Exposure Control Plan
Coronavirus Disease (COVID-19)

[insert Company name]
[insert Address]

[Insert Name & Contact information]
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General Information on Coronavirus Disease (COVID-19) and Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for persons with novel coronavirus disease (COVID-19). This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.

What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

Coronaviruses are a large family of viruses. They can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). Some cause illness in people, while others circulate among animals. Some coronaviruses transmit easily from person to person while others do not.

The COVID-19 virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is a new virus that has not been previously identified. Most people infected with SARS-CoV-2 will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. Death may occur. The virus spreads through close person-to-person contact. As with new viruses, further details will be available as we learn more.

Health Hazards of COVID-19

COVID-19 has been declared a global pandemic and a public health emergency in Saskatchewan. SARS-CoV-2 is a virus that can cause respiratory illness and can lead to hospitalization and death. The effects of COVID-19 are expected to be much more severe than for seasonal influenza because most people will not have immunity to the virus. Seniors and people with underlying health issues (including heart disease, diabetes and lung disease) are at a higher risk of hospitalization and death, but young and healthy people are also at risk.

Symptoms/Signs

Symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses). Common symptoms and signs include respiratory symptoms:

- fever,
- cough,
- sore throat, and
- shortness of breath

In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure, and even death.
The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don’t develop any symptoms and don’t feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty breathing should seek medical attention.

**Transmission**

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. Therefore, stay more than 2 meters (6 feet) away from a person who is sick.

Exposure to COVID-19 can occur by:

- Breathing in droplets in the air that are generated when people cough or sneeze
- Close contact with other people (e.g. shaking hands or hugging)
- Touching contaminated surfaces and then touching the eyes, nose, or mouth.

Note that touching a contaminated surface and then touching another surface may cause the virus to transfer from one surface to another.

COVID-19 can be transmitted even by people who are not displaying symptoms of the disease. People who may be infected with COVID-19 should not come to work. This includes people who:

- Have symptoms of COVID-19
- Have travelled outside of Canada within previous 14 days
- Have been exposed to someone with COVID-19
- Share a home with someone who has symptoms of COVID-19
- Share a home with someone who has been exposed to COVID-19
Route of Exposure

The virus that causes COVID-19 enters the body when you breathe it in through the mouth or nose, or it also may enter through the eyes.

Preventive Measures

Stay aware of the latest information on the COVID-19 outbreak, available on the WHO website and through your national and local public health authority. The situation is unpredictable so check regularly for the latest news.

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- **Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.**
  
  *Why?* Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.

- **Maintain at least 2-meter (6 feet) distance between yourself and anyone who is coughing or sneezing.**
  
  *Why?* When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

- **Avoid touching eyes, nose and mouth.**
  
  *Why?* Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

- **Make sure you, and the people around you, follow good respiratory hygiene.** This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
  
  *Why?* Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.

- **Stay home if you feel unwell.** If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
  
  *Why?* National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
  
  - *If surfaces are dirty, clean them:* Use detergent or soap and water prior to disinfection.

- **Keep up to date on the latest COVID-19 hotspots** (cities or local areas where COVID-19 is spreading widely). If possible, avoid traveling to places – especially if you are an older person or have diabetes, heart or lung disease.
  
  *Why?* You have a higher chance of catching COVID-19 in one of these areas.
**Treatment**

As with most respiratory illnesses, most people with COVID-19 illness will recover on their own. There is no specific treatment for disease caused by COVID-19. Severe or worsening symptoms may require supportive treatment in hospital.

If symptoms feel worse than a standard cold, see a health care provider or call Health Line at 811. If HealthLine 811 recommends you seek acute care, they will provide instruction to call ahead.

Currently, there is no approved vaccine to protect against coronaviruses, including COVID-19.

There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. For updates refer to:
Exposure Control Plan for Coronavirus Disease (COVID-19)

Statement of Purpose

Our company is committed to providing a safe and healthy workplace for all our staff. A combination of measures will be used to minimize worker exposure to COVID-19, including the most effective control technologies available. Our work procedures will protect not only our workers, but also other workers and visitors who enter our facilities. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to COVID-19.

Responsibilities

Employer Responsibilities

Our company will:

- Identify any workers who have travelled outside of Canada or Saskatchewan within the previous 14 days (information may be confidential; refer to appendix A).
- Identify any workers at the place of employment who may be exposed to COVID-19 virus (information may be confidential; refer to appendix A).
- Identify any workers at the place of employment who may be suffering from COVID-19 (information is confidential; refer to appendix A).
- Identify any tasks or procedures at the place of employment that may put workers at risk of exposure to the COVID-19 virus.
- Ensure that the materials (for example, gloves, alcohol-based hand rubs, and washing facilities) and other resources (for example, worker training materials) required to implement and maintain the plan are readily available where and when required.
- Ensure that workers are always able to maintain social distancing (2 meters apart) while completing their work safely.
- Select, implement, and document the appropriate site-specific control measures.
- Ensure that supervisors and workers are educated and trained to an acceptable level of competency.
- Ensure that workers use appropriate personal protective equipment (PPE) — for example, gloves, gowns, eye protection, and respirators.
- Conduct a periodic review of the plan’s effectiveness. This includes a review of the available control technologies to ensure that these are selected and used when practical.
- Maintain records of training and inspections.
- Ensure that a copy of the exposure control plan is available to workers.
**Supervisor Responsibilities**

Our supervisors will:

- Ensure that workers are adequately instructed on the controls for the hazards at the location.
- Ensure that workers use proper respirators, they have been fit tested, and the results are recorded.
- Ensure that social distancing is always maintained (2 meters apart).
- Direct work in a manner that eliminates or minimizes the risk to workers.

**Worker Responsibilities**

Our workers will:

- Always maintain social distance (2 meters apart).
- Know the hazards of workplace.
- Follow established work procedures as directed by the employer or supervisor.
- Use any required PPE as instructed.
- Report any unsafe conditions or acts to the supervisor.
- Know how and when to report exposure incidents.

**Risk Identification and Assessment**

The following risk assessment table is adapted from WorkSafe BC OHS Regulation Guideline G6.34-6. Using this guideline as a reference, we will determine the risk level of our workers.

This table provides basic information for personal protection of workers in some, but not all, types of work situations. A risk analysis will need to be done in all cases, including those covered by this table, to ensure that control measures properly protect workers. The table focuses on PPE and personal hygiene, but does not address work procedures or engineering controls, which also need to be considered in the exposure control plan.
## Risk Assessment for COVID-19

### Table 1

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Low risk</th>
<th>Moderate risk</th>
<th>High risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Workers who typically have no contact with people infected with COVID-19</td>
<td>Workers who may be exposed to infected people from time to time in relatively large, well ventilated workspaces</td>
<td>Workers who may have contact with infected patients, or with infected people in small, poorly ventilated workspaces</td>
</tr>
<tr>
<td><strong>Hand hygiene</strong></td>
<td>Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)</td>
<td>Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)</td>
<td>Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)</td>
</tr>
<tr>
<td><strong>Disposable gloves</strong></td>
<td>Not required</td>
<td>Not required (unless handling contaminated objects on a regular basis)</td>
<td>Yes, in some cases (for example, when working directly with COVID-19 patients)</td>
</tr>
<tr>
<td><strong>Aprons, gowns, or similar body protection</strong></td>
<td>Not required</td>
<td>Not required</td>
<td>Yes, in some cases (for example, when working directly COVID-19 patients)</td>
</tr>
<tr>
<td><strong>Eye protection - Goggles or Face shield</strong></td>
<td>Not required</td>
<td>Not required</td>
<td>Yes, in some cases (for example, when working directly with COVID-19 patients)</td>
</tr>
<tr>
<td><strong>Airway Protection - Respirators</strong></td>
<td>Not required</td>
<td>Not required (unless likely to be exposed to coughing and sneezing)</td>
<td>Yes (minimum N95 respirator or equivalent)</td>
</tr>
</tbody>
</table>

### Risk Control

The Regulation requires employers to implement infectious disease controls in the following order of preference:

1. Engineering controls
2. Administrative controls
3. Personal protective equipment (PPE)
1. Engineering Controls

Engineering controls involve isolating employees from work related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement.

We will consider the following engineering controls for SARS-CoV-2:

- Installing high-efficiency air filters
- Increasing ventilation rates in the work environment
- Installing physical barriers, such as clear plastic sneeze guards
- Installing a drive-through window for customer service

2. Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. The following administrative controls will be enforced with immediate effect till further notice.

- Sick workers will be required to stay at home (information regarding these workers is confidential; refer to appendix A).
- Contact among workers, clients, and customers will be minimized by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Employees must maintain 2 meters (6 feet) distance from one another while at work.
- All employees to discontinue all travel to locations with ongoing COVID-19 outbreaks. They must regularly check provincial and national guidelines for travel.
- Emergency communications plans, including a forum for answering workers’ concerns and internet-based communications, to be implemented if feasible.
- Workers will be provided up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Workers who need to use protecting clothing and equipment will be trained how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties.
  - We will consider reducing the total number of employees in the facility at any given time by establishing alternating days or extra shifts.
- Safe work practices will be implemented.
  - Personal hygiene will be ensured
  - Resources for personal hygiene will be ensured, for example:
    - tissues,
    - no-touch trash cans,
    - hand soap,
    - alcohol-based hand rubs containing at least 60 percent alcohol,
    - disinfectants, and
    - disposable towels for workers to clean their work surfaces.
  - Requiring regular hand washing or using of alcohol-based hand rubs. Workers will always wash hands when they are visibly soiled and after removing any PPE.
  - Handwashing signs will be posted in restrooms.
Hand Washing

Hand washing is one of the best ways to minimize the risk of 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 immediately:

- Before leaving a work area,
- After handling materials that may be contaminated,
- Before eating, drinking, smoking, handling contact lenses, or applying makeup,
- After you have been in a public place, or
- After blowing your nose, coughing, or sneezing.

Hand Washing Procedure

**Wash your hands** often with soap and warm (it doesn’t have to be hot to do the job) running water for at least 20 seconds as shown below.

If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.**

Cover all surfaces of your hands and rub them together until they feel dry.

**Avoid touching your eyes, nose, and mouth** with unwashed hands.
Cough/Sneeze Etiquette (Good Respiratory Hygiene)

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

- Cover your mouth and nose with a sleeve (not hands) or tissue when coughing or sneezing.
- Use tissues to contain secretions and dispose of them promptly in a waste container.
- Offer surgical masks to people who are coughing.
- Turn your head away from others when coughing or sneezing.
- Wash hands regularly.

Social Distancing

Social distancing means standing 6 feet apart. The Centers for Disease Control and Prevention (CDC) describes social distancing as "remaining out of congregate settings, avoiding mass gatherings and maintaining distance (approx. 6 feet or 2 meters) from others when possible."

Why? When someone coughs or sneezes, small drops of liquid spray from their nose or mouth. If you're standing too close, you can breathe in the droplets, which may contain the coronavirus if the person coughing is infected, according to the World Health Organization.

3. Personal Protective Equipment

PPE is only one effective measure within a package of administrative and environmental and engineering controls. PPE includes gloves, medical masks, goggles or a face shield, and gowns, as well as for specific procedures, respirators (i.e. N95 or FFP2 standard or equivalent) and aprons.

Table 1 provides basic information for personal protection of workers in some but not all types of work situations. Further guidelines on PPE are available in appendix H.

Worker Training

Our workers will receive training in 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, social distancing and cough/sneeze etiquette
- location of washing facilities, including dispensing stations for alcohol-based hand rubs
- methods of cleaning, disinfecting or disposing of contaminated clothing or personal protective equipment
- methods of cleaning and disinfecting other equipment contaminated with an infectious material or organism that must be followed
- how to seek first aid
- how to report an exposure to or symptoms of COVID-19
Health Monitoring

Our workers will promptly report any symptoms of COVID-19 to their manager or supervisor and the first aid attendant.

Record Keeping

Our company will keep records of instruction and training provided to workers regarding COVID-19, as well as exposure reports and first aid records.

Annual Review

We will review the exposure control plan every year and update it as necessary, in consultation with our joint health and safety committee or worker health and safety representative.
Exposure Control Procedure

1) COVID-19 safety notices for workers will be posted at prominent locations in the facility (refer to appendix E).

2) Health Screening will be carried out as per guidelines given in appendix F

To prevent the spread of COVID-19 and to reduce the potential risk of exposure to the workforce, health questionnaire will be conducted daily at designated entry points, prior to accessing the site. This health screening applies to all trades, suppliers, union reps, employees, visitors, etc.

Health Screening is voluntary; however, any person who refuses to answer screening questions will be denied access to our work locations – without exception. Complying with our safety measures is in the interest of maintaining worker safety and those choosing not to comply will not be permitted to work.

3) Workers who suspect they may have COVID-19 must:
   - stay at home and not come to work,
   - keep the employer informed about their situation via email or phone, and
   - use the Saskatchewan Self-Assessment Tool: https://public.ehealthsask.ca/sites/COVID-19/ or call 811 for assistance.

4) If workers:
   - have symptoms of COVID-19,
   - have travelled outside of Canada or Saskatchewan within previous 14 days, or
   - have been exposed to someone with COVID-19
     - they must stay at home and not come to work,
     - they must keep the employer informed about their situation via email or phone, and
     - they should use the Saskatchewan Self-Assessment Tool: https://public.ehealthsask.ca/sites/COVID-19/ or call 811 for assistance.

5) If workers:
   - share a home with someone who has symptoms of COVID-19, or
   - share a home with someone who has been exposed to COVID-19, or
   - share a home with someone who is sick with COVID-19
     - they must stay at home and not come to work,
     - they must keep the employer informed about their situation via email or phone,
     - they should use the Saskatchewan Self-Assessment Tool: https://public.ehealthsask.ca/sites/COVID-19/ or call 811 for assistance, and
     - they should follow guidelines set out in appendix B
6) If a worker is sick with COVID-19, the worker must:
   • stay at home and not come to work,
   • keep the employer informed about their situation via email or phone,
   • follow guidelines set out in appendix C, and
   • only return to the workplace when conditions to discontinue home isolation as laid out in Appendix C are met.

7) If a worker develops symptoms of COVID-19 while at work, the worker must:
   • notify management and leave the workplace,
   • self-isolate,
   • follow guidelines set out in appendix C,
   • contact health authorities (dial 811) to inform them of their situation and receive further instructions/guidance,
   • keep the employer informed about their situation via email or phone, and
   • only return to the workplace when conditions to discontinue home isolation as laid out in Appendix C are met.

8) The employer will:
   • inform all workers who may potentially have been exposed (*information may be confidential; refer to appendix A*)
   • inform the health authorities about the potential exposure
   • if there is probability of other workers being exposed:
     - the workers will be sent home and instructed to:
       ▪ self isolate,
       ▪ self monitor, and
       ▪ use the Saskatchewan self assessment tool, and
       ▪ return to work after 14 days if symptom free or if test results are negative
   • if there is confirmation of other workers being exposed (*a positive COVID-19 test result*):
     - The workers will be sent home and instructed to:
       ▪ self isolate,
       ▪ self monitor,
       ▪ use the Saskatchewan self assessment tool,
       ▪ only return to the workplace when conditions to discontinue home isolation as laid out in Appendix C are met.
   • ensure equipment in area where exposure occurred is turned off/closed and the area is cordoned off.
   • ensure that work does not resume in the effected area until and unless everything in the area is cleaned and disinfected according to an approved method (*refer to appendix D*).
   • ensure that all medical information including test results is kept confidential
9) The employer will also:

• set out the methods (appendix D) of cleaning, disinfecting or disposing of contaminated clothing or personal protective equipment,
• set out the methods (appendix D) of cleaning and disinfecting other equipment contaminated with an infectious material or organism that must be followed, and
• will designate a person to be responsible for carrying out above mentioned activities.
Appendix A

COVID-19
Employer Considerations

Highlights

- Discrimination and Employer's Legal Obligations
- The Right to Refuse Work
- Visitor Policies
- Privacy Considerations
- Prescreening of Employees

Discrimination and Employer's Obligations

An employer’s legal obligations under human rights legislation continue to apply in dealing with employees who have potentially been exposed to COVID-19. For example, it is legal for an employer to require an employee who has recently travelled abroad and particularly from high-risk areas such as China and Italy, to work from home for 14 days upon returning to Canada.

It is important to note that human rights and occupational health and safety protections also extend to ensuring that employees are not harassed, bullied or mistreated during their employment because of their race, or place of origin. In some cases, employers may need to respond to insensitive and possibly discriminatory conduct directed at their workers by co-workers, suppliers, or members of the public.

The Right to Refuse Work

Under occupational health and safety legislation, employees have the right to refuse to work, or to take part in work at a site where the worker believes, based on reasonable grounds, that there is a dangerous condition at the worksite or that the work constitutes a danger to the worker's health and safety. As COVID-19 spreads in Canada, employees may seek to exercise this right if they reasonably believe they may encounter COVID-19 in the workplace. If an employee exercises this right, then the refusal should follow the legislated processes for resolution.

Visitor Policies

Taking extra precautions when allowing visitors to enter the workplace is essential for employers in limiting exposure to COVID-19 in the workplace. Employers have the right to ask visitors to provide information in advance as to

- whether they have flu-like symptoms,
- have been in contact with anyone infected with COVID-19, or
- have travelled to a high-risk area.

If a visitor answers affirmatively to any of these questions, employers may consider requesting the visitor not enter the workplace until they have been asymptomatic for 14 days or can provide a clearance letter from a physician. Employers may also ask any visitor to provide their contact information if COVID-19 develops in the workplace, causing the visitor to be exposed to COVID-19.
Privacy Considerations

Employers may have to collect, use, and disclose personal information to prevent or manage the risk and reality of COVID-19’s rapid spread. If an individual attends the workplace:

a) within 14 days of travelling to an area of high-risk for COVID-19 transmission;
b) within 14 days of developing symptoms for COVID-19; or
c) after testing positive for the COVID-19,

employers are faced with the difficult task of balancing that individual’s right to privacy with the employer’s obligation to maintain a safe workplace.

Employees placed on leave or remote work duties remain entitled to privacy. Employers should not disclose the reasons for an employee’s leave or remote working arrangements, except for those employees who require that information to carry out their employment duties.

Where possible, employers should notify employees who have been subject to a credible transmission risk of COVID-19 in the workplace. What constitutes a credible transmission risk will vary and should be determined in consultation with qualified medical personnel.

In carrying out such notifications, employers should make reasonable efforts not to disclose information that might (alone or together with publicly available information) identify the individual who may have caused the COVID-19 transmission risk. The objective is to provide potentially exposed employees with enough information to obtain medical advice and, if necessary, treatment. To that end, below are some guiding principles regarding notification:

Do not provide information regarding:

• The name, date of birth, or other identifiers of the COVID-19 subject individual.

To provide information regarding:

• The fact that the individual was potentially exposed to COVID-19;
• If known:
  o date(s) of their potential exposure; and
  o the extent and circumstances of their potential exposure (i.e., incident of indirect contact vs prolonged direct contact).

It may not always be possible to provide notice of a COVID-19 transmission risk without expressly or implicitly identifying the individual at the source of the risk.

As an exception, Canadian privacy legislation permits the use and disclosure of personal information without knowledge or consent in an emergency that threatens the life, health or security of another individual. It is recommended that determining whether an "emergency" exists should be made in consultation with a qualified medical professional, and legal counsel, however this should not unreasonably delay notifying co-workers of their exposure. Depending on the jurisdiction, a subsequent notice of such emergency disclosure may be required to the individual whose personal information was disclosed.

Employers continuing to operate during COVID-19 may choose to undertake daily passive or active pre-screening processes at their locations to minimize employee concerns and to take every reasonable precaution.
**Pre-screening Employees**

Employers continuing to operate during COVID-19 outbreak may choose to undertake daily passive or active pre-screening processes at their locations to minimize employee concerns and to take every reasonable precaution.

**Passive Screening:**

Signage should be posted at the point of entry at each entry point to the facility and denote that anyone with symptoms to self-identify as being at risk or experiencing cold and flu-like symptoms to NOT enter the facility and instead direct them to make contact with the employer via a provided number.

Signage should be posted in washrooms, cafeterias, and gathering areas to advise and remind personnel to use good hygiene practices, minimize shared contact, dispose of potentially contaminated materials such as used tissues.

Disinfecting protocols should be clearly communicated and posted in visible and high traffic areas.

**Active Screening:**

Visitors and employees attending the workplace would be required to submit to a sample screening process where the worker would be observed by a medically qualified or designated person to administer a simple test and temperature measurement. This process could include:

- A temperature scan using a non-contact thermometer, with a known precision.
- The employee responding to a series of general questions regarding:
  - Contact with any sick individuals, at home or otherwise
  - Experiencing any illness or symptoms themselves like cold or flu
  - Close contact with a confirmed or probable case (quarantined person) of COVID-19

Any person demonstrating an elevated temperature or responding in the affirmative to the questionnaire would be separated from the test area, and either met by a company representative or sent home with documentation on actions the company is taking to protect them and their co-workers. Entry to the workplace should be denied until such time as the employer and affirmative worker communicate to discuss options and processes regarding medical clearance, compensation considerations and other concerns the worker will have at that time.
Appendix B

Recommended precautions for household members, intimate partners, and caregivers in a nonhealthcare setting of

- A patient with symptomatic laboratory-confirmed COVID-19, or
- A patient under investigation

Household members, intimate partners, and caregivers in a nonhealthcare setting may have close contact* with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).

Close contacts should also follow these recommendations:

- Make sure that you understand and can help the patient follow their healthcare provider’s instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient’s symptoms. If the patient is getting sicker, call his or her healthcare provider and tell them that the patient has laboratory-confirmed COVID-19. This will help the healthcare provider’s office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance. If the patient has a medical emergency and you need to call 911, notify the dispatch personnel that the patient has, or is being evaluated for COVID-19.
- Household members should stay in another room or be separated from the patient as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for any pets in the home. Do not handle pets or other animals while sick. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/faq.html/#2019-nCoV-and-animals
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- The patient should wear a facemask when you are around other people. If the patient is not able to wear a facemask (for example, because it causes trouble breathing), you, as the caregiver, should wear a mask when you are in the same room as the patient.
- Wear a disposable facemask and gloves when you touch or have contact with the patient’s blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
• Throw out disposable facemasks and gloves after using them. Do not reuse.

• When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.

• Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below “Wash laundry thoroughly”).

• Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.

  o Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

• Wash laundry thoroughly.

  o Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.

  o Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.

  o Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.

• Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.

• Discuss any additional questions with your provincial or local health department or healthcare provider. Check available hours when contacting your local health department.

*Close contact is defined as:

  a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or

  b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Reference:
Appendix C

Steps to Help Prevent the Spread of COVID-19 if You are Sick

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for persons with novel coronavirus disease (COVID-19). This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** People who are mildly ill with COVID-19 can recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor:** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ridesharing, or taxis.

Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals, just like you would around other people.
  - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
  - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them.

Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call your doctor’s office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.
Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people and before you enter a healthcare provider’s office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of home. **High-touch surfaces** include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
o If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait if possible after the sick person has used the bathroom.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  o Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  o Most EPA-registered household disinfectants should be effective.

**Monitor your symptoms**

- **Seek medical attention but call first:** Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
  o **Call your doctor before going in:** Before going to the doctor’s office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.

- **Wear a facemask:** If possible, put on a facemask before you enter the building. If you can’t put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.

- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information

**If you develop emergency warning signs for COVID-19 get medical attention immediately.**

**Emergency warning signs include***:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

**Call 911 if you have a medical emergency:**

If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.
How to discontinue home isolation

The decision to discontinue home isolation should be made in the context of local circumstances. Options now include both

1. a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and
2. a test-based strategy.

**People with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:

*If you will not have a test to determine if you are still contagious*, you can leave home after these three things have happened:

- You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)  
  AND
- other symptoms have improved (for example, when your cough or shortness of breath have improved)  
  AND
- at least 7 days have passed since your symptoms first appeared

*If you will be tested to determine if you are still contagious*, you can leave home after these three things have happened:

- You no longer have a fever (without the use of medicine that reduces fevers)  
  AND
- other symptoms have improved (for example, when your cough or shortness of breath have improved)  
  AND
- you received two negative tests in a row, 24 hours apart.

**In all cases, follow the guidance of your healthcare provider and local health department.** The decision to stop home isolation should be made in consultation with your healthcare provider and provincial and local health departments.

**Local decisions depend on local circumstances.**
Additional Resources


Appendix D

COVID-19 Environmental Cleaning and Disinfection

This fact sheet provides information on cleaning, disinfection and general precaution considerations related to COVID-19.

What You Need to Know

- The COVID-19 virus can survive for several days on different surfaces and objects.
- Frequent cleaning and disinfection are important to prevent spread of the disease.
- Many common household and commercial disinfectant products will destroy the COVID-19 virus.
- Some disinfectants will have an 8-digit Drug Identification Number (DIN). These products are approved for use by Health Canada.
  - Household bleach (5% sodium hypochlorite) may not have a DIN but may be used following instructions below.

What You Need to Do

- Clean often. Areas visited by people should be kept clean and free from clutter.
- Commonly touched areas should be cleaned and disinfected twice daily or whenever visibly soiled.
- Commonly touched areas include light switches, doorknobs, toilets, taps, handrails, counter tops, toys, touch screens/mobile devices, keyboards.
- Clothing and fabric items should be laundered and dried on the highest temperature setting possible. Ensure items are thoroughly dried.

Difference Between Cleaning and Disinfection

- Cleaning products remove dirt, dust and oils but don’t always kill germs.
- Disinfectants are applied after cleaning to destroy germs.
- Cleaning is required prior to disinfection to remove soil and ensure the effectiveness of the disinfection step (unless otherwise indicated by manufacturer).
- Common disinfectants include bleach solutions, quaternary ammonium (QUAT), alcohol (70%), and peroxide. Vinegar, tea tree oil solutions, etc. are not proven to be effective disinfectants.
Making a Disinfecting Solution

- Always read product labels and follow the manufacturer’s directions. Do not use expired products.
- According to Health Canada, a disinfecting solution can be made by mixing one part of bleach into nine parts of water.
- Do not mix soap or other cleaners into the bleach and water solution.
- Apply the disinfecting solution using a spray bottle or a clean wiping cloth.
- Always use Personal Protective Equipment (PPE) including protective gloves.
- Food contact surfaces should be rinsed with fresh water after disinfecting.
- Toys that may be mouthed by children must be thoroughly rinsed after disinfection.
- If using disinfectant wipes, manufacturer’s recommended contact time (i.e. how long the surface remains wet) must be met. Disinfectant wipes are not recommended for heavily soiled surfaces.

To Prevent the Spread of the COVID-19 Virus

- Reduce contact between people in your facility. When possible provide extra space between clients.
- Wash your hands often with soap and water. Scrub for 20 seconds.
- Use hand sanitizer when hands are not visibly dirty and hand washing isn’t available. Only use hand sanitizer approved by Health Canada (DIN or NPN number).
- Avoid touching your face, mouth, nose and eyes.
- Stay home and self-isolate if you are sick.
- Practice social distancing in general.
- Avoid close contact with others who are sick.
- Practice good respiratory hygiene. Cover your coughs and sneezes and then wash hands with soap and water.
- Avoid shaking hands.
Appendix E
Safety Notice for Workers
Coronavirus Disease (COVID-19)

What is Coronavirus Disease (COVID-19)?

- COVID-19 is a disease that can cause illness ranging from a cold-like illness to a severe lung infection. In some cases, it can cause hospitalization and death.
- Symptoms may appear between 2 days to 14 days after being exposed.
- People can spread the disease even before they start showing symptoms.

Key Prevention Steps:

1. SOCIAL DISTANCING: STAY 2 METERS AWAY FROM OTHER PEOPLE ON-SITE

![2 Meters Apart](image)

2. KEEP YOUR MIND ON YOUR TASK!

This is very important for all workers to remember during this pandemic. Keeping your mind on your task is critical to prevent any incidents from happening.

Things are changing daily. You should expect daily communications from your employer and to be prepared that you may be expected to change your routines.

Some examples of that are:

- Enforcing social distancing
- Cleaning and disinfecting your tools and work surfaces after every use
- Temperature checks from First Aid Attendants
- Wellness questions being asked to ensure you are not sick before entering sites or random checks

3. FOLLOW THESE TIPS: 
Stay home when you are sick!

Stay home when someone you live with is sick!

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.

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

Cover your cough or sneeze with your elbow or a tissue. Throw tissue in the trash.

Avoid close contact with people who are sick.

Clean and disinfect objects and surfaces that are frequently touched.
The Symptoms of COVID-19

Fever  Cough  Sneezing  Sore Throat  Difficulty Breathing

How does COVID-19 Spread?

- Breathing in droplets in the air that are created when people cough or sneeze
- Close contact with other people (e.g. shaking hands or hugging)
- Touching contaminated surfaces and then touching the face, mouth, or food.

What should you do if you have symptoms or have been exposed?

- use the Saskatchewan Self-Assessment Tool: https://public.ehealthsask.ca/sites/COVID-19/
- if you have any symptoms, isolate yourself from others as quickly as possible.
- if you have been in close contact with someone who is being tested for COVID-19 or has tested positive, stay home and monitor yourself for symptoms and take your temperature every day.
Appendix F

COVID-19 Health Screening Tool

Guidelines:

To prevent the spread of COVID-19 and to reduce the potential risk of exposure to the workforce, please conduct this questionnaire, daily, at designated entry points, prior to accessing the site. This health screening applies to all trades, suppliers, union reps, employees, visitors, etc.

Health screening is voluntary; however, any person who refuses to answer screening questions will be denied access to our work locations – without exception. Complying with our safety measures is in the interest of maintaining worker safety. Anyone who chooses not to comply will not be permitted to work.

Screening Station Setup

1. In order to protect the person conducting the screening, each person screening must wear at a minimum glove, a mask and safety glasses.
2. A barrier (ex., table, cones) must be in place to keep a distance between each person being screened and the person screening.
3. The line for people being screened must be a minimum of 2 meters away to ensure privacy between the person being screened and the person conducting the screening.
4. Each person in the line must be a minimum of 2 meters apart from each other.
5. As each person is ready for screening, they are to approach the barrier.

Screening Process Questions

Workers should be asked these questions in a manner that respects their privacy. Please devise a process at your location where workers do not easily overhear co-workers who voluntarily divulge personal medical information.

Each person will be asked 5 questions:

1. Are you currently experiencing any cold or flu-like symptoms? Such as;
   - New onset or worsening of existing cough
   - Fever (38°C or 100.4 F)
   - Shortness of breath or trouble breathing
   - Sore throat
   - Severe fatigue
   - Runny nose
   - Vomiting
2. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
3. Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?
4. Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?

5. Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19.

If the answer is YES to ANY of the above questions, please notify your supervisor and go home.

IMPORTANT: Disinfect pens before sharing them between people. Have visitors file their own documents to avoid sharing paper. Consider asking these questions verbally to avoid sharing pens and documents. This must be done in a private area where their responses will not be overheard by co-workers.
**Health Questionnaire**

[insert Company Name]

Date: 

Worker Name: 

Contact Phone #: 

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are you experiencing any of the following?</td>
<td>![No, Yes]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fever</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td></td>
<td>• New onset or worsening of cough or other symptoms</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td></td>
<td>• Sneezing/Running Nose</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td></td>
<td>• Sore throat</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td></td>
<td>• Difficulty breathing</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td></td>
<td>• Severe Fatigue</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td></td>
<td>• Vomiting</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td>2</td>
<td>Have you travelled to any countries outside Canada (including the United States) within the last 14 days?</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td>3</td>
<td>Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td>4</td>
<td>Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
<tr>
<td>5</td>
<td>Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19.</td>
<td>![No]</td>
<td>![Yes]</td>
</tr>
</tbody>
</table>
Appendix G
Saskatchewan OH&S Regulations, 1996

Exposure control plan 85

(1) In this section:

(a) “engineering controls” means physical controls or barriers that isolate or remove an infectious disease hazard and includes:

(i) medical devices approved by Health Canada that have engineered sharps injury protections;

(ii) sharps disposal containers;

(iii) needleless systems and needles with engineered sharps injury protections as defined in section 474.1; and

(iv) other devices that isolate or remove sharps hazards;

(b) “expose” means harmful contact with an infectious material or organism from inhalation, ingestion, skin or mucous membrane contact or percutaneous injury;

(c) “exposure control plan” means an exposure control plan required pursuant to subsection (2);

(d) “infectious material or organism” means an infectious material or organism that has been identified in an approved manner as an infectious disease hazard that poses a significantly increased exposure risk to a worker or self-employed person.

(2) If workers are required to handle, use or produce an infectious material or organism or are likely to be exposed at a place of employment, an employer, in consultation with the committee, shall develop and implement an exposure control plan to eliminate or minimize worker exposure.

(3) An exposure control plan must:

(a) be in writing;

(b) identify any workers at the place of employment who may be exposed;

(c) identify categories of tasks and procedures that may put workers at risk of exposure;

(d) describe the ways in which an infectious material or organism can enter the body of a worker and the risks associated with that entry;

(e) describe the signs and symptoms of any disease that may arise for a worker exposed at the place of employment;

(f) describe infection control measures to be used, such as the following:

(i) vaccination;

(ii) engineering controls;
(iii) personal protective equipment;

(iv) safe work practices and procedures; and

(v) standard practices that incorporate universal precautions;

(g) identify the limitations of the infection control measures described pursuant to clause (f);

(h) set out procedures to be followed in each of the following circumstances: (i) if there has been a spill or leak of an infectious material or organism;

   (ii) if a worker has been exposed;

   (iii) if a worker believes that he or she has been exposed;

(i) set out the methods of cleaning, disinfecting or disposing of clothing, personal protective equipment or other equipment contaminated with an infectious material or organism that must be followed and indicate who is responsible for carrying out those activities;

(j) describe the training to be provided to workers who may be exposed and the means by which this training will be provided;

(k) require the investigation and documentation, in a manner that protects the confidentiality of the exposed worker, of any work-related exposure incident, including the route of exposure and the circumstances in which the exposure occurred; and

(l) require the investigation of any occurrence of an occupationally transmitted infection or infectious disease to identify the route of exposure and implement measures to prevent further infection.

(4) If subsection 85(2) applies to an employer on the day on which this section comes into force or at any time before January 1, 2006, that employer must, no later than January 1, 2006, describe in his or her exposure control plan the steps that will be taken by July 1, 2006 to ensure compliance with this section and, if applicable, subsection 474.1(3).

(5) No employer shall allow a worker to undertake any tasks or procedures mentioned in clause (3)(c) unless the worker has been trained with respect to the exposure control plan and the use of control measures appropriate for the task or procedure undertaken.

(6) An employer, in consultation with the committee, shall review the adequacy of the exposure control plan, and amend the plan if necessary, at least every two years or as necessary to reflect advances in infection control measures, including engineering controls.

(7) An employer shall make a copy of the exposure control plan and any amendments to that plan readily available to every worker who may be exposed.
An employer shall:

(a) inform workers who are required to handle, use or produce an infectious material or organism or who may be exposed at a place of employment:

(i) of any vaccine recommended for workers with respect to that risk in the *Canadian Immunization Guide*, published by Health Canada, and recommended by:

(A) a medical health officer appointed pursuant to *The Public Health Act* or a designated public health officer within the meaning of *The Public Health Act, 1994* whose powers and responsibilities include those set out in Part IV of *The Public Health Act, 1994*; or

(B) a physician with expertise in immunization or the control of communicable diseases; and

(ii) of the risks associated with taking a vaccine mentioned in subclause (i);

(b) with the worker’s consent, arrange for the worker to receive any vaccination recommended pursuant to subclause (a)(i) during the worker’s normal working hours and reimburse the worker for any costs associated with receiving the vaccination; and

(c) if a worker cannot receive a vaccination mentioned in subclause (a)(i) during the worker’s normal working hours, credit the worker’s attendance for the vaccination as time at work and ensure that the worker does not lose any pay or other benefits.

If a worker has been exposed to blood or potentially infectious bodily fluids at a place of employment, an employer shall, with the consent of the worker, during the worker’s normal working hours, arrange for immediate medical evaluation and intervention by a qualified person in an approved manner and for confidential post-exposure counselling.

If a worker cannot receive medical evaluation, medical intervention or post-exposure counselling during the worker’s normal working hours, an employer shall credit the worker’s attendance for evaluation, intervention or counselling as time at work and shall ensure that the worker does not lose any pay or other benefits.

Nothing in these regulations prohibits an employer or contractor from purchasing supplies in bulk together with another employer or contractor but each employer or contractor is responsible for ensuring his or her compliance with these regulations.
Appendix H
Use of Protective Equipment (PPE) for Coronavirus Disease (COVID-19)

Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19)

Interim guidance
19 March 2020

Please follow this link to read the document.

Other COVID-19 related documents can be found on the WHO web site: www.who.int