



***Shuswap Association
for Community Living***

Safety Plan – Phase 2

**Last Updated
February 5, 2021**

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SECTION 1: Introduction

The purpose of this document is to outline control measures put in place by SACL to minimize or eliminate the potential for transmission of communicable disease in the workplace and community while continuing to provide essential services to individuals with intellectual disabilities.

This document is a working document that is updated and changed as new information or directives are provided and current data is analyzed and adjusted to accommodate changing areas or levels of risk.

Ongoing guidance for the preparation of this document is provided by the following sources:

- ❖ All related orders and directives received from Health Canada & Health BC
- ❖ WorkSafeBC legislation, requirements, and Best Practices
- ❖ The British Columbia provincial government Restart Plan
- ❖ Interim Guidance to Social Service Providers (April 4, 2020)
- ❖ Best Practices from Centers for Disease Control
- ❖ CLBC Stage 2 Recovery: Self-Assessment for Service Providers
- ❖ SACL Pandemic Continuity Plan
- ❖ SACL Policies and Procedures
- ❖ SACL Risk Assessments
- ❖ Input and contributions from Management, OH&S Committee Members, and frontline Staff

Definitions

Health Hazard

1. A condition, a thing or an activity that:
 - a. endangers, or is likely to endanger, public health, or
 - b. interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or
2. A prescribed condition, thing or activity, including a prescribed condition, thing or activity that:
 - a. is associated with injury or illness, or
 - b. fails to meet a prescribed standard in relation to health, injury or illness.

Undue Hazard is an “unwarranted, inappropriate, excessive, or disproportionate” hazard. For COVID-19, an “undue hazard” would be one where a worker’s job role places them at increased risk of exposure and adequate controls are not in place to protect them from that exposure.

Responsibilities

Employers are responsible for the health and safety of their workers, and all other workers at their workplace. They are responsible for completing and posting the COVID-19 Safety Plan and to train and educate everyone at the workplace of the contents of that plan. Employers are also responsible for having a system in place to identify the hazards of COVID-19, control the risk, and monitor the effectiveness of the controls.

Workers are responsible for taking reasonable care to protect their own health and safety and the health and safety of other people at workplace. In the context of COVID-19, this means workers are responsible for their own personal self-care, which includes frequent hand washing and staying home when sick. Workers are also responsible for reporting unsafe conditions to their employer, and following the procedures put in place by the employer to control the risks associated with COVID-19.

The **owner** or the **prime contractor** (in this case Shuswap Association for Community Living) is responsible for coordinating health and safety at a workplace where workers of two or more employers are working at the same time. This includes doing everything that can reasonably be done to establish and maintain a system or process to ensure compliance with WorkSafeBC laws and regulations generally, including ensuring an effective system to control the risks associated with COVID-19

First Aid Attendants

During the COVID-19 pandemic, first aid attendants provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify standard protocols for first aid treatment to reduce the potential for transmission. Please see the attached safe work practice for precautions. All SACL front line staff are trained in First Aid/CPR and will administer ‘hands only’ method of CPR during the pandemic.

Resolving Concerns about Unsafe Work

Workers have the right to refuse work if they believe it presents an undue hazard. If the matter is not resolved, the worker and the supervisor or employer must contact WorkSafeBC. Once that occurs, a prevention officer will consult with workplace parties to determine whether there is an undue hazard and issue orders if necessary

For more information, see Occupational Health and Safety Guideline G3.12.

Legislative Questions or Concerns

Workers and employers with questions or concerns about workplace exposure to the COVID-19 virus can call WorkSafeBC's Prevention Information Line at 604.276.3100 in the Lower Mainland (toll-free within B.C. at 1.888.621.SAFE). You'll be able to speak to a prevention officer to get answers to your questions, and if required, a prevention officer will be assigned to assess the health and safety risk at your workplace.

Protecting Mental Health

Workers in the workplace may also be affected by the anxiety and uncertainty created by the COVID-19 outbreak. It's important to remember that mental health is just as important as physical health, and to take measures to support mental well-being. Here are some resources that can assist with maintaining mental health in the workplace during this time.

- ❖ **COVID-19 Psychological First Aid Service:** Information and Signup (British Columbia Psychological Association) – Free virtual counselling provided by registered psychologists.
<https://find.healthlinkbc.ca/ResourceView2.aspx?org=53965&agencynum=68210455>
- ❖ **COVID-19: Staying Well In Uncertain Times** (Canadian Mental Health Association – B.C.) – Tips and information on how to reduce and manage anxiety in the workplace due to the COVID-19 outbreak
<https://cmha.bc.ca/covid-19/>
- ❖ **Managing COVID-19 Stress, Anxiety and Depression** (Ministry of Mental Health and Addictions) - Tips and resources on things we can do as individuals and collectively to deal with stress and support one another during these challenging times.
<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/managing-covid-stress>
- ❖ **Mental Health and Psychosocial Considerations During COVID-19 Outbreak** (World Health Organization) – These mental health considerations were developed by the WHO's Department of Mental Health and Substance Use as messages targeting different groups to support for mental and psychosocial well-being during COVID-19 outbreak.
<https://www.who.int/publications/i/item/mental-health-and-psychosocial-considerations-during-the-covid-19-outbreak>
- ❖ Mental Health and COVID-19 (Conference Board of Canada) – Videos on different aspects of mental health, including coping with anxiety, job loss, and dealing with isolation.
<https://www.conferenceboard.ca/services/webinars>
- ❖ Taking Care of Your Mental Health (COVID-19) (Public Health Agency of Canada) – Tips and resources for taking care of your mental health during the COVID-19 outbreak.
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/mental-health.html>
 - ❖ Humana Care (SACL Employee Assistance Program).
1-800-661-8193 or www.humanacare.com
- ❖ Talk to your Services Manager or Union Representative for assistance and navigation through these unprecedented times.

SECTION 2: Assessing the Risk

See Appendix A – Risk Assessment & Mitigation Plan

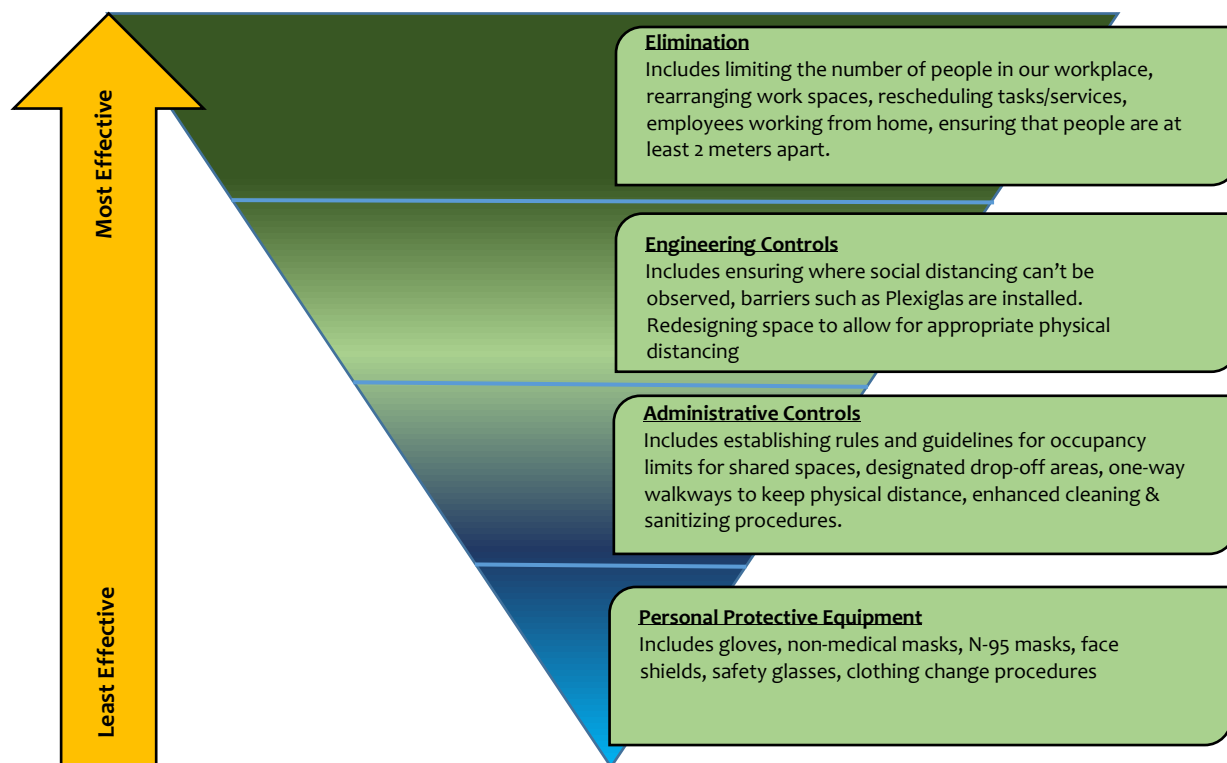
Infection Prevention and Exposure Control Measures

Infection prevention and exposure control measures help create a safe environment for Persons Supported and staff. Infection Prevention and Exposure Control Measures for Communicable Disease describes 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.

Public Health Measures

Public Health Measures are actions taken across society at the population level to limit the spread of the SARS-CoV-2 virus and reduce the impact of COVID-19. The Provincial Health Officer has implemented public health measures, including: prohibiting mass gatherings, requiring travelers to self-isolate or quarantine upon arrival in B.C., effective case finding and contact tracing, and emphasizing the need for people to stay home when they are sick, and social distancing.

Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease



Elimination is the first level of protection. SACL has implemented policies and procedures to eliminate potential spread of a virus by having staff work from home where applicable, limiting the number of people in work spaces, meeting virtually or outside to provide essential services when possible.

Engineering Controls is the second level of protection, and are changes implemented to your physical environment that reduce the risk of exposure. Examples include being in outdoor spaces, ensuring good ventilation and air exchange, using visual cues for maintaining physical distance, erecting physical barriers where appropriate and frequent cleaning and disinfection.

Administrative Controls are measures enabled through the implementation of policies, procedures, training and education. Examples of these include the SACL Pandemic Continuity Plan, health and safety policies (Examples include maintaining physical distance/minimizing physical contact, washing your hands frequently, coughing into your elbow and staying home from work if you are sick.), decreased attendance for services, restricting visitors, staggered schedules, using virtual learning opportunities.

Personal Protective Equipment 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. Where situations arise to provide essential services, and social distancing is not possible, SACL staff have access to personal cloth masks, disposable non-medical masks, N-95 masks & face shields for providing personal care in close proximity should a person supported show symptoms of the virus. Staff in situations where they provide close personal care are also required to change clothing before and at the end of each shift.

SACL has implemented a combination of measures at different levels, as described in this document.

SECTION 3: Reducing the Risk

Background

SACL currently provides services to adults only.

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
- ❖ Persons with developmental disabilities may display increased risk up to 10- 20 years earlier due to premature aging
- ❖ 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, however many SACL Persons' Supported and some staff members meet the criteria listed above for increased risk for more severe outcomes should they contract the virus.

Public Health Measures

SACL has complied with all applicable Health Authority orders & directives. Specific Orders pertaining to SACL include:

- ❖ Mask Requirements (Bonnie Henry – November 19, 2020)
- ❖ Gathering & Events (Bonnie Henry – August 7, 2020)
- ❖ Mass Gatherings (Bonnie Henry, May 22, 2020)
- ❖ Workplace COVID-19 Safety Plans (Bonnie Henry, May 14, 2020)
- ❖ Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their facilities (BC Centre for Disease Control – April 4, 2020)
- ❖ Letter to CLBC from Deputy Provincial Health Officer (April 1, 2020)

If a Staff Member or Person Supported is ill:

All Staff and Persons Supported will be required to partake in a health check pre-screening process before commencing each shift or attending services (**See Appendix E.8**). The pre-screening will include all questions required by the Center for Disease Control, and the Health Authority. SACL will also have non-touch temperature monitors for those entering any SACL Service area.

Any persons supported or staff who are experiencing unusual COVID-19 symptoms of any kind need to stay home and be assessed by their health care provider and tested for COVID-19.

If you are at all unsure of your status, call the 24 hour health unit at 8-1-1. The COVID-19 Symptom Self-Assessment Tool is a valuable resource to help assess whether you should be staying home or not.

When someone is symptomatic, they are required to self-isolate and follow directions provided by their health care provider. Anyone considered in close contact with anyone showing symptoms of COVID-19 should contact 8-1-1 and follow their direction.

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 persons supported, staff, parents and caregivers have access to health care providers and that appropriate supports are in place.

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 in a school or workplace.

Elimination Measures

Policies and procedures put in place to limit the number of people in SACL workspaces

- ❖ All staff who were not required for service provision or who resided with someone, or were themselves in a 'high-risk' category were either granted a voluntary temporary leave of absence, or were allowed to work from home whenever possible
- ❖ All group services were cancelled for those who did not wish to attend. Those who wished to continue services had services/schedules revised to provide the maximum amount of service while remaining within the directives of the Health Authority and WSBC requirements
- ❖ Many services moved outdoors to an area where social distancing is easier than an enclosed space or are being provided virtually
- ❖ Policies & procedures (including the SACL Pandemic Continuity Plan and the SACL Safety Plan) have been put in place and sent out to staff to reinforce social distancing protocol
- ❖ Health, safety, & distancing signage applied to all locations as per the SACL COVID-19 risk assessment

Engineering Controls

Where physical distancing cannot always be maintained, barriers are put in place. SACL has implemented barriers based on WSBC's 'COVID-19 health and safety – Designing effective barriers'

- ❖ Plexiglas partitions placed in HWLS, PEP, CES offices & common areas to maximize people allowed in the space for essential services, while providing protection from contagion.
- ❖ Tables, chairs, workstations, computers and other shared items removed from the workspaces to allow all remaining stations and accommodation to be 6 feet apart.

Administrative Controls

SACL will implement the following administrative controls to ensure rules and guidelines for occupancy limits for shared spaces, designated drop-off areas, Staff/Person Supported health pre-checks, visitor limitation, one-way walkways to keep physical distance, and enhanced cleaning & sanitizing procedures are established prior to entering into Phase 2.

- ❖ Occupancy limit signage posted in each room and at each SACL location
- ❖ Designated drop-off/pick-up areas and procedures have been determined for HWLS & PEP
- ❖ Visitors and caregivers restricted from entering premises – staff member will meet any Person Supported outside the building to provide support into program where required
- ❖ Signage indicating safe walking (one-way) paths, ‘stop & look’ areas, 6 foot outlines for stations & ‘stop here & wait for assistance’ to ensure appropriate physical distancing.
- ❖ Upon entry to work or services, Persons Supported & staff will complete a health ‘pre-check’ that involves answering health questions (BC Health & CDC), as well as being monitored (non-touch) for temperature upon entry of each service or shift. Anyone answering ‘Yes’ to any of the questions, or registers a temperature, will not be admitted to the premises.
- ❖ Additional sanitizing stations/signage at the entrance of each service area
- ❖ Increased cleaning, sanitizing & protection procedures & protocols for general cleaning & surfaces, bathrooms, frequently touched shared surfaces, shared supplies/office equipment & technology (Vital Oxide wipe, spray, mist & foggers)
- ❖ Removal of shared items that are not easily cleaned/disinfected
- ❖ Policy & procedures for working at home safely for staff (safe work environment checklist, ergonomic information for home offices)
- ❖ Policy & procedures for determining workers safety when working alone from home (safety/check-in)
- ❖ Staff, Management & Persons Supported training for COVID related procedures (including prevention of spread of virus, cleaning procedures, use of PPE, protecting your mental health etc.)
- ❖ Policies/procedures for vehicle use & cleaning procedures when transportation of Persons Supported is required for essential service
- ❖ Clothing change requirements for persons working in staffed residential facilities if applicable

Personal Protective Equipment (PPE)

As the last line of defense against the virus, and in situations where physical distancing is not possible in direct essential support services, SACL will provide the following protective equipment, and provide training on how and when to use appropriately. Staff are responsible for the cleaning and maintenance of reusable PPE assigned to them.

For all staff (and Persons Supported where applicable and available):

- ❖ Gloves (disposable)
- ❖ Disposable (non-medical) masks
- ❖ Re-usable (non-medical) cloth masks

For specific staff providing essential services where physical distancing may not be possible, or where Persons Supported may not be able to adhere to or understand the protective measures in place to prevent the spread of the virus (provided when required as well as the items listed above):

- ❖ N-95 disposable or reusable masks (to use if Person Supported is symptomatic for COVID-19)
- ❖ Face Shields (non-medical)
- ❖ Safety goggles
- ❖ Clothing change requirements (where applicable)

If providing essential services to anyone who has tested positive for COVID-19, additional personal protective equipment (PPE) may be required, including but not limited to, all of the following:

- ❖ 3 layer mask
- ❖ Protective plastic shield
- ❖ Disposable gloves
- ❖ Disposable protective gowns
- ❖ Disposable booties (foot protection when supporting individuals in their private homes)

All PPE requirements will be provided by SACL.

Masks & Face Shields:

Effective November 19, 2020, masks must be worn in all public settings. This includes the SACL workplace, and any indoor community locations. A mask is defined as a medical or non-medical mask that covers the nose and mouth. Face shields are not a substitute for a mask, as there is an opening below the mouth. Face shields can be used as an added layer of protection, especially when supporting an individual who is unable to wear a mask.

Masks must be worn at all times when in common areas of the building, and in areas where a consistent social distance of 6 feet (2 meters) cannot be maintained.

Effective February 4:

In compliance with Health Canada recommendations, and in light of the increased detection of the variants of the COVID-19 virus that has proven to spread more rapidly than the original strain, we are now highly recommending that all staff comply with the 3 layer masking process.

Health Canada recommends: ***Face coverings should be made of at least 3 layers. Two layers should be tightly woven fabric such as cotton or linen, and the third layer a filter layer.***

SACL has provided all staff with 2 layer tightly woven (black) face masks, and we are now strongly recommending that a third disposable paper mask, which SACL will also provide, be worn either under or over your provided cloth mask.

People who may be exempt from this directive are Persons Supported who cannot put a mask on (or off) without the assistance of others, those who cannot wear a mask for psychological,

behavioural or health condition, or those with a physical, cognitive or mental impairment, and children under 12. Children between the age of 2 -12 are strongly encouraged to wear a mask.

Any staff member providing services for SACL who does not wear a mask in the required areas or does not comply with the Provincial Health directive will be sent home without pay until compliance is achieved.

Additionally, in public spaces outside the agency, people in non-compliance may have additional consequences issued by an enforcement officer which can include being asked to leave the space or being subject to fines.

Fines for individuals not complying with the Provincial Health Orders are in excess of \$230
Fines for businesses not enforcing the Provincial Health Orders are in excess of \$2,300

For the newest information on Provincial Health Orders, visit: www.gov.bc.ca/COVID-19

General Cleaning & Sanitizing Requirements:

Cleaning and Disinfection Regular cleaning and disinfection are essential to preventing the transmission of COVID-19 from contaminated objects and surfaces. SACL and staff all have a joint shared responsibility to ensure our work areas are clean.

SACL locations should be cleaned and disinfected in accordance with the Vital Oxide – Sanitizing and Disinfecting Procedures Listed Below:

Vital Oxide –Sanitizing and Disinfecting Procedures

We will be using only Vital Oxide for all cleaning, sanitizing, and disinfecting. Please remove any other products from program areas.

Note: All staff are required to wear an apron (SACL provided) when handling Vital Oxide.

Both fogging and misting use undiluted Vital Oxide – straight from the jug. This disinfects and kills the COVID-19 Virus:

Fogging = using Fog Master Junior

Fog around the perimeter of the area first then fog the middle empty space towards the ceiling at about a 45 – 55 degree angle. Setting should be set close to as low as possible – surfaces should NOT be soaked, just lightly misted.

In areas where there are higher numbers of people coming and going, fogging will need to be done more frequently:

- **HWLS** – fog all areas at the end of each day
- **PEP** – fog all areas including bathrooms at the end of each day
- **CES** – fog at the end of the day Friday

- **1st Avenue** – fog upstairs areas on Friday
- **Admin** – fog at the end of the day Friday
- **HWLS Van** – fog once per week
- **BL Van** – fog after recycling on Tuesday

Misting = using the Vital Oxide mister bottles.

Lightly mist surface using spray bottle – do NOT soak surfaces. The misting pump is made to have a continuous spray. Pull the trigger once, mist comes out, move mister around area. If it is a smaller area you need to mist, can pull the trigger part way.

Sanitizing = does not kill COVID-19 Virus; but, does kill bacteria, EColi, Staphylococcus. Use for regular cleaning of bathrooms and soiled surfaces. **Mix 9 parts water to 1 part Vital Oxide.** Will need to be misted or fogged afterwards to disinfect (kill COVID-19 virus).

Staff spaces – only one staff should be using each office space throughout the day. If you are done with an area part-way through the day and another staff may be using this area after you, mist commonly touched areas such as chair, work surface, keyboard (once we have covers – in the meantime continue to use saran wrap on these).

Shared Office Items – eg. Hole punch, file cabinet handles – mist after touching.

Common Areas (Lunchroom, TV Room, PS Computer Area/Kitchen Area, Locker Room)

Encourage PS to use the same chair throughout the day or at least part of the day. The same thing applies to items such as pencil crayons, craft supplies, or game pieces. If one PS is finished using an area or item, mist it. Clean spills and debris throughout day using sanitizing mixture.

Bathrooms – Sanitize as usual once per day using **9:1 mixture of water and Vital Oxide.** If possible, mist after each use. Focus on commonly touched areas: toilet handle, lids, soap dispenser, faucet, door handles, and paper towel dispenser. Mist throughout day.

Van and Staff Vehicles – mist after each outing – seat buckles, door handles, any areas you have touched (rearview mirror/seat adjustment handle/steering wheel/shifter). Fog SACL vans once per week or if someone in the van was displaying COVID symptoms. Mistors can be kept in vehicles when temperature is in mid-range – must be stored above 4 degrees and below 49 degrees. Note: before using on your vehicle you may want to do a test patch as in rare cases it has discolored carpet and upholstery.

In all cases above, if it is convenient to use the fogger instead of misting, please do so. It uses less product and does a more thorough job.

Diligence:

The key for an Infection Prevention Program to work is diligence. You are all accountable to yourself, your co-workers, the people we support, and the public. If you think

something might need to be disinfected, grab a mister or fogger and do it. The more you get in the habit the better the results will be.

Lists of Areas to remember:

- ❖ Work stations and objects within them
- ❖ Computer keyboards
- ❖ Door handles
- ❖ Hand Rails
- ❖ Bathrooms
- ❖ Fridge/Stove/microwave/dishwasher handles and door sides
- ❖ Cabinetry handles
- ❖ Vehicles – anywhere you or passenger has touched

Note: Staff and Persons Supported may be issued a container with personal supplies to only be used by the assigned individual, and to be kept in their locker or other storage space that is uncontaminated by other Staff or Persons Supported. Staff will be responsible to clean the items in these packages prior to storing them at the end of each day.

Laptops, computer keyboards may also be assigned to an individual for only the use of the individual assigned. Staff are responsible for cleaning and keeping these items for their own use during shifts in shared spaces.

Other Cleaning Guidelines:

- ❖ Where possible, shared office items and/or frequently touched items will have a protective film installed for removal/replacement or disinfection after each use.
- ❖ Clean & disinfect any surface that is visibly dirty
- ❖ Remove items that are not easily cleaned if possible (fabric or soft items)
- ❖ Empty garbage containers daily
- ❖ Wear disposable gloves when cleaning bodily fluids
- ❖ Wash hands before and after wearing and removing gloves

Additional Requirements:

- ❖ Use only paper hand towels for hand washing (remove fabric cloths/towels)
- ❖ Wash hands before & after using reusable items (such as dishes etc.)

Cleaning Supplies & Disinfectants:

(See BCCDC ***Cleaning & Disinfectants for Public Settings*** guidance sheet & Vital Oxide mixing and use instructions above)

Vital Oxide Cleaning Solution & Disinfectant

SACL uses Oxiver disinfectant cleaner agency wide for all sanitizing and disinfecting processes.

Vital Oxide is non-toxic and will not cause irritation through contact to skin, inhalation or ingestion.

It may cause mild irritation if contacted with the eyes.

For full information see the Vital Oxide MSDS sheet (Appendix E-1)

Technology Cleaning Guidelines:

Dos & Don'ts

Do cover technology items (touch screens, keyboards etc.) with plastic film
Never spray or pour any liquid directly on to the computer, keyboard or monitor.

Caring for Technology

Occasionally clean the exterior of your computer as follows:

1. Use only mild cleaning solutions (non-ammonia based and non-abrasive) and a damp lint-free, soft cloth to clean the painted surfaces of the computer.
2. Apply Vital Oxide solution onto the cloth.
3. Absorb the sanitizer into soft cloth.
4. Squeeze out any excess liquid from the sponge or cloth.
5. Wipe the cover using a circular motion taking care not to let any excess liquid drip.
6. Wipe the surface to remove any left-over sanitizer.
7. Rinse the cloth with clean running water and squeeze out any excess liquid.
8. Wipe the cover with soft cloth.
9. Wipe the surface again with a dry, lint-free, soft cloth.
10. Wait for the surface to dry completely and then remove any fibers left from the cloth.

Cleaning your Computer Keyboard

1. Cover your keyboard with plastic film at the start of use
 2. Remove plastic film from keyboard and discard after logging out each time from each computer
- OR**
1. Absorb some Vital Oxide solution on a lint-free, soft cloth.
 2. Squeeze out excess liquid from the lint-free, soft cloth.
 3. Wipe the keytop surface with the lint-free, soft cloth, ensuring no liquid drips on or between the keys.
 4. Allow to dry.

Cleaning your Monitor

1. Gently wipe the display with a dry, lint-free, soft cloth
 2. If a stain, smudge, or other blemish remains, moisten a lint-free, soft cloth with eye glass cleaner.
 3. Wring out as much of the liquid as you can from the lint-free, soft cloth.
 4. Wipe the display again; do not let any liquid drip into the computer.
 5. Allow the display to dry, then close the lid if the computer has one.
- ❖ Anti-static LCD cleaning cloths, Kim Wipes, and some types of lens cleaning wipes are also acceptable alternatives for a lint-free, soft cloth.

SECTION 4: Training

Training

SACL Management & Staff have been provided at minimum, the following training or education:

Universal Precautions - in-house training at orientation & at staff meetings

COVID-19 Health & Safety Training for Workers (HRDownloads) - online competency training

Cleaning & Sanitizing Procedures (WSBC & BCCDC) - in-house training at orientation & at staff meetings)

SACL Pandemic Continuity Plan - in-house training at orientation & at staff meetings

Health & Safety Policies & Procedures - in-house training at orientation & at staff meetings

Working from Home Policy - in-house training at orientation & at staff meetings

Proper Hand-Washing Procedure (WSBC) - in-house training at orientation & at staff meetings

Selecting and Using Masks (WSBC) – in-house training at orientation & at staff meetings

PPE Training, General (HRDownloads) – competency training at orientation and as required

PPE Training, Specific - in-house training at orientation or as applicable per instance based (n-95 masks, shields, safety goggles, shoe booties etc.)

Mandt Training – All staff certified after hire (Violence De-escalation & Prevention)

First Aid Training – All staff certified

Mental Health Training – All Managers (required), available to all staff upon request

IT Cyber Security Training (HRDownloads) – competency training (May, 2020)

CLBC Privacy Training (CLBC) – competency based web training at orientation & as required

Other Training – as required.

SECTION 5: Monitoring & Ongoing Assessment

Monitoring

SACL Services Managers are responsible to monitor their service area and staff on an ongoing basis to ensure compliance with all directives, policies, and procedures.

Ongoing Assessment

SACL will continue to assess the risk in the areas we provide services. This will include our agency buildings & homes, individual homes of person supported and staff, vehicles, and community settings.

Assessment will be achieved by a collaborated approach with Management, the Joint Occupational Health and Safety Committee and front line staff. SACL encourages all workers who have safety concerns to raise those concerns to your Services Manager, your joint health & safety committee member, or your union representative.

The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, and from touching a contaminated surface before touching the face. Higher risk situations require adequate protocols to address the risk.

- ❖ The risk of person-to-person transmission is increased the closer you come to other people, the amount of time you spend near them, and the number of people you come near. Physical distancing measures help mitigate this risk.
- ❖ The risk of surface transmission is increased when many people contact same surface, and when those contacts happen in short intervals of time. Effective cleaning and hygiene practices help mitigate this risk.

Updating the Plan

The SACL Safety Plan will be reviewed at least monthly (or as needed) during a pandemic, at a Manager's Meeting, and at the OH&S meeting. Updates to the plan will be implemented as required. Any updates to the plan will be sent out to all staff via the communication log in Nucleus.

The Plan & updates will also be posted on the SACL website for information and review by Persons Supported and Caregivers. Staff will educate and train Persons Supported on all relevant procedures on a regular basis.

In non-pandemic times, the Plan will be reviewed on an annual basis or as necessary

Appendices – See Attached Documents

Appendix A

Stage 2 Recovery Plan for Shuswap Association for Community Living Risk Assessment & Mitigation Plan (Service Delivery)

Agency Name: Shuswap Association for Community Living

Date Submitted to CLBC: June 26, 2020

Agency Contact: Sarah White

Submitted to: Sarah White

| 1. Individual Specific Considerations | |
|--|---|
| Risk Areas Identified | Risk Mitigations |
| <ul style="list-style-type: none">-Persons who are at higher risk to develop severe illness from Covid-19 infection (underlying medical conditions, concurrent conditions, older persons 60+ or younger persons who display early symptoms of aging, living with or supported by vulnerable people)-Persons with inability to understand or comply with infection control measures and PHO (hand hygiene, physical distancing, coughing into 'germ pocket', not touching face, use of PPE)-Persons not able to wear masks and /or bothered by others wearing masks-Persons choosing to not comply with PHO-Persons requiring support with personal care-Persons experiencing mental health concerns, isolation-Persons wishing to participate but family/caregivers concerned-Lack of access to technology or reliable internet-visitors within the home-driving with person supported (supported living transportation)-if residential is showing any signs of Covid symptoms | <ul style="list-style-type: none">-Assessment of each person supported to determine risk and planning for support to minimize risk- Assessment to include weighing of risk of adjusting services versus not adjusting – eg. Increase of mental health issues if continued isolation versus medical risk if returning to services- Individual's desire to return to services to be assessed-Continuing online activities to all persons supported-1:1 support, small bubbles that limit exposure-Limit number of support staff with persons/program to limit exposure- Offering activities that are strictly community based. Either meet individuals in a community location or at their home- Individualized services offered to meet each person's needs – combination of in-house, community 1-1, community group, on-line, and possibly at home services- Before returning to group situation, assess and ensure ability to follow health measures.-All visitors at our staffed residential site will complete a health check form prior to entry- upon arrival staff at residential are to change into clean clothes |

Appendix A

| | |
|---|---|
| | <ul style="list-style-type: none">-only one person in the vehicle per row of vehicle/sitting diagonally-face masks are used daily, if client is symptomatic face shields would be worn.-Training regarding health measures (physical distancing, hand washing, PPE, safe coughing, face touching, etc). Task Analysis completed when necessary with repetitive practice leading to increased independence. Staff modeling of all health measures.-Signs, markings, social scripts, visual supports for clear understanding by all-Increased use of PPE by staff when providing personal care or in close contact with persons. Close monitoring of persons to identify areas of PPE concern.-Frequent check-ins for persons experiencing mental health concerns / isolation-Communication with caregivers/family members regarding Safety Plans; address concerns-Lending of technology, when necessary-Behaviour Lead support to address behavior challenges and provide proactive support |
| <p>ADDITIONAL COMMENTS:</p> <p>As persons supported return to global programs, because the groupings will be smaller than the 1:6 ratio prior to the pandemic, number of actual hours of service received by each individual will be less. If person A previously received 5 full days of service and person B received 1 day of service, do these percentages need to be maintained? Or will hours of service be delivered on a need basis? If person B wants and/or needs more service than person A, can they receive this increase of services?</p> <p>If an individual has 1-1 service hours and choses to continue to isolate, can we re-deploy staff to work with individuals in other areas where there is now a greater need of staffing hours? Or do we lose this funding?</p> <p>Some individuals live out of Salmon Arm. This could limit the options available to them for services. Eg. No options for in-home services because not enough mileage available in the contract.</p> | |

Appendix A

| 2. Workplace Specific Considerations | |
|---|--|
| Risk Areas Identified | Risk Mitigations |
| <ul style="list-style-type: none"> -Occupancy allowing for physical distancing -Unexpected visitors exceeding occupancy limits -Exposure to ill/infected persons supported and staff -Frequently changing information, guidelines and policies -Improper use of cleaning agents and PPE -Cleaning agent and PPE supply -Traffic flow/persons passing without distance -Blind corners -Multiple agencies supporting persons, inconsistencies -Activities in community locations where we do not control environment. | <ul style="list-style-type: none"> -Risk Assessments completed at each site -Occupancy limits determined per WorkSafeBC direction -Daily screening, upon entry, of all persons and staff (temperature checks, signing documentation stating symptom-free) -Monitoring and supervision so ill persons/staff sent home if ill -No visitor policy in CI programs; residential visitors screened (temp checks and symptom-free declaration) -Locked exterior doors -Policies clearly communicated to all stakeholders -Sufficient supplies of cleaning agents and PPE -Staff training on cleaning protocols and proper use of PPE -Removal of furniture, computers and work stations to allow for physical distancing -Markings on floor to indicate traffic flow -Separate entrance and exit, where possible -Hand Sanitizer at each entrance -Mirrors installed for blind corners -Limit items brought into services by persons supported and staff to absolute necessities -Communication between agencies when multiple providers involved to ensure consistency -Community locations assessed on a case-by-case basis to determine if health measures can be maintained. If this is not possible, activity will not occur there. -For Community Employment Services and Community-based volunteer programs (Food Bank, Thrift Store) – Does business/organization have a COVID 19 plan in place that matches with SACL's COVID 19 plan? Train SACL staff on this plan. Staff train persons supported. |

Appendix A

| | |
|----------------------|--|
| | - If staff feel that a client's home may be unsafe, they can meet the Person Supported in the community. Continue to physical distance, follow safety protocols, health directives, and use appropriate PPE. |
| ADDITIONAL COMMENTS: | |

| 3. Staff Specific Considerations | |
|---|--|
| Risk Areas Identified | Risk Mitigations |
| <ul style="list-style-type: none"> -Mental health concerns -Staff availability - limited due to CERB, concerns about safety, child care issues -Limited sick banks -Confusion/inconsistencies on what to do when symptomatic, exposure to symptomatic persons and/or exposure to person who tested positive for Covid 19 -Not following physical distance orders at work if co-workers are in their 'bubbles' outside of work -Constant changes to expectations, regulations and policy -Privacy and security concerns when working from home -Frequent problems with technology -Staff at high risk of severe illness, due to aging, health conditions, etc. - Staff working in isolation (from home) - Safe home working environment | <ul style="list-style-type: none"> -Managers trained in supporting the mental health of workers -Access to EOP & other resources; information readily available for all staff -Transparency of risks, mitigations, sharing of Safety Plans; involvement of staff throughout various stages of planning -Work accommodations when appropriate -Clear policy (shared with all stakeholders) on staying home if ill -Training in recognition of Covid 19 symptoms; policy for reporting concerns to management -Daily health screenings prior to shift – temperature checks and symptom-free declaration -Communication regarding importance of saving sick banks for when physically ill; encouraging proactive day off requests, flexibility to draw from other banks if sick bank depleted to encourage ill staff to stay home -Clear protocols to stay home if ill, inform management if reason to believe exposure has occurred, calling 811 when needed and following Health Authority direction. Ensure testing for Covid 19 when appropriate. If exposed to person who tested positive, need to isolate for 14 days, as per daily health declaration; accommodations made to work from home. |

Appendix A

| | |
|----------------------|--|
| | <ul style="list-style-type: none"> -Supervision and clear expectations that PHO must be followed at work, regardless of relationships/contact outside of work; must act as role models for all persons -Staff working from their homes whenever possible -SACL laptops provided to all regular staff to ensure security standards are met -Technology support through Administrative Supervisor -Avoid having high risk staff support persons at high risk of transmission - Develop survey for staff working from home to determine safety in their environment & to see if check-in procedures are required. |
| ADDITIONAL COMMENTS: | |

| 4. Service Specific Considerations | |
|--|--|
| Risk Areas Identified | Risk Mitigations |
| <ul style="list-style-type: none"> -Consider contact time and contact intensity; indoor activities increase risk -Available space for physical distance in all areas -Occupancy at peak times: arrival, lunch, drop off -Persons requiring support but unable to attend program -Shared supplies, appliances – increased risk through touching surfaces -Transportation – concerns about contact time and inability to physically distance -Lack of sanitizing/handwashing stations when away from program areas -Community locations closed or limited access | <ul style="list-style-type: none"> -Outdoor activities preferred -1:1 support, small bubbles - limiting number of contacts -Staggered arrival, lunch and pick up times to reduce occupancy -Remote 1:1 support when necessary -Remote group support -Continuing online activities -Individual program supplies -Frequent cleaning of any shared items - Creative ways to do activities so items are not shared -No shared dishes -Barriers used when physical distance isn't possible -Transportation considerations: persons seated in separate rows, mask wearing, short duration, public transit (following Transit |

Appendix A

| | |
|--|---|
| <ul style="list-style-type: none">-Providing support in person's home; exposure to family members, lack of PPE and cleaning agents, less control over cleaning protocols-Home Share – ensure HSP supported when other services reduced, consider risk when person supported or home share family increase contacts, ensure clear understanding about CIR requirements | <ul style="list-style-type: none">guidelines). Choose the safest transportation method for each activity.-All staff to carry hand sanitizer-Staff check ahead to ensure places/activities open and available. Increased need for new, creative ideas-When providing support in person's home must have limited exposure to family members; cleaning agents and PPE supplied by SACL and available; cleaning protocols followed; daily health checks-Home Share Providers supported by agency with frequent contact, updated information. Ensure they're aware of monitoring for symptoms, discussion of respite needs, Critical Incident Reporting requirements. Access CLBC extra funding support when appropriate.-Flexibility to adjust or remove services, if needed, communicated to all stakeholders |
| ADDITIONAL COMMENTS: | |

Violence Prevention

no change

Working Alone/Isolation

check-in?

working @ home alone?

ADMIN

Checklist

| Areas where people Gather | Yes | No | Amount | ID | Measurements | Notes |
|--|-----|----|--------|----------|--------------|--|
| Dividers needed? | | ✓ | | | | |
| Remove Computers | | ✓ | | | | |
| Remove Chairs | ✓ | | | | | ALL BUT 2 REMOVED FROM CHAIRS + 1 in KARELS office |
| Remove Tables | | ✓ | | | | |
| Remove shared office supplies/items | ✓ | | | | | USE ONLY MATERIALS / CLEANING for others |
| | | | | | | Remove from Admin Office Room. |
| Signage/Checklists | | | | | | |
| Physical Distancing Signage | | | 6 | 4 people | | |
| Occupancy limits | ✓ | | 1 | | | |
| Distance markers | ✓ | | 2 | | | |
| Guide Tape | ✓ | | 1 | | | |
| Directional Arrows | ✓ | | 2 | | | marker? |
| Hand washing techniques | ✓ | | | | | |
| Visitor prohibiting signage | ✓ | | 1 | | | |
| Personal Protective Equipment | | | | | | |
| Gloves | ✓ | | | | | |
| Masks | ✓ | | | | | |
| Shields | ✓ | | | | | |
| Cleaning Protocol | | | | | | |
| Shared office supplies | | ✓ | | | | (remove from admin copy room - even duplicates) |
| Alarm Panels | ✓ | | | | | photo, plastic |
| Photocopiers/Printers | ✓ | | | | | Photocopy Room |
| New Hand Sanitizers | ✓ | | 1 | | | on 14 day - cleaning protocol |
| Computers/keyboards | ✓ | | | | | |
| light switches/door knobs | ✓ | | | | | |
| Training | | | | | | |
| What is Covid (how spread how to prevent spread) | ✓ | | | | | |
| PPE Training | ✓ | | | | | Call/Intern (in distance/Regulations) |
| Personal Plan Training | ✓ | | | | | |
| Safety Plan Training | ✓ | | | | | |
| Cleaning procedure | ✓ | | | | | in process |
| Policies & Procedures | | | | | | |
| Cleaning Procedures & Checklists | ✓ | | | | | |
| Back to work health pre-check (Staff & PS) | | ✓ | | | | |
| Working From Home Policy | ✓ | | | | | implement for Staff + PS (w/ temperature) |
| Universal Precautions Policy | ✓ | | | | | |

Remove folding
PEP-006

[illegible]

Leave

4

Leave Small Chars (Black metal) 2 left

Get rid of Couch STUFF under stairs

Leave printer

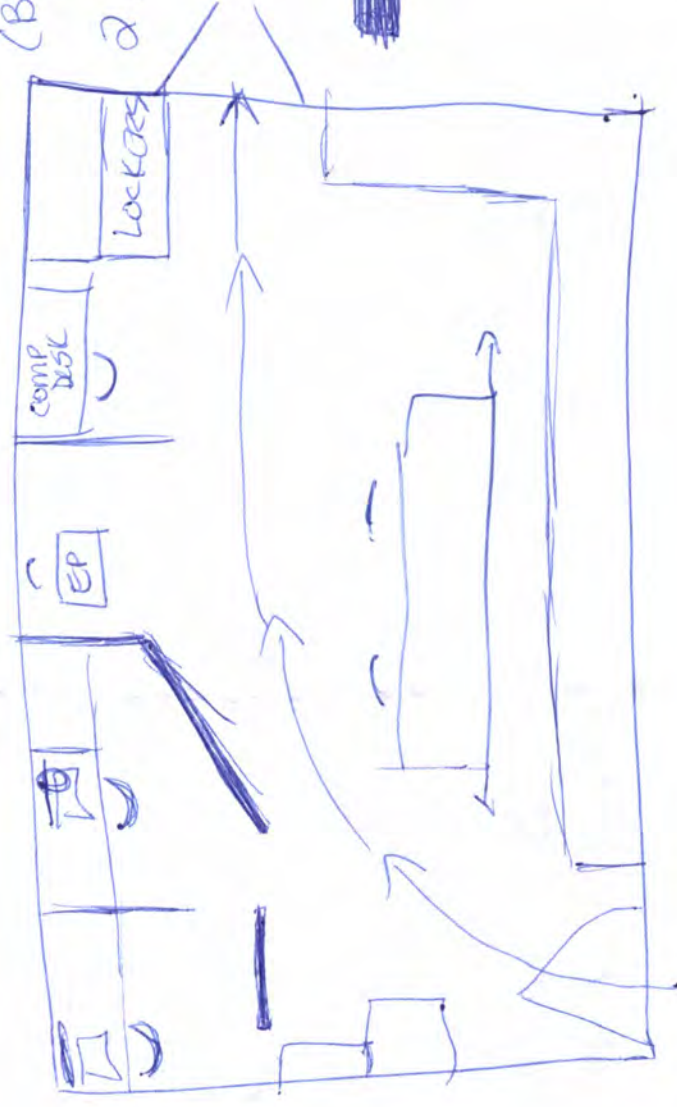
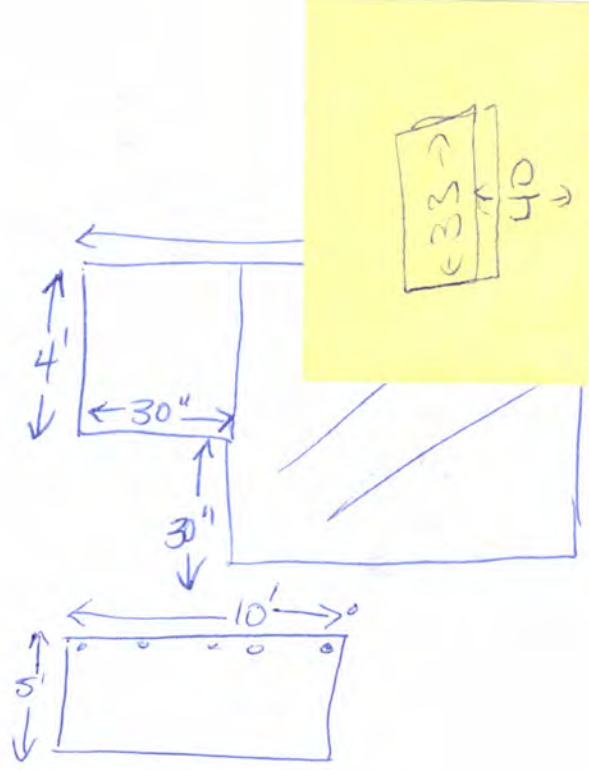
comp disk

EP

Lockers

hard sanitizer

-hard sanitizer



Remove all from \rightarrow of 8" table

PEP

June 24/20

Checklist

| Areas where people Gather | Yes | No | Amount | ID | Measurements | Notes |
|--|-----|----|--------|---|--------------|-------|
| Dividers needed? | ✓ | | 3 | 1-5 staff, 1-5 volunteers | | |
| Remove Computers | ✓ | | 3 | 2 in. power, 1 staff, 1 vol. + 1 in. Small office | | |
| Remove Chairs | ✓ | | 3 | 3 in. power, 1 staff, 1 vol. + 1 in. Small office | | |
| Remove Tables | ✓ | | 3 | 3 in. power, 1 staff, 1 vol. + 1 in. Small office | | |
| Remove shared office supplies/items | ✓ | | | (implement staff, pkg + cleaning) | | |
| Signage/Checklists | | | | | | |
| Physical Distancing Signage | ✓ | | 8 | | | |
| Occupancy limits | ✓ | | 8 | | | |
| Distance markers | ✓ | | ✓ | | | |
| Guide Tape | ✓ | | ✓ | | | |
| Directional Arrows | ✓ | | 5 | | | |
| Hand washing techniques | ✓ | | | | | |
| Visitor prohibiting signage | ✓ | | 2 | | | |
| Personal Protective Equipment | | | | | | |
| Gloves | ✓ | | | | | |
| Masks | ✓ | | | | | |
| Shields | ✓ | | | | | |
| Cleaning Protocol | ✓ | | | | | |
| Shared office supplies | ✓ | | | | | |
| Alarm Panels | ✓ | | | | | |
| Photocopiers/Printers | ✓ | | | | | |
| New Hand Sanitizers | ✓ | | ③ | | | |
| Computers/keyboards | ✓ | | | | | |
| light switches/door knobs | ✓ | | | | | |
| Training | | | | | | |
| What is Covid (how spread how to prevent spread) | ✓ | | 5 | | | |
| PPE Training | ✓ | | | | | |
| Policies & Procedures | | | | | | |
| Cleaning Procedures & Checklists | ✓ | | | | | |
| Back to work health pre-check (Staff & PS) | ✓ | | | | | |
| Working From Home Policy | ✓ | | | | | |
| Universal Precautions Policy | ✓ | | | | | |

Implementation to Staff/PS incl. Temp.

(remove / staff pkg / cleaning)
(plastic / cleaning)
(plastic / cleaning)

plastic
cleaning protocols

(available upon request / applicable)

Safety Officer's
 (x3)

invd HULS Laptop at station
 3rd

cooking
 close quarters (washrooms officers)
 occupancy (7)

| Violence Prevention | | | | | | | | | |
|--------------------------------------|---------------------|--|--|--|--|--|--|--|--|
| People involved Same risk | | | | | | | | | |
| Working Alone/Isolation | | | | | | | | | |
| Comp | HULS-002 & HULS-004 | | | | | | | | |
| Same risk | | | | | | | | | |
| Staff working from home | | | | | | | | | |

MASKS ~~*~~
 ALL
 TIMES

Get rid of lion

1 table Gray

3 chairs
 2 bags
 remove chairs ③
 1 table case

Plexi

* Shared (crafts)
 Supplies (paper)
 ② same

②

get rid of a folding table

Wd Station

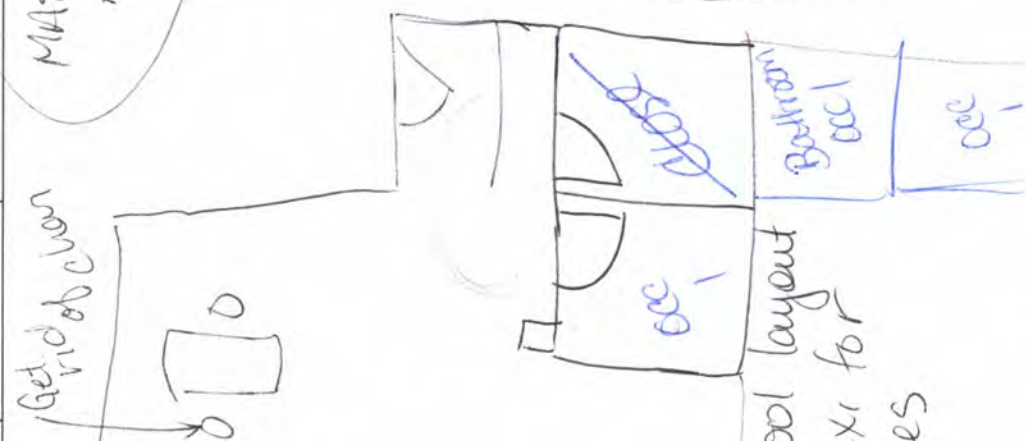
①

①
 Staff

Locker room (person with support)
 (troubled room comm)
 (only HULS)

7 max

look @ School layout
 - Consider Plexi for
 tables



cooking
 process
 reusable
 items
 - not
 cooking

Pencil cases

Refrigerator
 Refrigerator
 Dishwasher
 Dishwasher

HWLS

Checklist

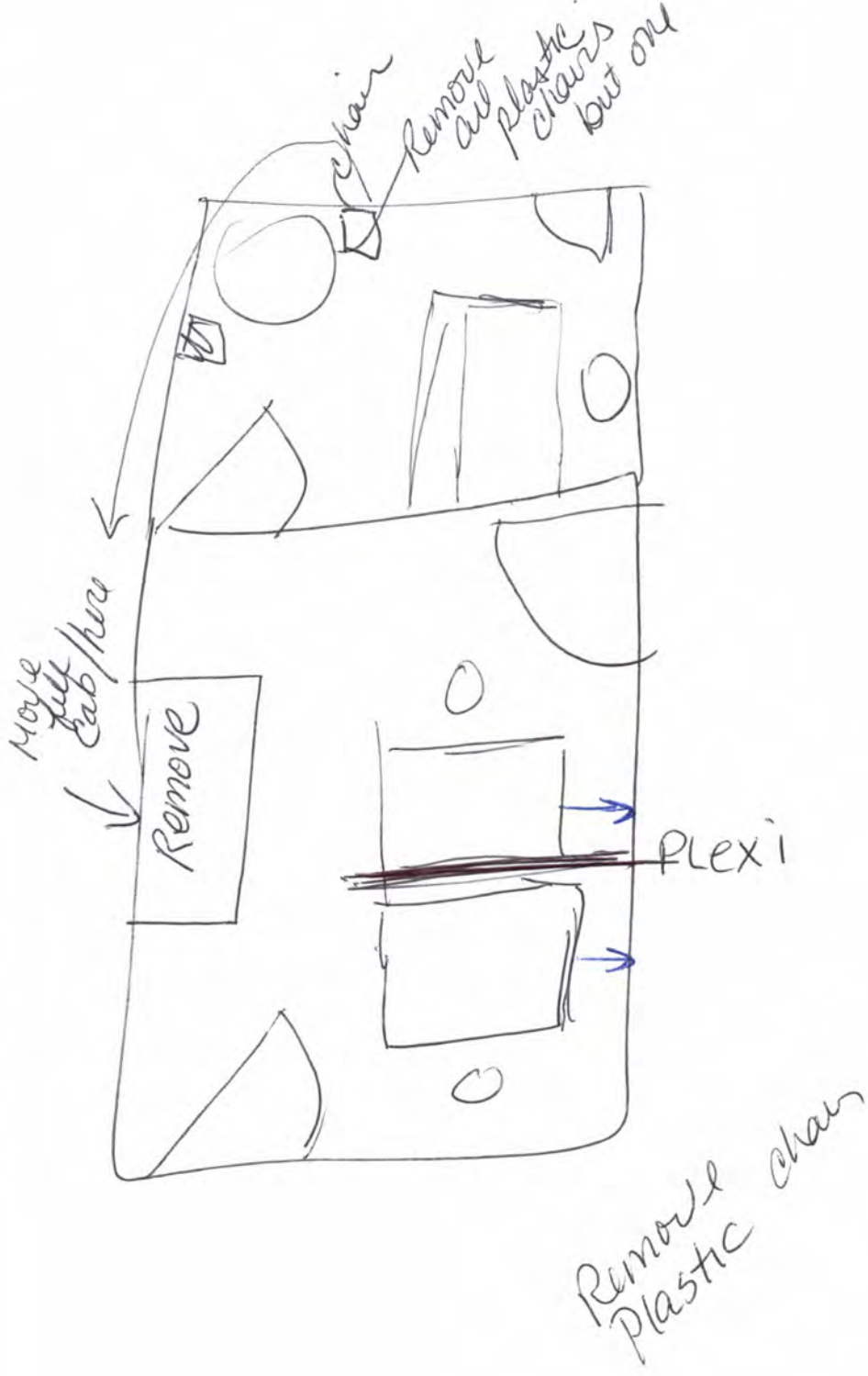
| Areas where people Gather | Yes | No | Amount | ID | Measurements | Notes |
|--|-----|----|---------|----|--------------|--|
| Dividers needed? | ✓ | | (3) | | | |
| Remove Computers | ✓ | | 3 | | | 2 main room - 1 staff room |
| Remove Chairs | ✓ | | various | | | |
| Remove Tables | ✓ | | various | | | |
| Remove shared office supplies/items | ✓ | | | | | in progress (staff have drawer) |
| Signage/Checklists | | | | | | |
| Physical Distancing Signage | ✓ | | 10 | | | |
| Occupancy limits | ✓ | | 7 | | | |
| Distance markers | ✓ | | 15 | | | |
| Guide Tape | ✓ | | 15 | | | |
| Directional Arrows | ✓ | | 15-20 | | | |
| Hand washing techniques | ✓ | | 5 | | | |
| Visitor prohibiting signage | ✓ | | 1 | | | |
| Personal Protective Equipment | | | | | | |
| Gloves | ✓ | | | | | |
| Masks | ✓ | | | | | |
| Sheilds | | ✓ | | | | (provide abt it appropriate) |
| Cleaning Protocol | | | | | | |
| Shared office supplies | ✓ | | | | | need to remove (ewm pkg) |
| Alarm Panels | ✓ | | | | | plastic |
| Photocopiers/Printers | ✓ | | | | | plastic/cleaning |
| New Hand Sanitizers | ✓ | | (3) | | | |
| Computers/keyboards | ✓ | | | | | plastic/cleaning |
| light switches/door knobs | ✓ | | | | | cleaning |
| Training | | | | | | |
| What is Covid (how spread how to prevent spread) | ✓ | | 4 | | | |
| PPE Training | ✓ | | | | | |
| Policies & Procedures | | | | | | |
| Cleaning Procedures & Checklists | ✓ | | | | | |
| Back to work health pre-check (Staff & PS) | | ✓ | | | | |
| Working From Home Policy | ✓ | | | | | compliance for staff & PS w/ temperature |
| Universal Precautions Policy | ✓ | | | | | |

Violence Prevention

Same risk as pre-conv
Policy & Check-in procedures

Working Alone/Isolation

Same risk as pre-conv
Workers @ home in isolation?



CE5

June 5/20

Checklist

| Areas where people Gather | Yes | No | Amount | ID | Measurements | Notes |
|--|-----|----|--------|--------------------------------|--------------|-------|
| Dividers needed? | ✓ | ✓ | 10/12 | front (back) | | |
| Remove Computers | ✓ | | 1 | CE5 CE5 03 + CE5 02 | | |
| Remove Chairs | ✓ | | 4 | 3 plastic / one office | | |
| Remove Tables | ✓ | | 1 | (Toni's) | | |
| Remove shared office supplies/items | ✓ | | | various | | |
| Signage/Checklists | | | | | | |
| Physical Distancing Signage | ✓ | | 2 | (one in main/back) | | |
| Occupancy limits | ✓ | | | | | |
| Distance markers | ✓ | | | | | |
| Guide Tape | ✓ | | | | | |
| Directional Arrows | ✓ | | | | | |
| Hand washing techniques | ✓ | | | | | |
| Visitor prohibiting signage | ✓ | | | | | |
| Personal Protective Equipment | | | | | | |
| Gloves | ✓ | | | | | |
| Masks | ✓ | | | | | |
| Shields | ✓ | | N/A | (Available upon request) | | |
| Cleaning Protocol | | | | | | |
| Shared office supplies | ✓ | | | | | |
| Alarm Panels | ✓ | | | | | |
| Photocopiers/Printers | ✓ | | | | | |
| New Hand Sanitizers | ✓ | | 1 | Back office | | |
| Computers/keyboards | ✓ | | | | | |
| light switches/door knobs | ✓ | | | | | |
| Training | | | | | | |
| What is Covid (how spread how to prevent spread) | | ✓ | 1 | | | |
| PPE Training | ✓ | | | | | |
| Policies & Procedures | | | | | | |
| Cleaning Procedures & Checklists | ✓ | | | | | |
| Back to work health pre-check (Staff & PS) | | ✓ | | | | |
| Working From Home Policy | ✓ | | | | | |
| Universal Precautions Policy | ✓ | | | | | |



Violence Prevention

potential for escalated violence
due to isolation

Working Alone/Isolation

Check-in procedures successful at staff meeting

working from home staff
check of an isolation

5th Street

5th

Kitchen Staff
dishies/glasses
serving

Checklist

| Areas where people Gather | Yes | No | Amount | ID | Measurements | Notes |
|--|-----|----|--------|----|--------------|-------|
| Dividers needed? | | ✓ | | | | |
| Remove Computers <i>computers</i> | | ✓ | | | | |
| Remove Chairs | | ✓ | | | | |
| Remove Tables | | ✓ | | | | |
| Remove shared office supplies/items | ✓ | ✓ | | | | |
| Signage/Checklists | | | | | | |
| Physical Distancing Signage | | ✓ | 3 | | | |
| Occupancy limits | | ✓ | | | | |
| Distance markers | | ✓ | | | | |
| Guide Tape | | ✓ | | | | |
| Directional Arrows | | ✓ | | | | |
| Hand washing techniques | ✓ | ✓ | 3 | | | |
| Visitor prohibiting signage | ✓ | ✓ | | | | |
| Personal Protective Equipment | | | | | | |
| Gloves | ✓ | | | | | |
| Masks | ✓ | | | | | |
| Shields | ✓ | | | | | |
| Cleaning Protocol | | | | | | |
| Shared office supplies | | | | | | |
| Alarm Panels | | ✓ | | | | |
| Photocopiers/Printers | | ✓ | | | | |
| New Hand Sanitizers | ✓ | | 1 | | | |
| Computers/keyboards | | ✓ | | | | |
| light switches/door knobs | ✓ | | | | | |
| Training | | | | | | |
| What is Covid (how spread how to prevent spread) | ✓ | | 3 | | | |
| PPE Training | ✓ | | | | | |
| Policies & Procedures | | | | | | |
| Cleaning Procedures & Checklists | ✓ | ✓ | | | | |
| Back to work health pre-check (Staff & PS) | ✓ | ✓ | | | | |
| Working From Home Policy | ✓ | ✓ | | | | |
| Universal Precautions Policy | ✓ | ✓ | | | | |

need to wipe down between usage (tables)

} must home
(cant post some signage)

if required/requested

need cleaning on own time

Cleaning list for 5th

signage for homes of permitted by occupants

implement pre health check for staff & preserve supporters

Violence Prevention

potential for escalated violence
due to exclusion

Working Alone/Isolation

same risk / policy & check-in
procedures

Shredder

Areas where people Gather

have been set to implement cleaning protocol

木

[illegible]

| | | |
|----------|--|--|
| Maße (3) | | |
| | | |
| | | |

| | | |
|----------------------|--|--|
| to | | |
| Cover | | |
| Cover (plastic) | | |
| Plastic | | |
| each change of staff | | |

need for durable clothing
changes

| | | |
|---------------------------------------|--|--|
| implement health check w/ temperature | | |
| | | |
| | | |
| | | |





Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities

April 4, 2020

The goal of COVID-19 public health measures in social service providers is to, as much as possible, prevent the introduction and/or spreading of the virus in social service settings and/or prevent transmission between clients and staff.

This document provides interim guidance to social service providers for the prevention and control of novel coronavirus (COVID-19) in their facilities. This guidance document is based on the latest available scientific evidence about this emerging disease and considers the limited stock of personal protective equipment (PPE) due to shortages in global supply.

- For the purposes of this document, social service providers include a variety of organizations such as shelters, friendship centres, group homes and others.
- It is vitally important that front line providers of social services continue providing essential services to vulnerable populations and implement as many public health measures as possible to prevent and control COVID-19 in their facilities (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-pho-letter-to-social-sectors.pdf>)

HOW COVID-19 IS SPREAD:

- **Step 1 – The virus is spread through infected droplets.**
 - The main way the virus is spread is when someone who is sick with COVID-19 (i.e. fever, cough, sneezing) spreads infected droplets by coughing or sneezing.
 - The droplets can travel ~ 2 meters, approximately two adult arm lengths
 - The droplets do not hang in the air, but they can land on surfaces and contaminate them (i.e. doorknobs, light switches, counters) AND/OR
 - If the person coughs or sneezes into their hands, they can transfer the virus onto things that they touch.
 - Therefore, it's recommended to cough into your elbow, or a tissue that can be thrown away immediately and do frequent hand hygiene with plain soap and water or alcohol-based



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300



- sanitizer with 60% alcohol content.
 - Antimicrobial soap is NOT required to prevent the spread of COVID-19.
- **Step 2 – A person is exposed to the virus through contact with infected droplets.**
 - Another person can be exposed to the virus if:
 - They are within 2 meters of the ill person and inhale infected droplets OR
 - They touch something that has the infected droplets on it (i.e. doorknob, light switch) and then touch their eyes, nose or mouth and the virus gets into their body.
- **Step 3 – The person who got exposed may get sick with COVID-19 up to 14 days after exposure.**
 - The virus can take up to 14 days to make someone sick after they have been exposed to COVID-19. This is called the incubation period.
 - If they become sick with symptoms compatible with COVID-19 (fever, cough, muscle aches, difficulty breathing, runny nose, sore throat, or diarrhea) then that person can start spreading the virus in the environment as per Step 1.
 - It may be possible to spread the virus even when someone has mild symptoms.

THE MOST EFFECTIVE WAYS TO REDUCE THE SPREAD OF COVID-19:

(Learn more at <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/prevention> & <http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-Prevention.pdf>):

- **SELF-ISOLATE IF YOU'RE SICK** (learn more about self-isolation at: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/self-isolation>):
 - Staying away from others for at least 10 days if you have symptoms of fever, cough, sneezing. This means staying at a distance of at least 2 meters and ideally being in your own room, using your own bathroom, and during meal times staying a distance of at least 2 metres from others and do not share food.
 - If you have access to a surgical/procedural mask, wearing it can reduce the amount of droplets you spread when you cough/sneeze.
 - If that's not available a [homemade mask](#) (like a bandana) may offer some protection (see the section 'The role of masks to prevent COVID-19' below for more information).
 - If a mask is not available, coughing into a tissue and/or your elbow is recommended, disposing of the tissue in an appropriate garbage container and performing hand hygiene immediately after.
 - In some settings, it may be difficult for clients with symptoms to self-isolate. This is addressed in the section below 'If a person has symptoms of COVID-19 and self-isolation is not possible'.
- **COMING OUT OF SELF-ISOLATION**
 - After 10 days, if your symptoms have been improving for at least 72 hours and your temperature is normal, you can return to your routine activities.
 - If after 10 days your temperature has not resolved and there hasn't been an improvement in your symptoms for at least 72 hours, you should remain isolated and seek medical attention or call 8-1-1.
- **PHYSICAL DISTANCING** (learn more at: <http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-Physical-distancing.pdf>)



- Staying at a distance of 2 meters from others, can help reduce the chance that you will inhale infected droplets.
- **HAND HYGIENE** (learn more at: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf & <http://www.bccdc.ca/health-info/prevention-public-health/hand-hygiene>)
 - Performing good hand hygiene is one of the most effective ways of reducing the spread of the infection.
 - Wash your hands often with plain soap and water for at least 20 seconds.
 - Alcohol based hand rubs (ABHR) can also be used to clean your hands as long as they are not visibly soiled. If they are visibly soiled, use a wipe and then ABHR to effectively clean them. Look for ABHR with at least 60% alcohol content.
 - Do not touch your face, eyes, nose or mouth with unwashed hands.
 - Hand hygiene is important for everyone:
 - Before and after preparing, handling, serving or eating food.
 - After personal body functions (e.g., using the toilet, sneezing, coughing).
 - Before and after using a mask.
 - After disposing of garbage or dirty laundry.
 - Whenever hands look dirty.
- **FREQUENT CLEANING AND DISINFECTION**
 - Water and detergent (e.g. liquid dishwashing soap) or common household cleaning wipes should be used for cleaning surfaces.
 - Apply firm pressure while cleaning.
 - Surfaces should be cleaned at least once a day.
 - Next, use a store bought disinfectant or diluted bleach solution, one part bleach to 9 parts water, and allow the surface to remain wet for one minute.
 - Clean surfaces that are touched often (e.g. counters, table tops, doorknobs, toilets, sinks, taps, etc.) at least twice a day and immediately after exposure to a symptomatic client.
 - Any equipment that is shared between clients should be cleaned and disinfected before moving from one client to another.
 - **If a client is suspected or confirmed for COVID-19 and has moved through your setting**, clean the entire room/bed space area, including all touch surfaces (e.g. overhead table, grab bars, hand rails). Store bought disinfectant or ready-to-use wipes can be used. Always follow the manufacturer's instructions.
 - Wash items according to manufacturer's instructions. If possible, wash with detergent at the warmest water settings possible for the items and dry completely. Dirty laundry from an ill person can be washed with other items. Hand hygiene should be performed after handling laundry.
 - You do not need to close your facility if an individual with suspected or confirmed COVID-19 has been in your setting, however proper cleaning and disinfection of the rooms and surfaces within the facility contacted by the symptomatic person is required as listed above.

Important Notes:

- Ensure the disinfectant product has a Drug Identification Number (DIN) on its label or use diluted bleach, one part bleach in 9 parts water.
- Follow product instructions for dilution and wet contact time.



- Ensure the safe use of cleaning products. This includes the use of gloves, good ventilation, etc. and other precautions advised by the manufacturer's instructions on the product label.
- Clean surfaces and items to remove visible debris from visibly soiled surfaces before disinfecting, (unless otherwise stated on the product instructions).

- **RESPIRATORY ETIQUETTE (COVERING YOUR COUGHS AND SNEEZES)**

- If you cough or sneeze you can decrease potentially spreading the virus by
 - Wearing a surgical/procedural mask if you have one
 - If that's not available a [homemade mask](#), like a bandana, may offer some protection.
 - If that's not available, coughing into a tissue and/or your elbow is recommended. Perform hand hygiene immediately after.

THE ROLE OF MASKS TO PREVENT COVID-19

- Masks can be used by sick people to prevent spreading the virus to other people. A mask can help keep a person's droplets in.
- When a person is not sick themselves, wearing a mask is not very effective at preventing the person from getting infected.
- Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask).
- **Any mask, no matter how efficient at filtration or how good the seal, will have minimal effect if it is not used together with other preventive measures, such as frequent hand washing and physical distancing.**
- Wearing a surgical mask and eye protection (i.e. glasses or goggles), may reduce your exposure risk if you are in prolonged close contact (i.e. face to face contact at a distance closer than 2 meters and for more than 15 mins) with someone who is sick with COVID-19. If a surgical mask is not available, a [homemade mask](#) (like a bandana) may offer some protection.
- COVID-19 is spread through droplets, which is why physical distancing, hand hygiene, respiratory etiquette and disinfecting protocols are the most effective means of reducing the spread of the virus. Gloves, gowns, and N95 respirators are therefore not required in for routine interactions.
- Due to the COVID-19 pandemic, (PPE) such as masks are in extremely high demand, both globally and here in British Columbia (BC). Consequently, stock and availability may be low.
- To bolster supply in BC, the province is partnering with the federal government on bulk purchasing and is working to rapidly secure additional PPE from community, industry, and international sources.

SCREENING FOR PERSONS WITH SYMPTOMS OF COVID-19

- Screening for symptoms helps identify people who are sick and ensure that their contact with others is limited.
- Screening staff as well as clients for respiratory symptoms (i.e. coughing, sneezing) will enable staff to implement measures to prevent the spread of the virus within the facility.
- Individuals with COVID related symptoms should be placed in [isolation](#) either within the facility or in their home if possible (see section 'If a person has symptoms of COVID-19' below).
- **Passive screening** for symptoms should occur by way of signage (in multiple languages) posted at all entrances to the facility reminding persons entering the facility to self-isolate if they have symptoms such as fever, cough,



difficulty breathing, chills, sore throat, runny nose or sneezing (see the [BCCDC Healthcare Professionals page](#) for signage).

- Signage should provide clear instructions on how to perform respiratory etiquette and hand hygiene. In addition, there must be signage that advises anyone entering the facility with symptoms to perform respiratory and hand hygiene and notify staff (see the [BCCDC Healthcare Professionals page](#)).
- **Active screening** for symptoms depends on organization capacity. Active screening includes telephone and in person questions about symptoms, exposure and risk.

IF A PERSON HAS SYMPTOMS OF COVID-19:

- Symptoms of COVID-19 include fever, cough, difficulty breathing, chills, sore throat, runny nose, sneezing, diarrhea (learn more at: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/if-you-are-sick>).
- Any person who is ill and has symptoms should [isolate](#) for 10 days (see section below if self-isolation is not possible)
- Any person who is concerned they may have COVID-19, can access self-assessment tools via:
 - Online self-assessment tool at www.bc.thrive.ca
 - Calling 8-1-1
 - Downloaded app – BC COVID-19 support (available on the Apple App Store or Google Play)
- Anyone who is ill should cover their coughs or sneezes by:
 - Wearing a face mask (i.e. surgical/procedural mask) if it's available.
 - Clients who are provided a mask should be guided to follow proper procedure when putting on and taking off the mask.
 - If a mask is not available, a [homemade mask](#) (like a bandana) could be used.
 - If no surgical or homemade mask is available, people should cough or sneeze into a tissue or their elbow and perform hand hygiene immediately after.
- Clients should be restricted to his/ her self-isolation space, including during meals and any other social activity. Advice on things to do and things to avoid during isolation is available [here](#). (N.B. If a client needs to go outside for any reason e.g. smoking, instruct them to cover their coughs and sneezes and perform hand hygiene).
- If the ill person is having chest pains, or severe difficulty breathing, it could be a life-threatening emergency. Call 9-1-1 or the local emergency number immediately.

IF A PERSON HAS SYMPTOMS OF COVID-19 AND SELF-ISOLATION IS NOT POSSIBLE

- If individual rooms for sick clients are not available, consider using a large, well-ventilated room to put people who are sick together.
- A separation of two meters between ill clients and other clients will help reduce the spread of the virus. Privacy curtains or other physical barriers should be drawn if available.

IF MULTIPLE CLIENTS HAVE RESPIRATORY SYMPTOMS

- Keep clients with symptoms (e.g. coughing, sneezing) together, ideally in separate rooms and/or in a dedicated common area as much as possible, and away from other clients who are not symptomatic by a distance of at



least 2 meters.

- Avoid moving equipment or other items between areas with sick and non-sick people to reduce risk of transmission through indirect contact.
- Encourage clients to keep personal items put away, so they are not at risk of being coughed or sneezed on.
- Separate out staff to those working and not working with people who are sick as much as possible. Staff working with symptomatic clients should avoid working with clients who are well.
- If dedicated staff for symptomatic clients is not available, staff should first work with the well and then care for the ill.
- Staff should avoid movement between floors, units and facilities when possible.
- Staff should always practice strict hand hygiene when moving between clients.
- If available, provide a dedicated sink and soap for staff hand hygiene.

STAFF WITH EXPOSURE TO COVID-19

- The virus can take up to 14 days to make someone sick after they have been exposed, therefore if staff have been exposed to COVID-19 they should [self-isolate for 14 days and self-monitor for symptoms](#).
- If they do not develop symptoms during the 14 days, they can return to work.
- We recognize however, that following this recommendation may lead to critical staff shortages in some settings. If that is the case, essential staff with exposure to COVID-19, **who have no symptoms and are not sick**, can come to work provided they are self-monitoring AND they self-isolate immediately if they develop symptoms. If masks are available, they should wear a mask.

April 4, 2020

Interim Guidance to Social Service Providers for the Prevention and Control of COVID-19 in their Facilities



Stage 2 Recovery: Service Provider Confirmation

Agency Name: _____ Date Submitted to CLBC: _____
Submitted to: _____ Date of Review: _____

Areas of Confirmation

We confirm that we have completed the following with respect to planning for Stage 2:

- ☐ Developed a recovery plan that addresses transition to Stage 2
- ☐ Met the requirements for planning and policies as laid out by WorkSafe BC
- ☐ Met the requirements and guidelines provided by the Provincial Health Officer and the Government of BC
- ☐ Met the requirements laid out by Licensing (as applicable)
- ☐ Reviewed the guidance provided in *CLBC COVID-19 Response – Stage 2: Recovery*
- ☐ Considered and evaluated the resources and risks of the plan, including the considerations below

Areas of Consideration

Individual and Family Circumstances

- ☐ Impact on individual of support changes in Stage 1
- ☐ Impact on caregiving families/natural supports of Stage 1
- ☐ Impact of Stage 2 plans on individual's quality of life
- ☐ Impact of Stage 2 on caregiving families/natural supports
- ☐ Risks of remaining isolated at home vs. being outside home

Additional Comments:

Individual and Staff Risk Factors

- ☐ Number of individuals and staff with high health risk factors
- ☐ Numbers served together
- ☐ Health considerations and precautions for different service delivery models
- ☐ Health considerations and strategies to keep individuals and staff safe based on risk factors

- ☐ Plans if individual served or staff become ill
- ☐ Factoring health and safety guidance from regulatory bodies into matching of individuals and staff in services

Additional Comments:

Resourcing Implications

- ☐ Impact on other services/agencies providing service
- ☐ Existing and unused resources
- ☐ Implications of utilizing existing resources

Additional Comments:

Stakeholder Awareness and Readiness

- ☐ Individuals served
- ☐ Families
- ☐ Staff
- ☐ Home Sharing Providers
- ☐ Other
- ☐ Unionized Environment Considerations and Planning

Additional Comments

CEO/Executive Director Name:

CEO Signature:

Date:

Jo-Anne Crawford

February 2, 2015

Vital Oxide

Section 1: Product and Company Identification

| | | | | | | | | | | | | | | |
|---------------------------------|---|---|---|---|--|---|---|--|---|---|--|----|----|--|
| Product Name | Vital Oxide | Aqueous Oxidant | | | | | | | | | | | | |
| Manufacturer/Distributor | Vital Solutions, LLC. PO Box 9932 West Palm Beach, FL 33419 | <table border="1"> <tr><td>H</td><td>0</td><td></td></tr> <tr><td>F</td><td>0</td><td></td></tr> <tr><td>R</td><td>0</td><td></td></tr> <tr><td>PE</td><td>--</td><td></td></tr> </table> | H | 0 | | F | 0 | | R | 0 | | PE | -- | |
| H | 0 | | | | | | | | | | | | | |
| F | 0 | | | | | | | | | | | | | |
| R | 0 | | | | | | | | | | | | | |
| PE | -- | | | | | | | | | | | | | |
| Phone Numbers | | | | | | | | | | | | | | |
| Product Information | (561) 848-1717 | | | | | | | | | | | | | |
| Medical Emergency | (800) 222-1222 | | | | | | | | | | | | | |

Section 2: Composition/ Information on Ingredients

| Ingredients | CAS Number | Wt % |
|--|------------|-------|
| Oxychlorine Compounds | Mixture | 0.200 |
| n-Alkyl Dimethyl Benzyl Ammonium Chloride | 68391-01-5 | 0.125 |
| n-Alkyl Dimethyl Ethylbenzyl Ammonium Chloride | 85409-23-0 | 0.125 |
| Inert Ingredients | Mixture | 99.55 |

At these concentrations none of the ingredients are known to pose any hazards to human health.

Section 3: Hazards Identification

Emergency Overview

Colorless liquid with mild fresh odor. Avoid contact with eyes. Keep out of reach of children.

HMIS Rating: **Health:** 0 **Flammability:** 0 **Reactivity:** 0 **PPE:** None

Potential Health Effects

Eye Contact: Eye contact may cause mild eye irritation with discomfort.

Skin Contact: Does NOT cause skin irritation and the product is NOT skin sensitizer.

Inhalation: Does NOT cause any respiratory irritation. If consumer product accidentally contacts strong acids in restricted ventilation area, avoid breathing the vapors and allow adequate time for the vapors to disperse before re-entering the restricted area.

Ingestion: Non-Toxic

Carcinogenicity Information None of the components present in this material at concentrations equal to or greater than 0.1% are listed by IARC, NTP, OSHA, and ACGIH as carcinogens.

Section 4: First Aid Measures

Inhalation

Does NOT cause any respiratory irritation. If consumer product accidentally contacts strong acids in restricted ventilation area, avoid breathing the vapors, and allow adequate time for the vapors to disperse before re-entering the restricted area.

Skin Contact

Does NOT cause skin irritation.

Eye Contact

In case of contact, flush eyes with plenty of water.

Ingestion

Non-toxic. Give a glass of water.

Section 5: Fire Fighting Measures

Flammable Properties: Flash Point: Not Available (Non Flammable)

Flammable Limits: Lower Flammable Limit: Not Established

Burn Rate: Unknown

Upper Flammable Limit: Not Established

Flammability Classification: Non-Flammable liquid **Autoignition Temperature:** Not Established

Hazardous Combustion Products: Thermal or other decomposition may yield chlorine dioxide or chlorine.

Extinguishing Media: N/A (Non-Flammable liquid) **Additional Considerations:** None

FIRE FIGHTING INSTRUCTIONS: Non-Flammable liquid

NFPA Rating: Health: 0 **Flammability:** 0 **Reactivity:** 0 **PPE:** NONE

Section 6: Accidental Release Measures

Spill Clean Up

No special cleanup measures are required for the consumer product. To avoid the possibility of "bleaching" the spill should be absorbed with paper towels, and the area rinsed with clean water.

Accidental Release Measures

Spills are slippery and should be cleaned up promptly.

Section 7: Handling and Storage

Handling: Keep away from heat and strong acids. Do not ingest. Keep container closed. Use only with adequate ventilation.

Storage: Keep container tightly closed and sealed until ready for use. Keep container in a well-ventilated place. Do not store above 120°F or near fire or open flame. Store large quantities in buildings to comply with OSHA 1910.106. Do not transfer contents to bottles or other unlabeled containers. Do not reuse empty containers. Keep out of reach of children.

Incompatible materials: Strong acids

Special Packaging Materials: None

Section 8: Exposure Control/ Personal Protection

Engineering Controls: Use in adequately ventilated areas.

Personal Protective Equipment:

Eye/Face Protection: Not required for consumer product.

Skin Protection: Not required for consumer product.

Respirators: None required for normal use. If consumer product accidentally contacts strong acids in restricted ventilation area, avoid breathing the vapors, and allow adequate time for the vapors to disperse before re-entering the restricted area.

Exposure Limits:

Oxychlorine Compounds: n-Alkyl Dimethyl Ethylbenzyl Ammonium Chloride:

| | | |
|----------------------------|--------------|---------------|
| PEL (OSHA): Not available | PEL (OSHA): | Not available |
| TLV (ACGIH): Not available | TLV (ACGIH): | Not available |

n-Alkyl Dimethyl Benzyl Ammonium Chloride:

| | |
|--------------|---------------|
| PEL (OSHA): | Not available |
| TLV (ACGIH): | Not available |

Section 9: Physical and Chemical Properties

| | | | |
|--|---------------------|--------------------------------|--------------------|
| Appearance: | Colorless liquid | Odor: | Mild-Fresh |
| Physical State: | Liquid | pH: | 8 - 9 |
| Boiling Point (°F): | 212 | Solubility in Water: | 100% |
| Freezing Point (°F): | 32 | Vapor Pressure (mm Hg): | Not Available |
| Volatile Organic Compounds (VOC): | None | Evaporation Rate: | Less than Ether |
| Specific Gravity: | 1.003 @ 68°F (20°C) | Density (lb/gal): | 8.40 @ 68°F (20°C) |

Section 10: Stability and Reactivity

Chemical Stability: The product is stable.

Incompatibility with other Materials: Strong acids

Conditions to avoid: Contact with strong acids

Hazardous Polymerization: Will not occur.

Hazardous Decomposition Products: Thermal or other decomposition may yield chlorine dioxide or chlorine.

Section 11: Toxicological Information

TOXICITY TESTING – ACUTE Inhalation – Studies with Wistar Albino rats exposed to a respirable aerosol made from a solution of Vital Oxide at a level of 2.08 mg/l for four hours resulted in no deaths and no abnormal necropsy observations. **Eye Contact** – Studies with New Zealand white rabbits showed this product is a very mild ocular irritant; mild conjunctival irritation was observed, but cleared within 24 hours. **Skin Contact** – Study of dermal toxicity in New Zealand white rabbits showed the product to be non-toxic: Dermal LD₅₀ > 5,000 mg/kg of body weight; Study of dermal irritation in New Zealand white rabbits showed the product is not a dermal irritant. In Dermal Sensitization studies, Vital Oxide was determined not to be a sensitizer. **Swallowing** - Acute oral toxicity in albino rats: Non-toxic LD₅₀ > 5,000 mg/kg of body weight.

EPA TOXICITY RATING – IV This is the lowest category on the scale and is designed for substances that are the least hazardous.

Section 12: Ecological Information

Environmental Hazards: Not data available.

Environmental Fate: Not data available.

Section 13: Disposal Considerations

Waste Disposal: Treatment, storage, transportation, and disposal must be in accordance with applicable Federal, State/Provincial and Local regulations.

Section 14: Transport Information

Shipping Information: Not regulated by DOT, IMO/IMDG and IATA/ICAO for ground, air or ocean shipments.

Section 15: Regulatory Information**U.S. Federal Regulations:**

TSCA: All components appear in TSCA Inventory

OSHA: Refer to Section 8 for exposure limits.

CERCLA SARA Hazard Category:

Section 311 and 312: This product has been reviewed according to the EPA "Hazard Categories" promulgated under Sections 311 and 312 of the Superfund Amendment and Reauthorization Act of 1986 (SARA Title III) and is considered, under applicable definitions, to meet the following categories: Information not available.

Section 313: This product contains following substances subject to the reporting requirements of Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372: None

State regulations:

State Right to Know information is not provided.

California prop. 65 (no significant risk level): None

International Regulations:

Canadian WHMIS: Not controlled

Canadian Environmental Protection Act (CEPA): Additional information available upon request.

EU Regulations: Additional information available upon request.

Section 16: Other Information

The information is furnished without warranty, expressed or implied, except that it is accurate to the best knowledge of Vital Solutions, LLC. The Data on this sheet related only to the specific material designed herein. Vital Solutions, LLC assumes no legal responsibility for the use or reliance on this data.

COVID-19 health and safety

Designing effective barriers

To help prevent the spread of the virus that causes COVID-19, employers must implement measures to reduce the risk of person-to-person transmission. Employers must also implement effective cleaning and hygiene practices. The first and most effective way to prevent person-to-person transmission is to ensure that workers keep at least 2 m (6 ft.) away from co-workers, customers, and others. When this is not possible, consider using barriers to separate people.

This document was developed from [research](#) produced by the [National Collaborating Centre for Environmental Health](#), which may be reviewed for more detailed guidance.

When to use barriers

As an employer, you should consider barriers for jobs where workers will frequently be within 2 m (6 ft.) of co-workers, customers, or others for longer than brief interactions. Examples where barriers might be useful include retail checkouts or kiosks. Barriers can be an effective way to prevent the spread of COVID-19 through respiratory droplets.

As a protective measure, barriers may be preferable to masks in some circumstances because of the following:

- Their effectiveness doesn't rely on correct usage, as is the case with masks.
- They don't need to be continually supplied.
- They protect people on both sides of the barrier from breathing the other person's droplets. (Non-medical masks offer limited protection to the wearer, although they may limit the spread of respiratory droplets from the wearer to others.)
- They can serve as a visual reminder of physical distancing requirements.

Materials and dimensions

Barriers can be made of any material that blocks the transmission of air. For many work tasks, barriers need to be transparent. Transparent barriers can be made of plexiglass, acrylic, polycarbonate, or similar materials. Opaque barriers may work for some applications, such as cubicles.

Barriers must be large enough to create an effective barrier between the breathing zones of the people on each side. A person's breathing zone has a diameter of about 60 cm (24 in.), which means it extends 30 cm (12 in.) in every direction from the person's nose.

A barrier should be positioned to accommodate the heights of the tallest and shortest people who will likely be near it. If one person is standing and the other is seated, the barrier should extend 30 cm (12 in.) below the seated person's nose and 30 cm (12 in.) above the standing person's nose. Barriers should also be wide enough to account for the normal movement of both people.



A person's breathing zone extends about 30 cm (12 in.) in every direction from that person's nose.

If a barrier needs an opening to pass documents, money, or other materials, that opening should be positioned so that it is out of the breathing zone of both people.

Barriers should not be designed or installed in such a way that they impede ventilation in the room.

Installation

Some barriers are free standing and supported by brackets, wings, or side panels. You can also hang barriers from the ceiling or fasten them to walls, desks, or counters. When installing barriers, ensure the following:

- Free-standing barriers are stable so they won't fall and injure anyone.

- Hanging barriers won't swing, which can waft air from one side of the barrier to the other.
- The barrier won't hinder a person's escape in case of emergency.

When installing barriers in vehicles, ensure the following:

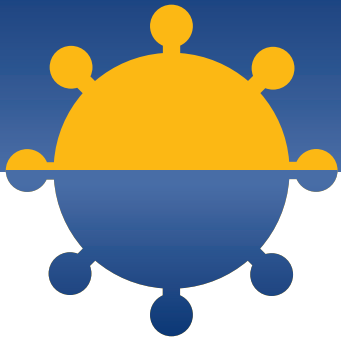
- Barriers should be installed in such a way that the vehicle remains in safe operating condition in accordance with the [Motor Vehicle Act Regulations](#), Occupational Health and Safety Regulations 4.3 and 17.8, and the [Passenger Transportation Act](#) as applicable.
- The barrier is not mounted rigidly on the vehicle or in any way that might injure someone in the vehicle if there's an accident.
- The barrier will let the driver and passengers exit the vehicle if their doors become unusable.
- The barrier doesn't hinder the driver's vision or obstruct the safe operation of the vehicle.

Cleaning and maintenance

Your [cleaning and disinfecting](#) process must include your barriers. The entire barrier needs to be cleaned regularly to prevent the accumulation and transmission of contaminants. Barriers with openings that people pass materials through should be included in your inventory of commonly touched surfaces and cleaned more frequently. Follow the manufacturers' instructions for both the barrier and the cleaning product used, to ensure they do not damage or degrade the barrier.

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.



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**

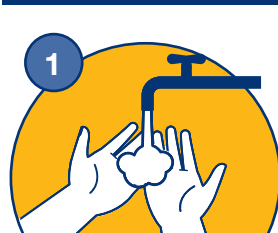


**Either will clean your hands:
use soap and water if hands
are visibly soiled.**



Remove hand and wrist jewellery

HOW TO HAND WASH



Wet hands with warm
(not hot or cold)
running water



Apply liquid or foam soap



Lather soap covering
all surfaces of hands
for 20-30 seconds



Rinse thoroughly
under running water



Pat hands dry thoroughly
with paper towel



Use paper towel
to turn off the tap

HOW TO USE HAND RUB



Ensure hands are visibly
clean (if soiled, follow hand
washing steps)

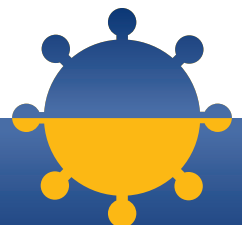


Apply about a loonie-sized
amount to your hands



Rub all surfaces of your hand
and wrist until completely
dry (15-20 seconds)

COVID19_HH_001



COVID-19 health and safety

Selecting and using masks

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.

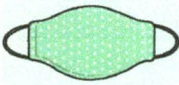
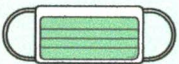
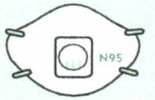
Should your workers use masks in the workplace?

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).

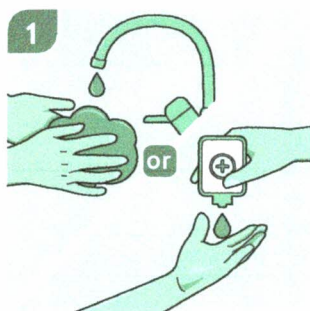
The difference between cloth masks, surgical masks, and respirators

| Type | Use |
|---|--|
| Cloth masks  | <ul style="list-style-type: none">• 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  | <ul style="list-style-type: none">• Surgical masks, also referred to as medical masks, are specifically designed for health care 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 health care workers, whenever possible.• Employers outside of health care 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  | <ul style="list-style-type: none">• Primarily used in health care 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 health care 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. |

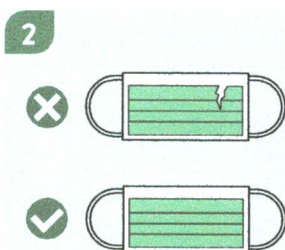
Let's all do our part

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.

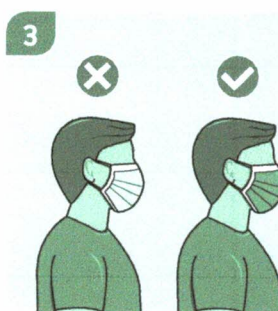
Help prevent the spread of COVID-19: How to use a mask



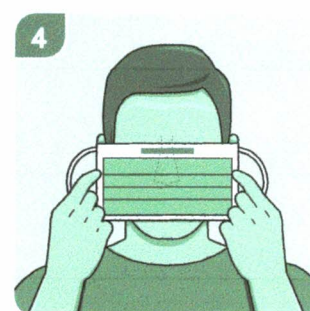
Wash your hands with soap and water for at least 20 seconds before touching the mask. If you don't have soap and water, use an alcohol-based hand sanitizer.



Inspect the mask to ensure it's not damaged.



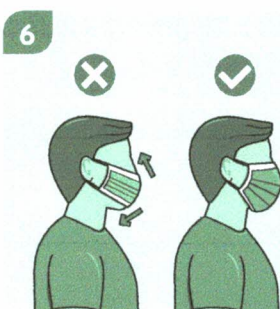
Turn the mask so the coloured side is facing outward.



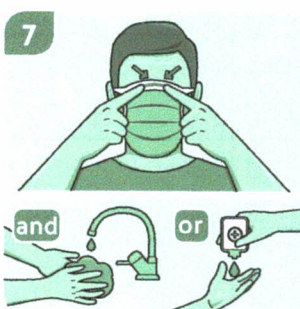
Put the mask over your face and if there is a metallic strip, press it to fit the bridge of your nose



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



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.



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



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



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



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



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



Dispose of the mask safely.



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."

Working from home:

A guide to keeping your workers healthy and safe

Working from home on a regular basis can benefit both you and your workers by reducing business expenses, allowing for a more flexible lifestyle, and improving the environment. Sometimes it can also be necessary to work from home temporarily while dealing with health concerns, child care arrangements, or other issues that may unexpectedly arise in daily life.

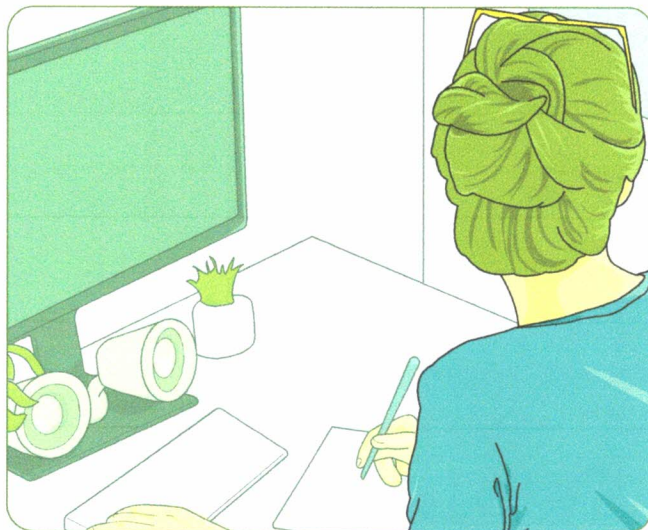
As an employer, you must ensure the health and safety of your workers when they work from home. It's important to understand that working from home is an extension of the workplace, and the [Workers Compensation Act](#) and [Occupational Health and Safety Regulation](#) still apply. With consideration and planning, working from home can be positive and safe for both workers and employers.

This guide discusses a health and safety policy for working from home and outlines some useful tips and resources to help ensure the health and safety of your workers.

Develop a health and safety policy for working from home

As an employer, ensure you have a working from home health and safety policy in place, and that everyone understands their roles, duties, and responsibilities. This policy should require workers to assess their workspace and report any potential hazards to their manager. Your policy should also include the following information:

- Protocols for evacuating from the worker's home to a safe location if needed and how workers can contact you in case of emergency
- Safe work practices and how to report any work-related incidents or injuries
- Communication protocols and procedures for check-ins if a worker is working alone or in isolation
- Requirements for education and training
- Ergonomic considerations



Reduce risks while working from home

Setting up a safe workspace at home will be different for everyone, but there are some common risks. As an employer, ensure that you and your workers adequately identify and control unsafe conditions and activities

that may cause injury or illness. Some factors to consider include the following:

- Environment
(e.g., asbestos, mould, tobacco smoke)
- Electrical safety
- Ergonomics
- Slips, trips, and falls
- Violence
- Working alone

For more information on these topics and related resources, visit [worksafebc.com](https://www.worksafebc.com).

Find more information

- [Setting up, organizing, and working comfortably in your home workspace](#) (WorkSafeBC publication)
- [How to Make Your Computer Workstation Fit You](#) (WorkSafeBC publication)
- [Ergonomics](#) (WorkSafeBC webpage)
- OHS Guidelines on the [Definition of working alone or in isolation \(G 4.20.1\)](#) and [Procedures for checking the well-being of workers \(G.4.21\)](#)



VEHICLE SAFETY GUIDELINES



1

PRE VISIT CHECKLIST

Ask COVID-19 questions prior to each visit/meeting and record on the SACL COVID-19 Helath Assessment Form.



2

WEAR A MASK

Staff wear a mask.
Request Persons Supported wear a mask.
(There may be some exceptions based on Persons' Supported needs.)



3

SOCIAL DISTANCING

One person per each vehicle row sitting diagonally



4

SANITIZE VEHICLE

Ensure sanitizing of the vehicle after each trip.
Wipe seats, seatbelts, door handles, steering wheel, turn/wiper indicators etc.)



5

OPEN WINDOWS

When possible, open windows. This will ensure that natural air flow is occurring.



SACL Health Assessment - Instructions

As we move forward with increasing service delivery, we are committed to minimizing any exposure to or spread of the COVID-19 virus. We will be strictly adhering to the health authority & WSBC directives, as well as our SACL Safety Plan.

Working or Attending Services at a SACL Location:

As part of the Safety Plan, all Staff and Persons Supported attending services at a SACL Location will be required to have a SACL Health Assessment completed each time they enter the building/service.

The SACL Health Assessment form includes questions required by the health authorities regarding travel & possible exposures, as well as checking symptoms of the COVID-19 virus.

‘Non-touch’ thermometers have been issued to each department to check the temperatures of all staff prior to coming on shift, and all persons’ supported, prior to attending services.

Results of the questionnaire & temperatures will be recorded on the SACL Health Assessment for each day (one for staff, one for Persons Supported). Services Managers will collect, scan and file completed Assessment forms. (S/Policies & Procedures/Pandemic Resources/Resources/Forms/Completed Forms/Program Area/Form Name)

Any staff/persons supported who answer ‘yes’ to any of the questions, or show signs or symptoms that may be COVID-19 related, will not be permitted entry to work/services, until they have been confirmed COVID-19 free (see instructions on the Safety Assessment).

The SACL Health Assessment Form can be obtained from Services Managers or it is available on the SACL internal secure server at:

S/Policies & Procedures/Pandemic Resources/Resources/Forms/SaclHealthAssessment.COVID19.docx

For Staff Working from Home or Providing Services in the Community:

Staff who are scheduled to work from home, or start their day meeting a person supported in the community will be required to call the SACL Administration Line (250-832-3885 – Extension 1300) prior to the start of each shift and leave a message indicating a negative response to all the questions on the SACL Health Assessment before commencing your shift.

A Services Manager will regularly check the Administration Line, and record the information on the daily staff Health Assessment for filing upon completion.

If staff answer 'yes' to any of the questions on the Health Assessment, or are experiencing unusual symptoms related to COVID-19, you will be required to stay home until you can confirm you are COVID-19 free. Report your illness/absence to the SACL Emergency Phone (Phone please – do not text).

Persons Supported Receiving Services in the Community:

As part of the Safety Plan, Persons Supported (and parents/caregivers) receiving services in the community have been required to complete/sign/date a Health Assessment Agreement. This agreement requires persons supported/parents/caregivers to complete a SACL Health Assessment as above, and further agree to advise SACL upon any (COVID-related) changes to their health before attending services. Persons supported/parents/caregivers also agree to keep Persons Supported home should they show any sign of illness. Parents/caregivers understand and agree that any Person Supported coming to program who shows signs/symptoms of illness, will not be permitted to attend program, and parent/caregiver will be called for immediate pick-up.