



Services Resumption

PLANNING GUIDE

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First Nations Health Authority
Health through wellness

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For a copy of this Services Resumption Planning Guide, please visit FNHA's COVID-19 website at: <https://www.fnha.ca/coronavirus>

DISCLAIMER: Visit the WorkSafeBC website for all updates to COVID-19 Safety Requirements: <https://www.worksafebc.com/en/resources/health-safety/checklist/covid-19-safety-plan?lang=en>

Additional WorkSafeBC: [Frequently Asked Questions \(FAQs\)](#) are also available.

SUMMARY

The FNHA recognizes that BC First Nations will need to “navigate a new normal” in the ongoing face of the COVID-19 pandemic. This means providing support to help their community members live safely with the ongoing presence of COVID-19 until an effective vaccine and/or treatment are found.

The guide is built on the [7 Directives](#) and [Shared Values](#) and the recommendations of the British Columbia (BC) Public Health Office (PHO), the BC Ministry of Health (MOH), Indigenous Services Canada (ISC), WorkSafeBC and the Regional Health Authorities (RHA).

SAMPLE CRITERIA FOR RE-OPENING

Numerous public health officials across the country have worked on defining a core set of criteria to guide decision-making on resuming services. Examples of criteria include:

1. BC Provincial Health Officer recommends moving to next phase of relaxation of outbreak recommendations.
2. Sufficient health system and public health capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating the vast majority of cases, irrespective of severity and origin.
3. Outbreak risks in high-vulnerability settings are minimized
4. Workplace preventive measures are established.
5. Risks of imported cases are managed.
6. Communities are engaged and empowered to adjust to the new normal.

COVID-19 SAFETY CONSIDERATIONS

For First Nations Communities and Nations

- **Essential travel:** Even with restricted travel, some essential activities require travel in and out of the community. Examples include medical appointments, food and supply delivery, and the movement of health care personnel and other essential service workers who live outside but work in First Nations communities. These scenarios require special consideration in planning for community re-openings. Factors to take into account include options for self-screening and other public health measures as well as the level of risk related to where essential workers/community members are traveling from.
- **Staffing:** Where BC First Nations communities rely on health care providers and other workers travelling from outside communities it is important to consider risks to public health and measures for reducing these risks, while taking into account the need to maintain a level of service delivered in communities. For example, considerations on re-opening services could include the availability and capacity of staff, contingency plans for staff shortages, and surge capacity.

- **Protecting community members who may be at a higher risk:** Risk factors are important considerations in planning for community re-opening. Generally, settings with community members who may be at a higher risk (e.g., Elders and/or those with underlying or chronic conditions) will have stricter criteria for relaxing protective measures as the risks of infection are greater. For example, there have been strict rules implemented at long-term care facilities across the country to protect the older population, understanding that they may be at a higher risk due to their age and also underlying medical conditions. When planning a phased approach to community re-opening, taking stock of community members and the services available will help to reduce risks of infection to those who may be at a higher risk.
- **Mental Health and Wellness:** Isolation and self-isolation measures that are implemented during the COVID-19 pandemic can affect mental health and wellness. As the public health measures start easing, some people may experience anxiety and stress. Considerations for mental wellness supports for community members in this transition period may help the community heal through these challenging times.

For First Nations Individuals

- **Physical distancing:** Physical distancing remains the most important ongoing public health measure, though in less restrictive ways than before. Many community members continue to implement personal physical distancing measures in their daily routines and cultural practices. Some have gone out on the land as a physical distancing measure; others are finding ways to adapt cultural ceremonies and events so that they are able to implement physical distancing recommendations.
- **Hand hygiene:** Hand hygiene remains an essential core public health measure to prevent the transmission of COVID-19. Risk mitigation planning must consider hand hygiene in the context of barriers such as lack of access to water from a tap (a situation that requires reliable access to alcohol-based hand sanitizer).
- **Self-isolation and quarantine:** The ability for people to self-isolate when suspected or confirmed of having COVID-19 is more difficult for people and communities with inadequate housing conditions. Some housing conditions also contribute to a higher transmissibility of the virus in the household. In planning for community re-opening, consider the capacity in the community to safely self-isolate if an outbreak occurs.
- **Personal Protective Equipment (PPE):** Communities may want to take stock of supplies available in their communities to ensure that services that are re-opening have access to required PPE. For questions related to PPE for Health Care Providers and First Responders, please refer to our [FNHA COVID-19](#) website, which highlights ordering processes and appropriate use of PPE supplies.

MENTAL HEALTH RECOVERY PLAN & RESOURCES

Since the onset of the COVID-19 pandemic in BC, there has been a rapid shift of mental health and wellness services to a telehealth delivery model and an increase in provincial and national support lines for the general population as well as [children and youth](#), post-secondary students and [health care workers](#) specifically. As well, efforts have been made in the face of the now-dual public health emergency of pandemic and addiction challenges to reduce the possibility of overdose events and deaths.

Priorities for Mental Health Recovery

1. Meet immediate mental health and wellness needs.
2. Facilitate access to care.
3. Ensure a specific focus on coordinated suicide prevention action.
4. Support the well-being of health, emergency and community workers and offer training to meet the changing circumstances.
5. Communicate clearly.

More information on Mental Health and Wellness can be found in this Guide as well as at: <https://www.fnha.ca/Documents/FNHA-COVID-19-Mental-Health-and-Cultural-Supports.pdf>

PLANNING FOR SERVICE RESUMPTION

First Nations are governed by the Canada Labour Code Part II: Occupational Health and Safety, which outlines the specific health and safety regulations to be followed, including guidance on hazard prevention planning. <https://www.canada.ca/en/employment-social-development/corporate/portfolio/labour/notice-covid-19.html#h2.2.2>

Some Nations are registered with WorkSafeBC and fall under the Province of BC's Occupational Health and Safety (OHS) legislation and regulations. Information on regulations and safety planning can be found here: <https://www.worksafebc.com/en/about-us/covid-19-updates>

Both sets of regulations require that employers implement the following COVID-19-specific safety measures before resuming operations:

1. Assess the risk at your workplace with respect to infection.
2. Implement measures to reduce the risk to staff and visitors.
3. Develop policies to outline safety measures and employer, and worker responsibilities for their implementation.
4. Develop communication plans and training for staff and visitors so they are aware of the risks and the safety measures in place for their protection.
5. Monitor your workplace and update your plans as necessary.
6. Assess and address risks from resuming operations - new threats may become apparent once business resumes that were not planned for and require returning to step 1 to address.

The FNHA is developing its own safety measures for its operations and will make them public at the following website for Nations to download and adapt for their own work environment: <https://www.fnha.ca/coronavirus>

ADDITIONAL FIRST NATIONS EXTERNAL RESOURCES

Province of BC

- Emergency Management BC (EMBC) will continue to provide support while the Provincial Declaration of Emergency continues. It is developing longer term resources for after the declaration is expired but there are still costs associated with COVID-19 response. For more information on provincial supports for Indigenous people, visit:
<https://www2.gov.bc.ca/gov/content/governments/indigenous-people/covid19>
- The provincial [Interim Disaster Recovery Framework](#) leverages existing operational and governance structures at the community, regional, and provincial level in order to provide a strategic and coordinated approach while managing recovery activities of all levels. This framework is an interim measure and will be further developed. The framework was developed for use following typical disaster such as floods and fire and was not intended for use in the context of COVID-19.
- The [Local Authorities and First Nations Recovery Toolkit](#) is intended to guide Local Authorities and First Nations as they plan for disaster recovery, including planning for community recovery, infrastructure recovery, demobilization and debris management.

Indigenous Services Canada

ISC COVID-19 Site: <https://www.sac-isc.gc.ca/eng/1581964230816/1581964277298>

- [COVID-19: First Nations community guide on accessing additional supports](#)
- [Emergency response process during the COVID-19 pandemic](#)
- [Support for individuals](#): direct support through Canada's COVID-19 Economic Response Plan.

SECTION 1: Introduction

This document is intended to provide guidance for the re-opening of communities and the re-starting of operations. A transition is required to develop a new normal for the safety of staff, community members and visitors in an era where the threat of infection is still very prevalent.

This guide is based on the recommendations of the BC Public Health Office (PHO), the BC Ministry of Health (MOH), Indigenous Services Canada (ISC), WorkSafeBC and the Regional Health Authorities (RHA).

Information presented in this guide is intended to support discussions and decision-making at a community and Nation-level, recognizing the inherent self-determination and decision-making of BC First Nations and the fact that there is no one-size-fits-all approach that will meet the realities of all lived-experiences and circumstances.

SECTION 2: Strategic Guidance for Communities and Nations

The FNHA has adapted this section based on advice provided by the Public Health Agency of Canada (PHAC) as a guide for BC First Nations to make informed decisions on re-opening communities and services.

The FNHA recognizes that BC First Nations will need to “navigate a new normal” in the ongoing face of the COVID-19 pandemic. This means providing support to help their community members live safely with the ongoing presence of COVID-19 until an effective vaccine and/or treatment are found.

This strategic guidance is intended to support discussions and decision-making at a community and Nation-level, recognizing the inherent self-determination and decision-making of BC First Nations, and that there is no one-size-fits-all approach that will meet the realities of all unique and varied lived-experiences and circumstances.

PRINCIPLES

The guidance is aligned with the FNHA's [7 Directives](#) and [Shared Values](#), which underpin the FNHA's pandemic response activities and decision-making:

- **Cultural Safety and Humility:** First Nations people access and deliver health care services from multiple sources in the province. [Cultural safety and humility](#) is a foundational protocol for health care professionals and health organizations to follow in relationships with First Nations. Creating a culturally safe service resumption plan for First Nations requires changes at all levels in the system and understanding of a First Nations Perspective on Health and Wellness.
- **Culture:** Decisions are guided by cultural teachings and by science and evidence. Decisions to ease and/or reinstate measures should draw upon the diverse and unique cultures, ceremonies, customs, and teachings of First Nations people and trusted health professionals for strength, wisdom, and guidance.
- **Collaboration and Building Relationships:** Strong collaboration with our partners is key to ongoing success. We believe that effective working relationships among our communities and with our partners are a foundation for achieving health and wellness through this situation.
- **Respect and Flexibility:** Decisions need to respect and be flexible to community needs and risks, noting that these needs and risks will change over time. This includes information on risks of the disease and its impacts on health and wellness, as well as social and economic livelihoods. There will be differences between communities, Nations and regions on approaches taken and measures may need to be re-imposed if the understanding of the risks to health and wellness changes.
- **Fairness and Transparency:** Sharing of information and data that protects personal privacy and does not lead to stigma is critical and is essential to informing efforts to re-opening communities.

CORE PERSONAL PUBLIC HEALTH MEASURES

With no targeted therapies or vaccine available, core personal public health measures will need to become the “new normal” in order to maximize our ability to control the spread of the virus in the long-term. The following core personal public health practices are fundamental, and should continue throughout all steps of the COVID-19 response:

- Staying informed, being prepared and following public health advice.
- Practicing good hygiene and other infection prevention and control measures (hand hygiene, avoid touching face, respiratory etiquette - coughing into your arm or a tissue that is thrown out immediately after - disinfect frequently touched surfaces).
- Maintaining physical distancing from non-household members as much as possible when outside of the home.
- Increasing cleaning of one’s personal environment.
- Staying at home and away from others if feeling ill or symptomatic (e.g., not going to school/work and following public health advice).
- Staying at home as much as possible if at high risk of severe illness.
- Wearing a medical mask if available, otherwise a non-medical mask or face covering, if experiencing symptoms and required to be in close contact with others (e.g., going to access medical care).
- Considering the use of non-medical masks in situations where physical distancing cannot be readily maintained.
- Reducing non-essential travel.

Adopting these practices when a community decides to roll out a strategy for re-opening will help to reduce the spread of the virus. A community communications plan will help engage and raise awareness among community members about their role to reduce the risk of COVID-19 and protect members who may be at a higher risk.

CONSIDERATIONS FOR SPECIFIC CONTEXTS:

For First Nations Individuals

- **Physical distancing:** Physical distancing remains the most important ongoing public health measure, though in less restrictive ways than before. Many community members continue to implement personal physical distancing measures in their daily routines and cultural practices. Some have gone out on the land as a physical distancing measure; others are finding ways to adapt cultural ceremonies and events so that they are able to implement physical distancing recommendations.
- **Hand hygiene:** Hand hygiene remains an essential core public health measure to prevent the transmission of COVID-19. Risk mitigation planning must consider hand hygiene in the context of barriers such as lack of access to water from a tap (a situation that requires reliable access to alcohol-based hand sanitizer).
- **Self-isolation and quarantine:** The ability for people to self-isolate when suspected or confirmed of having COVID-19 is more difficult for people and communities with inadequate housing conditions. Some housing conditions also contribute to a higher transmissibility of the virus in the household. In planning for community re-opening, consider the capacity in the community to safely self-isolate if an outbreak occurs.
- **Virtual care options:** Virtual care options have expanded, providing an important method for facilitating access to care while promoting physical distancing and reducing the risk of spreading COVID-19. The FNHA's [First Nations Virtual Doctor of the Day](#) program is one key resource available to First Nations individuals in BC.

For the First Nations Communities and Nations

- **Essential travel:** Even with restricted travel, some essential activities require travel in and out of the community, such as for medical appointments, food and supply delivery, and health care personnel and other essential service workers who live outside but work in First Nations communities. These scenarios require special consideration in planning for community re-openings. For example: taking into account options for self-screening and other public health measures, as well as the level of risk related to where essential workers/community members are traveling from.
- **Staffing:** Where BC First Nations communities rely on health care providers and other workers travelling from outside communities, it is important to consider risks to public health, and measures for reducing these risks, while taking into account the need to maintain a level of service delivered in communities. For example, considerations on re-opening services could include the availability and capacity of staff, contingency plans for staff shortages, and surge capacity.
- **Protecting community members who may be at a higher risk:** Risk factors are important considerations around planning for community re-opening. Generally, settings with community members who may be at a higher risk (e.g., Elders and/or those with underlying or chronic conditions) will have stricter criteria for relaxing protective measures, as the risks of infection are greater. For example, there have been strict rules implemented at long-term care facilities across the country to protect the older population, understanding that they may be at a higher risk due to their age and also underlying medical conditions. Taking stock of community members and the services offered in the community will help to reduce risks of infection to those who may be at a higher risk when planning a phased approach to community re-opening.

- **PPE:** Communities may want to take stock of supplies available in their communities to ensure that services that are re-opening have access to required PPE. For questions related to PPE for Health Care Providers and First Responders, please refer to our [FNHA COVID-19 website](#), which highlights ordering processes and appropriate use of PPE supplies.
- **Mental Health and Wellness:** Isolation and self-isolation measures that are implemented during the COVID-19 pandemic can affect mental health and wellness. As the public health measures start easing, it may also bring anxiety and stress to people. Considerations for mental wellness supports for community members in this transition period may help the community heal through these challenging times.

See [Section 4](#) for more information on Mental Health and Wellness.

- **Setting Specific Considerations:** In addition to the general considerations outlined above, the following considerations may also be helpful when planning community re-opening and determining triggers for relaxing and/or re-implementing public health measures.

Information on key provincial existing guidance documents are listed in [Section 3](#) of this document.

ADDITIONAL SERVICE AREAS AND SETTINGS FOR CONSIDERATION:

BC First Nations may need to consider public health measures for a number of other service areas and settings, including:

- Health Services (primary care, home and community care, public health, nursing, environmental public health, residential care, etc.)
 - Infection prevention and control measures
 - PPE
 - Scheduling
 - Individuals who may be at a higher risk
 - Monitoring/surveillance
 - Training and refresher courses
 - Assessing risks that may be associated with remoteness; as well as taking stock of community strengths to support this work
 - Inventory of medical equipment and supplies across the community
- Nursing station/ health centre preparedness
 - Availability of space (physical distancing, waiting area, etc.)
 - Clean/high risk zones
 - Areas identified to safely put on and remove PPE
- Community Services, such as supportive housing, transportation, respite services, supportive food providers, etc.
- School and child care settings, both within and outside of First Nations communities
- Workplace settings, both within and outside of First Nations communities)
- Public gatherings
- On-Reserve Businesses

SAMPLE CRITERIA FOR RE-OPENING AND INDICATORS

Public health officials across the country have worked on defining a core set of criteria to guide decision-making on when and how to transition between measures. The following criteria is an example adapted from the [Public Health Agency of Canada](#) and [Indigenous Services Canada](#). For each of the criteria below, analysis of a range of inter-related data and evidence allows us to determine if a change in measures may be warranted:

Criteria	Indicator	Considerations for BC First Nations communities
1. BC Provincial Health Officer recommends moving to next phase of relaxation of outbreak recommendations.	1.1 Provincial Health Officer and relevant BC ministries provide guidance for moving to next phase of outbreak recommendations relaxation.	Emergency Operations Centre and/ or Community Leaders to follow BC PHO press conferences and recommendation documents posted here .
2. Sufficient health system and public health capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating the vast majority of cases, irrespective of severity and origin.	2.1: Testing capacity. 2.2: Resources to trace contacts. 2.3: Ability to isolate all cases. 2.4: Ability to quarantine all contacts.	As testing - including point-of-care testing - becomes available to or near communities, determine clinical pathways to ensure timely access to testing results.
3. Outbreak risks in high-vulnerability settings are minimized.	3.1: Number, size, and status of outbreaks in high vulnerability settings.	Consider types of services delivered in community (i.e., community has a long-term care home, women's or homeless shelter; community has a housing shortage; community has a high number of Elders). Develop appropriate public health measures to minimize transmissions.
4. Workplace preventive measures are established.	4.1: Availability of guidance for workers and employees to prevent transmission of COVID-19 in the workplace. 4.2: Number of workplace outbreaks.	Consideration of ability of services and industries to enact physical distancing, physical barriers, etc.

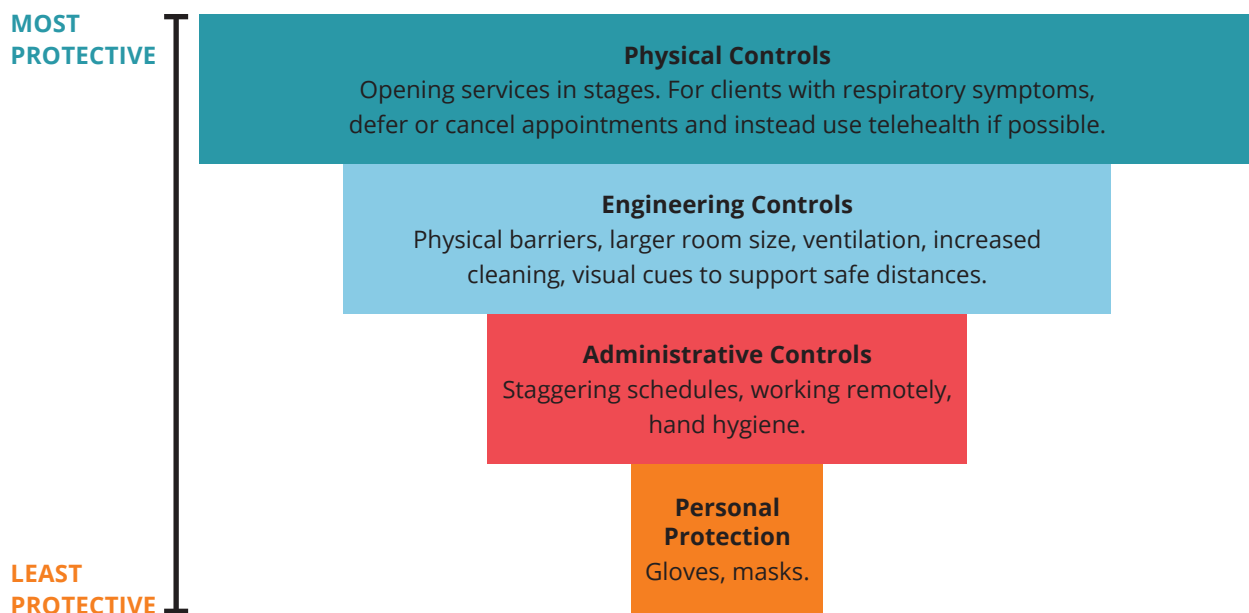
Criteria	Indicator	Considerations for BC First Nations communities
5. Risks of imported cases are managed.	5.1: Number of travel-related cases.	<p>Depending on decisions made by leadership, community border control may continue.</p> <p>Communities should remain alert and determine how and when they will re-open their borders and formulate an approach based on their risk assessments and the context in their community and surrounding area.</p> <p>Consideration may be given to how to support essential workers that may need to come in to the community from outside, or how to support community members that work outside of the community.</p> <p>Individuals returning from a worksite, correctional facility, hospital, long-term care facility, geographic location with outbreaks will need to quarantine for 14 days from last contact with that outbreak location/site upon entry or ideally before entering the community.</p> <p>A person who has tested positive, is presumptive of having COVID-19, or under investigation of COVID-19 will need to isolate for 14 days before entering the community.</p>
6. Communities are engaged and empowered to adjust to the new normal.	6.1: Communications strategy in place.	<p>Communication strategies should be flexible and build on existing networks although new modes of communication may be worth considering to counter challenges such as technological limitations within the community.</p> <p>Leaders may want to consider targeted communications to groups who may be at a higher risk within their communities (e.g., Elders, those with underlying health conditions, those in residential care).</p> <p>Considerations for the translation and interpretation of materials for community members; and also the option for developing targeted messages for different segments of the community (e.g., Elders and youth).</p>

MANAGING SPREAD IN THE WORKPLACE

Physical distancing is the most effective strategy for preventing COVID-19. This means wherever possible minimizing worker presence at the worksite and keeping workers two (2) meters apart when they are present. Other options for consideration to help reduce the spread in a workplace include engineering controls such as putting up physical barriers (e.g., plexiglass) and improving ventilation, and then administrative controls such as staggered work hours and virtual meetings.

PPE, while helpful in reducing transmissions, is less effective than other measures in protecting workers and clients (e.g., last step after all other measures have been exhausted). Please see the graphic below for a visual representation.

Where possible, communities may also want to monitor workplace outbreaks as an indicator of the effectiveness of implementation of these measures over time and to adjust measures if needed.



See [Section 5](#) for more information on planning to mitigate the spread of COVID-19 in workplaces.

PHASED RE-OPENING CONSIDERATIONS

BC First Nations community leaders may wish to consider staged re-opening or restarting activities in the community, considering the criteria listed above.

Below is a set of areas of suggested activities that may be considered in the first phase of re-opening. These particular activities have been identified for the following reasons:

- interconnectedness with other measures (e.g., work and childcare);
- feasibility of physical distancing and required conditions;
- seasonality;
- need to reduce unintended consequences of restrictive measures and ability to decrease societal disruption; and
- desire to stimulate economic activity.

Examples of conditions for the lifting of the restrictive measures are listed for each of the five first-step activities. These conditions or modifications help to reduce the spread by limiting contact intensity and number of contacts. Meeting the following conditions will increase the ability to mitigate the risks associated with lifting measures.

Based on the six criteria and indicators discussed above, communities may consider beginning with the following five activities to lift restrictive public health measures:

A. All Services

- Core personal measures supported to the greatest extent possible (e.g., hand hygiene available, tissues/wastebaskets).
- Maintain physical distancing whenever possible (e.g., limited number of people on-site, telework when possible, signage, floor markings, appropriate spacing of restaurant tables).
- Efforts are made to prevent the entry of sick individuals (e.g., signage about not entering if symptomatic at entrance to service or communications when making appointments).
- Employ physical barriers (e.g., plexiglass) and other engineering controls (e.g., increasing ventilation).
- Increase environmental cleaning (e.g., increase the frequency of cleaning/disinfecting high-touch surfaces).
- Offer special options for persons at high-risk of severe illness (e.g., online/phone ordering, curbside pick-up, special hours).

B. Daycare and education settings/camps

- Where possible, maintain the provision of online learning as an option for students with conditions that place them at higher risk of severe illness from COVID-19 (e.g., immune-compromised).
- Staff and students/campers at higher risk of severe illness remain at home.
- Core personal measures supported (e.g., provide hygiene education, supervised hand hygiene).
- Screening for symptoms of all staff and students/campers.
- Maintain physical distancing as much as possible (e.g., separation of desks, no assemblies, no high-contact sports, limit extracurricular activities).

- Environmental cleaning (e.g., increase the frequency of cleaning/disinfecting high-touch surfaces).
- Non-medical masks may be considered; however, they are not recommended for children under two years of age or those with certain medical conditions.

C. Additional outdoor activities/ recreation

- Core personal health measures supported to the greatest extent possible (see above).
- Individual, or those activities that maintain physical distancing, on-the-land activities are encouraged to support wellness (e.g., harvesting, fishing, etc.).
- Maintain physical distancing between members of different households when participating in outdoor recreation (e.g., fishing, hunting, picnics, camping).
- No large gatherings, even outdoors and when appropriately physically distanced.
- Sports – allow only those that can allow physical distancing (e.g., low/no contact, separation on sidelines).
- Equipment – no sharing, cleaning common sporting equipment in between use.

D. Non-urgent health care services

- Core personal measures supported (e.g., hand hygiene supplies, tissues).
- Physical distancing measures in place, where possible (e.g., tele-medicine, no waiting in waiting room, call in from car).
- Scheduling to protect patients at higher risk of severe illness (e.g., certain days, beginning of day).
- Environmental cleaning (e.g., increase frequency of cleaning/disinfecting high-touch surfaces, between patients).

E . Smaller critical cultural ceremonies (such as funerals, wedding)

- Core personal measures supported (e.g., hand hygiene supplies, tissues).
- Screening for symptoms of attendees prior to entering the gathering.
- Persons at higher risk of severe illness should not attend.
- Physical distancing maintained.
- Limit size of gathering (e.g., number of participants).
- No receptions or buffet meals; single-serving refreshments only.
- Ceremonies should be held outdoors when possible.

SECTION 3: First Nations Community Recovery Supports

Effective recovery aims to re-establish social, cultural, physical, economic, personal and community well-being by including measures that reduce vulnerability to disaster while enhancing sustainability and resilience. The events of COVID-19 have highlighted the magnitude of recovery and the need for a coordinated approach that allows First Nations communities to design and implement solutions that work for their own communities.

The current provincial [Emergency Program Act \(EPA\)](#), coupled with federal legislation, highlights preparedness and response but does not provide a robust framework for recovery responsibilities. In the absence of a permanent recovery framework at both the federal and provincial levels, an Interim Disaster Recovery Framework was developed by EMBC following the 2017 wildfires to address the growing recovery needs and to coordinate and integrate recovery actions until the renewed legislation is in place.

This framework identifies that emergency recovery for First Nations communities will include community-wide considerations and planning as well as supports and resources for individuals and families. In addition, there may also be requirements to support service and agricultural recovery programs as well as indirect service support. The following reflects a comprehensive suite of resources to support First Nations community recovery.

First Nations Community Recovery Resources:

- The provincial [Interim Disaster Recovery Framework](#) leverages existing operational and governance structures at the community, regional, and provincial level in order to provide a strategic and coordinated approach while managing recovery activities of all levels. This framework is an interim measure and will be further developed. The framework was developed for use following typical disasters such as floods and fire and was not intended for use in a pandemic such as COVID-19.
- The [Local Authorities and First Nations Recovery Toolkit](#) is intended to guide Local Authorities and First Nations as they plan for disaster recovery, including planning for community recovery, infrastructure recovery, demobilization and debris management.

SECTION 4: Mental Health Recovery Plan & Resources

Since the onset of the COVID-19 pandemic in BC, there has been a rapid shift of mental health and wellness services to a telehealth delivery model and an increase in provincial and national support lines. These services support both the general population as well as [children and youth](#), post-secondary students and [health care workers](#) specifically. As well, efforts have been made in the face of a now-dual public health emergency to reduce the possibility of overdose events and deaths.

As the need to physically distance remains in place for the foreseeable future, higher levels of anxiety and depression are being reported along with increased substance use and family violence. For many, the pandemic has compounded intergenerational and contemporary trauma as a result of colonization. In the weeks and months to follow we can expect a surge in demand for services from individuals and families for whom the pandemic has created a need for mental health support. Individuals who were previously struggling and whose symptoms may have increased during the pandemic or who have been feeling disconnected from the support network may need increased support.

As we move to a phase of mental health recovery these risks require a renewed focus on:

- prevention and early intervention;
- facilitating access to care; and
- a clear communication strategy to mitigate adverse impacts.

All the plans and priorities referenced below are intended to be delivered in accordance with [public health measures for social service providers](#).

PRIORITIES FOR MENTAL HEALTH RECOVERY

1. Meet immediate mental health and wellness needs by adapting current services and engaging those needing support through increased outreach in multiple settings – home, work, school etc.

- Support First Nations Treatment and Healing Centres to re-open residential services. Explore plans that support continued virtual after-care to program graduates.
- Provide support for the remaining 50 per cent of Aboriginal Head Start programs to resume early learning and child care services, including an outreach component where possible.
- Work with Indian Residential School Resolution Health Support Program (IRS RHSP) leads to resume in-person provision of health and cultural supports while maintaining virtual support
- Encourage resiliency building in community and within Nations through connection to cultural practices and ceremony.
- Promote [staying connected](#) to friends and family through land lines, mobile phones, and computers and face-to-face visits, while respecting physical distancing.
- Resume community-based mental health and addiction services, with an option of in-person appointments, including services provided by Traditional Healers and Knowledge Keepers.

- Provide community-based outreach to individuals viewed as more at-risk, including youth and Elders. Consider enrolling community volunteers who can assist with providing support and friendly visiting - virtual or in-person - to those in need.

2. Facilitate access to care

- Confirm referral pathways for health authority mental health and addiction services for adults, [children and youth mental health intake and assessment services](#) and services for both victims and perpetrators of [family violence](#).
- Assertively reach out to those who need support and [connect with counselling, health and cultural supports](#) regionally, provincially and nationally.
- Refer youth and adults who are experiencing mild to moderate anxiety and depression to [Bounce Back](#), a skills-based telephone coaching service supported by Indigenous Coaches. Also invite them to self-refer to the program.
- Recognizing that the pandemic may exacerbate existing mental health and addiction issues, support individuals to connect with detox, treatment, mobile response teams or regional mental health and addiction services.
- The FNHA will soon be adding a mental health component to the First Nations Virtual Doctor of the Day program.

3. Ensure a specific focus on coordinated suicide prevention action

- Engage more youth across the regions to contribute to FNHA's Life Promotion for All My Relations Youth Advisory Committee
- Confirm clear pathways for crisis intervention support for individuals with suicidal thoughts through community, regional and provincial pathways. For immediate concerns call 911.
- Engage youth with [services, apps and practices](#) that offer help and healing and connection to culture during these uncertain times.
- Implement assertive outreach models to better identify and support people at risk. Consider engaging youth who can provide wellness support to their peers.
- Promote availability of [provincial](#) and [national](#) crisis lines.

5. Communicate clearly with strategies that inform and provide consistent messaging.

- Undertake clear, concise and sustained communication across a range of digital platforms related to wellness, help seeking and caring for each other.
- Focus on resiliency and drawing on Indigenous strengths to stay connected and well.
- Explain thoughts and behaviours that indicate a need for additional support and provide clear guidance on where help can be found e.g., direct links to supports and services.

ADDITIONAL WORKPLACE RESOURCES

- [FNHA Mental Health and Cultural Supports Available During the COVID-19 Pandemic](#) – resource sheet on accessing free counselling, health and cultural supports across the province.
- [Balancing Work-Life Expectations During COVID-19](#) – Thunderbird Partnership Foundation fact sheet on supporting worker wellness
- [Mental Wellness During COVID-19 for Health Professionals](#) – First Peoples Wellness Circle information sheet on sustaining worker and volunteer wellbeing.
- [Care for Caregivers](#) (Canadian Mental Health Association – BC) – Mental health resources, workshops and supports for health care providers.
- [COVID-19: Staying Well In Uncertain Times](#) (Canadian Mental Health Association – BC) – Tips and information on how to reduce and manage anxiety in the workplace due to the COVID-19 outbreak.
- [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#) (WHO) – These mental health messages target different groups to support for mental and psychosocial well-being during 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.

SECTION 5: Planning for Service Resumption

PURPOSE

Health facilities and leased office locations – both for the FNHA and BC First Nations – need to develop safety measures for service resumption that meet occupational health and safety requirements. The goal is to develop the “new normal” for operating in a COVID-19 environment and not to return to the pre-COVID-19 work environment.

Note: As the FNHA creates COVID-19 Workplace Safety Plans for all of its job functions, such as nurses, environmental health officers, oral health providers, health administrators, facility technicians and others, the organization will post them on its website - [FNHA.ca](https://fnha.ca) – where communities and Nations will be able to download them and modify them to meet their own unique service environment and COVID-19 risk conditions.

KEY SERVICE RESUMPTION OBJECTIVES

- Adhere to the Principles of the FNHA’s Services Resumption Guidance, as outlined in [Section 2](#).
- Keep COVID-19 transmission as low as possible during Service Resumption.
- Support a phased-approach plan over weeks and months to de-escalate and resume health services and programs for First Nations communities in BC.
- Incorporate and comply with applicable external authorities where applicable, including WorkSafeBC regulations and other applicable laws, regulations and policies.

BC CONTEXT

[WorkSafeBC](#) is the Province of BC’s occupational health and safety (OHS) legislated agency and its regulations apply to the FNHA as well as those First Nations that have registered their community services and workers with WorkSafeBC and pay the monthly premiums.

Those First Nations that have not registered with WorkSafeBC are governed by the [Canada Labour Code Part II: Occupational Health and Safety](#), which outlines the specific health and safety regulations to be followed.

BC Provincial Legislation

On May 14, 2020, the BC PHO issued the [Workplace COVID-19 Safety Plans Order](#).

The order reiterates that “[E]mployers are required by section 21 (2) (c) of the Workers Compensation Act to establish occupational health and safety policies and programs in accordance with the OHS Regulation and [have been directed by WorkSafeBC to develop a plan to ensure that the risk of transmission of SARS-CoV-2 at workplaces is minimized \(“COVID-19 Safety Plan”\)](#).

The PHO order states that a copy of COVID-19 Safety Plans must be on an organization’s website (if they have one) and at the workplace so that it is readily available for review by workers, other persons who may attend at the workplace to provide services, and members of the public. A copy must also be provided to a health officer or a WorkSafeBC officer on request.

There is no expiration date for the order.

Requests for the PHO to reconsider this order can be made if there is:

- Additional relevant information that was not reasonably available to the PHO when this order was issued.
- A proposal that was not presented to the PHO when this order was issued but, if implemented, would:
 - meet the objective of the order; and
 - be suitable as the basis of a written agreement under section 38 [may make written agreements]
- Require more time to comply with the order.

Federal Legislation

For BC First Nations not registered with WorkSafeBC, the [Canada Labour Code](#) (Code), and associated regulations, regulates First Nations Band Councils, including industries and workplaces on reserve (see Parts I, II and III of the Code). Regulations are administered by the [Labour Program of Employment and Social Development Canada](#).

[Canada Occupational Health and Safety Regulations \(SOR/86-304\)](#) set out all workplace safety regulations and requirements.

Responsibilities and Rights

Under the [Code, Part II](#), the employer is responsible for the occupational health and safety of their employees. Employees also have a role to play to ensure their own occupational health and safety as well as the occupational health and safety of other employees and any person likely to be affected by their acts or omissions. This includes members of the public visiting a workplace.

[Employment and Social Development Canada’s](#) Labour Program created a brochure, [Pamphlet 2A - Employer and Employee Duties](#), which outlines the duties of both the employer and employees under the Code.

Manager Responsibilities

Managers are responsible at all times, both by policy and by law, to provide their employees with a healthy and safe work environment. In the context of COVID-19, managers must remain informed of orders, directions and guidance issued by [PHAC](#), [Health Canada](#) and from their own organizations. They also have the duty to inform their employees of these orders, directions and guidance.

Managers can obtain advice from their Departmental OHS Coordinator regarding health and safety processes and procedures but, at a minimum, must familiarize themselves with their responsibilities in dealing with an employee's [right to refuse dangerous work](#), and/or [health and safety complaint](#). These processes are set out in the [Canada Labour Code](#) and are explained on the [Employment and Social Development Canada](#) webpage on [occupational health and safety](#).

Managers can also consult the [Manager's Handbook Canada Labour Code Part II](#), developed to assist them in interpreting and implementing the requirements of Part II of the [Canada Labour Code](#).

Summary

Both the FNHA and BC First Nations must comply with applicable legislation and regulations.

A BC First Nation that is under the federal legislation may still choose to follow the WorkSafeBC COVID-19-specific requirements to ensure due diligence in the level of care taken to protect their staff, community members and visitors.

The [WorkSafeBC regulations](#) are well-researched and developed and provide a level of care that has been deemed appropriate by the BC PHO. A benefit to following these practices is that all communities, companies, agencies and non-profit societies in BC will be following the same requirements under WorkSafeBC.

As such, First Nations who develop similar safety measures will be able to integrate their program seamlessly with those of their suppliers, contractors and service providers.

However, for a community under federal legislation, it will still be the community's responsibility to track all federal COVID-19-specific OHS Orders and ensure compliance with them.

SERVICE RESUMPTION – PROCESS ELEMENTS AND STEP

For both the FNHA and First Nations communities, resumption of services must incorporate the new COVID-19 workplace safety measures developed by WorkSafeBC and/or the Government of Canada.

The essential elements and overall process to guide service resumption are as follows:

1. Provincial or federal public health officer implements approach for services re-opening and set minimum workplace safety requirements.
2. Review approach and/or orders in context of data and information (e.g., on current health situation and the current/likely future COVID-19 impacts).
3. Decision-makers review public health approach and orders with relevant public health officers, and set framework and schedule for resumption of services.
4. Identified work areas that are set to resume services perform risk assessments and develop safety plans that meet specific COVID-19 requirements. These assessments will entail working with relevant areas such as Human Resources (OHS teams, Human Resource Business Partners, Labour Relations), health services (such as Health Directors, nursing, etc.) and other representatives as needed.
5. COVID-19 Workplace Safety Plans are posted on websites and in offices, and training is provided to all staff, community members etc. as relevant.
6. Modifications made to workplaces, implementing required physical distancing and engineering controls.
7. OHS teams and other relevant health providers procure appropriate safety and personal protective equipment and train staff to use them.
8. Communications personnel to develop and release/promote communication packages to notify relevant partners and stakeholders (staff, community members, services partners, etc.) on upcoming resumption of services and the new safety measures in place to protect them and staff from COVID-19. Recognize there will be anxiety for people in returning. Communicate confidentially and transparently. Listen and survey regularly.
9. Services resume under close supervision, quality control improvements made as applicable.
10. Initiate graduated services resumption - continuously assess and revise components of the work environment and new safety measures.
11. Weekly communications to staff on overall work/progress/planning.
12. Direct messaging to teams/staff as individual plans are developed, reviewed, completed and schedules are set for service resumption.

WORKSAFEBC – SPECIFIC COVID-19 SAFETY REQUIREMENTS (DISCLAIMER)

On May 13, 2020, WorkSafeBC released guidance for the following industries:

Returning to safe operation (BC’s Restart Plan, Phase 2):

- Arts and cultural facilities
- Health professionals
- In-person counselling
- Education (K-12)
- Offices
- Parks
- Personal services
- Real estate
- Restaurants, cafes, and pubs
- Retail

For the purpose of this document, guidance is focused on the standards for ‘Health professionals’ and ‘Offices’. BC First Nations can choose those that apply to their service model as well as recommend the appropriate sections to services that operate in their territory.

Health professionals’ guidelines	Offices guidelines
Protocols for health professionals	Building access
Hygiene, cleaning, and disinfection	Workplace operations
Modify staff areas and work flow	Work stations
Scheduling appointments and communicating with clients	Communal spaces
Reception	Outside visitors
Waiting area	Deliveries
Provision of health services	Transportation
Preparing for next appointment/end of day	Elevator use
Documentation and training	
Links to health professional colleges	

COVID-19 and returning to safe operation

A [COVID-19 Safety Plan](#) is required that outlines the policies, guidelines, and procedures that have been put in place to reduce the risk of COVID-19 transmission. This plan follows the six steps outlined below.

Employers must involve frontline workers, joint health and safety committees, and supervisors in identifying protocols for their workplace. You do not need a formal plan in place to begin operation but are expected to develop it while protecting the safety of your workers.

WorkSafeBC will not be reviewing or approving the plans of individual employers but in accordance with the order of the PHO this plan must be posted at the worksite. During a WorkSafeBC inspection, inspectors will ask employers about the steps they have taken to protect their workers or to see the plan if it has been developed.

See Appendix A for specific information Health professionals: WorkSafeBC Protocols for Returning to Operation.

See Appendix B for more details on the WorkSafeBC COVID-19 Safety Plan and associated checklists.

1. Assess the risk at your workplace

Employers must assess their workplaces in order to identify places where the risk of transmission could be introduced. This process must involve frontline workers, supervisors, and joint health and safety committees and/or worker representatives. Employers should continue to assess the workplace after operations resume to ensure risks are identified and managed.

The virus that causes COVID-19 spreads in several ways, including through droplets when a person coughs or sneezes, or from touching a contaminated surface and then touching the face. The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near. The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Identify areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk. To understand the risk at your workplace, consider the following questions:

- Where do people congregate, such as break rooms, production lines, or meeting rooms?
- What job tasks or processes require workers to come into close proximity with one another or members of the public?
- What tools, machinery, and equipment do people come into contact with in the course of their work?
- What surfaces are touched often, such as doorknobs, elevator buttons, light switches, equipment, and shared tools?

Checklist:

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

The FNHA has created its own internal risk assessment tool to support the WorkSafeBC COVID-19 Safety Plan (see [Appendix C: FNHA Location/Workplace COVID-19 Safety Planning Guide](#)). This tool walks the user through assessments to provide a COVID-19 risk score (high, medium or low). This assessment can be used to prioritize which positions/duties are at higher risk and require immediate attention. It can also be used to identify where operational changes or financial fixes are required to ensure safety.

2. Implement measures to reduce the risk

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

- Review [industry-specific protocols](#) (Health care and Offices) on WorkSafeBC's website to determine whether any are relevant to your situation. Guidance for additional sectors will be posted as they become available. If protocols are developed specific to a sector, implement these to the extent that they are applicable to the risks at the workplace. Employers may need to identify and implement additional protocols if the posted protocols do not address all the risks to workers.
- Frontline workers, supervisors, and the joint health and safety committee (or worker representative).
- [Orders, guidance, and notices](#) issued by the provincial health officer and relevant to your industry.
- Health and safety association or other professional and industry associations.

Reduce the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, implement protection protocols. Different protocols offer different levels of protection. Wherever possible, use the protocol that offers the highest level of protection. Consider second, third, or fourth levels if the first level is not practical. Employers might need to use more than one level of protection to deal with a risk — for example, physical distancing and masks.

First-level protection (elimination): Use policies and procedures to limit the number of people in workplace at any one time. Implement protocols to keep workers at least two metres (six feet) from others.

- Consider reducing the overall number of workers at the workplace at one time. This may be done by implementing work-from-home schedules or re-scheduling some work tasks.
- Ensure that the appropriate number of people are in each area of a workplace to prevent workers from coming too close to one another or members of the public. This may be done by posting occupancy limits (e.g., on elevators, washrooms, and other small spaces), and limiting the number of workers at one time in break locations.
- Maintain a distance of two metres (six feet) between workers and others wherever possible, by revising work schedules, organizing work tasks, and employing the use of dollies or other aids for work tasks that would typically be done by more than one person.
- Consider creating pods of workers who work together exclusively to minimize the risk of broad transmission throughout the workplace.
- Implement measures to ensure workers can maintain a distance of two metres when serving or working with or near members of the public.

Second-level protection (engineering controls): If employers cannot always maintain physical distancing, install barriers such as plexiglass to separate people.

Third-level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers to not share tools, or implementing one-way doors or walkways.

Fourth-level protection (PPE): If the first three levels of protection are not enough to control the risks, have workers and customers use PPE such as masks. PPE should not be used as the only control measure. It should only be used in combination with other measures.

Cleaning and hygiene

- Provide adequate hand-washing facilities on site for all workers and ensure the location is visible and easily accessed. Develop policies around when workers must wash their hands, including upon arriving for work, before and after breaks, after handling cash or other materials, before and after handling common tools and equipment.
- Implement a cleaning protocol for all common areas and surfaces, including washrooms, equipment, tools, common tables, desks, light switches, and door handles. Ensure those engaged in cleaning have adequate training and materials.
- Remove any unnecessary tools or equipment that may elevate the risk of transmission, including items like coffee makers and shared utensils and plates.

3. Develop policies

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

Workplace policies should ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace. These include:

- Anyone who has had symptoms of COVID-19 [in the last 10 days](#). Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- Anyone directed by Public Health to self-isolate.
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case (these people must [self-isolate for 14 days](#) and monitor for symptoms).
- You may wish to ask workers to complete the BC COVID-19 [Self-Assessment Tool](#) on a regular basis to self-monitor symptoms.

Workplaces should also ensure the following:

- Develop and enforce policy that staff are to stay home when sick.
- Visitors are prohibited or limited in the workplace.
- First aid attendants have been provided Occupational First Aid Attendant ([OFAA](#)) [protocols](#) for use during the COVID-19 pandemic.
- There are [working alone](#) and work from home policies in place (if needed).
- Workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace.
- An appropriate [violence prevention program](#) is in place.

Policies and procedures should be developed to address workers who may start to feel ill at work and include the following:

- Sick workers should contact first aid, even with mild symptoms.
- Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated.
- Ask the worker to go straight home. Consult the [BC COVID-19 Self-Assessment Tool](#), or call 811 for further guidance related to testing and self-isolation.
- If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
- Clean and disinfect any surfaces that the ill worker has come into contact with.

4. Develop communication plans and training

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

- Have a training plan to ensure everyone is trained in workplace policies and procedures. All workers have received the policies for staying home when sick.
- Have posted signage at the workplace, including occupancy limits and effective hygiene practices. [A customizable occupancy limit poster and handwashing signage are available on worksafebc.com.]
- Consider hand sanitizing stations, and physical distancing markers and signage, in high traffic areas.
- Have posted signage at the main entrance indicating who is restricted from entering the premises, including [visitors](#) and [workers](#) with symptoms.
- Supervisors are trained to monitor workers and the workplace to ensure policies and procedures are followed.

Service Resumption

When steps one through four are complete, individual service lines are ready for resumption, but there are still some higher-level planning issues that can be implemented to enhance safety:

- Continued full-time teleworking - a review of successes from the initial work-from-home period of BC Public Health Office Phase 1 in March and April may support keeping certain job functions home-based.
- Alternate scheduling - staff members can alternate work days between home and the office so that there is only one worker present at a time.
- Staggered starting times - to reduce traffic flow in elevators and stairways and to provide the option for staff members to commute during non-peak periods.
- Online meetings - so that staff members do not have to come in to an office or boardroom.

Once decisions have been made on these higher-level planning issues, individual staff schedules can be set and services can resume.

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

Things may change. If new areas of concern are identified or if it seems like something is not working, take steps to update the COVID-19 policies and procedures. Involve workers in this process.

- Have a plan in place to monitor risks. Make changes to policies and procedures as necessary.
- Ensure workers know who to go to with health and safety concerns.
- Ensure that workers can raise safety concerns. This may be through a worker health and safety representative or a joint health and safety committee. Employers with fewer than nine workers must also have a way for workers to raise health and safety concerns at the workplace. Work with these committees and workers to resolve any identified safety issues.
- When resolving safety issues, involve joint health and safety committees or worker health and safety representatives (or, in smaller workplaces, other workers).

Step 6: Assess and address risks from resuming operations

If the workplace has not been operating for a period of time during the COVID-19 pandemic, it may be necessary to manage risks arising from re-starting services.

- Have employers had any staff turnover, or are workers being required to change or adapt job roles, or to use new equipment? Consider training or new worker orientation.
- Will workers need time or training to refresh their skills after having been out of the workplace?
- Have employers changed anything about the way the organization operates, such as the equipment you use or the products you create?
- Are there any processes required for start-up that might introduce risks? Consider the impact of re-starting machinery, tools and equipment, or clearing systems and lines of product that may have been left when the service was closed.

Resolving concerns about unsafe work

Workers have the right to refuse work if they believe it presents an undue hazard.

An 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.

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 [OHS Guideline G3.12](#).

Questions or concerns for WorkSafeBC

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 BC at 1.888.621.SAFE). Workers and employers will be able to speak to a prevention officer to get answers to questions. If required, a prevention officer will be assigned to assess the health and safety risk at the workplace.

Additional Information

- WorkSafeBC’s publication [Preventing Exposure to COVID-19 in the Workplace: A Guide for Employers](#) provides general information for employers around assessing and controlling the risk.
- For the latest guidance, visit the [BC Centre for Disease Control \(BC CDC\)](#) website for health information and the latest news from the government of British Columbia.
- The [BC COVID-19 Self-assessment tool](#) can be used to determine whether additional care and treatment is required.
- The [provincial health officer has issued orders, notices and guidance](#) to employers from various industries. Review this site frequently to find out about any changes that apply to the workplace.

SECTION 6: Emergency Response

Re-orientation

Emergency Response re-orientation refers to changing the operational structure.

Prior to re-orienting emergency response structures, decision-makers should consult with their health experts to ensure that the re-orientation of response capacity is appropriate. Once there is agreement in place, ensure that a workable re-orientation plan has been developed and approved prior to beginning the re-orientation process.

A re-orientation notification should be distributed across the organization, response partners and others.

During re-orientation, the following identifies critical elements of work that support successful re-orientation and allows for a re-scaling up of response activities if required:

- Develop a re-orientation plan and timeline to support the reorientation of the response structure.
- Complete all required forms, reports, and other documentation.
- Re-orient assigned emergency response positions and close out any actions that are outstanding.
- Conduct interviews for all individuals who held EOC (Emergency Operation Centre) positions.

SECTION 7: After-Action Reporting and Wrap-up

The after-action review process is a critical part of the cycle of emergency management. It serves to provide a quality improvement process for the FNHA, First Nations communities and response partners in relation to the COVID-19 response activities. The process also serves to recognize the efforts of those involved in the FNHA COVID-19 response activities while avoiding the placement of blame on individuals and organizations.

The after-action review process consists of the analysis of all documentation relating to an event including:

- Plans, procedures, guidelines and policies.
- Debriefs from individuals, communities and other organizations.
- Documentation from emergency event logging systems (e.g., daily situation reports, resource request registrar).
- Reports on successes, challenges, and opportunities, and recommendations.
- Plans for improvement.

The after-action review process for COVID-19 should include a full assessment of response documentation as well as debriefing processes with key individuals, communities and other organizations.

For the purposes of this document, the term “after-action review” includes the process of collecting information, analyzing information, and providing reports on the entirety of the analysis. The “debrief” process solely involves the collection of information, which will include information on successes, challenges and recommendations as provided by debrief participants.

APPENDIX A

Health professionals: WorkSafeBC Protocols for returning to operation

(DISCLAIMER)

These protocols provide guidance to health professionals. Those professions covered under the [Health Professions Act](#) may have additional obligations around clinical care prescribed by their professional college. Links to applicable professional colleges are provided under Additional Resources below.

Health professional employers may also benefit from reviewing protocols for in-person counselling and office spaces. Employers must also ensure they are abiding by any relevant orders, notices, or guidance issued by the provincial health officer and the health authority relevant to their workplace.

DEVELOPING A COVID-19 SAFETY PLAN

Employers resuming operations are required to develop a [COVID-19 Safety Plan](#) that outlines the policies, guidelines, and procedures they have put in place to reduce the risk of COVID-19 transmission. This plan follows the six steps outlined on the [COVID-19 and returning to safe operation](#). Employers must involve frontline workers, joint health and safety committees, and supervisors in identifying protocols for their workplace. You do not need a formal plan in place to begin operation, but are expected to develop it while protecting the safety of your workers.

WorkSafeBC will not be reviewing or approving the plans of individual employers, but in accordance with the order of the PHO, this plan must be posted at the worksite. During a WorkSafeBC inspection, they will ask employers about the steps they have taken to protect their workers or to see the plan if it has been developed.

One part of developing your COVID-19 Safety Plan is identifying protocols that everyone at the workplace must follow to keep workers safe. WorkSafeBC has provided industry-specific protocols below to use as you develop the plan for your workplace.

These protocols are not a list of requirements; however, they should be considered and implemented to the extent that they address the risks your workplace. You may need to identify and implement additional protocols if these do not sufficiently address the risk to your workers.

UNDERSTANDING THE RISK

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.
- The risk of surface transmission is increased when many people contact same surface, and when

SELECTING PROTOCOLS FOR YOUR WORKPLACE

Note that different protocols offer different protection. Wherever possible, use the protocols that offer the highest level of protection and add additional protocols as required.

First-level protection (elimination): Use policies and procedures to keep people at a safe physical distance from one another. Limit the number of people in your workplace at any one time, and implement protocols to keep workers at least two metres from other workers, customers, and members of the public.

Second-level protection (engineering controls): If you can't always maintain physical distancing, install barriers such as plexiglass, to separate people.

Third-level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers to not share tools, or implementing one-way doors or walkways.

Fourth-level protection (PPE): If the first three levels of protection are not enough to control the risks, supply workers with PPE, such as non-medical masks. PPE should not be used as the only control measure. It should only be used in combination with other measures.

PROTOCOLS FOR HEALTH PROFESSIONALS

Hygiene, cleaning, and disinfection

- Ensure adequate hand washing facilities are available, and provide alcohol-based hand sanitizers approved by [Health Canada](#) (Drug Identification Number (DIN) or Natural Product Number (NPN) number).
- Encourage staff and clients to practice hand hygiene upon entering and exiting the clinic.
- Identify all common areas (e.g., washrooms, lunchrooms) and high contact surfaces (e.g., door handles, stair rails) and develop and implement a cleaning and disinfection schedule and associated procedures.
- Ensure shared equipment and facilities (e.g., telephones, computers, washrooms and laundry rooms) receive increased cleaning and sanitizing.
- Develop and implement protocols for sanitizing treatment areas and equipment to prevent surface transmission between clients.
- Provide staff training to ensure safe handling and effective application of cleaning products.

MODIFY STAFF AREAS AND WORK FLOW

- Work remotely whenever possible.
- Develop and enforce policy that staff are to stay home when sick.
- Hold staff meetings virtually through use of teleconference or online meeting technology.
- Where in-person meetings are required, ensure staff members are positioned at least two metres apart.
- If work in the office/clinic is required, consider staggering start times or developing alternating schedules to reduce the number of people in the workplace at a given time.
- To minimize the number of co-workers that staff are interacting with, consider creating teams or groupings of health professionals and scheduling them to regularly work together.
- Prioritize the work that needs to occur at the workplace for you to offer your services.
- Arrange staff rooms and break rooms to adhere to physical distancing guidelines.
- Consider staggered break times to reduce worker gathering numbers.
- Minimize the shared use of workstations and equipment where possible.
- Consider implementing the requirement for staff to have dedicated work clothes and shoes. Provide a place for staff to safely store their street clothes while working and change in/out of clothes to prevent cross-contamination upon entry and exit from facility.
- Consider adjusting the general ventilation such as increasing the amount of outdoor air used by the system. Maintain the indoor air temperature and humidity at comfortable levels for building occupants.

SCHEDULING APPOINTMENTS AND COMMUNICATING WITH CLIENTS

- Determine how many clients can be within the clinic at a given time while maintaining at least two metres of physical distance. Do not book appoints above this number.
- In order to accommodate physical distancing, appointment times may need to be staggered.
- When speaking with clients during scheduling and appointment reminders, ask clients to consider:
 - Rescheduling if they become sick, are placed on self-isolation, or have travelled out of the country within the last 14 days.
 - Attending appointments alone where possible, and not bring friends or children.
- Consider emailing the client any forms that need to be filled out so clients can complete them prior to arriving at the clinic.
- Clinics with a website should consider posting information on modifications made to the location and appointment visit procedures.

RECEPTION

- Post signage at the entrance of the clinic and within the clinic to assist with communicating expectations, such as [hand hygiene](#), physical distancing, [respiratory etiquette](#), reporting illness or travel history, [occupancy limits](#) and no entry if unwell or in self-isolation.
- Consider placing lines on the floor to mark a two-metre distance from the reception desk.

- Consider use of a transparent barrier, such as a plexiglass shield around reception desk, when there is insufficient space to maintain a two-metre distance between staff and clients.
- Screen all clients when they check in for their appointment by asking if they have symptoms associated with COVID-19, have been advised to self-isolate, or have travelled outside of Canada within the last 14 days. Clients that respond in the positive should be asked to leave and re-schedule the appointment when deemed clinically appropriate.
- During transactions, if possible, limit the exchange of papers such as receipts.
- Where possible, payments should be accepted through contactless methods.

WAITING AREA

- Arrange the waiting area in a way that allows at least two metres of physical distance between each client. Consider removing extra chairs and coffee tables from the area to support this.
- Remove unnecessary items and offerings such as magazines, toys, candy, and beverages. Use disposable cups or single use items where necessary.
- Instruct clients to arrive no more than five minutes before their expected appointment.
- Where room size or layout presents challenges to physical distancing, consider alternative approaches, such as asking clients not to enter the clinic until they receive a text message or phone call to advise that their appointment can start.

PROVISION OF HEALTH SERVICES

Professions covered under the Health Professions Act may have additional obligations around clinical care prescribed by their professional college. See the section below for links to those professional colleges.

- Conduct appointments virtually where clinically appropriate.
- Conduct a point-of-care assessment for risk of COVID-19 for every client interaction.
- Health services should not be performed on ill or symptomatic clients, if that is clinically appropriate.
- Where the client requires timely treatment, ensure PPE is used in accordance with BCCDC guidance.
- When possible, the health professional should position themselves at least two metres from the client.
- Consider treating only one client at a time to minimize risks associated with moving between two or more patients.
- Where shared treatment areas exist, ensure clients are positioned at least two metres apart and shared equipment is cleaned and disinfected between uses by clients.
- Wherever possible, each worker should use their own products. If products are shared, they must be cleaned and disinfected between uses.
- Practice effective hand hygiene after each client by washing hands with soap and water or using an alcohol-based hand sanitizer [approved by Health Canada](#) (DIN or NPN number).
- Where feasible, health professionals should avoid sharing equipment or treatment rooms. Treatment rooms should be allocated to a single health professional per shift.

PREPARING FOR NEXT APPOINTMENT/END OF DAY

- Ensure waiting and treatment areas and equipment are sanitized to prevent surface transmission between clients.
- Commonly touched surfaces and shared equipment must be cleaned and disinfected after contact between individuals, even when not visibly soiled.
- Towels or any other items contacting a client are to be discarded or laundered between each use.
- Change into a separate set of street clothes and footwear before leaving work.
- Work clothing should be placed in a bag and laundered after every shift.
- Shower immediately upon returning home after every shift.

DOCUMENTATION AND TRAINING

- Provide your staff information on the risk of exposure to COVID-19 and the signs and symptoms of the disease.
- Provide instructions to workers on methods for maintaining physical distance, such as not greeting others by hugging or shaking hands.
- Train your staff on changes you've made to work policies, practices, and procedures due to the COVID-19 pandemic. Keep records of that training.
- Workers must be trained on donning, using, and doffing PPE. See information regarding use of [PPE](#).
- Provide up-to-date information on public health officer orders and guidance. Consider daily safety meetings with staff to disseminate any new information. Document these meetings.
- Train your staff on how to report an exposure to COVID-19.
- Ensure a process is in place for workers to report concerns and for employers to address them, and that worker representatives or joint health and safety committees are in place where required.
- Keep training records for staff. Examples of training records may include:
 - Donning, using, and doffing personal protective equipment.
 - Training on safe work procedures.
 - N95 respirator fit testing (where applicable).

LINKS TO HEALTH PROFESSIONAL COLLEGES

- [BC College of Nursing Professionals](#)
- [College of Chiropractors of BC](#)
- [College of Dental Hygienists of BC](#)
- [College of Dental Surgeons of BC](#)
- [College of Dental Technicians of BC](#)
- [College of Denturists of BC](#)
- [College of Dietitians of BC](#)
- [College of Massage Therapists of BC](#)
- [College of Midwives of BC](#)
- [College of Naturopathic Physicians of BC](#)
- [College of Occupational Therapists of BC](#)
- [College of Opticians of BC](#)
- [College of Optometrists of BC](#)
- [College of Pharmacists of BC](#)
- [College of Physical Therapists of BC](#)
- [College of Physicians and Surgeons of BC](#)
- [College of Podiatric Surgeons of BC](#)
- [College of Psychologists of BC](#)
- [College of Speech and Hearing Health Professionals of BC](#)
- [College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC](#)

FOR MORE INFORMATION

The information on this page is based on current recommendations and may change. For the latest guidance, please see the health information from the BCCDC and the latest news from the [Government of BC](#).

IF YOU HAVE A QUESTION OR CONCERN

Workers and employers with questions or concerns about workplace exposure to COVID-19 can call WorkSafeBC's Prevention Information Line at 604.276.3100 in the Lower Mainland (toll-free within BC 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.

APPENDIX B

WorkSafeBC Safety Plan - Checklist

(DISCLAIMER)

Employers resuming operations following work interruptions related to COVID-19 must develop a COVID-19 Safety Plan.

To develop your plan, follow the six-step process described at [COVID-19 and returning to safe operation](#).

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

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

STEP 1: ASSESS THE RISKS AT YOUR WORKPLACE

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

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

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

Involve workers when assessing your workplace

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

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

STEP 2: IMPLEMENT PROTOCOLS TO REDUCE THE RISKS

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

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

Reduce the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, implement protocols to protect against your identified risks. Different protocols offer different levels of protection. Wherever possible, use the protocol that offers the highest level of protection. Consider second, third, or fourth levels if the first level isn't practicable. You might need to use more than one level of protection to deal with a risk — for example, physical distancing and masks.

First-level protection (elimination): Use policies and procedures to limit the number of people in your workplace at any one time. Implement protocols to keep workers at least two metres (six feet) from co-workers, customers, and others.

Second-level protection (engineering controls): If you can't always maintain physical distancing, install barriers such as plexiglass to separate people.

Third-level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers to not share tools, or implementing one-way doors or walkways.

Fourth-level protection (PPE): If the first three levels of protection aren't enough to control the risks, have workers and customers use personal PPE such as masks. PPE should not be used as the only control measure. It should only be used in combination with other measures.

First-level protection (elimination)

Limit the number of people at the workplace and ensure physical distance whenever possible

- We have established and posted an occupancy limit for our premises. Public Health has advised that the prohibition on gatherings of greater than 50 people refers to “one-time or episodic events” (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained. [Public Health has developed [guidance for the retail food and grocery store sector](#) that requires at least five square metres of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]
- In order to reduce the number of people at the worksite, we have considered work-from-home arrangements, virtual meetings, rescheduling work tasks, and limiting the number of customers and visitors in the workplace.
- We have [established and posted occupancy limits](#) for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.
- We have implemented measures to keep workers and others at least two metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.

Measures in place

List your control measures for maintaining physical distance in your workplace, for example:

- Working offsite or remotely
- Changes to work schedules
- Changes to how tasks are done
- Occupancy limits for workers
- Limiting or prohibiting visitors
- Reducing the number of customers

If this information is in another document, identify that document here.

Second-level protection (engineering): Barriers and partitions

- We have installed barriers where workers can't keep physically distant from co-workers, customers, or others.
- We have included barrier cleaning in our cleaning protocols.
- We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).

Measures in place

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

If this information is in another document, identify that document here.

Third-level protection (administrative): Rules and guidelines

- We have identified rules and guidelines for how workers should conduct themselves.
- We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

Measures in place

List the rules and guidelines that everyone in the workplace has to follow to reduce the risk of airborne transmission. This could include things like using one-way doors or walkways, using single-use (disposable) products, and wiping down equipment after use. Consider creating pods of workers who work together exclusively to minimize the risk of broad transmission throughout the workplace.

If this information is in another document, identify that document here.

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

- We have reviewed the information on [selecting and using masks](#) and [instructions on how to use a mask](#).
- We understand the limitations of masks and other PPE. We understand that PPE should only be used in combination with other control measures.
- We have trained workers to use PPE properly, following manufacturers' instructions for use and disposal.

Measures in place

Who will use PPE such as masks?

What work tasks will require the use of masks?

If this information is in another document, identify that document here.

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

- We have reviewed the information on [cleaning and disinfecting](#) surfaces.
- Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed.
- We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [[Handwashing](#) and [Cover coughs and sneezes](#) posters are available at worksafebc.com.]
- We have implemented cleaning protocols for all common areas and surfaces — e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).
- Workers who are cleaning have adequate training and materials.
- We have removed unnecessary tools and equipment to simplify the cleaning process – e.g., coffee makers and shared utensils and plates

Cleaning protocols

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

STEP 3: DEVELOP POLICIES

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

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

- Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- Anyone directed by Public Health to self-isolate.
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must [self-isolate for 14 days](#) and monitor for symptoms.
- Visitors are prohibited or limited in the workplace.
- First aid attendants have been provided [OFAA protocols](#) for use during the COVID-19 pandemic.
- We have a [working alone policy](#) in place (if needed).
- We have a [work from home policy](#) in place (if needed).
- Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace.
- Ensure an appropriate [violence prevention program](#) is in place.
- Our policy addresses workers who may start to feel ill at work. It includes the following:
 - Sick workers should report to first aid, even with mild symptoms.
 - Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask the worker to go straight home. [Consult the [BC COVID-19 Self-Assessment Tool](#), or call 811 for further guidance related to testing and self-isolation.]
 - If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911. Clean and disinfect any surfaces that the ill worker has come into contact with.

STEP 4: DEVELOP COMMUNICATION PLANS AND TRAINING

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

- We have a training plan to ensure everyone is trained in workplace policies and procedures.
- All workers have received the policies for staying home when sick.
- We have posted signage at the workplace, including occupancy limits and effective hygiene practices. [A customizable occupancy limit poster and handwashing signage are available from [worksafebc.com](#).]
- We have posted signage at the main entrance indicating who is restricted from entering the premises, including [visitors](#) and [workers](#) with symptoms.
- Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed.

STEP 5: MONITOR YOUR WORKPLACE AND UPDATE YOUR PLANS AS NECESSARY

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

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

STEP 6: ASSESS AND ADDRESS RISKS FROM RESUMING OPERATIONS

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

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

APPENDIX C:

SAMPLE - FNHA Location/Workplace COVID-19 Safety Planning Guide

Location/Workplace	
Address	
Completed by	
Completed for	
Copied to	FNHA OH&S safetymatters@fnha.ca FNHA Corporate Services Corp.Serv@fnha.ca
Purpose	Provides guidance to FNHA workplaces and locations on how to assess the risk of COVID-19 transmission and to select appropriate modifications for the location.
Audience	FNHA supervisors and workers
Sources	Refer to Sources and Resources Sections of FNHA Services Re-sumption Guide
How to Use Guide	<ul style="list-style-type: none">■ Revise this guide if required and use this protocol to assess and reduce the risk of transmission from social interaction in organizational settings appropriately.■ Once this is completed by authorized FNHA workers for FNHA worker locations submit the assessment with the completed location/workplace modifications or controls checklist(s) by email to your FNHA Supervisor, and■ FNHA OH&S at FNHA Safety Matters safetymatters@fnha.ca

General Guidance

- A.** Select and have appropriate FNHA worker(s) complete FNHA locations assessments and COVID-19 Safety plans as needed (or use accurate floorplan maps).
- B.** Physically survey/walk through the workspace/location and complete this guide and the various workplace modifications checklists as needed.
- C.** Modifications selected should be appropriate to the environment and risk in that environment.
- D.** Implement modifications once they are approved appropriately, if they are not already place as needed to ensure the safety plan is acceptable.
- E.** Retain copy of the completed safety plan at the specific location and submit copy of the completed safety plan to appropriate FNHA Location Supervisor and FNHA OH&S safetymatters@fnha.ca and FNHA Corporate Services Corp.Serv@fnha.ca
- F.** Report any concerns or issues related to this plan to appropriate FNHA Location Supervisor and FNHA Safety Matters safetymatters@fnha.ca
- G.** This plan should be reassessed if the work environment changes or is expected to change, or once every six months during the COVID-19 Public Health Emergency.

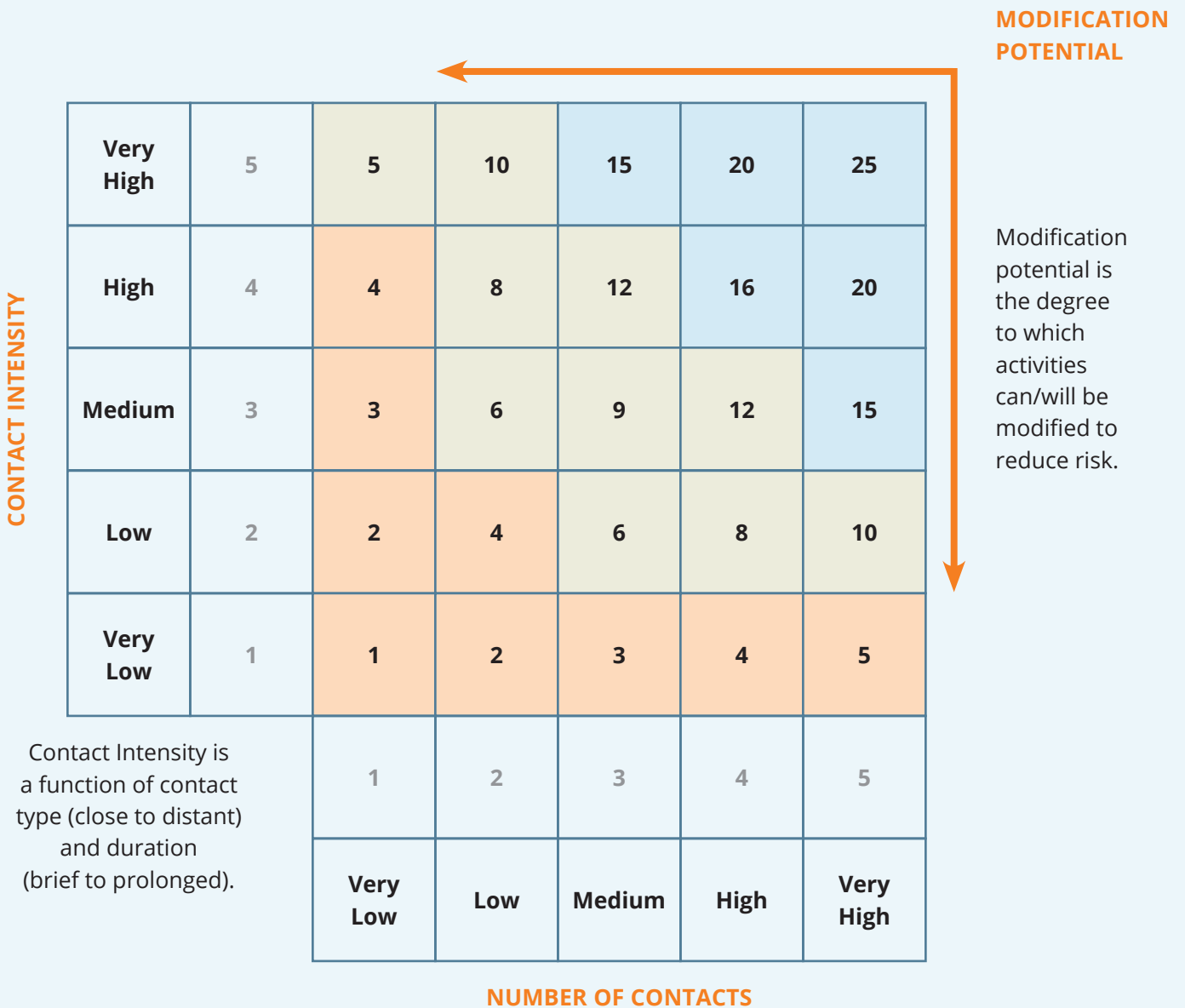
ASSESSMENT AND SAFETY PLAN PROCESS

In order to complete the Assessment and Safety plan carefully review and follow these steps.

Location/Workplace Assessment				
Step #	COVID-19 dimension	Explanation	Score (1-5)	Note
1.	Select the contact intensity	Estimate the types of contact (close/ distant) and the duration of contact (brief/prolonged)		Score from Very Low (1) to Very High (5).
2.	Select the number of contacts	Estimate the maximum number of people present/that will be present in the setting at the same time.		Score from Very Low essential levels (1) to Very High fully-resumed normal service levels (5), up to the capacity of workstations/ offices/maximum facility occupancy level.
3.	Calculate Initial Assessment Score	Multiply the Contact intensity score by the # of Contacts Score.		Total Assessment Score will be between 1 and 25.
4.	Initial Assessment Rating	Use Initial Score from above to locate the Initial Assessment Rating on the Assessment Matrix shown Below. Place this rating in adjacent box.		Initial Assessment will be Very Low, Low, Medium, High or Very High.
5.	Complete Workplace Modifications Checklist that follows	The Workplace Modifications checklist should be used in conjunction with a physical survey of the specific location (or maps)		Complete a workplace/ location survey walk-through. Note related modifications already in place and note additional modifications (on map[s])
6.	Based on the current/planned modifications on completed checklist(s) enter the Modification Potential Score	Use and refer to work environment specifics <ul style="list-style-type: none"> ■ Use physical distancing measures ■ Engineering controls ■ Administrative/Access controls rules and guidelines ■ Use of personal protective equipment (dependent on environment). 		Score from Very Low (1) no/minimal modifications to Very High (5) for very extensive modifications in place/planned.
7.	Final Safety Plan Assessment Score	Subtract the number at Box #6 from the initial Assessment number at Box #3		Total assessment score must be completed to identify appropriate safety measures.
8.	Final Safety Plan Assessment Rating	Use Score from Box #7 to locate the Final Safety Plan Assessment Rating on the Assessment Matrix shown Below. Place this rating in adjacent box.		The final Rating must be Very Low or Low. Review the Results Section Below.

SAFETY ASSESSMENT MATRIX

FNHA Location/Workplace COVID-19 Assessment Matrix



Contact Intensity is a function of contact type (close to distant) and duration (brief to prolonged).

Number of contacts is the approximate number/percentage of total capacity of people in setting at the same time.

ABOUT THE RESULTS

Very Low	Acceptable risk level.	Ensure potential/actual modifications remain in place.
Low	Acceptable risk level.	Ensure potential/actual modifications remain in place.
Medium	Medium Risk may not be or is not at an acceptable level for the current number of contacts and contact intensity planned.	Reduce planned/current number of contacts and contact intensity, implement additional modification or controls to help move to a lower risk category by taking a range of actions
High	High Risk is not at an acceptable level for the current number of contacts and contact intensity planned.	Reduce planned/current number of contacts and contact intensity, implement additional modification or controls to help move to a lower risk category by taking a range of actions
Very High	Very high Risk is not acceptable and requires immediate review and corrective actions.	Immediately reduce planned/current number of contacts and contact intensity, implement additional modification or controls to help move to a lower risk category by taking a range of actions

