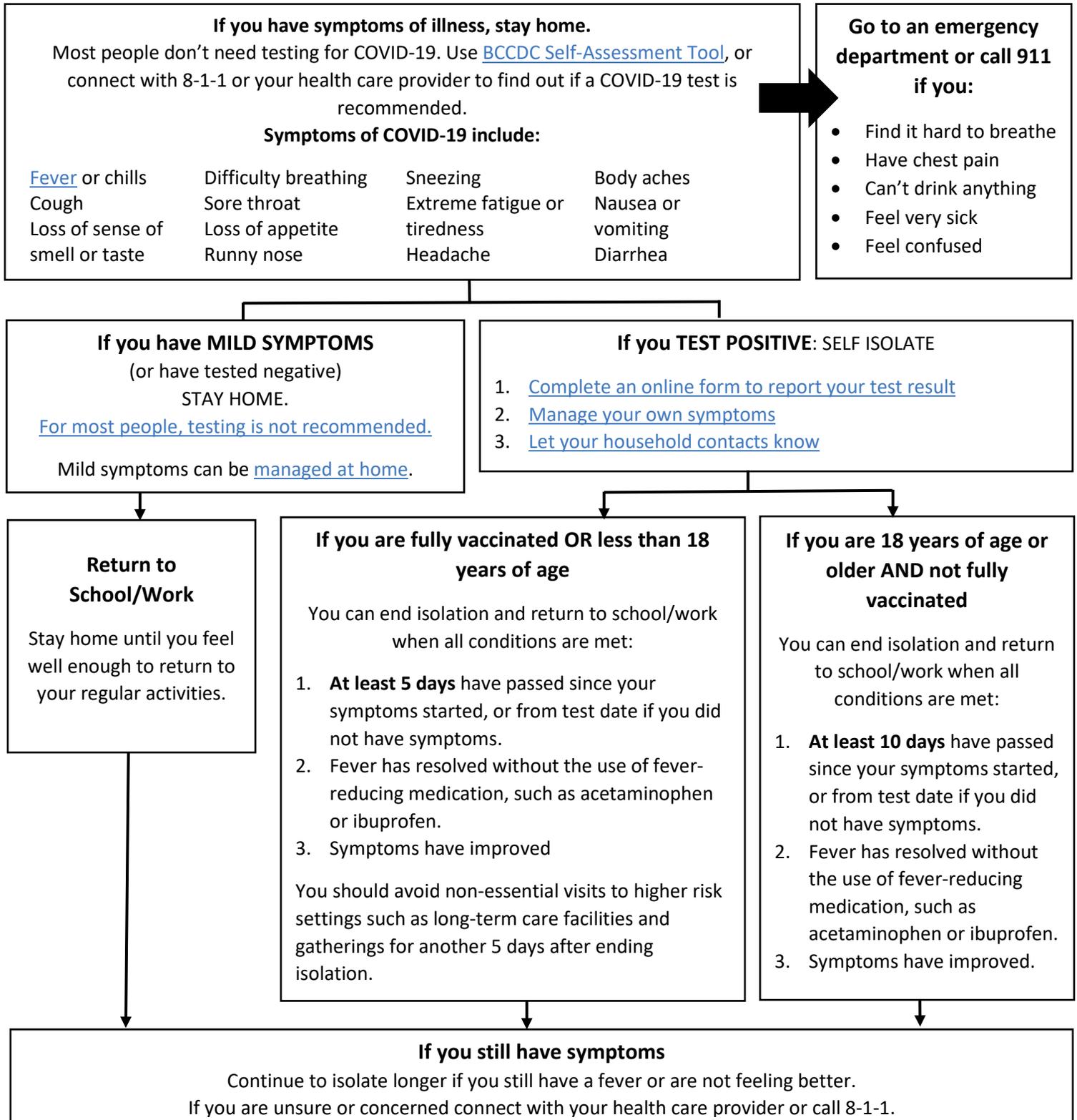
5. Workplace Monitoring

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 have 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: What To Do When Sick



What to do if someone is sick in your household:

You can continue to attend school if someone in your household is sick and/or self-isolating as long as you do not have any symptoms of illness and feel well. This includes if they have tested positive for COVID-19. Ensure you closely monitor yourself (or your child) for symptoms of illness and stay home if you feel unwell. The best way to protect yourself and your family from COVID-19 is to get vaccinated. Vaccines are available for anyone ages 5 and up. Register now at: Getvaccinated.gov.bc.ca

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.