



## EXPOSURE CONTROL PLAN

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Health hazards of COVID-19: The effects of COVID-19 are expected to be much more severe than for seasonal influenza because most people do not have any immunity to the virus.

### SYMPTOMS

Seasonal flu affects people to varying degrees, with symptoms including headache, fever, fatigue, sore throat, and runny nose. In some cases, secondary infections such as pneumonia may develop. Those who are infected with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu. Symptoms may take up to 14 days to appear after exposure to COVID-19. This is the longest known incubation period for this disease. We are currently investigating if the virus can be transmitted to others if someone is not showing symptoms. While experts believe that it is possible, it is considered less common.

Symptoms have included:

- cough
- fever
- difficulty breathing
- pneumonia in both lungs
- In severe cases, infection can lead to death

### TRANSMISSION

Respiratory infections can be transmitted through droplets of different sizes: when the droplet particles are >5-10  $\mu\text{m}$  in diameter they are referred to as respiratory droplets, and when they are <5 $\mu\text{m}$  in diameter, they are referred to as droplet nuclei. According to current evidence, COVID-19 virus is primarily transmitted between people through respiratory droplets and contact routes. In an analysis of 75,465 COVID-19 cases in China, airborne transmission was not reported.

Droplet transmission occurs when a person is in close contact (within 1 m) with someone who has respiratory symptoms (e.g., coughing or sneezing) and is therefore at risk of having his/her mucosae (mouth and nose) or conjunctiva (eyes) exposed to potentially infective respiratory droplets. Transmission may also occur through fomites in the immediate environment around the infected person. Therefore, transmission of the COVID-19 virus can occur by direct contact with infected people and indirect contact with surfaces in the immediate environment or with objects used on the infected person (e.g., stethoscope or thermometer).

Airborne transmission is different from droplet transmission as it refers to the presence of microbes within droplet nuclei, which are generally considered to be particles <5 $\mu\text{m}$  in diameter, can remain in the air for long periods of time and be transmitted to others over distances greater than 1 m.

In the context of COVID-19, airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed; i.e., endotracheal intubation, bronchoscopy, open suctioning, administration of nebulized treatment, manual ventilation before intubation, turning the patient to the prone position, disconnecting the patient from the ventilator, non-invasive positive-pressure ventilation, tracheostomy, and cardiopulmonary resuscitation.

## **STATEMENT OF PURPOSE**

Our company is committed to providing a safe and healthy workplace for all of 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 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:

Ensure that the materials (for example, gloves, alcohol-based hand y y 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 they are required.

- 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.
- Direct work in a manner that eliminates or minimizes the risk to workers.

### Worker responsibilities

Our workers will:

- 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

Three primary routes of transmission are anticipated for COVID-19, all of which need to be controlled. These include contact, droplet, and airborne transmission. Contact transmission, both direct and indirect. Direct contact involves skin-to-skin contact, such as patient care or emergency response activity that requires direct personal contact (for example, turning or bathing a patient). Indirect contact involves a worker touching a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard, and then touching the eyes, nose, or mouth. Contact transmission is important to consider because influenza viruses can persist for minutes on hands and hours on surfaces.

### Droplet transmission

Large droplets may be generated when an infected person coughs or sneezes, and also during certain medical procedures such as cough induction. Droplets travel a short distance through the air, and can be deposited on inanimate surfaces or in the eyes, nose, or mouth.

### Airborne transmission

Airborne (inhalable) particles can be generated from some medical procedures such as endotracheal intubation, bronchoscopy, nebulizer treatment, or airway suctioning. They can also be generated from coughs and sneezes.

Coughs and sneezes produce both large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods, and can be inhaled. The large droplets can also evaporate quickly to form additional inhalable particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced; but it can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. As the number of infected people in a room increases, the risk of infection can increase.

The following risk assessment table is adapted from Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined that the risk level of our workers is low. Our workers work in an office environment, and have little contact with the general public. However, they may be handling potentially contaminated objects.

### Risk Assessment

Anything you touch that someone else may have:

- Printers, faxes, phones, door knobs, cleaning supplies, kitchen supplies, faucets, office supplies, key boards, lighters, beverage containers
- Materials, equipment, tools, control panels, lights

	<b>Low Risk</b> Workers who typically have no contact with people infected with COVID-19	<b>Moderate Risk</b> Workers who may be exposed to infected people from time to time in relatively large, well-ventilated spaces	<b>High Risk</b> Workers who may be exposed with infected people in small, poorly ventilated spaces
Hand Hygiene	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable Gloves	Not required	Not required (unless handling contaminated objects)	Yes, in some cases (for example, when working directly with COVID-19 infected people)
Aprons, gowns, or similar body protection	Not required	Not required	Yes, in some cases (for example, when working directly with COVID-19 infected people)
Eye protection —	Not required	Not required	Yes, in some cases (for example,

goggles or face shield			when working directly with COVID-19 infected people)
Airway protection — respirators	Not required	Not required (unless exposed to coughing)	Yes (minimum N95 respirator or equivalent)

\*Moderate or High Risk category above is not expected at the workplace.

### 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)

It is not necessary to implement engineering controls in our workplace because the risk of exposure can be controlled using administrative controls (for example, hand washing and cough/sneeze etiquette) and PPE (respirators).

### 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 (the 20 Second Rule):

- Before leaving a work area
- After handling materials that may be contaminated
- Before eating, drinking, smoking, handling contact lenses, or applying makeup

Use soap and warm running water. (It doesn't have to be hot to do the job.) If water is unavailable, use a waterless hand cleanser that has at least 70% alcohol. Follow the manufacturer's instructions on how to use the cleanser. Alcohol-based hand rub dispensers are located adjacent to the washrooms and kitchen area.

### Cough/sneeze etiquette

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:

- Educate workers in control measures, including hand washing.
- Post signs at entry points to instruct everyone about control measures.
- Cover your mouth and nose with a sleeve 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.

### If workers show symptoms of COVID-19

If workers are ill with COVID-19, they should stay home. If they develop symptoms of COVID-19 while at work, they should leave the workplace. Workers should only return to the workplace once they have recovered from COVID-19 and no longer show symptoms. Workers should inform their manager or supervisor if they are ill with COVID-19.

### Use of surgical masks

A surgical mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing by the person using the mask. Surgical masks help minimize the spread of potentially infected material from the wearer to other people. Under some circumstances (for example, an emergency), some workers who have COVID-19 may be required to return to work. These workers should wear surgical masks and practice cough/sneeze etiquette to avoid infecting other workers. In non-emergency situations, workers who develop symptoms of COVID-19 or suspect that they might have COVID-19 or have been in Contact with an individual that has tested positive for Covid-19, are to report signs and symptoms before entering the workplace and self-isolate as per the BC Centre for Disease Control.

### 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 and cough/sneeze etiquette
- Location of washing facilities, including dispensing stations for alcohol-based hand rubs
- Proper use of surgical masks and personal protective equipment (PPE)
- How to seek first aid
- How to report an exposure to or symptoms of COVID-19

The following control measures have been established by KHOF for this workplace to prevent and/or mitigate the risk of contracting COVID-19:

- An occupancy limit of four has been established for this workplace
- An occupancy limit of one is being practiced by workers in the lunch room
- Workers primarily conduct work in separate offices to allow for physical distancing
- Physical distance is encouraged between customers and workers
- A sanitation station is available for customer use
- Worker are provided individual hand sanitizer bottles
- Signs are displayed to communicate occupancy limit, physical distance, and hand washing
- A procedure has been established for workers to report signs or symptoms of COVID-19 before entering the workplace
- High touch point surfaces are cleaned after contact
- Samples returned by customers are sanitized before being placed on display

### Health monitoring

Our workers will promptly report any symptoms of COVID-19 to their manager, supervisor or business owner.

### 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.