

Exposure Control Plan: Pandemic COVID-19

Otherwise known as the (COVID-19 Infection Prevention and Control Protocol)

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PLAN ADMINISTRATION

Administration

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Reviews and Revisions to this document:

Date	Description	Who
April 21, 2020	Review by Director EHS (Rev 1)	Roy McKnight
April 22, 2020	Review by Occupational Health Nurse (Rev 1)	Tess Nielsen
May 8, 2020	Added industrial camps as per BC Public Health Order (Rev 2). Ron Coleman named Industrial Camp Co-ordinator.	Stefan Dobrostanski
May 27, 2020	Reviewed by Dir EHS/Supervisor HS to ensure alignment with BC OFAA protocol	Roy McKnight Stefan Dobrostanski
June 15, 2020	Update risk table as per Occ Health	Roy McKnight Tess Nielsen
June 23, 2020	Background information, responsibilities, symptoms, risk control, procedures, updated to align with WorkSafeBC and provincial Health Authorities.	Tess Nielsen Stefan Dobrostanski

SCOPE

This Exposure Control Plan (ECP) / COVID-19 Infection Prevention and Control Protocol applies to NorthRiver Midstream Inc., employees and contractors who could be exposed to SARS-CoV-2 (the virus that causes COVID-19 illness) while doing their assigned work.

STATEMENT OF PURPOSE

NorthRiver Midstream Inc., is committed to providing a safe and healthy workplace for all of our staff. A combination of preventative measures will be used to minimize worker exposure to SARS-CoV-2, including the most effective control technologies available. Our work procedures will protect not only our employees, but also other workers and/or the public who enter our facilities. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to SARS-CoV-2.

The purpose of this ECP is to protect employees from harmful exposures to the virus, to reduce the risk of transmission in the event of an exposure, and to comply with the WorkSafeBC Occupational Health and Safety Regulation 5.54 and 6.3, Exposure Control Plan, and the Order of the Provincial Health Officer regarding Industrial Camps issued April 23, 2020. Additional guidance for this document was provided by BC CDC & BC Ministry of Health, "Protecting Workers, Contractors, and Employers Working in the Natural Resource Sector During the COVID-19 Pandemic" document dated May 13, 2020.

NorthRiver Midstream Inc., will strive to find ways to eliminate or control exposure to SARS-CoV-2 by developing and implementing proper risk controls, establishing safe work practices, raising awareness, and providing education and training for its employees. NRM will follow direction and controls as specified by the BC CDC, the BC Ministry of Health, and Public Health Agency of Canada.

BACKGROUND INFORMATION

SARS-CoV-2 / COVID-19

SARS-CoV-2 is the virus.

COVID-19 is the name for the illness that is a result of the viral infection.

"CO" represents corona, "VI" represents virus, "D" represents disease, "19" represents the year the new virus presented 2019.

SARS-CoV-2 is a new virus from the coronavirus family. The disease caused by the new coronavirus has been named COVID-19. Coronavirus is transmitted via larger liquid **droplets** when a person talks, coughs or sneezes. The virus can enter via these droplets through the eyes, nose or throat if a worker in close contact with a person who carries the virus. SARS-Cov-2 can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze. The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin.

ACRONYMS

BC CDC – British Columbia Centre for Disease Control

ECP – Exposure Control Plan

EOC – Emergency Operations Centre

MHO - Medical Health Officer

PHAC – Public Health Agency of Canada

PPE – personal protective equipment

WHO – World Health Organization

RESPONSIBILITIES

NorthRiver Midstream Inc., (NRM):

- Will ensure that the materials (for example, gloves, alcohol-based hand rubs, and washing facilities) and other resources (such as worker training materials required to implement and maintain the plan) are readily available where and when they are required. If due to supply chain disruption, NRM becomes unable to obtain the necessary resources, NRM will advise the employees and operations and revise this plan.
- Select, implement and document the appropriate site or scenario-specific control measures (e.g. Contractor/Vendor Access).
- Ensure that Supervisors and employees are educated and trained to an acceptable level of competency.
- Ensure that employees use appropriate personal protective equipment – for example, gloves, eye protection, masks or respirators when required.
- Conduct a periodic review of this plan's effectiveness.
- Maintain records as necessary.
- Ensure that a copy of the ECP is available to Managers, Supervisors and employees.
- Ensure Managers/Supervisors follow the direction of the Pandemic Response Team.
- Through the provision of supplies, worker instructions, and leader participation, maintain a high level of worker, worksite and industrial camp hygiene.

Director EHS and Occupational Health Nurse:

- Ensure the ECP is reviewed and updated as necessary.
- Support the development and provision of related resources (such as posters, procedures or policies).
- Assist with the risk assessment process and consult on risk controls, as needed.
- Ensure a system for documenting instruction, training and fit testing is in place.
- Provide support and guidance to workers, supervisors, and leaders regarding the most up to date Orders, guidelines, or recommendations made available by the provincial or federal authorities, as required.

Co-ordinator (Industrial Camps):

- Act as a liaison between the employer and the Health Officer or Provincial Infection Prevention and Control Officer.

- Oversee the implementation of the Protocol.
- Ensure up to date knowledge of COVID-19 symptoms.
- Monitor the health of workers daily for symptoms of COVID-19, keep a daily record of monitoring activities and inform the health officer or Provincial infection prevention and control officer if any worker exhibits symptoms of COVID-19.
- Oversee the manner in which workers are transported between their accommodation and worksite to ensure that workers are transported in such a way that it limits the risk of transmission of COVID-19 between the workers and to the driver to the extent practical.
- Monitor the compliance of workers with the requirements imposed upon them by the Public Health Orders.
- Inform the Health Officer or the Provincial Infection Prevention and Control Officer of any failure to implement the Protocol on the part of the employer, or if a worker fails to comply with the requirements imposed upon the worker by the Public Health Order.

Area Managers:

- Assess the risk(s) related to COVID-19 for the positions under their management
- Ensure that awareness, information and resources are shared with workers
- Ensure that training, policies, PPE and other equipment are provided
- Promote compliance with ECP and Workplace Safety Plan

Site Supervisors:

- Assess the risk(s) related to COVID-19 for the positions under their supervision
- Share awareness, information and resources with workers
- Provide or arrange for training, policies, PPE and other equipment necessary
- Ensure workers have been trained on the selection, care, maintenance and use of any PPE, including fit testing for those workers who may be issued a respirator
- As part of the daily safety briefing, remind workers of measures to prevent infection and transmission of COVID-19 which include frequent and thorough hand washing and avoid touching of the face.
- Direct work in a manner that eliminates, and if not possible, minimizes the risk of exposure to workers
- Ensure workers follow procedures and appropriate use of PPE
- Share information regarding worker concerns with Manager or Director in a timely fashion
- Be prepared to respond rapidly if worker develops COVID-19 like symptoms while at a NRM facility or NRM industrial camp.

Workers:

- Read awareness and information resources, ask questions and follow-up with supervisor to ensure understanding and adherence.
- Take part in any training and instruction.
- Review and follow related procedures.

- Selection, care, maintenance and use of any assigned PPE as trained and instructed. (Training delivered through NRM LMS)
- Take part in fit testing if issued a respirator.
- Rely on information from trusted sources including Local Government, BC CDC, PHAC and WHO.
- Understand how exposure or transmission can occur and when and how to report exposure incidents.
- Contact 8-1-1 as appropriate and follow the directions of the applicable Provincial Health Authorities.
- Review the Safety Plan and know what to do if symptoms occur while at work.
- Self-monitor daily for signs and symptoms of illness prior to going to worksite, and if ill or sick stay home. If, at the worksite when symptoms occur, follow the Safety Plan regarding Illness at work.
- Read information provided by Supervisor.
- Bring concerns or areas for improvement to Supervisors or Joint Health and Safety Committee.

Workers in Camps shall also:

- To the extent practical, reduce close contact with other persons by maintaining a two metre separation and avoiding shared spaces while working and during off-duty hours.
- Where possible, designate 'work pods' while at camp. Work pods are designated workers to the same small working group or crew for as long as practical to reduce the number of contacts.
- Remain in your accommodation on days when you are not required at the worksite.
- If you leave your accommodation in the case of a medical emergency or to attend a critical appointment:
 - You must maintain a distance of two metres from anyone with whom you are meeting, unless you are meeting with a health care provider.
 - You must carry a mask or tissues at all times.
 - If you develop symptoms of COVID-19 while away from your accommodation, you must put on the mask or cover your nose and mouth with tissues and return immediately to your accommodation while avoiding contact with other people to the greatest extent possible, and phone a health professional for advice.

RISK IDENTIFICATION AND ASSESSMENT

COVID-19 is a reportable disease and the local Medical Health Officer must be notified if there is an outbreak or suspicion of an outbreak. Those infected with COVID-19 may have little to no symptoms. Symptoms can be very similar to a cold or flu. It can take up to 14 days after an exposure to COVID-19 for symptoms to appear. Recent evidence indicates that the virus can be transmitted to others from someone who is infected by not showing symptoms, it is not yet known to what extent this occurs. For these reasons, it is extremely important to follow the proven preventative measures.

COVID-19 Symptoms

There is variance amongst trusted sources, including BC CDC, PHAC, MOH guide documents, WSBC regarding symptoms of COVID-19. Fever, cough, sneezing, sore throat, and difficulty breathing are most commonly listed. Additional symptoms may include chills, shortness of breath, painful swallowing, stuffy or runny nose, loss of sense of smell or taste, headache, muscle or joint aches, fatigue, loss of appetite, nausea and vomiting, or diarrhea. Symptoms can range from mild to severe. If workers develop any symptoms they are to follow the processes in place and encouraged to get tested as soon as possible and if eligible.

RISK ASSESSMENT

COVID-19 workplace risk assessments have been completed at NRM, involving input from employees, Supervisors, Managers, Joint Health and Safety Committees, EH&S, Occupational Health and Leadership.

Work area risk assessments are to be reviewed on a continuous basis as work processes, tasks, or operations change. Identification of risk, evaluation of processes and improvements to prevent and control transmission of COVID-19 is a shared responsibility among all levels of the company to ensure our business operates safely.

It is important to understand principles of infection prevention and control regarding COVID-19 to be better able to identify risks. Such as:

- COVID-19 can spread in droplets when a person talks, coughs or sneezes.
- COVID-19 can spread by touching a contaminated item or surface and then touching one's eyes, nose or mouth.
- The risk of person-to-person transmission increases the closer an individual comes to another, the more time spent near each other, and the more people that come near.
- The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.
- Risk mitigation principles to decrease illness transmission apply to our workplaces, as well as our personal lives and communities where we operate and reside.

Workplace assessments are to identify areas:

- Where workers gather, such as break, lunch, meeting rooms.
- Job task and process where workers are close proximity (within 2 metres or 6 feet) to another person.
- Shared tools, machinery and / or equipment. (e.g. keyboards, wrenches, fork-lifts, refrigerators, pens, sinks, coffee makers)
- Frequently touched surfaces or areas (e.g. buttons, door knobs,

RISK CONTROL

Different controls offer different levels of protection. NRM is required to implement infectious disease prevention and controls to eliminate or reduce the risk of transmission. Hazard controls are

to be implemented to offer the highest level of protection when reasonably feasible. The list below is in order of preference:

- Elimination
- Engineering Controls
- Administrative Controls
- Education and Training
- Safe Work Practices
- Personal Protective Equipment

Elimination is the best control possible; first level protection.

All workers are to stay at home if sick.

Do NOT come to a worksite or facility if you develop any symptom(s) of cold, flu or COVID-19 – even mild symptoms.

This risk control is supported, for all NRM employees, through the Short Term Disability (STD) program so that the employee is not deterred from required absence related to illness. The STD program has temporarily been adjusted to enable employees with respiratory illness to comply with provincial isolation requirements, to reduce transmission of illness and to lessen the burden on the healthcare system during the pandemic. For these reasons, NRM employees are not required to produce medical documentation to support absences related to communicable respiratory illness, as per the provincial recommendations.

NRM is highly supportive of remote working to reducing risk of transmission of COVID-19. The company has the technology to provide methods to access work systems to encourage low tolerance of illness symptoms. Remote work is encouraged during isolation periods, as employees are able.

Prior to implementation of health screenings by transportation providers (e.g. airplane charter and helicopter) and other vendors or service providers, NRM camp-based employees were provided a health screening by Occupational Health prior to departure to a camp location. This screening was provided to reduce potential exposure of illness for camp workers, ensure regular review of symptoms, address individual questions or concerns regarding COVID-19 and was conducted in a confidential manner. Fitness of work status was communicated to Supervisor.

Workers are to maintain physical distance of 2 metres (6 feet) distance from other workers.

A variety of strategies have been implemented to enable compliance with physical distance to reduce risk of transmission. In March of 2020, NRM implemented drastic changes to ensure that essential business services at NRM continued. By limiting people at worksites to individuals who required access to site to perform their role; significantly reduces the number of contacts on all our sites. Roles that could be performed remotely were advised by leadership to do so. Vendors, contractors, visitors, students, etc. were no longer permitted to enter secured areas; non-essential

projects were put on hold in an effort to reduce risk of exposure. Employees are advised to reduce contact with others as much as possible. Meetings are encouraged via use of technology; virtual, telephone or email communication.

Following guidance from BC's Restart Plan, NRM will continue to perform business safely with continual adjustments to risk mitigation strategies as returning to safe operations in a greater capacity are implemented.

Summary of first level protection controls (elimination) implemented at NRM, include:

- Limiting the number of people to worksites
- Work from home / remote work
- Rescheduling projects and work tasks
- Cancelling of non-essential work
- Rotation changes to reduce travel exposure to employees (select camp sites)
- Rotation adjustments to promote work pods
- Virtual meetings
- Promotion of non-face-to-face communication, email, text, call, Teams, Facetime
- Maintaining 2-meter distance during outside tailgate / safety meetings
- Rearrangement of control rooms / workstations to ensure distance 2m
- Established and posted occupancy limits on indoor spaces
- Carpooling / ride shares eliminated, where possible, to single occupancy
- Restricted entry to essential work areas (e.g. control rooms)
- Crew numbers reduced
- Changes to work practices to ensure distance maintained and eliminate interactions (e.g. landowner contract and vendor contracts no-touch signature)
- Visitors prohibited

Engineering Controls – Second Level Protection

Although at NRM the 2-meter physical distance is priority, there are times when maintaining this distance is a challenge.

Physical barriers are a method used to control the hazard; examples carried out at NRM:

- working from inside an enclosure when receiving work orders or safe work permits
- partition between Operators in control room when equipment not feasible to move
- plexiglass installation at reception areas to reduce potential transmission

HVAC systems, airflow and filtration have been reviewed in Control Rooms to ensure essential operations staff safety.

Administrative Controls (rules and guidelines) – Third Level Protection

Regular communication updates sent to workers regarding SARS-CoV-19, COVID-19 and local risks, services and changes (frequencies adjusted).

Development and review of the NRM Pandemic Plan / Business Continuity Plan and Emergency Management and Security.

Development and regular reviews and updates for COVID-19 Safety Plan.

Transmission from person-to-person risk reduction:

- Communication with expectations of employees not to come to work sick / ill. Variety of methods to report illness provided (supervisor, OHS, HR, COVID-19 internal form)
- Poster at entrances reminding not to enter if ill or symptomatic
- Health screenings / questionnaire (temperature with infra-red check at some locations, contractors/vendors)
- Workers are to self-monitor for signs or symptoms of illness at least daily
- Discontinued non-essential travel
- Communications sent to each employee regarding requirement to maintain physical distance, signage posted reminding workers on sites
- Promotion of frequent and thorough hand washing, posters placed on worksites as reminders
- Increased hand washing facilities (select sites), increased availability of hand sanitizers
- Encouraged to cover coughs and sneezes, respiratory etiquette. Posters placed as reminders
- Support to workers who self-identify as vulnerable for more severe disease
- System provided to address individual or group questions and concerns
- Removal of non-essential staff on sites, to reduce risk of exposure
- Schedule adjustments to planned maintenance, crew changes and non-essential work postponed or changed
- Employees advised to change break times to avoid larger groups in common areas.
- Posted occupancy limits on indoor shared spaces
- Designated delivery spaces and times (some locations)
- Directional indicators for indoor spaces where maintaining physical distance is difficult
- Site specific separate entry areas for contract / vendors

Transmission from surfaces to person risk reductions:

- Increased frequency of housekeeping, cleaning of common surfaces (tables, handrails, door handles, light switches, etc.)
- Increase in frequency of cleaning and disinfecting shared work surfaces and equipment, including vehicles
- Discouraged sharing of items (e.g. pens, utensils, work tools)
- Encouraged frequent and thorough hand hygiene, posters placed as reminders
- Discouraged workers from touching their faces with unwashed hands

Refer to Appendix B for details on Cleaning Work Surfaces

Personal Protective Equipment (PPE) – Forth Level Protection

NRM workers are using PPE based on the type of hazard. PPE is the least effective protection control. Masks have limited ability to protect against the spread of COVID-19 and should be used in combination with a barrier. NRM encourages employees to be cautious with the use of masks as workers can feel a false sense of security and can cause workers to increase touching of their face. Maintaining distance of 2 metres and frequent, thorough hand hygiene are of central importance in prevention of transmission of COVID-19.

Workers who wear leather gloves or other impermeable gloves as hand protection during work may share tools and equipment without disinfecting the tools between each user and must continue to clean and wash hands to break the chain of infection. Leather gloves may have droplets on them and could transmit infection to another worker. Assign and label leather gloves to ensure each pair remains with one worker.

The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined the risk level to our workers, depending on the potential risk of transmission in the workplace.

NOTE: All workers (non-office based) are provided with standard PPE, coveralls, gloves, safety glasses or goggles, boots, hard hat and respiratory protection as per hazard. To lessen confusion these have been noted in the chart below to ensure workers continue to don the standard protection.

Table 1: Risk assessment for pandemic viral disease and PPE selection

	Low Risk Workers maintaining a 2-meter distance.	High Risk Workers NOT maintaining a 2-meter distance.	First Aiders Workers who may come into contact with patients
Hand Hygiene	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable gloves	Not required	Not required, unless handling potentially contaminated or	Yes , in all cases, such as when working directly with patients.

		shared objects on a regular basis	
Aprons, gowns, or similar body protection	Not required	Not required	Yes, (in all cases, such as when working directly with patients)
Safety Glasses	Yes (Required as per standard PPE procedures)	Yes (Required as per standard PPE procedures)	Yes, Glasses or Googles, (in all cases, such as when working directly with patients)
Airway protection (masks or respirators)	Yes (as required based task and hazard)	Yes (minimum of non-surgical face mask or dust mask)	Yes (minimum N95 respirator or equivalent).
Face Shields	No	Yes (when performing work within 2m proximity for longer than 15 minutes)	Yes (in all cases, such as when working directly with patients)

EDUCATION and TRAINING

In response to the COVID-19 virus the following means of sharing information across the organization have been established:

- COVID-19 information SharePoint
- COVID-19 Pandemic Plan
- All NRM communication emails – sent on a regular basis
- WHO Poster series sent to all facilities

HEALTH MONITORING

Staff concerned that they may have come into contact with someone who may be ill, are to take the following actions:

1. If not at work, isolate form others, and stay home.
2. Report the incident to your supervisor.
3. Contact our Occupational Health Nurse for monitoring, guidance, and isolation recommendations
4. In British Columbia call BC's HealthLink at 8-1-1 to share information regarding the incident and determination if any action needs to be taken.

If you're feeling stressed or worried, please remember that NRMs Employee and Family Assistance Program (EFAP) is available for those who feel they need support of counselling services.

The Red Cross has information about [preparing emotionally for disaster and emergencies](#) for staff that don't have access to our EFAP.

PROCEDURES

Health Screenings Self-Assessment (Daily)

Workers are expected to monitor themselves daily for any changes to their health. Should a worker develop any symptoms, they should not go to a work site.

For camp locations, if the worker develops any symptoms they should stay isolated in their own room and notify the site coordinator and / or first aid attendant and their supervisor immediately.

Symptoms include:

- Fever
- Chills
- Cough or worsening of chronic cough
- Shortness of breath
- Sore throat
- Runny nose
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches

Alternatively, in British Columbia workers can use the Self-Assessment Tool <https://bc.thrive.health/covid19/en>.

Illness / Symptom Development at Work

It is best for workers with illness, not risk infecting other workers. When possible use non face to face contact for notifying.

Should a worker develop symptoms (even mild symptoms) while at work the following steps should be taken:

1. Notify First Aid attendant. If no first aid attendant on site, notify supervisor.
2. Perform hand hygiene
3. Don a mask (surgical / dental mask), cloth face mask or use tissue to cover mouth and nose.
4. If symptoms permit, worker is to leave site and proceed immediately home.
5. On the same day, worker is to call 811 or complete the online BC COVID-19 Self-Assessment Tool and follow the advice.

6. If eligible, worker should participate in COVID-19 testing.

Special considerations for camp workers who develop symptoms at work:

- Respiratory and gastrointestinal symptoms need to be reported.
- Camp workers who develop illness while at site but that are not able to go straight home to isolate without presenting risks to other individuals may have to isolate at camp or in motel.
- Isolating at camp:
 - Coordinator and First Aid Attendants support workers isolating at camp.
 - Workers isolate in their personal designated rooms. They are not to leave the rooms while isolating unless medical care is required.
 - Self-isolation should continue for a period determined by the self-assessment tool or in consultation with their medical provider. All cases, isolation must continue until a fever is gone without fever reducing medicine and improvement in runny nose, sore throat, nausea, vomiting, diarrhea, and fatigue.
 - Workers must be informed of personal access to medical support for COVID-19 (e.g. 8-1-1).
 - Coordinator must support workers with symptoms to self-isolate in the camp or motel room unless they are within close driving distance from their home and are able to safely travel home.
 - Workers in isolation must be provided or delivered meals (left at door with notification).
 - Workers in isolation must be checked a minimum of twice daily to ascertain if medical assistance is required.
 - Special precaution is required regarding waste management for workers who are isolating. All waste can go into regular garbage bags; lined container with plastic bag. Do care and attention to not touch inside of the container, and wash hands well after emptying the waste.

Hand Hygiene

Hand washing, proper coughing and sneezing etiquette, and not touching your face are the key to the prevention of transmission and therefore minimize the likelihood of infection. Workers should wash hands at minimum: before and after breaks, after going to the washroom and before preparing or eating food.

Proper hand washing helps prevent the transfer of infectious material from the hands to other parts of the body – particularly the eyes, nose and mouth – or to other surfaces that are touched.

Wash your hands “well” and “often” with soap and water for at least 20 seconds (the time it takes to hum the “Happy Birthday” song twice). If soap and water is not available, use an alcohol-based hand rub to clean your hands.

“Often” includes:

- upon arriving and when leaving work

- after coughing or sneezing
- after bathroom use
- when hands are visibly dirty
- before, during and after you prepare food
- before and after eating any food (including snacks)

“Well” means:

- wet hands and apply soap
- rub hands together vigorously for at least 20 seconds ensuring the lather covers all areas – palm to palm, back of hands, between fingers, back of fingers, thumbs, fingernails (using palm) and wrists
- rinse hand thoroughly with water
- dry your hands with paper towel (or a hand dryer), use the paper towel to turn off the tap and open the door, dispose of the paper towel

Additionally:

- Avoid touching your eyes, nose or mouth with unwashed hands
- Use utensils: consider using forks, spoons or toothpicks when eating and serving foods (especially snacks or “finger foods”)



Cough/Sneeze Etiquette

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

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing to reduce the spread of germs
- Use tissues to contain secretions, and immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- Turn your head away from others when coughing or sneezing

Use of Masks (Non PPE)

Masks are to be used by sick people to prevent transmission to other people. A mask will help keep a person's droplets contained.

It may be less effective to wear a mask in the community when a person is not sick themselves. 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). (BC Centre for Disease Control)

If you are healthy, wearing a non-medical or cloth mask is a matter of personal choice and it may help to protect others. Wearing these types of masks can help protect others by containing your own droplets when talking, laughing, singing, coughing or sneezing.

It is important to treat people wearing masks with respect.

Use of N95 Respirators

The N95 mask is typically worn by workers directly involved in an aerosol generating medical procedure (as defined by Health Canada). An N95 mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing. When properly fitted this filter against inhaling hazardous airborne particles and aerosols. N95s help minimize the spread of potentially infectious material.

Covid-19 Safety During Transportation

In situations where workers are required to travel together in vehicles to work sites the following guidelines are recommended. Hand hygiene is to be performed prior to vehicle use and following. Workers are expected to follow sneeze and cough etiquette.

Recommended Guidelines for Physical Distancing Vehicles

1. Where possible, limit a single driver in a conventional truck (single cab)
2. A driver and one passenger may travel together in vehicles with two rows of seating (trucks and cars). The passenger should sit in the back seat on the opposite side as the driver.
3. Employees should not attempt switch seats during the shift.
4. If using buses or vans, create space between riders such as staggering where people sit
5. Employees will sanitize the vehicle every day before driving it. They will clean and disinfect the:
 - Steering wheel and controls
 - Window buttons

- Wiper and turn signal handle
 - Shifter
 - Dash controls and buttons
 - Ventilation grilles and knobs
 - Rear-view mirror
 - Armrests
 - Seatbelt clasp and button release
 - Door handles (inside and out)
 - Grab handles and seat adjusters
 - Radio and communication devices
 - Other areas that are commonly touched.
6. Employees can use their own vehicle. Please discuss with your Manager first.
 7. If transporting a sick employee with any vehicle – the vehicle must be cleaned and disinfected once the transport is completed.

Record Keeping

Records shall be kept as per NRM already established records management processes.

Health Authority Notification

Employers are required to notify the local Medical Health Officer if there is an outbreak or if there is a suspicion of an outbreak.

An outbreak is when 2 or more cases of fever and / or respiratory symptoms (cough, sore throat, runny nose, shortness of breath, etc.) are detected in a work crew, and at least one worker is diagnosed with COVID-19.

Supervisors, Managers, First Aid Attendants or Co-ordinators if made aware of a suspected or confirmed case of COVID-19 at an NRM worksite, they are to contact EHS, Occupational Health or Human Resources as soon as possible to assist should further action be required.

Medical Officer of Health contact – Northern Health Communicable Disease Hub

Phone (during business hours): 1-855-565-2990

On-call medical health officer after hours phone: 1-250-565-2000, press 7 and ask for the Medical Health Officer on call

OFAA Protocols During the Covid-19 Pandemic

REMINDER to follow Priority Action Approach

Initial Assessment of the Injured Worker

- Scene Assessment:
 - a. Determines the presence of hazards to the OFA attendant and the patient

- b. Establishes the mechanism of injury
- c. Determines the number of patients

Remember do not proceed with patient assessment if it exposes you and/or the patient to further risk

Remember standard precautions (evolved from universal precautions) are used for the care of all patients, regardless of their presumed infection status and that transmission-based precautions are additional precautions used only for patients known to be, or suspected of being, infected or colonized with serious pathogens that can be spread by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. (WSBC OFA II Manual)

- Have the worker proceed to the quarantine area or first air room for assessment.
- Considering the COVID-19 virus ask the following additional screening questions:

Does the patient report any of the following symptoms?

- ☐ **Cough, Fever, sneezing, or sore throat,**
- ☐ **Cough – new onset or exacerbation of chronic cough**
- ☐ **Difficulty breathing / shortness of breath**
- **Temperature check – fever over 38.0 C**

If yes:

- give patient a surgical mask to wear (or ask that they hold a paper towel/tissue over their face, ensuring to cover their nose and mouth)
 - isolate the patient from others, and ask that they contact 8-1-1 or their own health care provider for further instructions
 - **And immediately send the patient home or to a hospital.**
- Monitor the patient visually while ensuring at least 2 meters distance. If the patient's symptoms change warranting critical intervention, arranged rapid transport (contacting 9-1-1) and don the appropriate PPE prior to providing critical intervention.

See MHO/BCCDC – Coronavirus COVID-19:

- The 5 steps to DON (put on) Personal protective equipment (PPE)
- The 6 steps to Doff (take off) Personal protective equipment (PPE)

Perform hand hygiene before, during and after patient care

Remember, critical intervention if the worker is non-ambulatory:

- Airway with C-spine control
 - Clear an obstructed airway and maintain the airway (while protecting the cervical spine if necessary)
- Breathing

- Ventilate using a pocket mask
- Provide oxygen if indicated and you are trained, ensure use of pulse oximetry
- Circulation
 - Start CPR and ask for an AED if cardiac arrest has occurred
 - Control life-threatening hemorrhage
- Restrict spinal movement if spinal trauma is suspected

Sanitizing Work Surfaces ~~ANITIZING WORK SURFACES~~

PURPOSE

The purpose of this procedure is to ensure frequently used surfaces and objects are cleaned regularly to mitigate the risk of becoming infected after touching contaminated surfaces. The virus that causes COVID-19 has the potential to survive in the environment for several days. Cleaning frequently touched surfaces, can kill the virus, making it no longer possible to infect people.

SCOPE

This document covers procedures for disinfecting frequently touched work surfaces.

APPLICABILITY

These procedures apply to employees across in all facilities during pandemic virus outbreaks, specifically COVID-19.

PPE REQUIRED:

-
- Disposable gloves – are required if employee has known skin sensitivity

TOOLS AND EQUIPMENT REQUIRED:

-
- Surface disinfectant wipes (e.g. Clorox or Sani Cloth)

PRE – Work Procedure	
Responsibility	Activity
Employer	<ul style="list-style-type: none"> • Increase frequency of cleaning of high touch surfaces (ex. phones, elevator buttons, computers, desks, lunch tables, kitchens, washrooms, steering wheels, surface counters, service counters etc.). • This is achieved through due diligence by staff across the organization to wipe areas between janitorial cleaning provided by a third-party cleaning service.
Supervisor / Employee	<ul style="list-style-type: none"> • Ensure employees have access to information on the cleaning products. • Refer to product label and, when applicable, the safety data sheet (SDS), for information.
Procedure	
Responsibility	Activity

Employee	<ul style="list-style-type: none"> Increased daytime cleaning of high touch common area surfaces that are accessible to the multiple employees during a workday. The recommendation is two times daily – once in the morning, and once at the end of shift. High touch areas include: <ul style="list-style-type: none"> Countertops at gas control rooms etc. Meeting rooms across Shared workstations, included shared vehicles Employee may elect to wipe down surfaces more frequently as needed (ex. if sneezing occurs) Clorox Disinfecting Surface Wipes have been provided to <i>most</i> locations. Per the product label: <ul style="list-style-type: none"> Wipe surface with a wipe Let it air dry Ensure container lid is closed to preserve product As this solution can irritate eyes, wash your hands thoroughly with soap and water after handling <p>*Note: Recommendation of two times daily cleaning of high touch areas meets the best practices in the <i>British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings and Programs Manual</i>.</p>
Employee	<ul style="list-style-type: none"> Clean personal employee workstations daily as they are lower risk of contamination than publicly accessed and/or shared workstations. Out of an abundance of caution, the recommendation is to wipe shared workstations and desk spaces at least twice daily, once in the morning and at shift change. Employees are responsible for utilizing disinfectant wipes once daily at their personal workstation. Employee can elect to sanitize more than once, as needed (ex. if sneezing occurs) <p>*Note: Recommendation for once daily cleaning of personal workstations</p>

POST – House keeping	
Responsibility	Activity
Employee	<ul style="list-style-type: none"> Report any health and safety concerns to your immediate supervisor, it is their responsibility to determine appropriate action or to consult the appropriate party, such as health and safety, for further guidance.

How to Clean a Gas Detector

Industrial Scientific | Friday, March 13, 2020



Gas detectors are lifesaving instruments that must be worn in your breathing zone to be effective. OSHA defines the breathing zone as “a hemisphere forward of the shoulders within a radius of approximately six to nine inches,” so a collar, lapel, or outside breast pocket is usually a good option. This location also keeps the instrument visible so you can see alerts if your hearing is impaired while working in a high-noise environment.

Unfortunately, wearing a [gas detector](#) within six to nine inches of your nose and mouth means that whatever dirt, grime, or bacteria your monitor has picked up is now in your breathing zone.

If you need to clean your monitor, your first instinct might be to grab a disinfecting wipe, like you would for any other surface. This is a bad idea for your gas detector.

Why You Shouldn't Use Regular Disinfectants

The precision sensors in your monitor are [highly sensitive to many different chemicals](#), including alcohol and other disinfectants, so using them could prevent your monitor from alerting you to gas hazards. Additionally, alcohol-based cleaners will cause your monitor to go into alarm. If you zero the monitor too soon, the monitor will read falsely low, potentially putting you in unsafe conditions.

The rubber, plastics, and barriers in your monitor can also absorb the disinfectant chemicals. This is problematic because these are some of the same chemicals you may monitor. This effect does not last long, but the length of time you need to wait before zeroing varies, so the approach leaves plenty of room for error.

How to Clean a Gas Detector—Without Damaging It

For typical dirt and grime, we recommend wiping down your gas detector with a soap and water solution (8 to 10 parts water to one part dish soap, like Dawn®). This cleans the monitor with less risk of damaging the sensors or putting you at risk of a malfunction. However, the soap and water approach cleans the monitor of everyday buildup—it does not necessarily kill bacteria or viruses that may exist on the surface.

To give your monitor a more serious cleaning, wipe down your monitor with a bleach and water solution recommended by the [Centers for Disease Control](#) (CDC). The CDC advises using 5 tablespoons (1/3rd cup) of bleach per gallon of water or 4 teaspoons of bleach per quart of water.

For more information on general practices for disinfection, please refer to the [CDC's Environmental Cleaning and Disinfection Recommendations](#).

No matter which cleaning method you use, be sure to dock the monitor or bump test it after to be sure it's working properly.

**INDUSTRIAL
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Instructions for Fitting N95 Respirator: DUCKBILL STYLE

The following instructions must be followed **each time** the respirator is worn. Before donning, inspect the respirator to ensure it is not damaged, soiled, or crushed and the straps are intact with good elasticity. Replace the respirator with a new one if any of these problems are observed.

1



Separate the edges of the respirator to fully open it.

2



Slightly bend the nose wire to form a gentle curve.

3



Hold the respirator upside down to expose the two headbands.

4



Using your index fingers and thumbs, separate the two headbands. Ensure the metal nosepiece is on top.

5



While holding the headbands, cup the respirator under your chin.

6



Pull the headbands up over your head.

7



Release the lower headband from your thumbs and position it at the base of your neck.

8



Position the top headband on the crown of your head.

9



Form the nosepiece across the bridge of your nose using two fingers on each hand, press inward, moving your fingertips down both sides of the nosepiece.

10



Continue to adjust the respirator and secure the edges until you have a good comfortable fit.

11



Fit check the respirator by placing both hands completely over the respirator and exhaling. If you feel air leaks around your nose, adjust the nosepiece as described in step 9. If air leaks along the edges, adjust the straps.

DO NOT enter any area that contains a hazardous atmosphere unless you have a properly fitted respirator.

Instructions for Fitting N95 Respirator: CUP STYLE

The following instructions must be followed **each time** the respirator is worn. Before donning, inspect the respirator to ensure it is not damaged, soiled, or crushed and the straps are intact with good elasticity. Replace the respirator with a new one if any of these problems are observed.

1



Cup the respirator in your hand with the nosepiece facing your fingertips and the straps hanging below the hand.

2



Position the respirator under your chin and tilt the nosepiece onto your nose.

3



Pull the top strap up and position it on the crown of your head

4



Pull the bottom strap up and position it on the nape of your neck.

5



Form the nosepiece across the bridge of your nose using two fingers on each hand, press inward, moving your fingertips down both sides of the nosepiece.

6

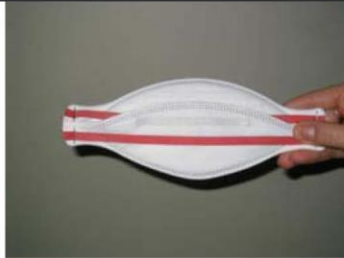


Seal check the respirator by placing your hands gently on the respirator and exhaling. If air leaks around your nose, readjust the nosepiece as described in step 5. If air leaks at the respirator edges, adjust the straps along the sides of your head and do another fit check.

Instructions for Fitting N95 Respirator: FLAT-FOLD THREE PANEL STYLE

The following instructions must be followed **each time** the respirator is worn. Before donning, inspect the respirator to ensure it is not damaged, soiled, or crushed and the straps are intact with good elasticity. Replace the respirator with a new one if any of these problems are observed.

1



Remove respirator from package and hold with straps facing up. Place the bottom strap under the centre flap (where the ATTENTION statement is located)

2



Open top and bottom panels, bending the nosepiece in a slight arc. Straps should separate when panels are open. Ensure bottom panel is unfolded and completely opened.

3



Place the respirator on your face ensuring the foam is on your nose and the bottom panel is under your chin. Hold the panel securely in place while pulling the straps over your head.

4



Place the bottom strap on the nape of your neck and the top strap on the crown of your head.

5



Form the nosepiece across the bridge of your nose using two fingers on each hand, press inward, moving your fingertips down both sides of the nosepiece.

6



Fit check the respirator by placing your hands gently on the respirator and exhaling. If air leaks around your nose, readjust the nosepiece as described in step 5. If air leaks at the respirator edges, adjust the straps along the sides of your head and do another fit check.