# Child Care Services

## COVID-19 Safety Plan

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<th>Department / Faculty:</th>
<th>SHSC - Child Care Services Division</th>
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<td>All locations (currently 26/30 open)</td>
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<tr>
<td>Address:</td>
<td>2881 – Acadia Road</td>
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<td>Copy Posted at Center:</td>
<td>June 19, 2020</td>
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<td></td>
<td>CC Admin office occupancy addendum added July 10th (approved by Andrew Parr – Assoc. VP for SHCS)</td>
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Child Care Services COVID-19 Safety Plan

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Appendix (supporting documentation):

  1) Regulatory Documentation:
     a. COVID-19 Public Health Guidance for Child Care Settings (BCCDC)
     b. WorkSafeBC COVID-19 Safety Plan Template
  2) After Hours / Evening Cleaning-Disinfecting Protocols
     a. by SHCS-Facilities Service Worker group
     b. Bldg. Operations Custodial group
  3) Child Care Cleaning-Disinfecting Protocols during Operational hours
  4) COVID-19 Posters/Summaries of Processes from WorkSafe BC and SHCS MarComm
     a. Physical Distancing Posters (SHSC MarComm) – including pictures of posted signs at CCS
     b. WSBC – masks in the workplace (selection/limitations and how to use)
     c. WSBC-OFA standards being followed by UBC-FA through 2-4444 / 604-822-4444
     d. UBC-OPH Services Poster for Staff working in Daycare Environments
  5) Tracking Logs for:
     a. Cleaning - Disinfecting during Operational Hours. (High Touch Point logs kept on file at
        back of this Appendix at each center for 3 months)
     b. Training and Education of workers to COVID-19 procedures and protocols in their area
        (being kept in CC Admin Office – once received from each center and UBC Canvas-WPL)
  6) Child Care Admin Hub Floor Plan and sample of Emergency Procedures documentation
  7) UBC/SRS Guidelines: including Campus Rules (approved June 18, 2020)
COVID-19 Safety Plan

Employers must develop a COVID-19 Safety Plan. To develop your plan, follow the six-step process described at COVID-19 and returning to safe operation.

This planning tool will guide you through the six-step process. Each step has checklists with items you need to address before resuming operations. You may use this document, or another document that meets your needs, to document your COVID-19 Safety Plan.

WorkSafeBC will not be reviewing or approving the plans of individual employers, but in accordance with the order of the Provincial Health Officer, this plan must be posted at the worksite.

Step 1: Assess the risks at your workplace

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Involve workers when assessing your workplace

Identify areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.

☑️ We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).

☑️ We have identified areas where people gather, such as break rooms, production lines, and meeting rooms.

☑️ We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs).

☑️ We have identified the tools, machinery, and equipment that workers share while working.

☑️ We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

Step 2: Implement protocols to reduce the risks

Select and implement protocols to minimize the risks of transmission. Look to the following for information, input, and guidance:

☑️ Review industry-specific protocols on worksafebc.com to determine whether any are relevant to your industry. Guidance for additional sectors will be posted as they become available. If protocols are developed specific to your sector, implement these to the extent that they are applicable to the risks at your workplace. You may need to identify and implement additional protocols if the posted protocols don’t address all the risks to your workers.

☑️ Frontline workers, supervisors, and the joint health and safety committee (or worker representative).

☑️ Orders, guidance, and notices issued by the provincial health officer and relevant to your industry.

☑️ Your health and safety association or other professional and industry associations.
COVID-19 Safety Plan

Reduce the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, implement protocols to protect against your identified risks. Different protocols offer different levels of protection. Wherever possible, use the protocol that offers the highest level of protection. Consider controls from additional levels if the first level isn’t practicable or does not completely control the risk. You will likely need to incorporate controls from various levels to address the risk at your workplace.

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

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

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

Fourth level of protection — If the first three levels of protection aren’t enough to control the risk, consider the use of non-medical masks. Be aware of the limitations of non-medical masks to protect the wearer from respiratory droplets. Ensure workers are using masks appropriately.
COVID-19 Safety Plan

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

☐ We have established and posted an occupancy limit for our premises. Public Health has advised that the prohibition on gatherings of greater than 50 people refers to “one-time or episodic events” (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]

☑ In order to reduce the number of people at the worksite, we have considered work-from-home arrangements, virtual meetings, rescheduling work tasks, and limiting the number of customers and visitors in the workplace.

☑ We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.

☑ We have implemented measures to keep workers and others at least 2 metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.

Measures in place

Child Care Services (CCS) is currently operating 26 of 30 centers
Hours of Operation: 8:00 am - 5:00 pm (Mon-Fri)

April 1st: Temporary Emergency Funding from BC Govt. based on CCS providing care to the families of essential service workers in Tier 1.
June 1st: scope broadened to Tier 2 workers (which now include most UBC employees) with some exceptions allowed to return in May.
July 1st: gradual increase of capacity to 2/3 at each center over the summer, depending on the program they offer (infant toddler/ 3-5 or mixed age centers). This still allows us to accommodate Tier 1 workers who still need care for their young children.

Employees are able to maintain physical distancing measures between themselves due to the size of the centers, and the fact that most of our programs will be operating outside more. Adjustments will continue to be made as needed as capacity increases. We use posters throughout to remind all of best physical distancing practices Appendix 4a.

Currently there are 2-4 employees (Early Childhood Educators - ECE’s) working at each center, full or part time shifts. This will be adjusted as child numbers start to increase over the summer. Shifts range from 4.5 - 9 hrs per day. As of July 1st there will be 3-5 employees (full and part time) per center every day.

Other important features of this plan:
- See specific protocols for all workers outlined on page 12 of this Safety Plan: Physical Distancing section.
- Changes to how tasks are done: no food preparation on site. Most of the program activities take place out of doors.
- Visitors are prohibited.
- Group size of children has been reduced.
- All adults, including parents, except for early childhood educators, housekeeping staff or emergency staff are prohibited from entering the child care centres.

BC COVID-19 Go Forward Management Strategy Risk Matrix Ranking: LOW for this operation with Employee and Child #’s / built in protocols and practices.
COVID-19 Safety Plan

Second level protection (engineering): Barriers and partitions

☐ We have installed barriers where workers can’t keep physically distant from co-workers, customers, or others.

☐ We have included barrier cleaning in our cleaning protocols.

☐ We have installed the barriers so they don’t introduce other risks to workers (e.g., barriers installed inside a vehicle don’t affect the safe operation of the vehicle).

Measures in place

Describe how barriers or partitions will be used in your workplace.
If this information is in another document, identify that document here.

N/A for child care centers at UBC
COVID-19 Safety Plan

Third level protection (administrative): Rules and guidelines

☑️ We have identified rules and guidelines for how workers should conduct themselves.

☑️ We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

Measures in place
List the rules and guidelines that everyone in the workplace has to follow to reduce the risk of airborne transmission.

See Infection Prevention and Control Measures - inhouse document (page 10-13 of this plan)

See attached Public Heath Guidance for Child Care Settings - BC Centre for Disease Control, May 19, 2020

Note: individual centers monitor their child - employee ratios and make minor adjustments to day to day operations/interactions within their centers based on the Infection Prevention and Control Measure inhouse eeGuidelines above and best practices between works re physical distancing.
COVID-19 Safety Plan

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

- We have reviewed the information on selecting and using masks and instructions on how to use a mask.
- We understand the limitations of masks to protect the wearer from respiratory droplets. We understand that masks should only be considered when other control measures cannot be implemented.
- We have trained workers in the proper use of masks.

Measures in place
Disposable gloves will continue to be used as per typical cleaning procedures.

Masks are neither required nor recommended as per COVID-19 Public Health Guidance for Child Care Settings document - BCCDC May 19, 2020

Personal non-medical masks may be worn if educators so choose. Harassment of those who choose to wear a mask will not be tolerated.

If an employee(s) comes to work with a personal mask the supervisor/manager will review the 2 WSBC posters with them:
- How to select the right mask and understand the limitations of using it
- How to use a mask

Note: both posters can be found in Appendix 4b
COVID-19 Safety Plan

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

☑ We have reviewed the information on cleaning and disinfecting surfaces.

☑ Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed.

☑ We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [Handwashing and Cover coughs and sneezes posters are available at worksafebc.com.]

☑ We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).

☑ Workers who are cleaning have adequate training and materials.

☑ We have removed unnecessary tools and equipment to simplify the cleaning process — e.g., coffee makers and shared utensils and plates

Cleaning protocols

Provide information about your cleaning plan. Specify who is responsible for cleaning, the cleaning schedule, and what the cleaning protocols will include (e.g., which surfaces, tools, equipment, and machines). If this information is in another document, identify that document here.

Please see attached cleaning procedures for after hrs cleaning of all Child care (CC) Centers:

- SWP for our SHCS Facilities group who does the afterhours cleaning for all other CC centers on both sides of campus
  See Appendix 2a

- SWP from UBC Bldg. Operations Custodial group who does the after hours cleaning at two of our Centers: Caribou in USB Building 2329 West Mall Appendix 2b

During operational hrs CC employees do additional cleaning-disinfecting procedures on top of their regular cleaning. See Appendix 3(a and b) and Appendix 5a
COVID-19 Safety Plan

Step 3: Develop policies

Develop the necessary policies to manage your workplace, including policies around who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

Our workplace policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

☑ Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.

☑ Anyone directed by Public Health to self-isolate.

☑ Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.

☑ Visitors are prohibited or limited in the workplace.

☑ First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic.

☐ We have a working alone policy in place (if needed).

☐ We have a work from home policy in place (if needed).

☐ Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace. Ensure an appropriate violence prevention program is in place.

Our policy addresses workers who may start to feel ill at work. It includes the following:

☑ Sick workers should report to first aid, even with mild symptoms.

☐ Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the worker to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further guidance related to testing and self-isolation.]

☑ If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.

☑ Clean and disinfect any surfaces that the ill worker has come into contact with.

Step 4: Develop communication plans and training

You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

☑ We have a training plan to ensure everyone is trained in workplace policies and procedures.

☑ All workers have received the policies for staying home when sick.

☑ We have posted signage at the workplace, including occupancy limits and effective hygiene practices. [A customizable occupancy limit poster and handwashing signage are available on worksafecbc.com.]

☐ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.

☑ Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed.
COVID-19 Safety Plan

Step 5: Monitor your workplace and update your plans as necessary

Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn’t working, take steps to update your policies and procedures. Involve workers in this process.

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

Step 6: Assess and address risks from resuming operations

If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

☑ We have a training plan for new staff.
☑ We have a training plan for staff taking on new roles or responsibilities.
☐ We have a training plan around changes to our business, such as new equipment, processes, or products.
☑ We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
☐ We have identified a safe process for clearing systems and lines of product that have been out of use.

Be advised that personal information must not be included in the COVID-19 Safety Plan

Personal information is any recorded information that uniquely identifies a person, such as name, address, telephone number, age, sex, race, religion, sexual orientation, disability, fingerprints, or blood type. It includes information about a person’s health care, educational, financial, criminal or employment history. Visit [https://www.oipc.bc.ca/about/legislation/](https://www.oipc.bc.ca/about/legislation/) for more information.
infection Prevention and Control Measures
UBC Child Care Services

Environmental Measures
Outdoor Spaces
- Children should spend most of the day outdoors. This may include all aspects of the day including meals and snacks and even sleep times if weather and space permit. Children and educators should have clothing that will allow them to be comfortable in all weather conditions including rain and heat (waterproof clothes, clothing that protects skin from the sun, hats, etc.).
- Educators should plan activities that can be done outdoors.

Indoor spaces
- If children must be indoors open windows to provide good ventilation.

Cleaning Routines
- The child care centres will be cleaned daily after operational hours by either:
  o the UBC Facilities housekeeping team. PM Housekeeping protocols are attached Appendix 2a
  o Bldg. Operations Custodial group. See their SWP in Appendix 2b
- Our child care environments should always be immaculate. However, now we MUST clean them even more often, especially the frequent touch points (door handles, counters, table edges and undersides, chairs, faucets, light switches etc.). These can be cleaned with regular cleaning products (spray bottle 1 – soap and water, and spray bottle 2 – daily Precept or Oxivir Plus solution). This should be done at least once per day midday. Task will be assigned to a particular shift/person daily to ensure it is done promptly and thoroughly using the Unit High Touch Point Checklist and Tracking Log as their guide - included in Appendix 5a and more frequently if needed.
  o Presept/OxivirPlus safe practices attached – Appendix 3
- Clean any surface that is visibly dirty before disinfecting.
- Use disposable items, such as paper towels for face cleaning after lunch.
- Plastic toys must be washed with soap and water and disinfected after use. Mouthed items must be removed for cleaning and disinfection after the child is finished. Clean items with soap and water, then apply disinfectant. Allow to sit for 5 minutes then remove residue with clean running water and a cloth. Or you can wash the toy and place items in the dishwasher rack and run a sanitation only cycle.
- Wear disposable gloves when cleaning body fluids. Wash hands before and after use. Dispose of used gloves in a covered garbage bin.
- As is current practice for use of Disinfectants in Child Care: Presept in spray bottle must be changed daily / Oxivir Plus is good for 28 days once dispensed into spray bottle (ensure dispensing date is on the bottle) and both products need to sit on surfaces for five minutes to be effective.
- Wash bed linens and sleep mats daily, do not shake the linens.
Administrative Policies

Wellness Policy: (Guide for parents/children and employees on site)

- All parents, caregivers and staff who have symptoms of COVID-19 or have travelled outside Canada in the last 14 days or were identified by Public Health as a close contact of a confirmed case must stay home and self-isolate.
- Anyone, child, educator or parent, who becomes sick should stay at home.
- Parents must assess their children for symptoms of common cold, influenza, Covid-19 or other respiratory disease before sending them for care. Child wellness checks are to be conducted daily at drop off.
- If a child becomes sick while at the centre they must be isolated until their parent picks them up. As we are caring for children of essential workers it may take some time for a child to be picked up. One educator is to be assigned to caring for the child while waiting for the parent. Each program will ensure that there is a separate area that can be supervised for children who become sick and are isolated until they can be picked up.
- If a child has symptoms of cold, influenza, Covid-19 or any other respiratory disorder they may not attend the centre. Children typically have much milder symptoms of COVID-19 most often presenting with low-grade fever and a dry cough. GI symptoms are more common over the course of disease, while skin changes and lesions are less common.
- **If a child, youth, caregiver or contractor involved with the Ministry of Children and Family Development (MCFD) becomes ill with COVID-19, please report it to Provincial Centralized Screening at 1-800-663-9122.
- If an educator becomes sick while at work they must leave as soon as possible. If they are working alone, they must call their supervisor or manager immediately and the supervisor or manager must either have another educator replace them or arrange for parents to pick up their children.
- If an educator has symptoms of the common cold, influenza, Covid-19 or any other respiratory disorder they must stay away from work and consult with their health care provider who will provide directions for them to follow. Appendix 4(c and d) and reference SRS link for support on process at UBC https://srs.ubc.ca/covid-19/health-safety-covid-19/reporting-covid-19-exposure/
- Sick individuals must not enter the child care building.
- Children or educators may return to the program once they are assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, and their symptoms have resolved. Parents will provide the centre with a note (can be electronic) from the health care provider confirming that the child may attend the child care centre.
- If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. They will also ensure that children, staff and parents have access to health care providers and that appropriate supports are in place.
- If a parent, caregiver or staff member is unsure if they or a child should self-isolate, they should be directed to use the BC COVID-19 Self-Assessment Tool, contact 8-1-1 or the local public health unit. They can also be advised to contact a family physician or nurse practitioner to be assessed for COVID-19 and other respiratory diseases.
- Please see attached COVID 19 Child Care Guidance document, Appendix 1a for further protocols.
Administrative Policies (cont)

Physical Distancing and Physical Contact
- Adults, including educators and parents, should maintain a two-meter distance between themselves and all other adults at all times.
- Children will have difficulty with physical distancing between each other and educators will likely not be able to maintain the recommended two meters between themselves and children. Educators should try to minimize physical contact, recognizing that they may not be able to do that at all times.
- Encourage children to minimize physical contact with each other.
- Minimize the number of staff who interact with the same children each day (small group sizes, assigned caregivers for groups larger than three). Minimize the number of additional adults in the space.
- Ensure children have abundant space between them during meal times and nap times. If necessary, have meals at different times.

Arrival
- Parents will drop off children in the yard outside the centre. Centers will use physical distancing markers if posted signage is not adequate. (currently none in use)
- Each child will have a container for their belongings
- Parents and children should sanitize hands with hand sanitizer upon arrival.
- The centre must have a hand sanitizing station set up outside and the sanitizer must be out of the reach of children.
- Confirm with parents that their child does not have symptoms of cold, influenza, Covid-19 or any other respiratory disorder.
- Educators and parents will monitor numbers of adults in the space during pick up and drop off. If physical distancing between adults becomes challenging, staggered pick up and drop off policies will be implemented. Educators will communicate on a regular basis with their program manager for support with this.

Snacks/Meals
- All food, including snacks will be provided by parents, the centre will not be purchasing or providing any food or drink. Families are to provide water bottles for their children.
- Children and staff should not share food, drinks, soothers, bottles, sippy cups, toothbrushes, facecloths, and other personal items.
- Label personal items with the child’s name to discourage accidental sharing.
- All meals, including snacks will be served in individual portions from children’s lunch containers rather than from communal plates.
- No food preparation will be done in the centres, including baking with the children.
- Eat in small groups at separate tables and at separate times.
- Have children wash hands before they eat and as soon as they are finished.
Administrative Policies (cont)

Toileting
- Limit the number of children in the bathroom.
- Have children wash hands before they leave the bathroom.
- Wash the sink taps and toilet flusher/seats after each use. Only one assisting adult in the bathroom at a time.

Sleeping
- Have as much space between sleep mats as possible, minimum of six feet.
- Wash bedding daily.
- Have children wash hands after sleeping before they play.
- Ask parents and caregivers to only bring personal comfort items (e.g. stuffies) if they are clean and can be laundered at the end of each day.

Hand washing/respiratory etiquette (including information on safe use of personal non-medical masks)
- Educators and children MUST wash their hands with soap and water immediately upon entering the centre.
- Educators should wash hands frequently and help children wash theirs throughout the day.
- Educators and should not touch their eyes, nose or mouth with unwashed hands. Educators will teach children this practice in ways that are “kind and calm.”
- It is not recommended that children wear cloth or homemade masks.
- Cloth or non-medical homemade masks are not recommended for educators at this time. Wearing one is a personal choice. If an employee does choose to wear their own personal non-medical mask in the workplace, the supervisor or manager will provide the WSBC posters on safe use and limitations of using them plus how to put one on properly. See copies of applicable posters in Appendix 1b and 5b.
- In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes.
- There is no evidence to support the use of medical grade, cloth, or homemade masks in child care setting at his time.
- Cough and sneeze into your elbows and teach children to do so as well.

Current Staffing numbers on site, practicing physical distancing: (being modified as needed and as programs expand)
- 3-5 employees per shift at each center (4.5 – 9 hr shifts per day)
- 2-3 management team on site in Admin office (rotating through a group of 6)
- At least 1 manager is on site each day to support centers (rotating through a group of 5)
Input and internal review of the CCS Safety Plan:

- CCS leadership group worked with their BCGEU representatives for ECE group (Early Childhood Educator) to make sure the draft plan was workable at the center level and that protocols/expectations could be met.
- ECE workers/supervisors have provided input and asked for clarification on specific pieces of the plan. They will continue to be included in any revisions and updates as programs expand. Their feedback and insight is important part of making this process work for all.
- The CC-LST (Child Care Local Safety Team) reviewed the initial plan draft and will see the UBC approved copy of the Plan at their July mtg. All ECE workers and CCS employees will review the Plan and supporting documentation and processes posted at their units in COVID-19 Safety Plan Binders. They have received training and education on all processes and SWP in this Plan and bring any questions to their direct Supervisor/manager, as needed.
- SHCS-JOHSC committee has done a preliminary review of the Plan at their May 2020 mtg and will see it in final approved version at their June 23rd mtg.
- The SHCS Safety Group supports the Plan process, provides feedback and assistance as needed.


CCS is aware of all UBC guidelines and follows them in their practices. Where the regulators (BCCDC/ Provincial Health Office or VCH) go beyond guidelines provided by UBC, CCS will follow the Regulators direction. UBC documentation Links below:

https://srs.ubc.ca/covid-19/health-safety-covid-19/working-safely/


SHCS and Workplace Health Services (WHS) under UBC-HR also offer information and support for employees re mental health and wellness: Links provided:

https://shcs.ubc.ca/covid-19/

http://www.hr.ubc.ca/wellbeing-benefits/workplace-health/
Child Care Covid-19 Safety Plan - Updates to Admin Office Protocols

Request: Increased occupancy for the CCS Administration Office as of July 6, 2020.

The early childhood educators need management support. To provide that support and to increase communication effectiveness, we wish to increase the number of managers present in the Child Care Services administration office to seven managers and one administrative clerk.

Background: The Child Care Centers have been providing child care for essential workers throughout the current pandemic. We have been operating with approximately half the leadership team taking turns working from home and the other half working onsite. We have established habits of social distancing while working in the office. Our space is large and includes four offices for one manager each and one large office for two. One manager and our administrative clerk each have a work station at a large reception desk that allows them to work several meters apart from each other.

As we increase enrollment in the child care centers we require more early childhood educators to be present throughout the day to ensure that we meet required child/staff ratios. Our increased service also means that we have more visitors to our office enquiring about child care spaces etc.

Additional Protocols being put in place in the CCS Admin Office effective July 6th are:

- All visitors and non-CCS employees including SCHS tradespeople will sign the log provided and will provide their name, date of visit, and contact information.
- Visitors in the reception area will be limited to two people / hand sanitizer provided.
- All visitors to the CCS administration building and all CCS employees including educators and managers will maintain social distancing of 2 meters at all times.
- All CCS educators will make an appointment to meet with a manager or with the administrative clerk.
- Educators using the photocopier or picking up their mail must maintain a physical distance of two meters from others.
- A group of up to eight children from Caribou Child Care Centre, Hummingbird Child Care Centre and Owl Child Care Centre may accompany an educator to the CCS administration building.
- Educators from all other programs will not bring children enrolled in their programs into the office area.
- To facilitate educational reading groups, face to face meetings of between 8-16 participants will be conducted outside and in a space large enough to ensure 2 meters of physical distancing.
- This updated occupancy plan for the CCS Admin Office will be monitored in-house and adjusted/modified, as needed.

Maximum Occupancy in the larger CCS Admin space as of July 6, 2020:

20-25 (including visitors)
Physical Distancing and Additional Signage now in place at CCS Administration office:

New signage on front door for visitors and all CCS employees / occupancy limit signs

Physical distancing markers and visitors table including sign in log and sanitizing unit

Access distancing markers to individual offices and shared spaces around-behind reception area
Reviewed and Approved by:

Andrew Parr (Managing Director of Student Housing and Community Services- SHCS)

Signature:  

Date:  July 15, 2020

CCS COVID-19 Safety Plan and any updates will be managed/modified by:

Karen Vaughan (Director of CCS) and her leadership team

Notes:

- Updates will be reviewed by CC-LST (July 13th mtg) and SHHS-JOHSC (July 28th mtg).
- Updates added to the CCS COVID-19 Safety Plan, be posted in all CC Centers and communicated to all CC Centers team members the week of July 6-10, 2020
- See attached Occupancy/Traffic flow plan for Admin Office on next page
- Additional hand sanitizer unit was installed by back door of Admin office July 14th that can be used by employees as they enter. The preferred option is that employees will wash their hands properly with soap and water upon arrival, before commencing work.
UBC COVID-19 Safety Plan Acknowledgement:
(attachment to COVID-19 Checklist Summary)

- Disinfecting Procedure Implementation, Training of and Tracking
- Training and Education re COVID-19 Safe Operation Practices and Tracking

Approved By: Karen Vaughan
(Director of Child Care Services)

Date: June 18, 2020

Signature: Karen Vaughan

1) The Safety Plan in Child Care Services will be shared with all team members as follows:
   a. All CC team members currently on site at our 26 open centers (leadership/admin/supervisors and ECE workers) will review the CC Safety Plan folder that has been delivered to all 26 centers that are currently open – already done with Version 1 / Version 2 by June 19, 2020
   b. The Safety Plan will also be posted on the CCS share drive for employees to access.

2) Training and Education for workers:
   a. Site specific protocols in place at each unit have been reviewed with all team members under direction of unit supervisor and area Manager
   b. Once available from UBC-SRS all CC team members will complete the Preventing COVID-19 Infection in the Workplace online training course (tracked centrally in Canvas-WPL / reports sent to department from HRMS by request)
   c. As programs expand returning team members will do steps b) – before they return and 1a) and 2c) on their first day on site
   d. As this is a living document, when any changes are introduced they will be documented and communicated to all staff. Any concerns raised by team members as the numbers increase, will be discussed and acted on, as appropriate.

3) How the staff will acknowledge receipt of information within the COVID-19 Safety Plan and for Training/Education received:
   a. All team members will sign off on the tracking log: (see Appendix 5b)
      i. that they have reviewed the safety plan contents
      ii. That they have received site specific training/orientation at their center re protocols in place (see Safety Plan page 10-13 and specific disinfecting protocols Appendix 3 and High Touch Point Tracking Log Appendix 5a)
   b. CC Admin team will collate centers tracking information into one spreadsheet and attach the tracking report from WPL system (for the SRS-COVID-19 prevention Course)
ALL APPENDIX FILES FOR CCS COVID-19 SAFETY PLAN

1) Regulatory Documentation:
   a. COVID-19 Public Health Guidance for Child Care Settings (BCCDC)
   b. WorkSafeBC COVID-19 Safety Plan Template

2) After Hours / Evening Cleaning-Disinfecting Protocols
   a. by SHCS-Facilities Service Worker group
   b. Bldg. Operations Custodial group

3) Child Care Cleaning-Disinfecting Protocols during Operational hours

4) COVID-19 Posters /Summaries of Processes from WorkSafe BC and SHCS MarComm
   a. Physical Distancing Posters (SHSC MarComm) – including pictures of posted signs at CCS
   b. WSBC – masks in the workplace (selection/limitations and how to use)
   c. WSBC-OFAS standards being followed by UBC-FA through 2-4444 / 604-822-4444
   d. UBC-OPH Services Poster for Staff working in Daycare Environments

5) Tracking Logs for:
   a. Cleaning – Disinfecting during Operational Hours. (High Touch Point logs kept on file at back of this Appendix at each center for 3 months)
   b. Training and Education of workers to COVID-19 procedures and protocols in their area (being kept in CC Admin Office – once received from each center and UBC Canvas-WPL)

6) Child Care Admin Hub Floor Plan and sample of Emergency Procedures documentation

7) UBC/SRS Guidelines: including Campus Rules (approved June 18, 2020)
COVID-19 Public Health Guidance for Child Care Settings

UPDATED: May 19, 2020

This guidance document is informed by BC’s Restart Plan: Next Steps to Move BC Through the Pandemic and the BC COVID-19 Go-Forward Management Strategy, and is also in keeping with BC’s COVID-19 Go-Forward Management Checklist and information on WorkSafe BC’s COVID-19 Information and Resources and COVID-19 Frequently Asked Questions websites.

This document provides interim guidance for child care services to prevent the transmission of COVID-19 and maintain safe and healthy environments for children and staff during the COVID-19 pandemic. It identifies key infection prevention and control practices to implement in child care settings and actions to take if a child or staff member develops symptoms of COVID-19.

Based on the current epidemiology of COVID-19 in B.C., and the fact that children are at a much lower risk of developing COVID-19, child care providers are encouraged to remain or re-open, while supporting the health and safety of children and adults. Child care services should adapt as much as possible to implement public health and infection prevention and control measures, including staying home when ill, physical distancing, minimized physical contact, hand hygiene, frequent cleaning and disinfection, as described in this guidance.

Child care services are also encouraged to update their policies for children or staff who have symptoms of a common cold, influenza or COVID-19 or other infectious respiratory diseases to remain at home. Children or staff may return to the centre once they are assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, and their symptoms have resolved.

For information on operating child care services during COVID-19, including on applying for Temporary Emergency Funding, child care providers and parents should visit the BC Government’s Child Care Response to COVID-19 page. For up-to-date general information on COVID-19, please visit the BC Centre for Disease Control (BCCDC) website.

COVID-19 and Children

- COVID-19 virus has a very low infection rate in children. In B.C., less than 1% of children and youth tested have been COVID-19 positive. Most children are not at high risk for COVID-19 infection.
- Children under 1 year of age and older children with immune suppression and medical complexity are considered more vulnerable and at higher risk for illness (visit the RCCDC Priority Populations page for further details).
Children who are considered more vulnerable can attend child care. Parents and caregivers are encouraged to consult with their health care provider to determine if their child should attend child care if they are uncertain.

- Children and youth typically have much milder symptoms of COVID-19 most often presenting with low-grade fever and a dry cough. GI symptoms are more common over the course of disease, while skin changes and lesions, are less common.
- Many children have asymptomatic disease. However, there is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults.
- Evidence indicates transmission involving children is primarily limited to household settings, and from COVID-19 positive adults to children. Most cases in children have been linked to a symptomatic household member.
- Clusters and outbreaks involving children and youth are unusual and tend only to occur in areas where there are high levels of community spread.
- Children are not the primary drivers of COVID-19 spread in child care facilities, schools or in community settings. Childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children and youth.
- Prevention measures and mitigation strategies involving children and youth must be commensurate with risk.
- Adolescent children should physically distance themselves where possible when outside the family unit or household.
- For younger children maintaining physical distance is less practical and the focus should be on minimizing physical contact instead.

**COVID-19 and Adults**

- While COVID-19 impacts adults more than children, some adults with specific health circumstances are at an increased risk for more severe outcomes, including individuals:
  - Aged 65 and over,
  - With compromised immune systems, or
  - With underlying medical conditions.
- Most adults infected with COVID-19 will have mild symptoms that do not require care outside of the home.
Infection Prevention and Exposure Control Measures

Infection prevention and control measures can help create a safe environment for children and staff. The *Hierarchy of Infection Prevention and Exposure Control Measures for Communicable Disease* describes the measures that can be taken to reduce the transmission of COVID-19. Control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced.

**The Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease**

- **Public Health Measures**
  - Includes Orders from the Provincial Health Officer, improved testing, and contact tracing.

- **Environmental Measures**
  - Includes being outdoors, using visual cues for maintaining physical distance, and more frequent cleaning and disinfection.

- **Administrative Measures**
  - Includes changes in scheduling and work practices, and decreased density of individuals.

- **Personal Measures**
  - Includes staying home when sick, maintaining physical distance/minimizing physical contact, and hand hygiene.

- **Personal Protective Equipment**
  - Includes gloves and masks.

**Public Health Measures** are actions taken across society to limit the spread and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travellers to self-isolate upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick.

**Environmental Measures** are physical changes in the setting that reduce risk of exposure by isolation or ventilation. Examples include being in outdoor spaces, having good ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate and frequent cleaning and disinfection.

**Administrative Measures** are measures enabled through the implementation of policies, procedures, training and education. Examples of these include changes in scheduling and work practices, and decreased density of individuals.

**Personal Measures** are actions individuals can take to both protect themselves and others. These include staying home when sick, physical distancing, minimizing direct physical contact, respiratory hygiene, and hand hygiene.
Personal Protective Equipment (PPE) is the last and least effective of the infection prevention and exposure control measure and should only be considered after exploring all other measures. PPE is not effective as a stand-alone preventive measure, should be suited to the task, and must be worn and disposed of properly. Outside of the health care settings, the effectiveness of PPE is generally limited to protecting others should you be infected.

Child care settings can implement a combination of measures at different levels, as described in this document. This document deals with Environmental, Administrative, Personal Measures and the use of PPE. A summary of control measures relevant to child care settings is provided in Appendix A.

Public Health Measures

Mass Gatherings
The Provincial Health Officer’s Order for Mass Gatherings continues to prohibit gatherings and events of people in excess of 50 people, however this Order does not apply to child care settings. As such, there can be more than 50 children and staff at any given setting if they are not all in one area and if they are actively engaged in physical distancing to the greatest extent possible.

Case Finding, Contact Tracing and Outbreak Management
Active testing of people with mild COVID-19 like symptoms (case finding) helps identify cases early in the course of their disease, determine whether others in close contact with them are at risk for infection (contact tracing), and ensure they get appropriate care and follow-up.

Should a COVID-19 positive person be identified by public health staff, significant efforts are undertaken to determine if they are part of a cluster of cases or part of a local outbreak. Specific public health measures are implemented in facilities where an outbreak occurs to prevent further transmission of COVID-19 and keep others safe.

Self-isolation and Quarantine
Should children, youth and staff have symptoms similar to the common cold, influenza or COVID-19, they should be encouraged to stay home, be assessed by their health care provider and tested for COVID-19. When someone is symptomatic, they should self-isolate and follow directions provided by their health care provider. Self-isolation is also advised for those who are considered a close contact of a confirmed case and are waiting to see if they develop COVID-19 illness. Quarantine is a term typically reserved for persons who return from travel outside the country are at risk of developing COVID-19.

If a person is found to be a confirmed case of COVID-19, public health staff will ensure there is robust contact tracing and management of any clusters or outbreaks. They will also ensure that children, staff and parents have access to health care providers and that appropriate supports are in place.

Environmental Measures

Outdoor Spaces and Ventilation
- Have children outside often, including for learning activities, snack time and play time.
- Activities should be organized in a thoughtful way, taking into consideration personal measures.
- Reassure children and parents that playgrounds are a safe environment, and encourage appropriate hand hygiene practices before, during, after outdoor play.
Ensure adequate ventilation and open windows if possible.

Cleaning and Disinfection

Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. Child Care settings should be cleaned and disinfected in accordance with the BCCDC's Cleaning and Disinfectants for Public Settings document.

- General cleaning and disinfecting of the centre should occur at least once a day.
- Frequently-touched surfaces should be cleaned and disinfected at least twice a day
  - These include door knobs, light switches, faucet handles, table counters, chairs, electronic devices, and toys.
- Clean and disinfect any surface that is visibly dirty.
- Use common, commercially-available detergents and disinfectant products. Follow the instructions on the label. See the BCCDC Cleaning and Disinfectants for Public Settings guidance for more information.
- Remove toys and other items that cannot be easily cleaned (e.g., avoid plush/stuffed toys).
- Empty garbage containers daily, at minimum.
- Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine). Wash hands before wearing and after removing gloves.
- Clean and disinfect cots and cribs after each use, and launder crib linens between children. If parents are providing their own crib linen, the linens should be laundered and placed in a sealed plastic or washable bag before bringing to the centre. Do not shake the linens.
- Clean diapering stations after each use.
- There is no evidence that the COVID-19 virus is transmitted via textbooks, paper or other paper-based products. As such, there is no need to limit the distribution of books or paper based educational resources to children because of COVID-19.

Administrative Measures

General

- Child care providers:
  - Must establish a policy and clearly communicate with parents and caregivers to assess their children daily for symptoms before sending them for child care.
  - Must establish a policy and procedures for children and staff who become sick while at the facility (see Appendix C).
  - May ask parents and caregivers about illness at drop-off to confirm that the child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.
- There is no role for screening children or staff for specific symptoms, checking temperatures, or COVID-19 testing. Such activities are reserved for health care professionals.
- Signage to remind people not to enter the facility if they are sick is available here and may be posted at facility entrances.

Physical Distancing and Minimizing Physical Contact

The physical space requirements for licensed child care settings set out in the Child Care Licensing Regulation mean that child care centres have sufficient space to support physical distancing (i.e., maintaining a distance of 2 metres between each other) between staff without reducing the number of children in care at any one time.
• Staff should minimize the frequency of direct physical contact with children and encourage children to minimize physical contact with each other.
• Staff should maintain physical distancing from one another.

It is reasonable to establish different expectations based on age and/or developmental readiness. For example:
• Younger children should be supported to have minimized direct contact with one another, while older children should be supported to maintain physical distance whenever possible.
• Children from the same household (e.g., siblings) do not need to maintain physical distance from each other.

The following physical distancing strategies should be implemented where possible in the child care setting:
• Avoid close greetings (e.g., hugs, handshakes). Regularly remind children to keep “Hands to yourself”.
• Strive to minimize the number of different staff that interact with the same children throughout the day.
• Organize children into smaller groups and/or spread children out to minimize direct physical contact.
  ▪ Use different room configurations (e.g., separating tables).
  ▪ Set up small group environments to reduce the number of children in a group, for example, set up 2 or 3 areas for colouring or doing crafts.
• Incorporate more individual activities or activities that encourage more space between children and staff.
  ▪ Remove toys that encourage group play in close proximity or increase the likelihood of physical contact. Keep toys that encourage individual play.
  ▪ Help younger children learn about physical distancing and less physical contact by creating games that include basic principles such as “two arm lengths apart”.
  ▪ Consider using books, individual games, video and online programs as a part of learning so children can sit independently and distanced from each other.
  ▪ Increase the distance between nap mats, if possible. If space is tight, place children head-to-toe or toe-to-toe.
  ▪ Have a separate, supervised area available for children who have symptoms of illness rest until they can be picked up and ensure these areas are cleaned and disinfected after the child has left.
• Stagger snack or meal time to allow spacing between children during meals.
• Minimize the number of additional adults entering the centre, unless that person is providing care and/or supporting inclusion of a child in care (e.g. supportive child care assistants, speech language pathologist, etc.)

Transportation
• Buses or vans used for transporting children should be cleaned and disinfected according the guidance provided in the BCCDC’s Cleaning and Disinfectants for Public Settings document.
• Transportation should be limited to the transport of children to and from care. Recreational travel is discouraged.
• Additional measures that should be taken include:
  ▪ Consider installing a physical barrier between the driver and passengers (e.g., plexiglass).
  ▪ Having children sit in their own seat:
    ▪ Children should be separated by 2 meters where possible.
    ▪ Children from the same household can share seats if space is limited.

Pick-up and Drop-Off
• Pick-up and drop-off of children should occur outside the child care setting unless there is a need for the parent or caregiver to enter the setting (e.g., very young children). If a parent must enter the setting, they should maintain physical distance from staff and other children present and be reminded to practice diligent hand hygiene and maintain physical distance when they are in the facility.
• Parents and caregivers that are symptomatic must not enter the child care facility.

• **Stagger the timings of pick-up and drop-off.**

• If there are multiple entrances, pick-up and drop off can be split at separate entrances to avoid parents and caregivers gathering in large numbers.

• **Daily check at drop-off** may be conducted by asking parents and caregivers to confirm that their child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.

• Parents and caregivers should use their own pen and avoid touching the sign in/out sheet directly. Parents and caregivers should practice hand hygiene before and after touching the sign in/out sheet.

### Personal Measures

#### Daily Checks for Respiratory Illness and Staying Home When Sick

• All parents, caregivers, children and staff who have symptoms of COVID-19 OR travelled outside Canada in the last 14 days OR were identified by Public Health as a close contact of a confirmed case must stay home and self-isolate.

• **Parents and caregivers** must assess their child daily for symptoms of common cold, influenza, COVID-19, or other infectious respiratory disease before sending them for child care.

• Children who are ill, including children of essential service providers, should not be permitted to attend child care.

• **Staff** must assess themselves daily for symptoms of common cold, influenza, or COVID-19 prior to working and stay home if they are ill.

• **Child care providers:**
  - Must clearly communicate with parents and caregivers to assess their children daily for symptoms before sending them for child care.
  - Must establish procedures for children and staff who become sick while at the facility.
  - Should conduct daily checks for respiratory illness at drop-off by asking parents and caregivers to confirm that the child does not have symptoms of common cold, influenza, COVID-19, or other respiratory disease.

• If a parent, caregiver or staff member is unsure if they or a child should self-isolate, they should be directed to use the [BC COVID-19 Self-Assessment Tool](https://covid19assess.gov.bc.ca), contact 8-1-1 or the local public health unit. They can also be advised to contact a family physician or nurse practitioner to be assessed for COVID-19 and other respiratory diseases.

*Protocol to follow when a child or staff develops symptoms of COVID-19 at home or at the child care setting is available in Appendix B.*

### Hand Hygiene

Rigorous hand washing with plain soap and water is the single most effective way to reduce the spread of illness. Children and staff can pick up germs easily from anything they touch, and can spread those germs to objects, surfaces, food and people. Everyone should practice diligent hand hygiene. Parents and staff can teach and reinforce these practices amongst children.

**How to perform hand hygiene:**

• Wash hands with plain soap and water for at least 20 seconds (sing the “ABC’s” or “Twinkle Twinkle Little Star”).
  - Antibacterial soap is not needed for COVID-19.

• If sinks are not available (e.g., children and staff are outside), supervised use of alcohol-based hand sanitizer containing at least 60% alcohol may be considered.
• If hands are visibly soiled, alcohol-based hand sanitizers may not be effective at eliminating respiratory viruses. Soap and water are preferred when hands are visibly dirty.
• To learn about how to perform hand hygiene, see BCCDC’s Hand Hygiene poster and a signage for children.

Strategies to ensure diligent hand hygiene:
• Hand hygiene stations should be set up at the entrance, so that children can clean their hands when they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep hand sanitizer out of children’s reach and supervise its use.
• Incorporate additional hand hygiene opportunities into the daily schedule.
• Ensure the centre is well-stocked with hand washing supplies at all times including plain soap, clean towels, paper towels, waste bins, and where appropriate, hand sanitizer with a minimum of 60% alcohol.
• Children regularly forget about proper hand washing. Staff and children should practice often and staff should model washing hands properly in a fun and relaxed way.
• Staff should assist young children with hand hygiene as needed.

An info sheet on when children and staff should practice hand hygiene is included as Appendix C.

Respiratory Etiquette
Children and staff should:
• Cough or sneeze into their elbow sleeve or a tissue. Throw away used tissues and immediately perform hand hygiene (“Cover your coughs”).
• Not touch their eyes, nose or mouth with unwashed hands (“Hands below your shoulders”).
• It is not recommended that children wear cloth or homemade masks.

Parents and staff can teach and reinforce these practices amongst children.

Other
Children and staff should not share food, drinks, soothers, bottles, sippy cups, toothbrushes, facecloths, and other personal items.

• Label personal items with the child’s name to discourage accidental sharing.
• If meals or snacks are provided, ensure each child has their own individual meal or snack. Reusable utensils must be cleaned and sanitized after each use.
• Children should not be allowed to prepare or serve food.
• Ask parents and caregivers to only bring personal comfort items (e.g., stuffies) if they are clean and can be laundered at the end of each day.

Personal Protective Equipment

Personal protective equipment, such as masks and gloves are not needed in the child care setting, beyond those used by staff as part of regular precautions for the hazards normally encountered in their regular course of work. They should only be used when all other controls have been fully explored.

• Wear disposable gloves when cleaning blood or body fluids (e.g., runny nose, vomit, stool, urine) and when diapering. Remember to wash your hands before wearing, and after removing gloves.
• Cloth or non-medical homemade masks are not recommended. Wearing one is a personal choice. More information about COVID-related mask use is available [here](#).

• In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes.

There is no evidence to support the use of medical grade, cloth, or homemade masks in child care setting at this time. Wearing one is a personal choice. It’s important to treat people wearing masks with respect. More information about COVID-related mask use is available [here](#).

Supporting Child Care Communities

The BC Centre for Disease Control is the source of information about COVID-19. Resources available there can be used to support learning and to respond to questions you may receive from members of your child care community. More information is available [here](#).

• Refer members of your child care community to the [BCCDC website](#) for up-to-date and accurate information regarding COVID-19.
Appendix A. Summary of Child Care-Based Control Measures

1. **STAY HOME WHEN SICK**
   All children and staff with common cold, influenza, COVID-19, or other respiratory diseases must stay home and self-isolate.

2. **HAND HYGIENE**
   Everyone should wash their hands more often!
   Thorough hand washing with plain soap and water for at least 20 seconds is the most effective way to reduce the spread of illness.

3. **RESPIRATORY AND PERSONAL HYGIENE**
   Cover your coughs.
   Do not touch your face.
   No sharing of food, drinks, or personal items.

4. **PHYSICAL DISTANCING AND MINIMIZING PHYSICAL CONTACT**
   Spread children out to different areas.
   Take them outside more often.
   Stagger lunch times.
   Incorporate individual activities.
   Remind children, “Hands to Yourself!”

5. **CLEANING AND DISINFECTION**
   Clean and disinfect frequently touched surfaces at least twice a day.
   General cleaning of the centre should occur at least once a day.
   Use common cleaning and disinfectant products.
Appendix B. Protocol for child or staff with symptoms of COVID-19 in a child care setting

<table>
<thead>
<tr>
<th>Child with Symptoms of COVID-19</th>
<th>Staff with Symptoms of COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF CHILD DEVELOPS SYMPTOMS AT HOME:</strong></td>
<td><strong>IF STAFF DEVELOPS SYMPTOMS AT HOME:</strong></td>
</tr>
<tr>
<td>Parents or caregivers must keep their child at home until they have been assessed by a health care provider to exclude COVID-19 or other infectious diseases, AND their symptoms have resolved.</td>
<td>Staff must be excluded from work, stay home and self-isolate until they have been assessed by a health care provider to exclude COVID-19 or other infectious diseases, AND their symptoms have resolved.</td>
</tr>
<tr>
<td><strong>IF CHILD DEVELOPS SYMPTOMS WHILE AT CHILD CARE:</strong></td>
<td><strong>IF STAFF DEVELOPS SYMPTOMS WHILE AT WORK:</strong></td>
</tr>
<tr>
<td>Staff must take the following steps:</td>
<td>Staff should go home right away where possible.</td>
</tr>
<tr>
<td>1. Identify a staff member to supervise the child.</td>
<td>If unable to leave immediately, the symptomatic staff person should:</td>
</tr>
<tr>
<td>2. Identified staff member should immediately separate the symptomatic child from others in a supervised area until they can go home.</td>
<td>1. Separate themselves into an area away from others.</td>
</tr>
<tr>
<td>3. Contact the child’s parent or caregiver to pick them up right away.</td>
<td>2. Maintain a distance of 2 metres from others.</td>
</tr>
<tr>
<td>4. Where possible, maintain a distance of 2 metres from the ill child. If this is not possible, the staff member may use a mask if available and tolerated, or use a tissue to cover their nose and mouth.</td>
<td>3. Use a tissue or mask to cover their nose and mouth while they wait for a replacement or to be picked up.</td>
</tr>
<tr>
<td>5. Provide the child with tissues, and support as necessary so they can practice respiratory hygiene.</td>
<td>4. Remaining staff must clean and disinfect the space where staff was separated and any areas used by them (e.g., office, bathroom, common areas).</td>
</tr>
<tr>
<td>6. Open outside doors and windows to increase air circulation in the area.</td>
<td>5. If concerned, contact the local public health unit to seek further advice.</td>
</tr>
<tr>
<td>7. Avoid touching the child’s body fluids. If you do, wash your hands.</td>
<td></td>
</tr>
<tr>
<td>8. Once the child is picked up, wash your hands.</td>
<td></td>
</tr>
<tr>
<td>9. Clean and disinfect the space where the child was separated and any areas used by the child (e.g., bathroom, common areas).</td>
<td></td>
</tr>
<tr>
<td>10. If concerned, contact the local public health unit to seek further advice.</td>
<td></td>
</tr>
</tbody>
</table>

**Parents or caregivers must pick up their child promptly once notified that their child is ill.**

*If a child or staff member is assessed by their family physician or nurse practitioner and it is determined that they do NOT have COVID-19, they may return to child care once symptoms resolve.*
## Appendix C: When to perform hand hygiene

<table>
<thead>
<tr>
<th><strong>Children should perform hand hygiene:</strong></th>
<th><strong>Staff should perform hand hygiene:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- When they arrive at the child care centre and before they go home</td>
<td>- When they arrive at the child care centre and before they go home</td>
</tr>
<tr>
<td>- Before and after eating and drinking</td>
<td>- Before and after handling food (raw, cooked or pre-packaged), preparing bottles or feeding children</td>
</tr>
<tr>
<td>- After a diaper change</td>
<td>- Before and after giving or applying medication or ointment to a child or self</td>
</tr>
<tr>
<td>- After using the toilet</td>
<td>- After changing diapers</td>
</tr>
<tr>
<td>- After playing outside</td>
<td>- After assisting a child to use the toilet</td>
</tr>
<tr>
<td>- After handling pets and animals</td>
<td>- After using the toilet</td>
</tr>
<tr>
<td>- After sneezing or coughing</td>
<td>- After contact with body fluids (e.g., runny noses, spit, vomit, blood)</td>
</tr>
<tr>
<td>- Whenever hands are visibly dirty</td>
<td>- After cleaning tasks</td>
</tr>
<tr>
<td></td>
<td>- After removing gloves</td>
</tr>
<tr>
<td></td>
<td>- After handling garbage</td>
</tr>
<tr>
<td></td>
<td>- Whenever hands are visibly dirty</td>
</tr>
</tbody>
</table>
COVID-19 Safety Plan

Employers must develop a COVID-19 Safety Plan. To develop your plan, follow the six-step process described at COVID-19 and returning to safe operation.

This planning tool will guide you through the six-step process. Each step has checklists with items you need to address before resuming operations. You may use this document, or another document that meets your needs, to document your COVID-19 Safety Plan.

WorkSafeBC will not be reviewing or approving the plans of individual employers, but in accordance with the order of the Provincial Health Officer, this plan must be posted at the worksite.

**Step 1: Assess the risks at your workplace**

The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

**Involve workers when assessing your workplace**

Identify areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.

- We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
- We have identified areas where people gather, such as break rooms, production lines, and meeting rooms.
- We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs).
- We have identified the tools, machinery, and equipment that workers share while working.
- We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

**Step 2: Implement protocols to reduce the risks**

Select and implement protocols to minimize the risks of transmission. Look to the following for information, input, and guidance:

- Review industry-specific protocols on worksafebc.com to determine whether any are relevant to your industry. Guidance for additional sectors will be posted as they become available. If protocols are developed specific to your sector, implement these to the extent that they are applicable to the risks at your workplace. You may need to identify and implement additional protocols if the posted protocols don't address all the risks to your workers.
- Frontline workers, supervisors, and the joint health and safety committee (or worker representative).
- Orders, guidance, and notices issued by the provincial health officer and relevant to your industry.
- Your health and safety association or other professional and industry associations.
COVID-19 Safety Plan

Reduce the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, implement protocols to protect against your identified risks. Different protocols offer different levels of protection. Wherever possible, use the protocol that offers the highest level of protection. Consider controls from additional levels if the first level isn’t practicable or does not completely control the risk. You will likely need to incorporate controls from various levels to address the risk at your workplace.

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

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

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

Fourth level of protection — If the first three levels of protection aren’t enough to control the risk, consider the use of non-medical masks. Be aware of the limitations of non-medical masks to protect the wearer from respiratory droplets. Ensure workers are using masks appropriately.
COVID-19 Safety Plan

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

☐ We have established and posted an occupancy limit for our premises. Public Health has advised that the prohibition on gatherings of greater than 50 people refers to “one-time or episodic events” (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]

☐ In order to reduce the number of people at the worksite, we have considered work-from-home arrangements, virtual meetings, rescheduling work tasks, and limiting the number of customers and visitors in the workplace.

☐ We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.

☐ We have implemented measures to keep workers and others at least 2 metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.

Measures in place

List your control measures for maintaining physical distance in your workplace, for example:
- Working offsite or remotely
- Changes to work schedules
- Changes to how tasks are done
- Occupancy limits for workers
- Limiting or prohibiting visitors
- Reducing the number of customers

If this information is in another document, identify that document here.
COVID-19 Safety Plan

Second level protection (engineering): Barriers and partitions

☐ We have installed **barriers** where workers can't keep physically distant from co-workers, customers, or others.

☐ We have included barrier cleaning in our cleaning protocols.

☐ We have installed the barriers so they don’t introduce other risks to workers (e.g., barriers installed inside a vehicle don’t affect the safe operation of the vehicle).

**Measures in place**

Describe how barriers or partitions will be used in your workplace.

If this information is in another document, identify that document here.
COVID-19 Safety Plan

Third level protection (administrative): Rules and guidelines

☐ We have identified rules and guidelines for how workers should conduct themselves.

☐ We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

Measures in place
List the rules and guidelines that everyone in the workplace has to follow to reduce the risk of airborne transmission. This could include things like using one-way doors or walkways, using single-use (disposable) products, and wiping down equipment after use. Consider creating pods of workers who work together exclusively to minimize the risk of broad transmission throughout the workplace.
If this information is in another document, identify that document here.
COVID-19 Safety Plan

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

☐ We have reviewed the information on selecting and using masks and instructions on how to use a mask.

☐ We understand the limitations of masks to protect the wearer from respiratory droplets. We understand that masks should only be considered when other control measures cannot be implemented.

☐ We have trained workers in the proper use of masks.

Measures in place

Who will use masks?
What work tasks will require the use of masks?
How have workers been informed of the correct use of masks?
If this information is in another document, identify that document here.
COVID-19 Safety Plan

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

☐ We have reviewed the information on cleaning and disinfecting surfaces.

☐ Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed.

☐ We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [Handwashing and Cover coughs and sneezes posters are available at worksafebc.com.]

☐ We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).

☐ Workers who are cleaning have adequate training and materials.

☐ We have removed unnecessary tools and equipment to simplify the cleaning process — e.g., coffee makers and shared utensils and plates

Cleaning protocols

Provide information about your cleaning plan. Specify who is responsible for cleaning, the cleaning schedule, and what the cleaning protocols will include (e.g., which surfaces, tools, equipment, and machines). If this information is in another document, identify that document here.
COVID-19 Safety Plan

Step 3: Develop policies

Develop the necessary policies to manage your workplace, including policies around who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

Our workplace policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

☐ Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.

☐ Anyone directed by Public Health to self-isolate.

☐ Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.

☐ Visitors are prohibited or limited in the workplace.

☐ First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic.

☐ We have a working alone policy in place (if needed).

☐ We have a work from home policy in place (if needed).

☐ Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace. Ensure an appropriate violence prevention program is in place.

Our policy addresses workers who may start to feel ill at work. It includes the following:

☐ Sick workers should report to first aid, even with mild symptoms.

☐ Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the worker to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further guidance related to testing and self-isolation.]

☐ If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.

☐ Clean and disinfect any surfaces that the ill worker has come into contact with.

Step 4: Develop communication plans and training

You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

☐ We have a training plan to ensure everyone is trained in workplace policies and procedures.

☐ All workers have received the policies for staying home when sick.

☐ We have posted signage at the workplace, including occupancy limits and effective hygiene practices. [A customizable occupancy limit poster and handwashing signage are available on worksafecb.com.]

☐ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.

☐ Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed.
COVID-19 Safety Plan

Step 5: Monitor your workplace and update your plans as necessary
Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. Involve workers in this process.

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

Step 6: Assess and address risks from resuming operations
If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

☐ We have a training plan for new staff.
☐ We have a training plan for staff taking on new roles or responsibilities.
☐ We have a training plan around changes to our business, such as new equipment, processes, or products.
☐ We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
☐ We have identified a safe process for clearing systems and lines of product that have been out of use.

Be advised that personal information must not be included in the COVID-19 Safety Plan

Personal information is any recorded information that uniquely identifies a person, such as name, address, telephone number, age, sex, race, religion, sexual orientation, disability, fingerprints, or blood type. It includes information about a person’s health care, educational, financial, criminal or employment history. Visit https://www.oipc.bc.ca/about/legislation/ for more information.
SAFE WORK PROCEDURE

University of British Columbia

General Cleaning & Disinfection of Surfaces

1. **SCOPE**

   This safe work procedure is to be followed for general cleaning and disinfection of surfaces to ensure cleanliness and disinfection and minimize the risk of worker exposure to cleaning chemicals and/or infectious agents. For example, when wiping tables in publicly used spaces.

2. **PURPOSE**

   The University of British Columbia (UBC) is committed to providing a safe and healthy workplace for all our staff. A combination of measures are used to achieve this objective, including the most effective control technologies available. Our work procedures will protect not only our workers, but also other workers who enter our workplace. All employees must follow the procedures described in this plan to ensure the cleanliness of UBC as well as prevent or reduce exposure to infectious diseases.

3. **BACKGROUND**

   This safe work procedure is specific to the general cleaning and disinfection of surfaces such as counters, sinks, tables, chairs, door handles, light switches etc.

4. **RESPONSIBILITY**

   Employer

   It is the responsibility of the employer to:
- Provide workers with adequate supervision to ensure that work practices eliminate or minimize the risk of unforeseen contact.
- Provide workers with the equipment, tools and PPE needed to deal with an unexpected contact and ensure appropriate use.
- Select, implement, and document the appropriate site-specific control measures (e.g. in the order of elimination, substitutions, engineering, administrative, and personal protective equipment (PPE)).
- Ensure that supervisors and workers are educated and trained to an acceptable level of competency.
- Conduct a periodic review of the Safe Work Procedure for 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 Safe Work Procedure is available to workers.

**Supervisors**

It is the responsibility of the supervisor(s) to:

- Ensure that workers are adequately instructed on the controls for the hazards at their respective locations.
- Ensure that workers use appropriate PPE (e.g. gloves, eye protection).
- If workers require respirators (e.g. N95, Half-Mask or Full-Face Mask), ensure that they have been fit tested and the results are recorded (required annually).
- Monitor the workplace to ensure that safeguards are used and safe work practices are followed.
- In case of a potential or suspected exposure, ensure that employees are aware of procedures for reporting incidents of exposure to the employer and a physician.

**Workers**

It is the responsibility of the worker to:

- Know the hazards of their workplace and their respective areas.
- Attend education and training sessions provided by the employer.
- Use controls and follow established safe work procedures as directed by the employer or supervisor.
- Use the available tools and PPE that have been provided for use when cleaning and disinfecting surfaces.
- Understand and have access to the Safety Data Sheets of all chemicals used.
- Report any unsafe conditions or acts to the supervisor.
- Know how to report exposure incidents.
- Know that they should not clean up potentially contaminated materials (i.e. blood, bodily fluids), unless they have the proper cleaning materials and PPE, and have been trained to do so safely.

5. REFERENCES

Workers Compensation Act
- Section 115: General Duties of Employers
- Section 116: General Duties of Workers
- Section 117: General Duties of Supervisors

WorkSafeBC Publications:
- Controlling Exposure: Protecting Workers from Infectious Disease

6. TRAINING REQUIRED

New Employee Orientation
- Includes UBC Facilities Health, Safety & Wellness Orientation; Preventing and addressing workplace bullying and harassment; Workplace violence prevention training; Run-Hide-Fight.

Custodial Building Service Worker Training

Site-specific safety & emergency procedures

Respirator Usage (if required)
- Respirator fit test completed prior to use and at a minimum fit tested annually
7. MATERIALS/EQUIPMENT

Depending on the nature of the work required, at a minimum, the following materials/equipment is necessary:

- Cleaning equipment
  - Micro fiber cloths and perfect clean flat mops

<table>
<thead>
<tr>
<th>Areas to be cleaned</th>
<th>Flat Mop</th>
<th>Microfiber cloth</th>
<th>Pail</th>
<th>Chemical product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washroom</td>
<td>Red</td>
<td>Orange</td>
<td>Blue</td>
<td>Disinfectant – ES128 Enviro Solutions</td>
</tr>
<tr>
<td>Outside washrooms</td>
<td>Blue</td>
<td>Grey</td>
<td>Red</td>
<td>Disinfectant – ES128 Enviro Solutions</td>
</tr>
<tr>
<td>Toilets &amp; Urinals</td>
<td>-</td>
<td>Blue</td>
<td>-</td>
<td>Disinfectant – ES56C Enviro Solutions</td>
</tr>
</tbody>
</table>
  - WHMIS labeled spray bottles

- Cleaning solutions
  - Disinfectant – ES128 Enviro Solutions
  - Neutral Cleaner – ES56C Enviro Solutions
  - Toilet & Urinal Disinfectant – ES56C Enviro Solutions

- Plastic disposable bags
- Personal protective equipment (PPE) includes:
  - Safety goggles
  - Nitrile gloves
  - Rubber gloves – when cleaning bathrooms and as required by Safety Data Sheet
- Respiratory protection as indicated by the respective chemical Safety Data Sheet
  - Respirators must be fit tested prior to use and at a minimum, fit tested annually
  - ES128, ES72C, ES56C do not require a respirator for use

## 8. HAZARDS & CONTROLS

<table>
<thead>
<tr>
<th>HAZARDS</th>
<th>CONTROL METHODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thermal burn from hot water taps</td>
<td>Open both hot and cold-water faucets at the same time to obtain a lukewarm water temperature. Wear nitrile gloves and safety goggles.</td>
</tr>
<tr>
<td>Chemical splash (i.e. chemical dispenser, wringing cloths; wiping surfaces)</td>
<td>Wear nitrile gloves and safety goggles. Wear rubber gloves as required by product Safety Data Sheet.</td>
</tr>
<tr>
<td>Lung irritation from disinfectant</td>
<td>Ensure the area is ventilated (i.e. general ventilation system; doors open). Appropriate respiratory protection as required by product Safety Data Sheet.</td>
</tr>
<tr>
<td>Skin irritation</td>
<td>Wear nitrile gloves. Long sleeves will protect arms.</td>
</tr>
<tr>
<td>Eye irritation</td>
<td>Wear safety goggles.</td>
</tr>
</tbody>
</table>
If possible, open windows and doors to improve ventilation.

Ensure general hygiene (e.g. cover any broken skin that may be exposed to infection; and after PPE is removed, wash hands and any exposed skin with soap and water for at least 20 seconds).

**Force: lift, lower, or carry (i.e. cleaning bucket)**

Eliminate the need to manually lift, lower or carry objects by using engineering controls such as custodial carts. If that is not practical, consider the following to minimize the risk:

- Minimize the distance of the load from the worker.
- Minimize the vertical distance over which the load is lifted or lowered (e.g. elevated sink, leave bucket on cart or place on surface to be cleaned).

**Force: push or pull**

Use carts that are well designed and appropriate to the task:

- Handle can be grasped between waist and shoulder height (e.g. vertical handles can accommodate workers of different heights).
- Worker has good visibility when pushing the cart.

Use carts in an unrestricted area:

- Worker is able to push and is not forced to pull the cart.
- Worker can assume a comfortable position to initiate and maintain movement of the load.
- Worker is not forced to assume awkward postures because of restricted work space or poor visibility.

Use carts in areas with proper flooring or surface:

- The floor is clean (e.g. no debris or clutter on the floor).
- The floor does not slope and is not slippery.
- There is no thick, plush or shag carpet.
- The surface is level (e.g. minimize surface height changes)

Reduce the load (e.g. make two trips).
Reduce the total time spent pushing or pulling, or break the total time into smaller blocks of time doing that task.

**Force: grip**

To minimize the need to manually grip or handle object consider the following:

- Use a conscious effort to maintain a straight wrist.
- Avoid strong or hard grasping of cleaning cloths when wringing.

**Repetition**

Eliminate highly repetitious tasks by:

- Taking rest breaks and micro-pauses.
- Use good work techniques.
- Use task rotation.

**Work posture**

Enable the worker to work in a comfortable posture. Every posture requires periodic changes and movement if it becomes static. If elimination of awkward postures is not possible through engineering controls, consider the following to minimize risk:

Minimize awkward postures of the trunk:

- Minimize forward bending by reducing the reach distance through the use of adjustable or long handled tools (e.g. long handled Johnny Mops for toilet cleaning; Perfect Clean handles for wiping table tops).
- Minimize side bending by reducing the reach distance through the use of adjustable or long handled tools or positioning objects to the front of the worker.
- Minimize twisting by reducing reach distance through the use of adjustable or long handled tools or move the object to the front of the worker.

Minimize awkward postures of the shoulder:

- Minimize reaching forward by reducing the reach distance through the use of adjustable or long handled tools, moving objects to the front of the body, or lowering the work height.
- Minimize reaching sideways by reducing the reach distance through the use of adjustable or long handled tools, moving objects to the front of the body, or lowering the work height.
- Minimize reaching behind by moving objects to the front of the body.
- Minimize reach across the body through the use of adjustable or long handled tools, and transferring objects from one hand to the other.

Minimize awkward postures of the wrist through use of required tools with appropriate handles.

Minimize squatting and kneeling by using long handled tools (e.g. Perfect Clean, Long handled Johnny Mop, Paper picker, long handles lobby pan).

Local contact stress

Eliminate or minimize exposure to local contact stress:

- Use personal protective equipment (i.e. use knee pads while kneeling).
- Avoid resting or leaning against sharp edges.

Environment

Keep the body warm at a comfortable temperature.

Ensure lighting is proper for the task being performed and glare is avoided so that the worker does not assume awkward postures to compensate for glare, brightness, or inadequate lighting.
Work organization

Ensure that repetitive or demanding tasks incorporate opportunities for rest or recovery (e.g. allow brief pauses to relax muscles; change work tasks change postures or techniques).

Incorporate task variability so that the worker does not have to perform similar repetitious tasks throughout the full shift.

Provide the worker with the opportunity to vary work tasks by rotating tasks or increasing the scope of the job.

Ensure that work demands and work pace are appropriate.

9. **PRE-PROCEDURE SET-UP**

Prior to beginning the cleaning of an area, ensure all materials, equipment and PPE listed in this safe work procedure is made available and used accordingly.

10. **PROCEDURE**

The following process has been established as the safe work method for cleaning and disinfecting of surfaces:

1. Before donning PPE, wash hands with soap and water for at least 20 seconds, then dry hands and cover any broken skin that may be exposed to infection, and dry thoroughly.

2. Don PPE in the following order:
   - Put on respirator as required by product Safety Data Sheet.
   - Put on safety eye goggles or face shield.
   - Put on disposable nitrile gloves.

3. Prepare the disinfectant solution in a well-ventilated area. If possible, place the bucket on to the cleaning trolley and fill while on the trolley.

4. Plan work route and adjust furniture and equipment as needed.

5. Dust mop/ dry vacuum/ sweep floor areas under desks, chairs and tables. Bring in dustpan and pick up debris.

6. Disinfect and wipe all frequently touched areas and visibly soiled surfaces (e.g. all accessible surfaces such as light switches, door knobs, push plates, hand rails, elevator buttons and drawer handles, walls, and windows, telephones).
- Kitchens or lunch rooms
  - Disinfect and wipe down microwave buttons, refrigerator handles, drawer handles, stove and oven buttons, chair handles and arm rests, tops, coffee pot handle, sink faucet handles.
- Washrooms
  - Includes frequently touched areas such as push plates, soap dispenser latch, faucet handles, flush handles and pipe work, sanitary bins, toilet seat and lid, toilet tissue holders, assist rails and the inside latch on the bathroom doors.
  - Reference General Washroom Cleaning & Disinfection Procedure.

7. Disinfect and wipe all main (e.g. table tops, counters, walls). Use a perfect clean tool when possible. All washroom surfaces and toilet bowls (outside, around, and inside the toilet bowl) should be carefully cleaned. Reference the General Washroom Cleaning & Disinfection Procedure.

8. Use the chosen cleaning solution to remove any grease or stubborn marks.

9. To damp mop/ perfect clean, place warning sign in area and clean with disinfectant. When area is completely dry, remove warning signs, store correctly and return furniture to original position.

10. Wipe down tools with disinfectant and dry before returning to the storage area.

11. Place all used flat mop pads and micro fibre cloths in the appropriate bag and return to Custodial Key Office for laundering at the end of shift.

12. Decontaminate and remove PPE and clothing in accordance with the Decontamination Section of this Safe Work Procedure.

11. DECONTAMINATION PROCEDURE

After any activity involving the handling of chemicals and/ or contaminated materials, and before leaving the immediate work area, apply the following procedures:

1. Do not remove respiratory protective equipment, if required, until other decontamination steps are complete.
2. Move away from the clean-up or contaminated work area to a location where there are no other workers — preferably outdoors — leaving eye and respiratory protection in place.

3. Wet wipe exposed eyewear with a disinfectant solution. If a reusable respirator was required, wet wipe reusable respirator surfaces with disinfectant as well.

4. Rinse the outside of gloves in the disinfectant solution. Remove the gloves over a waste bin and place them in a plastic bag for disposal into general waste (or if the gloves are reusable, disinfect them before storing them).

5. Remove safety eyewear. Clean and disinfect before storing.

6. For half- or full-face respirators, tape shut the inlet opening of the respirator cartridges to prevent the release of dusts (cartridges may be reused until breathing becomes difficult) or discard the cartridges. Clean and disinfect the respirator body. Store the respirators in a cool, clean location free from contamination.

7. Wash exposed skin surfaces thoroughly with soap and water for at least 20 seconds and dry.

12. EMERGENCY PROCEDURES

Workers who are exposed to chemicals are to flush the area with water immediately for 15 minutes and contact first aid immediately.

Workers who are exposed to material potentially contaminated with a bichazardous material (i.e. needle stick) should be monitored for potential symptoms and seek First Aid. If necessary, those workers may need to be referred to a physician for follow-up.

13. OTHER IMPORTANT INFORMATION

A record must be kept of all worker education and training sessions pertaining to this safe work procedure.

14. REVIEW AND RETENTION

This Safe Work Procedure is reviewed annually or whenever deemed necessary by the responsible departmental representative in Safety & Risk Services,
Building Operations Custodial and the Custodial Joint Occupational Health & Safety Committee.
Cleaning – Disinfecting Practices for CC Workers during COVID-19

HOW WE USE PRESEPT DISINFECTANT IN CHILD CARE (APPROVED BY VCH)

Standard Dilution: (in spray bottle)
- 1 Presept tablet dissolved in 17 oz / 500 ml tap water (not hot)
- Diluted product must be made fresh daily – discard at end of day
- Used to disinfect and sanitize hard surfaces and all mats (sleeping and change tables)

Full concentration: (under outbreak conditions; including any bodily fluid accidents on site during hours of operation)
- 9 Presept Tablets dissolved in 17 oz / 470-500 ml tap water (not hot)
- Diluted product must be made fresh daily – discard at end of day
- Used to disinfect and sanitize all non food hard surfaces as needed and during the extra midday disinfecting standard during COVID-19

HOW WE USE OXIVIR PLUS DISINFECTANT IN CHILD CARE

(APPROVED BY HEALTH CANADA with shelf life confirmation from Diversey – e-mail attached)

Standard Dilution: (in spray bottle)
- 1 Teaspoon dissolved in 17 oz / 500 ml tap water (not hot)
- Diluted product is good for 28 days – ensure date dispensed is written on spray bottle!
- Used to disinfect and sanitize hard surfaces and all mats (sleeping and change tables)

Full concentration: (under outbreak and/or COVID 19 conditions only, including bodily fluid accidents on site during operation)
- 1 Tablespoon dissolved in 17 oz / 470-500 ml tap water (not hot)
- Diluted product is good for 28 days – ensure date dispensed is written on spray bottle!
- Used to disinfect and sanitize all surfaces during outbreak

NOTES: (for both products)
- Use disposable gloves when using these disinfectant/sanitizing products
- Remove any visible dirt on surfaces with soap and water before disinfecting
- WORKPLACE LABELS FOR BOTH PRODUCTS ARE IN THE SAFETY DATA SHEET BINDER (samples attached as reference at end of this document)
Workplace Label Templates for Presept and Oxivir for printing off and laminating as needed. (see attached)

Note: You can also get new laminated workplace labels from the CC Admin Office (ask Marie or Cristina for back ups)

If you need to disinfect while in outbreak mode change dilution rate to the appropriate levels below:

- **Presept:** 9 tablets per 500 ml of water (discard contents at end of day)
- **Oxivir:** 1 Tablespoon /500 ml of water (NOTE: dispensed date must be on the spray bottle – good for 28 days once diluted)

**Ensure the right workplace label is on the spray bottle in your spill kit for the elevated dilution rate of Presept or Oxivir Plus.**

Keep in mind the three main changes to WHMIS: (new standard as of Dec 1, 2018)

1. new classification rules and hazard classes/symbols
2. new label requirements for supplier and workplace labels
3. new standardized format for Safety Data Sheets (SDS)

Be able to answer these 4 questions:

1. What are the hazards or the product you are using?
2. How do you protect yourself?
3. What should you do in case of an emergency or spill?
4. Where can you find more information on this product?
Oxivir Plus – 28 day Shelf Life Confirmation once diluted from US Supplier – April 28, 2020

From: Donna Renee Vick <renee.vick@diversey.com>
Date: Tue, Apr 28, 2020 at 8:08 AM
Subject: Diversey Oxivir Plus Diluted Shelf Life is 28 Days
To: <ioannethember@ubc.ca>

Good morning Joanne,

It was nice speaking with you yesterday. Our Portfolio Manager has confirmed that the diluted shelf life for Oxivir Plus is 28 days. Please let me know if you have any additional questions or if I can be of further assistance.

Thank you and have a great day!

Regards,

Renee Vick

Diversey Technical Customer Support
renee.vick@diversey.com
803-234-6890

www.diversey.com
1300 Altura Road, Suite 125, Fort Mill, SC, 29708

Click Here for current information on SARS-CoV-2 (Coronavirus) & COVID-19 Disease

Please let me know if you need anything,

Thank you,

Kevin A. Taylor
Technical Customer Service Representative
**Product Name:** Prespekt Disinfectant

**Use for:** sanitizing counters, high touch surfaces (door knobs, handles etc.) / change tables

**Warning**

**Signal Word:** DANGER

**Personal Protective Equipment**

Appropriate vinyl (disposable) or rubber gloves

**First Aid:**

Eye contact: separate eyelids, wash eyes thoroughly with water (15 minutes). Seek medical attention.

After Skin Contact: wash off immediately with soap + water

**Standard Dilution rate for normal application:**

1 tablet per 500 ml / 17 ounces of tap water

Mix in sealed spray bottle

Efficacy: good for 1 working day / discard product in bottle at the end of work day / replace daily with new product

See Safety Data Sheet (SDS) for more information

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**Product Name:** Prespekt Disinfectant

**Use for:** sanitizing counters, high touch surfaces (door knobs, handles etc.) / change tables

**Warning**

**Signal Word:** DANGER

**Personal Protective Equipment**

Appropriate vinyl (disposable) or rubber gloves / goggles and N95 or N99 nose-mouth mask may be appropriate.

**First Aid:**

Eye contact: separate eyelids, wash eyes thoroughly with water (15 minutes). Seek medical attention.

After Skin Contact: wash off immediately with soap + water

**Dilution Rate for Outbreak conditions:**

9 tablets per 500 ml / 17 oz (500 ml) of tap water.

Mix in sealed spray bottle

Efficacy: good for 1 working day / discard product in bottle at the end of the day / replace with new product daily

See Safety Data Sheet (SDS) for more information

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**Product Name:** Oxivir Plus

**Use for:** sanitizing / disinfecting counters, high touch surfaces (door knobs, handles etc.) / change tables

**Warning**

**Signal Word:** DANGER

**Personal Protective Equipment**

No personal protective equipment required under normal use conditions / recommend using disposable or rubber gloves

**First Aid:**

Eye contact: rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for at least 15 minutes.

Skin: Rinse with plenty of water.

**Dilution Rate for Outbreak/COVID 19 conditions:**

1 Tablespoon (15 ml) per 500 ml / 17 oz of tap water.

Pour product and water into spray bottle / mix and seal

Efficacy: good for 30 minutes in spray bottle once diluted

Ensure data dispensed is on spray bottle!

See Safety Data Sheet (SDS) for more information

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**Product Name:** Oxivir Plus

**Use for:** sanitizing / disinfecting counters, high touch surfaces (door knobs, handles etc.) / change tables

**Warning**

**Signal Word:** DANGER

**Personal Protective Equipment**

No personal protective equipment required under normal use conditions / recommend using disposable or rubber gloves

**First Aid:**

Eye contact: rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing for at least 15 minutes.

Skin: Rinse with plenty of water.

**Dilution Rate for Standard Conditions:**

1 teaspoon (5 ml) per 500 ml / 17 oz of tap water.

Pour product and water into spray bottle / mix and seal

Efficacy: good for 30 days in spray bottle once diluted

Ensure data dispensed is on spray bottle!

See Safety Data Sheet (SDS) for more information
SHCS Physical Distancing, WSBC Occupancy and OPH posters currently in use at all CC centers

Front Door – Outside

Main door to staffroom in the CC Admin Hub

PD protocols - Sign for guests/visitors approaching front reception area in the hub
Signage in CC Centers (cont)

Posted on the Safety Bulletin Board in the hub staff room and in all staff/office areas of individuals centers
PLEASE RESPECT THE 2 METRE PHYSICAL DISTANCING RULE WHILE USING THIS SPACE.

If this rule is not adhered to we may be required to temporarily close this area.
PLEASE KEEP YOUR PHYSICAL DISTANCE

Physical distancing means keeping 2 metres (6 feet) apart from one another at all times.

If you are symptom free, here's some advice on how to go about your day...

SAFE TO DO:
- Connect with a coworker while maintaining distance
- Go for a walk to get some fresh air during breaks
- Clean your break room & high touch areas

AVOID:
- Avoid non-essential gatherings
- Avoid common greetings, like handshakes
- Avoid crowded places
- Limit contact with people at higher risk like older adults & those in poor health

STAY CONNECTED WHILE STAYING APART :)}

Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak.

THE UNIVERSITY OF BRITISH COLUMBIA
Student Housing & Community Services
B.C.’s provincial health officer has not recommended the widespread use of face masks. Employers considering the use of masks at their workplaces should ensure that other measures are in place, including physical distancing, handwashing, and staying at home when sick. Employers must understand the limitations of masks as a protective measure, and must also ensure that masks are selected and used appropriately.

How COVID-19 spreads
COVID-19 is an infectious disease that mainly spreads among humans through direct contact with an infected person and their respiratory droplets. Respiratory droplets are generated by breathing, speaking, coughing, and sneezing. Your exposure risk is greatest when you have prolonged close contact with an infected person.

The virus can also spread if you touch a contaminated surface and then touch your eyes, mouth, or nose. A surface can become contaminated if droplets land on it or if someone touches it with contaminated hands.

Should your workers use masks in the workplace?
The most effective ways to prevent the spread of infection include handwashing, cleaning and disinfecting work areas, physical distancing, and having sick workers stay at home. Employers may consider the use of masks as an additional control measure in combination with these measures. Some industry associations may recommend the use of masks as a worker protection or public health measure.

If your workers are wearing masks, ensure they are aware of the following:

- Cloth and surgical masks may not protect you from the virus because they do not form a tight seal with the face. However, they can reduce the spread of your respiratory droplets to others.
- Keep your mask clean and dry. If it gets wet, it’s less effective at preventing the spread of droplets.
- Change masks as necessary. You may need several masks available as they build up moisture during the day and become less effective. If your mask becomes wet, soiled, or damaged, replace it immediately.
- Make sure you know how to wear and clean your mask. Wash cloth masks every day using the warmest water setting. Store in a clean, dry place to prevent contamination.
- Practise good hygiene even if you’re wearing a mask. This includes covering sneezes and coughs and washing hands. Don’t touch your eyes, nose, mouth, or mask (if you’re wearing one).
# The difference between cloth masks, surgical masks, and respirators

<table>
<thead>
<tr>
<th>Type</th>
<th>Use</th>
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| **Cloth masks**                    | - May offer some level of protection to others by preventing the wide spread of droplets from the wearer. However, they are not a proven method of protection for the wearer as they may not prevent the inhalation of droplets.  
- May be considered by employers for use by workers and/or customers as a protective measure in combination with other controls, including physical distancing and appropriate hygiene practices. Masks should never be relied upon as a sole protective measure.  
- Cloth masks, including homemade masks, may be worn by workers as a matter of personal choice.  
- Cloth masks must be washed before they are reused. Replace masks that are wet, soiled, or damaged. |
| **Surgical masks**                 | - Surgical masks, also referred to as medical masks, are specifically designed for healthcare environments.  
- Like cloth masks, these offer limited protection to the wearer from the inhalation of droplets, but may offer some protection to others by preventing the wide spread of droplets from the wearer.  
- Should be preserved for use by healthcare workers, whenever possible.  
- Employers outside of healthcare may consider these as part of their workplace controls to protect against the spread of COVID-19 in combination with other controls, recognizing there may be a lack of availability of surgical masks.  
- May be worn as a matter of personal choice by workers.  
- These are single-use items that should not be cleaned and reused. |
| **Disposable respirators, such as N95 or P100 types** | - Primarily used in healthcare settings to prevent the spread of the virus that causes COVID-19. Other sectors may use these to protect against a variety of hazards, including silica dust.  
- These must be used in accordance with the manufacturer's instructions, and the use of these masks is regulated under the Occupational Health and Safety Regulation.  
- Due to lack of availability, employers outside of healthcare should not consider these as part of their workplace controls to protect against the spread of COVID-19.  
- Some dust masks may be similar in appearance to N95 disposable respirators; however, they are not manufactured to the same standards and would be similar to cloth masks in terms of protection. |

## Let's all do our part

When workplaces in British Columbia are healthy and safe, they contribute to a safe and healthy province. As COVID-19 restrictions are lifted and more businesses resume operations, let's all do our part. For more information and resources on workplace health and safety, visit worksafebc.com.
Help prevent the spread of COVID-19: How to use a mask

1. Wash your hands with soap and water for at least 20 seconds before touching the mask. If you don’t have soap and water, use an alcohol-based hand sanitizer.

2. Inspect the mask to ensure it’s not damaged.

3. Turn the mask so the coloured side is facing outward.

4. Put the mask over your face and if there is a metallic strip, press it to fit the bridge of your nose.

5. Put the loops around each of your ears, or tie the top and bottom straps.

6. Make sure your mouth and nose are covered and there are no gaps. Expand the mask by pulling the bottom of it under your chin.

7. Press the metallic strip again so it moulds to the shape of your nose, and wash your hands again.

8. Don’t touch the mask while you’re wearing it. If you do, wash your hands.

9. Don’t wear the mask if it gets wet or dirty. Don’t reuse the mask. Follow correct procedure for removing the mask.

Removing the mask

1. Wash your hands with soap and water or use an alcohol-based hand sanitizer.

2. Lean forward to remove your mask. Touch only the ear loops or ties, not the front of the mask.

3. Dispose of the mask safely.

4. Wash your hands. If required, follow the procedure for putting on a new mask.

Note: Graphics adapted from BC Centre for Disease Control (BC Ministry of Health). “How to wear a face mask.”

worksafebc.com
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 in your procedures you may take to align with current public health directives such as physical distancing, hand hygiene, and disinfection.

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 emergency transport vehicle (ETV) prepared.
   - Are there any obvious signs of COVID-19?
   - If the patient is stable, has mild symptoms, or is not in distress, instruct the patient to go for testing.
   - If the patient is having difficulty breathing, arrange for transport to a hospital (and call ahead).

2 If no critical interventions are required, if possible and appropriate, interview the patient from at least 2 m (6 ft.). Ask the following questions:
   - Is anyone in your household sick or in self-isolation due to COVID-19 or suspected COVID-19?
   - Have you been in contact with anyone who has been sick with COVID-19?

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 on page 3).

4 If providing direct patient care (within 2 m), don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
   - Surgical mask
   - Face shield (or safety eyewear, i.e., safety glasses or goggles)
   - Pocket mask with a one-way valve and filter
   - Gloves
   - Coveralls (disposable or washable)
   - Patients could don a surgical mask or pocket mask, or clear face shield

In view of the global scarcity of PPE supplies, we recommend a point-of-care assessment by the provider and diligent use of PPE as required.
5. Remove and wash any PPE that is not disposable by following the BC Centre for Disease Control's directives for cleaning and disinfecting eye and facial protection:
   - Don a new pair of gloves.
   - Using a clean cloth, wipe with soap and water, cleaning from the inside to the outside.
   - Rinse with water and remove excess water.
   - Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splashing your face, thoroughly wipe the interior then the exterior of the facial protection.
   - Ensure all surfaces remain wet with disinfectant for at least one minute (or applicable disinfectant wipe contact time).
   - Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
   - Allow to dry (air dry or use clean absorbent towel).
   - Remove gloves and perform hand hygiene.
   - Store in a designated clean area.

6. For further direction on safe donning and doffing procedures refer to the BC Centre for Disease Control's instructions for donning and doffing PPE.

If critical interventions are required and there is no way of determining background information, anyone providing close assistance (2 m or closer) should don appropriate PPE. 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.

CPR and AED protocols

OFAAs should perform compression-only CPR during the COVID-19 pandemic. If there is more than one trained rescuer with the required PPE, change places for performing compressions approximately every minute, as performing continuous compressions at a rate of 100 per minute will be fatiguing with full PPE on.

C.P.R — OFA Level 1 and OFA Level 2

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt the OFAA is to start continuous chest compression at a rate of 100 per minute.

C.P.R — OFA Level 3

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt, the OFAA is to check for a carotid pulse, and if no pulse is felt, the OFAA is to start continuous chest compression at a rate of 100 per minute.

Assisted ventilation — OFA Level 3

If assessment of a patient determines distressed breathing and assisted ventilation is required, the OFAA should use a Bag-Valve Mask rather than a pocket mask. Ensure any trained helper(s) don appropriate PPE (surgical mask and face shield) prior to assisting.

AED — Level 1, 2, & 3

While providing compression-only CPR, when and if an AED becomes available stop compressions and prepare the patient's chest, apply AED pads and allow AED to analyze. After no shock/shock advised, give 2 minutes of compression only CPR. Repeat cycles of analyze/shock or no shock and 2 minutes of compression only CPR until medical aid arrives.
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 m (6 ft.) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household due to COVID-19?
- 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 m 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 an 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, i.e., surgical mask, face shield, gloves, etc. Once PPE is on, the attendant approaches the patient and places appropriate PPE, i.e., clear face shield, on patient prior to conducting the primary survey and performing any critical interventions that are required. The attendant positions the patient in the three-quarter-prone position to ensure 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 stay 2 m 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 first aid attendant approaches the patient and applies appropriate PPE, i.e., a clear face shield, on 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 to protect and maintain the airway. Once completed, the attendant 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 m away.

If the first aid attendant is working alone or if there is no extra PPE on site for helpers, the attendant places the patient in the three-quarter-prone position and packages the patient. Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use whatever PPE or other measures that are available to assist in providing a barrier between these helpers and the patient, including covering the patient with a blanket. Helpers without PPE should handle the lower extremities and stay as far away from patient’s nose and mouth as possible. Once the patient is loaded, the helpers remove their PPE and perform hand hygiene with soap and water or alcohol-based hand sanitizer.
OPH services for staff working in daycare environments:

- 1-on-1 telephone consultations with the Occupational Health Nurse to discuss your health in the workplace, including questions about COVID-19
- A review of your immunization history
- Recommended vaccines
- Health + wellbeing resources
- Consultations with the OPH Physician

UBC's Occupational & Preventive Health Program (OPH) provides confidential and free services to help protect your health, the health of your coworkers, and the health of the infants and children in your care.

Book your confidential telephone consultation with the OPH Nurse.
Email oph.info@ubc.ca or call 604 827 4713.
**High Touch Point and Hard Surface Checklist: mid day added procedure**

Using Presept or Oxivir Plus as per attached Safe Work Practices(SWP)

(use product in spray bottle and apply on clean cloth or paper towels - let wiped surface air dry)

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<td><strong>Children’s toilet handles, sink handles and taps</strong></td>
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<td><strong>Ipad for nap room</strong></td>
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<td><strong>Bring in and Sanitize: radio/CD player</strong></td>
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<td><strong>Unplug and sanitize hot water kettle</strong></td>
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**Note:** Continue to follow your standard cleaning practices with soap and water and Presept/Oxivir Plus as needed throughout the day. This is an additional step during our elevated COVID 19 protocols.
Appendix 9 – Floor Plans for Child Care Admin hub - 2881 Acadia Road

Note: this space also includes 4 CC Centers (each center in the division has it's own Fire Safety Plan)
Life Safety Systems and Building Features

Building Name: Child Care Services Administration Building

Building Address: 2881 Acadia Road

Life Safety Systems in the building consist of the following:

(Please check all that apply)
- Emergency exits
- Fire alarm system
- Fire extinguisher(s)
- Sprinkler system

Emergency Exits
Emergency exits are located throughout the building and marked by lighted signs and placards. Maintenance of lighted emergency exit signs is handled by UBC Building Operations. Refer to APPENDIX 1: Emergency Key Plans indicating the building evacuation routes and exits.

Fire Alarm System
There are fire alarm pull stations and smoke detectors in the building. The fire alarm system is monitored by Vancouver Fire & Rescue Services through the 911 dispatch centre (E-Comm). Fire alarm system maintenance is handled by UBC Building Operations. The locations of fire alarm pull stations are indicated on APPENDIX 1: Emergency Procedures Key Plans.

Fire Extinguisher(s)
There are portable fire extinguishers placed strategically (i.e. visible and accessible) in the building. Refer to APPENDIX 1: Emergency Procedures Key Plans for locations of portable fire extinguishers.

Sprinkler System
A sprinkler system is installed in the building

Note: Full inspection and maintenance of the fire safety equipment is the responsibility of UBC Facilities. If any staff notices fire safety equipment in need of repair, they must notify the senior supervisor, who will contact UBC Facilities at 604.822.4911.
Responsibilities

- A store of water, food and blankets sufficient to support the number of occupants in the building for 72 hours must be on site (IN EMERGENCY SHED NEAR ACADIA CENTRE).
- Each member of staff will review the evacuation procedures, know where the first aid supplies are kept, and be familiar with the location and use of all emergency equipment including fire extinguishers and fire alarms.
- Staff should regularly check that fire routes are not obstructed and portable extinguishers are in good order and ready to use.

In the event of a catastrophe (eg. chemical spill) or natural disasters (eg. earthquake) the staff will take action that best assures the safety and well-being all. As soon as it is forthcoming, staff will comply with the directions from UBC emergency response department and the RCMP.

The following Procedures will be followed in the event of a catastrophe/natural disaster:-

- Staff will assess the safety of the building and make a decision to remain on site or evacuate.
- If evacuation is deemed necessary, and it is safe to do so, the staff will follow the posted evacuation procedures.
- Staff will provide assistance to other programs as they are able to do so without putting any persons at risk.
Child Care Services Hub (6) see arrows below. Majority of our centers are located in this area. There are 4 locations on the academic side of campus as well.

**ACADIA PARK MAP**
1. Presidents Row
2. Acadia Park Townhouses
3. Commonsblock, Front Desk & Activity Room
4. Acadia House
5. Sopron House
6. UBC Child Care Centres
7. Point Grey Apartments
8. Spirit Park Apartments
9. Acadia Park Highrise (under renovation)
COVID-19 Campus Rules

The measures put in place by the Government of British Columbia have so far been very successful in controlling the spread of COVID-19 and reducing the rate of infection in our province. It is essential that as restrictions are lifted and UBC operations return to a "new normal" we all protect our campus community by doing our part to reduce the risk of infection.

To ensure all workspaces remain safe, it is required that all persons on campus follow these COVID-19 Campus Rules as well as any other rules required of them by UBC. These COVID-19 Campus Rules govern both UBC's campuses and all other locations under UBC's control ("UBC Premises") and all UBC activities. These rules may be supplemented by more detailed UBC rules or safety protocols governing specific locations or activities – for example Operational and Building Safety Plans or special rules for students living in UBC housing. If there is any conflict between these COVID-19 Campus Rules and more detailed UBC Rules – the more detailed rules will govern. These COVID-19 Campus Rules may be amended from time to time.

1. All students, faculty, staff, and others must assess themselves daily for COVID-19 symptoms prior to accessing UBC Premises or engaging in UBC activities. A list COVID-19 symptom can be found here.¹

2. Anyone who is ill or believes they have COVID-19 symptoms or exposure to Sars-CoV-2 must complete the BC self-assessment tool on the web here² or through the BC COVID-19 Support App for their iOS or Android device and follow the instructions provided.

   a. If the self-assessment tool recommends that a person get tested for COVID-19 or self-isolate they must do so. If required to get COVID-19 testing they should not return to UBC Premises until they have received the test results and followed any self-isolating recommendations. At the commencement of self-isolation:

      i. Faculty and staff of UBC must report their condition to their supervisor and manager. Their supervisor or manager will advise them of their options which might include (depending on the employee) working at home, accessing sick leave if available, or arranging an unpaid leave of absence.

      ii. Contractors, volunteers or others with business on UBC Premises should advise their UBC contact person of their status.

3. All faculty and staff on campus must complete the mandatory online training module ‘Preventing COVID-19 Infection in the Workplace’ to work on UBC Premises.

4. Anyone who had a positive COVID-19 diagnosis can only return to work on UBC Premises after 10 days have passed since the start of your symptoms and the fever is gone. Additional information can be found here.³

5. Anyone who has travelled or had contact with a COVID-19 infected person or area must work from home for 14 days and 10 days respectively and only return to work on UBC Premises if fully asymptomatic.

6. Everyone must maintain a physical distance of 2 metres from others as much as possible unless other safety measures are in place.

7. Everyone must follow relevant signage and floor markings when moving around UBC Premises.

¹ http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms
² https://bc.thrive.health/
³ http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation
8. Supervisors will ensure that all employees are familiar with the COVID-19 site specific safety plans for their work areas – these will layout the plan for occupancy, traffic flow and hygiene at your worksite and within your building.

9. For more information regarding COVID-19 rules please visit the SRS website here.  

Ensuring Compliance:

- Everyone on UBC Premises or engaging in UBC activities must comply with these COVID-19 Campus Rules and any other UBC rules including completing the on-line training module and familiarising themselves with applicable site-specific safety plans.
- The Administrative Head of Unit or Supervisor for each unit has the responsibility to ensure that all UBC rules and safety protocols are followed in their unit.
- Notices regarding applicable UBC rules and safety protocols will be posted at entrances to all work places as well as communal areas (for example lunchrooms) for all workspaces.
- All faculty, staff and students are encouraged to bring concerns about the implementation of UBC rules or safety protocols or incidents of non-compliance to the attention of the Administrative Head of Unit or Supervisor.
- For support in investigating incidents of non-compliance or similar concerns by faculty and staff, Administrative Heads of Unit or their designates should contact their Human Resources Advisor or Faculty Relations Senior Manager. For support in investigating incidents of non-compliance or similar concerns by students Administrative Heads of Unit or their designate should contact Campus Security.
- Failure to follow these rules or other rules or safety protocols by faculty or staff may result in discipline up to and including the termination of employment.
- Failure to follow these rules or other rules or safety protocols by students may result in discipline pursuant to the UBC Student Code of Conduct.
- Failure to follow these rules or other rules or safety protocols by contractors may result in the termination of your contract, and/or loss of access privileges up to and including being restricted from visiting UBC Premises.
- Failure to follow these rules or other rules safety protocols by volunteers, visitors or other third parties on UBC Premises may result in loss of access privileges up to and including being restricted from visiting UBC Premises.

4 https://srs.ubc.ca/covid-19/health-safety-covid-19/
UBC Employee COVID-19
Physical Distancing Guidance

Overview

Employers need to take all necessary precautions to minimize the risk of COVID-19 transmission and illness to employees by identifying exposure hazards and developing measures to control exposure. Physical distancing requires us to limit close contact with others by keeping at least two meters (six feet) away from one another. For some, physical distancing will be difficult as many everyday tasks involve employees having to work closely together (e.g. confined spaces, manual material handling, maintaining/repairing equipment, retail services).

This document provides guidance about UBC’s stance on physical distancing in the workplace.

Visit ubc.ca/covid19 for more information about UBC’s response to COVID-19, including frequently asked questions.

Current Health Guidance Relating to Physical Distancing

Throughout the current COVID-19 global outbreak UBC has taken direction on infection prevention from the Provincial Health Officer, the BC Centre for Disease Control (BCCDC) and Vancouver Coastal Health (VCH), and continues to do so. This guidance can be expected to evolve as these agencies continually monitor accumulating scientific evidence to determine how we can best prevent the spread of COVID-19.

As this document has been developed, the current health guidance from the above agencies can be summarized as follows:

- Physical distancing means limiting close contact with other people to slow the spread of an infectious disease by keeping at least two meters (six feet) away from one another.
- Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak.
- Work from home and conduct virtual meetings, if possible.
- Stay home as much as possible.
- When outside of your home, practice physical distancing.
- If you are ill, have flu like symptoms or have a fever or cough, you should stay home.
- Avoid crowded places and non-essential gatherings
- Greet people with a wave instead of a handshake.

Achieving Physical Distancing via the Hierarchy of Controls

Based on the current public health guidance and operational needs on our sites, UBC’s position on Physical Distancing is that all necessary precautions must be taken to minimize the risk of COVID-19 transmission to employees. Where physical distance requirements are not met by current Safe Work Procedures (SWPs), tasks may not be assigned unless SWPs are amended as per the Safe Work Procedure (SWP) Review Form to address this additional hazard.
Not all SWPs or common practices allow for easy physical distancing due to space constraints, equipment design, load-splitting needs, etc. Where working in close quarters is used to address another identified hazard, e.g. over exertion, identifying and developing alternative measures to control the original hazard is the best practice. Where this is not possible, additional measures to address infectious risk should be monitored carefully to ensure they do not introduce additional risks.

The best practice for mitigating risk is to follow the Hierarchy of Controls. Note that the examples provided are not exhaustive. Contact Safety & Risk Services for assistance in finding options suitable for your needs.

- **Public Health is working to eliminate COVID-19**

- **Outsourcing unacceptably high risk tasks to specialized contractors**
- **Use a lifting device rather than multiple workers to handle heavy loads.**

- **Install barriers to separate employees from other employees, students or public.**

- **Organize & prioritize work tasks to limit the number of employees present at one time**
- **Position & train employees to meet physical distancing requirements.**

- **Revise PPE requirements to augment other controls and provide PPE to employees if and where it is required to perform work safely and only if risk is still present after implementing the controls above.**

It is important to note that while the controls are listed in order of effectiveness, all types of controls should be considered and generally work best in combination.

If you have any questions or require advice about Physical Distancing at UBC, please contact Safety & Risk Services by emailing ready.ubc@ubc.ca.
UBC Employee COVID-19 PPE Guidance

Overview

This document provides guidance about UBC’s stance on employee Personal Protective Equipment (PPE), including industry standard face masks/respirators, gloves, homemade and non-surgical masks and other PPE in relation to COVID-19 and other infectious diseases.

Visit ubc.ca/covid19 for more information about UBC’s response to COVID-19, including frequently asked questions.

Current health guidance relating to PPE

Throughout the current COVID-19 global outbreak UBC has taken direction on infection prevention from the Provincial Health Officer, the BC Centre for Disease Control (BCCDC) and Vancouver Coastal Health (VCH), and continues to do so. This guidance can be expected to evolve as these agencies continually monitor accumulating scientific evidence to determine how we can best prevent the spread of COVID-19.

As this document has been developed, the current health guidance from the above agencies can be summarized as follows:

- Incorrect selection and/or use of PPE may increase your risk of exposure.
- Using non-medical or homemade protective equipment does not diminish the need for physical distancing, frequent hand washing and avoiding touching your face.
- There is no established proof that wearing non-medical or homemade protective equipment protects the person wearing it, and it may provide a false sense of security.
- Wearing a non-medical mask in public may help to limit the travel of your respiratory droplets when you cough, sneeze or talk - which may help to protect others.
- Medical /surgical masks should be used by people who are sick and health care workers.
- N95 Respirators, Medical masks and other critical PPE are in short supply and are needed by health care workers to safely care for their patients.

Personal Protective Equipment in the workplace

Based on the above medical guidance and circumstances on our campuses, UBC’s position on PPE is as follows:

- UBC employees carrying out tasks that require PPE, including respirators, will continue to be supplied with the appropriate equipment, as per the relevant safe working procedure.
- UBC employees carrying out tasks that do not normally require PPE will not be supplied with masks or respirators of any description.
- UBC will not provide employees with non-medical or homemade masks as these masks do not meet the performance standards for workplace PPE and do not satisfy the safety requirements of any work task.
- UBC employees may wear a non-medical mask or homemade mask at work, provided it does not interfere with them safely carrying out their duties.
- UBC asks the campus community to be respectful of students, faculty and staff who choose to wear masks.
The role of PPE in protecting employees

PPE is used to protect employees from specific risks, however it is the least effective method of protecting employees, as outlined in the below Hierarchy of Controls diagram. The diagram also includes examples of current UBC COVID-19 risk mitigation activities.

**Elimination**
Physically remove the hazard
- Public Health organizations seek to eliminate the hazard of COVID-19

**Substitution**
Replace the hazard
- Outsourcing higher risk tasks to specialized contractors

**Engineering Controls**
Isolate the hazard from workers
- Hand sanitizing stations for times sinks are not available,
- Physical distancing markers, physical windows at points of service (where feasible)

**Administrative Controls**
Change the way work is performed
- 2-step assessment process before assigning workers to a location
- Decreasing the population on campus
- Asking people to stay home if they are sick

**PPE**
- PPE provided to employees if and where it is required to perform work safely and only if risk is still present after implementing the controls above.

Respirators & Masks
Respirators are one type of PPE, and conditions of their usage for workplace safety is closely regulated by WorkSafeBC. To be effective, all respirators used must be fitted to an individual’s face through a fit test. Health care workers may be directed to wear either N95 Respirators or Medical/Surgical Masks as part of their PPE for specific tasks and under the regulations as they pertain to health care settings.

Supply shortages in N95 respirators have prompted the assessment of KN95 respirators as an alternative to address particulate respiratory hazards. However KN95 masks have been deemed inappropriate for occupational use at UBC due to the inability to properly fit test them and lack of vendor clarity around manufacturing standards. Any KN95 masks received as donations cannot be issued to UBC Employees.

Gloves
There are many types of gloves, and the choice of glove must take into account all of the hazards that may be present, as gloves are rated for their usefulness as a barrier to different types of chemicals. Medical gloves create a barrier around the hands to reduce an individual’s risk of exposure to hazardous agents. This type of PPE can be used during infectious outbreaks but must be used carefully to avoid transferring contamination between the handling of infected and clean items. Personal electronics, high touch surfaces and other shared items are prone to this ‘cross contamination.’
Eye & Face Protection
Eye protection, through safety glasses or goggles, and face shields are recommended for health care workers where there is the potential for any spraying or splattering of blood or other bodily fluids. Safety glasses can be found in various different styles and offer side protection in the form of either wraparound arms or shields. Goggles offer a higher degree of spray/splatter protection compared to safety glasses due to their ability to form a tight seal around the eyes. Face shields can protect the entire face from biological hazards. A face shield is often considered a secondary safeguard to protective eyewear. In other words, face shields are typically not used on their own. As per WorkSafeBC requirements, these types of PPE need to meet CSA Standards.

Information about using non-medical or homemade protective equipment
Non-medical/homemade masks are not classed as Personal Protective Equipment.

UBC does not endorse the use of non-medical or homemade masks.

UBC will only supply Personal Protective Equipment that meet applicable standards and as required for UBC work.

If you are considering using a non-medical or homemade mask, you can find information about how to do so safely on the BC Centre of Disease Control website.

Advice on PPE at UBC
If you have any questions or require advice about PPE at UBC, or if you need to widely communicate information in this document, please contact Safety & Risk Services by emailing ready.ubc@ubc.ca.
UBC Employees COVID-19
Use of Shared UBC Vehicles

Overview
This document is intended to provide guidance for UBC departments where UBC vehicles are shared among users. It is recommended that these guidelines be implemented and followed to prevent and control the spread of infectious agents such as COVID-19.

Throughout the current COVID-19 global outbreak UBC has taken direction on infection prevention from the Provincial Health Officer, the BC Centre for Disease Control (BCCDC) and Vancouver Coastal Health (VCH), and continues to do so. This guidance can be expected to evolve as these agencies continually monitor accumulating scientific evidence to determine how we can best prevent the spread of COVID-19.

Visit ubc.ca/covid19 for more information about UBC’s response to COVID-19, including frequently asked questions.

Vehicle Usage
- Employees are encouraged to walk whenever possible.
- If possible, assign the same vehicle to the same person on consecutive days.
- If feasible, remove vehicle from rotation for 72 hours between users.

Vehicle Occupancy
- When a vehicle must be used, there should only be ONE person in the vehicle at a time unless the vehicle is large enough (e.g. a van) to maintain physical distancing requirements (a minimum of 2 metres) between all passengers throughout the trip.

Personal Hygiene
- Wash hands with soap and warm water for 30 seconds before and after vehicle use.
- Avoid touching the face before, during, and after vehicle use.
- Cough or sneeze into your arm.

Equipment and Supplies
- Disinfecting wipes (with WHMIS or workplace labels) should be provided for users of shared UBC Vehicles.
- Provide waste container or bag for disposal of used gloves and disinfecting wipes for each user.

Vehicle Cleaning
- Users of shared UBC vehicles are responsible for wiping down high touch surfaces, both upon entry and exit, to ensure everyone’s safety.
- High touch spots include the exterior and interior door handles, steering wheel, gear shifter, turn signals, and any other surfaces touched while driving.
Safe Entry and Exit Protocol for Shared UBC vehicles

Entering vehicle

Retrieve keys and wipe down with disinfecting wipes.

Wash hands with soap and warm water for 30 seconds.

Wipe down exterior door handle with disinfecting wipes followed by the interior door handle.

Using disinfecting wipes, wipe down steering wheel, gear shifter, turn signals, seatbelt buckles and control panel, including radio, heat/air, lights etc.

Deposit used disinfecting wipes in bag provided.

Exiting vehicle

Using disinfecting wipes, wipe down steering wheel, gear shifter, turn signals, seatbelt buckles and control panel, including radio, heat/air, lights etc.

Wipe down interior door handle with disinfecting wipes followed by the exterior door handle.

Deposit used disinfecting wipes and gloves (if required) in bag provided and place in a garbage can.

Wipe down using disinfecting wipes & return keys.

Wash hands with soap and warm water for 30 seconds.

Advice on Use of Shared Vehicles at UBC

If you have any questions or require advice about Use of Shared Vehicles at UBC, please contact Safety & Risk Services by emailing ready.ubc@ubc.ca.
Overview

This document provides guidance for UBC departments holding essential meetings and/or trainings that cannot be held electronically or remotely. This guidance must be followed to prevent and control the spread of infectious agents such as SARS-CoV-2, which causes COVID-19.

Throughout the current COVID-19 global outbreak UBC has taken direction on infection prevention from the Provincial Health Officer, the BC Centre for Disease Control (BCCDC) and Vancouver Coastal Health (VCH), and continues to do so. This guidance can be expected to evolve as these agencies continually monitor accumulating scientific evidence to determine how we can best prevent the spread of COVID-19.

Visit [ubc.ca/covid19](http://ubc.ca/covid19) for more information about UBC’s response to COVID-19, including frequently asked questions.

Is this in-person meeting/.training essential?

Essential Services may require in-person training sessions or meetings to facilitate the safe implementation of operational procedures that are not feasible in a one-on-one or remote delivery model.

If it is Essential:

- Encourage participants to stay home if they have flu like symptoms, fever or a cough.
- Assure participants that alternative sessions will be provided, so that anyone feeling unwell does not feel pressured to attend.

Physical Distancing

- In-person meetings/training may have no more than 50 people total, and only if 2 metres between participants can be ensured. If 2 metres cannot be maintained between participants, either a larger space or more than one session will be required.
- Ensure that 2 metres between participants is maintained via all means necessary, including limiting seating usage, posting signage on physical distancing to set expectations that participants will maintain safe distances.
- Have attendees enter and leave the space in single file maintaining 2 metres physical distance requirements.
Personal Hygiene

- Wash hands with soap and warm water for 30 seconds before and after leaving the meeting/training.
- Greet people with a wave instead of a handshake.
- Avoid touching your face except immediately after hand washing.
- Cough or sneeze into your own arm.
- Provide training materials in electronic form to avoid the passing of documents between participants.

Cleaning and Disinfecting

- Meeting organizer must arrange to have equipment cleaned and disinfected prior to the start and after meeting/training is completed. Ensure that cleaning and disinfecting of all high-touch surfaces is included.

Advice on Meetings or Trainings at UBC

If you have any questions or require advice about Meetings or Trainings at UBC, please contact Safety & Risk Services by emailing ready.ubc@ubc.ca.

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1 By order of the Provincial Health Officer – March 16th, 2020.