

Appendix A – Coffee Breaks (Dawson Creek Office)

WorkSafe BC recommends staggering coffee and lunch breaks in order to ensure that communal areas are not overcrowded and physical distancing can be maintained. In order to ensure that no more than 10 people are in the Dawson Creek break room at one time, staff will have coffee breaks scheduled as follows. Staff may, with agreement of their supervisor, take their break at another time, but they will not be able to access the break room unless there are fewer than 10 people in the room. Priority will be given to the staff scheduled for a break at the applicable time.

Access to the break room at lunch will be on a first come first serve basis.

Morning Break	Afternoon Break	Group & Staff	
9:45-10:00	2:45-3:00	Group 1 1. Kelsey 2. Paulo 3. Ian 4. Judith 5. Kari	6. Jennifer 7. Hunter 8. Bernie 9. Trevor 10. Kole
10:00-10:15	3:00-3:15	Group 2 1. Tyra 2. Brenda 3. Leanne 4. Shannon 5. Deanne	6. Jodi 7. Jacqui 8. Planning Services Manager 9. Crystal 10. Symon
10:15-10:30	3:15-3:30	Group 3 1. Shawn 2. Edda 3. Aden 4. Bryna 5. Loryn	6. CFO 7. Trish 8. Shelley 9. Protective Services Manager 10. Devon
10:30-10:45	3:30-3:45	Group 4 1. Kyla 2. Jill 3. Protective Services Coordinator 4. Erin 5. Gerritt	6. Jr Planner 7. Teri 8. GM Dev Services 9. Suzanne 10. Admin Clerk



PEACE RIVER REGIONAL DISTRICT

COFFEE PROTOCOL



Prior to touching the
coffee pot or supplies
you **MUST**

**Wash or
Sanitize Your
Hands**

- Prior to making coffee, the coffee pot must be cleaned with soap and hot water.
- Following touching the coffee pot, coffee supplies or dispenser or counter, staff/directors must wash or sanitize their hands.
- Coffee will not be provided to the general public.
- Disposable cups will be used for directors; staff may use their own cups which they are responsible for washing. Cups may not be dried in sinks and must be in the possession of the staff member they belong to.

diverse. vast. abundant.

Appendix B – Work from Home Requirements

This section contains the following:

- 1) Working From Home Policy (PRRD)
- 2) Telework Agreement (PRRD)
- 3) IT- Work from Home Checklist (PRRD)
- 4) Setting up, organizing, and working comfortably in your home workspace (WorkSafe)
- 5) Working from home: A guide to keeping workers healthy and safe (WorkSafe)



WORKING FROM HOME

Department	Administration	Policy No.	0340-20-79
Section	Human Resources	Date Approved by Board	April 9, 2020
Repeals		Board Resolution #	RD/20/04/10 & RD/20/04/11

Amended		Board Resolution #	
Amended		Board Resolution #	
Amended		Board Resolution #	

Repealed		Board Resolution #	
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1. Purpose

- 1.1 The purpose of the Working from Home Policy is to establish clear guidelines for flexible working arrangements during a State of Emergency for pandemics or any Other Emergency that deems it appropriate for staff to work from home.

2. Scope

- 1.2 This Statement of Policy applies to all staff of the Peace River Regional District (PRRD) who are working from home. Not every position can be performed from a staff's home.

3. Definitions

- 3.1 **Physical PRRD Files:** any physical record or file that is the property of PRRD.
- 3.2 **Safety Precautions:** the most recent protective measures in place by the World Health Organization (WHO) and the senior levels of government in Canada.
- 3.3 **State of Emergency:** refers to pandemics and other emergencies that deem it appropriate for staff to work from home.
 - i. **Pandemic:** global outbreak of a disease.
 - ii. **Other Emergency:** a situation where staff are either deemed safer and/or only capable of working from home for the persistence of operations.
- 3.4 **Telework Agreement Form:** a working from home form required to be completed by all PRRD staff who are approved to work from home.
- 3.5 **Working from Home:** staff conducting their job from home.

4. Policy

- 4.1 PRRD staff deemed essential and who can fulfill their job duties remotely may have the option of working from home during a State of Emergency.
- 4.2 All PRRD staff who are approved to work from home are required to read and sign the *Telework Agreement* form, then submit it to their manager for approval, who will then submit the completed document to hrprrd@prrd.bc.ca.



- 4.3 The *Telework Agreement* form outlines Occupational Safety and Health expectations. All staff must act in accordance with the Ergonomic Considerations, Working Alone Call-In Procedures, and Emergency Preparedness.
- 4.4 Staff must complete the Working from Home Checklist prior to leaving their office workspace.
- 4.5 Staff can utilize required IT equipment but it remains the property of the PRRD, and must be returned to the office upon the completion of a State of Emergency.
- 4.6 At home workspaces need to be in safe working condition in order to perform job duties, as defined by the Government of British Columbia.
- 4.7 Staff must check in with their designated manager at the beginning and end of each workday.
- 4.8 All staff must be available by email and phone for their regular hours of work, unless other arrangements have been made with their designated manager.
- 4.9 Staff must practice the proper sanitization methods and comply with the Federal and Provincial requirements of a State of Emergency.
- 4.10 Staff are responsible for ensuring a productive working environment and for tracking their activities and deliverables.
- 4.11 Staff are expected to follow the same process for appointments and sick leave by submitting leave requests and taking sick leave.
- 4.12 Staff may be expected to videoconference or teleconference for meetings or check-ins.
- 4.13 All PRRD Staff are to cancel non-essential work related travel (both in-region and out-of-region) and have alternate arrangements approved by their designated manager.
- 4.14 Work-related incidents and injuries must be reported to designated managers the same day as occurrence.
- 4.15 If staff wish to return to their regular worksite, a request must be made to their designated manager.
- 4.16 PRRD staff must not take physical PRRD files home. If physical files are needed, staff may need to come into the PRRD office and follow the proper safety precautions to use the files.

Affiliated Procedures	COVID 19 Response Plan (as updated from time-to-time)
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Disclaimer: Federal and Provincial Acts, Legislation and Law supersede this policy.

**Section 1: Summary Information**

Effective Date:

Agreement between:
Peace River Regional District
AND
Employee:

Manager/Employer:

Section 2: The Employer and the Employee agree to the following:

1. Work Duties and Responsibilities	The employee's work duties and responsibilities while teleworking will include: Duties as per employees current job description. (Supplied on request)
2. Telework Location	Address: City, Postal Code: Personal Phone: Business Phone: Fax: E-mail:
3. Official Office Work Location	Address: Personal Phone: Business Phone: Fax: E-mail:
4. Date/Duration of Agreement	<p>The employee's telework schedule will be implemented starting on (mm/dd/yy):</p> <p>The arrangement may be terminated by either the employee or the employer provided written notice is given within 30 or fewer days. Reasonable notice of the change may be influenced by employee performance, existing space in the office, or hazards to the employee.</p>
5. Schedule	<p>The employee's telework schedule and hours will be as follows: As per employment offer. (Available upon request)</p> <p>The employee will make necessary adjustments or changes to schedule for meetings etc. as required.</p> <p>The schedule is subject to change with mutual agreement of employee and supervisor.</p>
6. Employee Status, Benefits and Entitlements	Employee status, benefits and leave entitlements, eligibility for authorized overtime and employee salary are not altered by this agreement and will be arranged/dealt with through existing practices/directives.



7. Conditions of Employment, Legislation, Policy and Guidelines, Collective Agreements etc.	The provisions of all relevant workplace policies and guidelines, legislation, Terms and Conditions of Employment and/or relevant to Exempt and Collective Agreement provisions will continue to apply.
8. Occupational Safety and Health	<p>The employee agrees to maintain a designated and dedicated workspace that meets occupational safety standards for the home office and office ergonomics. <u>The employee has read and implemented the precautions outlined on the Safety Inspection for Telework page</u>, and understands the additional responsibilities in each of the following areas that are assumed when working from a home office:</p> <p>Ergonomic Considerations; Working Alone Call-In Procedures; and Emergency Preparedness.</p> <p>WCB liability for work related accidents will continue to apply during the telecommuting work schedule as defined in this agreement.</p> <p>The Employer will not be responsible for any non-work related injuries that may occur at home. Compensation will be limited to the approved telework times only and will be limited to designated telework workspace.</p> <p>The employee agrees to follow safe work practices and to promptly report any work-related accident that occurs at the telework (home) office to their supervisor and/or appropriate employer representative.</p>
9. On-Site Visits	On-site visits may be made for the purpose of retrieving equipment and other Employer property in the event of the employee's illness, termination, or any other extraordinary circumstances.
10. Technology, Equipment, Materials and Supports	<p>The employee and Employer have consulted the information about mobile work options including the technology useful for supporting each work style, and have agreed on what equipment will be used to support the telework arrangement.</p> <p>All software used by the employee on Employer computers must be legally acquired and licensed by the Employer, and installed by appropriate Employer personnel.</p> <p>All the equipment provided for teleworking shall remain the property of the employer and must be returned should employment or the telework agreement terminate.</p> <p>Equipment and supplies provided by the Employer are to be used only for the purpose of carrying out the Employer's work - employer owned equipment shall not be employed for personal use.</p> <p>The employee will be responsible for all assets belonging to the Employer and will be responsible for the replacement value of those assets that cannot be accounted for.</p>



11. Costs	<p>The cost of all equipment and supplies provided by the Employer will be paid for and maintained by the Employer including the following:</p> <p>LIST: (eg. Phone lines, long distance calls for work etc.).</p> <p>Employees are expected to maintain the teleworkplace including items such as homeowner or tenant insurance, heat and hydro.</p> <p>Employees are responsible for any costs linked to home renovations required to have a home office.</p> <p>Employees are responsible for maintenance of their own equipment.</p>
12. Insurance	<p>The Employee will ensure that teleworking (i.e. operating a home office) does not breach the terms of their household insurance policies.</p>
13. Confidentiality/Security Standards	<p>Employee will be responsible to secure and protect the property, documents and information belonging to the Employer. The employee has read and implemented the precautions outlined on the Flexible Workplaces & Information Security page, including those in the Appropriate Use Policy and the Tip Guide: How to Protect Your Home Computer.</p> <p>Information must be managed and disposed of in accordance with BC government guidelines.</p> <p>Employee will promptly report to their supervisor, any circumstances or incidents which may compromise the confidentiality of any property, documents or information in connection with their employment.</p> <p>Physical PRRD records/files are not to leave the office.</p>
14. Childcare/Family care	<p>The Employee must ensure that dependant care arrangements are in place and that personal responsibilities are managed in a way which allows them to successfully meet their job responsibilities. Telework is not a substitute for dependant care.</p>
15. Tax implications	<p>Working from home, and/or having a home office may have tax implications for the Employee. The Employee is responsible for working with the Canada Revenue Agency to get the information they need.</p>
16. Municipal/Regional/District Requirements	<p>The employee must ensure that the telework arrangement is consistent with all municipal or regional district bylaws and regulations. The onus is on the employee to determine.</p>



	The employee must ensure that the telework arrangement does not contravene any rental or lease agreements. The onus is on the employee to determine.
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Section 3: Comments
Employee's Comments
Manager's Comments
Eliminating hazards and ensuring safety are the employee's responsibilities. Employee must notify the employer immediately if they become ill. Employee must not work from home if they are ill. Sick bank and/or vacation time can be utilized at that point.
Section 4: Signatures

Agreed to by Employee:

I have read and agree with the above telework Agreement. I fully understand the duties, responsibilities, obligations and conditions for telework expressed in this document. I also understand that these are in addition to my normal duties, responsibilities and obligations as a Public Service Employee.

Employee Signature_____
(Print Name)_____
Date**Agreed to by Manager:**_____
Manager Signature_____
(Print Name)_____
Position Title_____
Date**Agreed to by Manager/Decision Authority:**_____
Manager / Decision Authority Signature_____
(Print Name)_____
Position Title_____
Date

Work From Home – Staff Technology Checklist

We have a quick checklist to help you understand what you need to do before you head home for work.

- ☐ [Forward your desk-phone](#) to your smartphone, home phone or work mobile.
- ☐ Download an updated copy of the [PRRD phone list](#)
- ☐ If you need any contacts, be sure to save them to your phone or computer before leaving.
- ☐ If you need [voicemail-to-email](#) set up for your desk phone, please contact helpdesk@prrd.bc.ca ASAP. Due to high call volume, this can take one day to process.
- ☐ Make sure the PRRD VPN software is installed on your laptop (*or a laptop has been provided to you by IT – let us know if you do not have it*).
- ☐ You have reviewed [VPN use video](#) and/or [RDP use](#).
- ☐ Pack up an extra monitor, keyboard/mouse and any other tech you might need. If you need adapters, or cables be sure to check with IT before heading home. *We have a limited number of laptops, monitors, extra cell phones and equipment at this time.*
- ☐ From time-to-time, you may be asked by IT to bring your laptop into the office for updates, hardware repair, etc. While we have remote-access tools to assist, we are not making house calls.

Extra help:

Forwarding your desk phone to mobile device or other extension:

<https://staff.prrd.bc.ca/forwarding-desk-phone/>

Teleconference Information:

<https://staff.prrd.bc.ca/telus-audio-conference-information/>

WebEx Links:

<https://staff.prrd.bc.ca/webex-support-video/>

<https://staff.prrd.bc.ca/cisco-webex-video-conferencing/>

VPN Links:

<https://prrd.wistia.com/medias/cnyknznn8w>

<https://staff.prrd.bc.ca/introducing-the-new-prrd-rds-server/>

Setting up, organizing, and working comfortably in your home workspace

Working from home can be safe, positive, and productive with a well-planned workspace.

It's important to use equipment in a way that helps you work in a healthy and safe manner. You will reduce the risk of injury if you maintain your body in a neutral position while sitting at a work surface. Maintaining a neutral position means you should be relaxed with your joints aligned (i.e., no twisting or awkward angles) to minimize stress on the body. Some relatively simple modifications can be made if you don't have the same adjustable equipment at home as in your workplace.

Here are some tips to help you achieve correct posture and reduce the risk of injury while working from home.

Setting up your workspace

Choosing a chair

- The chair you use should be stable with a back rest. Try using a small cushion or rolled up towel behind your lower back for additional lumbar support.
- You should be able to put three fingers of space between the back of your knees and the front of the chair. If not, add a cushion to the back to shorten the seat depth.
- Sit with your buttocks all the way back against the backrest. Your back should be nearly upright.
- Make sure you sit with your knees and hips at the same height to avoid pressure on the back of your thighs. Consider using a raised footrest (for example, a stool, box, or book) to support your feet. Make sure your footrest does not raise your knees higher than your hips.

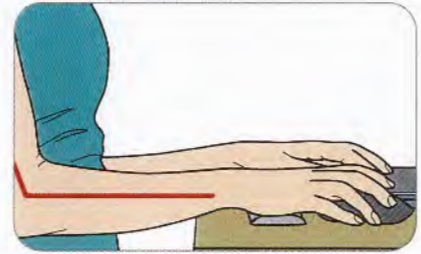
Using your keyboard and mouse

On a work surface:

- Make sure the work surface you choose allows for a neutral posture and is not too high.



- Use an external keyboard and mouse and place them at the same height.
- Your elbows should be at the same height as the keyboard surface with your elbows at your side and not reaching forward.
- To keep your upper extremities neutral, position the keyboard and mouse just above your thighs so you can keep your shoulders relaxed and wrists straight.



On your lap:

- If you are using the keyboard on your laptop, it should be placed on your lap. This means you will have to flex your neck, but your upper extremities will be neutral.
- If you use your laptop while sitting on a couch or a chair, put it on top of a pillow or lap tray. This will help keep your elbows at 90 degrees and reduce the amount of neck flexion when you look at the screen.

Adjusting your monitor and reducing glare

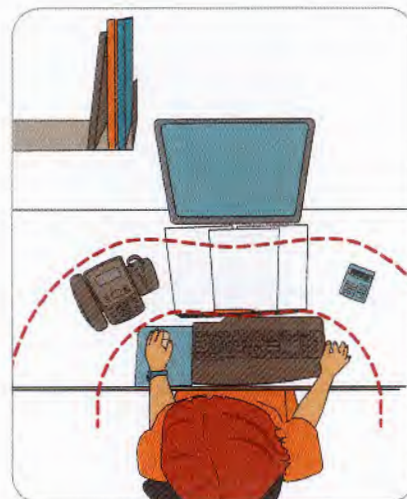
- Ideally, the monitor should be an arm's length away and the top line of text at eye level. This requires creativity with a laptop. Neck flexion for short periods of time is okay for most people, but make sure you take regular stretch breaks. Looking slightly downward helps with eye strain.
- If you wear bifocals or progressives, your screen may need to be lowered so that you don't tip your head back.
- Possible sources of glare include windows, overhead lights, or any shiny surfaces.
- Try switching off room lights and using task lights. Adjust blinds and curtains.
- Windows should be at your side and not in front of or behind your monitors.
- Adjust brightness and contrast on the monitor so that it is similar to your surroundings.
- Clean your screen and eyeglasses.
- Use the zoom feature to adjust font sizes to help reduce eye strain.



For more information, please see the [How to Make Your Computer Workstation Fit You](#) publication and other information at worksafebc.com/ergonomics

Organizing your work area

- Reduce the risk of injuries by identifying the tasks you work on and analyzing them to find out the safest way to do them.
- High-use items (e.g., keyboard and mouse) should be reachable with your elbows at your side and not reaching forward.
- Occasionally used items (e.g., phone, pens) should be reachable with your arm extended while keeping your back on the backrest.
- Reference material and other documents should be in line with the monitor to avoid excess neck rotation and placed on a slanted surface, if possible, to reduce neck movement.
- Use a phone headset or speaker phone for long or frequent phone use. Avoid holding the phone with your shoulder.
- Make sure your work area is free from tripping hazards, including electrical cords, loose carpeting, and other objects.



Working comfortably

- Examine your work habits and activities to ensure you are avoiding awkward postures and staying in one place for too long.
- Alternate tasks to change posture and use different muscle groups.
- Avoid working for too long on a task. Try to insert shorter tasks in the middle of longer ones.
- You may have less interruption at home, which can lead to fewer breaks from work. It's important to find ways to break work into smaller chunks.
- Follow the 20/20/20 guideline: Take a 20-second stretch break every 20 minutes, and look about 20 feet away.
- Leave the radio or TV on in the background if you miss the noise or energy of the office environment.
- Use a morning start-up routine (e.g., shower, get dressed, and eat breakfast) to help psychologically trigger your mind into work mode.
- Having an "end of the workday" routine (e.g., change your clothes, go for a walk, do some exercise) is also helpful to keep work and home life separated.



If you experience any discomfort when working at home, discuss this with your manager immediately.

Working from home:

A guide to keeping your workers healthy and safe

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

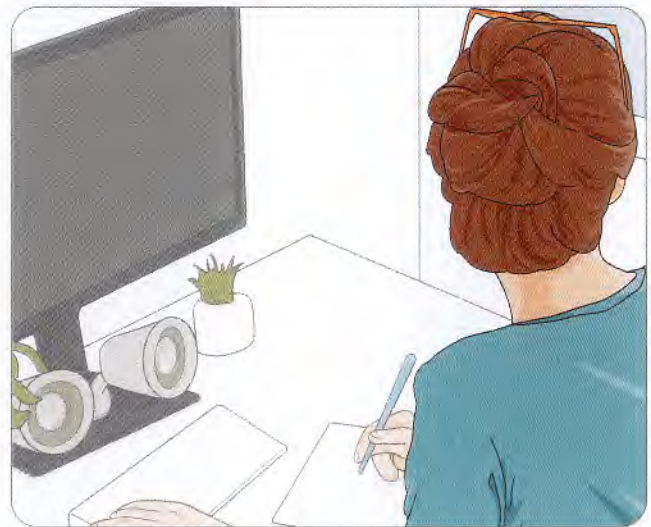
As an employer, you must ensure the health and safety of your workers when they work from home. It's important to understand that working from home is an extension of the workplace, and the [Workers Compensation Act](#) and [Occupational Health and Safety Regulation](#) still apply. With consideration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

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

Develop a health and safety policy for working from home

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

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



Reduce risks while working from home

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

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

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

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

Find more information

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

Appendix C – How to Use a Mask, Glove Removal & Handwashing

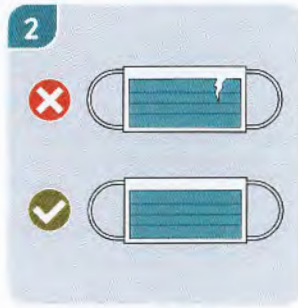
This section contains the guidelines from WorkSafe BC on:

- how to use a mask
- glove removal procedures
- handwashing

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



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



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



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



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



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



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



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

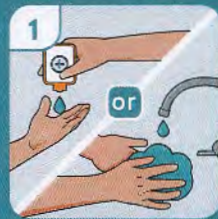


8 Don't touch the mask while you're wearing it. If you do, wash your hands.



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

Removing the mask



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



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



3 Dispose of the mask safely.



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

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



Glove removal procedure

To protect yourself from exposure to contamination, you must take your gloves off safely.

How to remove gloves safely



1. With both hands gloved, grasp the outside of one glove at the top of your wrist.



2. Peel off this first glove, peeling away from your body and from wrist to fingertips, turning the glove inside out.



3. Hold the glove you just removed in your gloved hand.



4. With your ungloved hand, peel off the second glove by inserting your fingers inside the glove at the top of your wrist.



5. Turn the second glove inside out while tilting it away from your body, leaving the first glove inside the second.

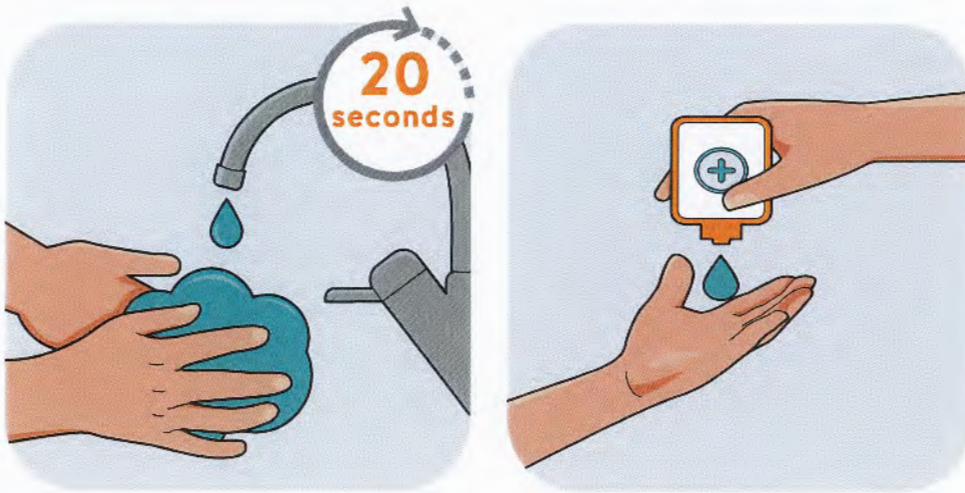


6. Dispose of the gloves following safe work procedures. **Do not** reuse the gloves.



7. Wash your hands thoroughly with soap and water as soon as possible after removing the gloves and before touching any objects or surfaces.

Help prevent the spread of COVID-19



Wash your hands often with soap and water for 20 seconds. If soap and water aren't available, use an alcohol-based hand sanitizer.

Wash your hands:

- When you arrive at work
- Before and after going on a break
- After using the washroom
- After handling cash or other materials that have come into contact with the public
- Before and after handling shared tools and equipment
- Before and after using masks or other personal protective equipment

Appendix D – Designing Effective Barriers

This section contains the guidelines from WorkSafe BC on designing effective barriers.

COVID-19 health and safety

Designing effective barriers

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

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

When to use barriers

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

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

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

Materials and dimensions

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

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

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



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

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

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

Installation

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

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

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

When installing barriers in vehicles, ensure the following:

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

Cleaning and maintenance

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

Let's all do our part

When workplaces in British Columbia are healthy and safe they contribute to a safe and healthy province. As COVID 19-restrictions are lifted and more businesses resume operations, let's all do our part. For more information and resources on workplace health and safety visit [worksafebc.com](https://www.worksafebc.com).

Appendix E – Entry Check & Visitor Log

This section contains:

- Entry Check posters for visitors and workers from WorkSafe BC to be posted at all entrances to PRRD buildings
- The “Visitor Log” template to be used at the Dawson Creek and Fort St John offices, Dawson Creek Warehouse and Charlie Lake Fire Hall. The visitor log will also be used at any PRRD public meetings that take place in the community.

Help prevent the spread of COVID-19

Please do not enter this workplace if you:

- Have any of the following symptoms:
 - Fever
 - Chills
 - New or worsening cough
 - Shortness of breath
 - New muscle aches or headache
 - Sore throat
- Have travelled outside of Canada within the last 14 days
- Are a close contact of a person who tested positive for COVID-19

All other visitors, please wash your hands or clean them with hand sanitizer before and after your visit. Please maintain physical distancing of 2 metres.

If you are displaying symptoms of COVID-19, refer to HealthLink BC at 811.

Help prevent the spread of COVID-19

Please do not enter this workplace if you:

- Have any of the following symptoms:
 - Fever
 - Chills
 - New or worsening cough
 - Shortness of breath
 - New muscle aches or headache
 - Sore throat
- Have travelled outside of Canada within the last 14 days
- Are a close contact of a person who tested positive for COVID-19

If you are displaying symptoms of COVID-19, refer to HealthLink BC at 811.

PRRD COVID-19 Visitor Log

The information collected on this form is collected by the PRRD for the safe operation of its business offices during COVID-19, under the authority of FOIPPA Section 26 (c). This information will be shared with Northern Health, to assist with contact tracing efforts, in the event of COVID-19 illness in this building or a person who has visited this building.

Questions or concerns may be directed to the Freedom of Information Head for the PRRD:

Tyra Henderson, Corporate Officer

1981 Alaska Avenue, Dawson Creek, BC V1G 4H8 250-784-3216

[illegible]

Appendix F – Occupancy Limits

This section includes signs indicating occupancy limits for each room.

Help prevent the spread of COVID-19

In order to reduce risk of exposure to the virus that causes COVID-19, we are limiting the number of people in this space.

Address/room/space:

Occupancy limit: _____ **people**

Appendix G – First Aid Attendants

This section includes WorkSafe BC’s “OFAA protocols during the COVID-19 pandemic: A guide for employers and occupational first aid attendants.”

This information sheet provides information to employers and occupational first aid attendants on safely treating patients during the COVID-19 pandemic. It provides additional precautions to first aid attendants on following the public health directives—including physical distancing, hand hygiene, and sanitization—while treating a patient. In this resource, you can also review these protocols used in three first aid scenarios, as well as link to further COVID-19 health and safety resources.

OFAA protocols during the COVID-19 pandemic

A guide for employers and occupational first aid attendants

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions you may take to include public health directives such as physical distancing, hand hygiene, and disinfection in your procedures.

1. When you receive a call for first aid, if possible, gather the following information:
 - What are the circumstances surrounding the call for assistance?
 - Are critical interventions likely required? If so, call 911 or have an emergency transport vehicle (ETV) prepared.
 - Are there any obvious signs of COVID-19? If so, send the patient home or to a hospital.
2. If no critical interventions are required, if possible and appropriate, interview the patient from a distance. Ask the following questions:
 - Is anyone sick or in self-isolation in your household?
 - Have you been in contact with anyone who has been sick?
3. When you arrive at the patient's location, assess the situation:
 - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?

- If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario below).

4. If the patient can't self-treat, don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
 - Face shield or surgical-type mask
 - Pocket mask
 - Gloves
 - Coveralls (disposable or washable)
 - Apron or lab coat
 - Glasses or goggles

Because the global supply of PPE is scarce, you may need to consider other options. There are various types of masks, face shields, and respirators that you can consider.

5. After treatment, sanitize all equipment with either soap and water or 70% isopropyl alcohol. Remove and wash any PPE that is not disposable, as well as any exposed clothing. Wash your hands thoroughly. If critical interventions are required and there is no way of determining background information, don appropriate PPE and limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 metres (about 6 feet) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 metres from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

Scenario: OFA Level 1 and Level 2 with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and conducts a primary survey to determine what, if any,

critical interventions are required. The attendant positions the patient in the three-quarter-prone position to ensure that the airway is open and clear and no further interventions are needed. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away. The attendant monitors the patient until the ambulance arrives.

Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the attendant approaches the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway (OPA) to protect and maintain the airway. The attendant then conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 metres away.

Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use any PPE or other measures available to provide a barrier between the helpers and the patient, including covering the patient with a blanket. Once the patient is loaded, ensure the helpers remove their PPE and wash their hands with soap and water.

Additional resources

Below are links to key resources from the public health agencies that are providing guidance on COVID-19.

Public health agency websites

For more information about the COVID-19 situation, including public health alerts and FAQs, please see the COVID-19 pages on the following websites:

- [HealthLinkBC](#)
- [BC Centre for Disease Control](#)
- [Public Health Agency of Canada](#)

Self-assessment tool

The BC Ministry of Health has developed an online [BC COVID-19 Symptom Self-Assessment Tool](#) to help people determine whether you need further assessment or testing for COVID-19.

Information for employers & businesses

The BC Centre for Disease Control has collected [COVID-19 information for Employers & Business](#), where you will find information for essential businesses.

Canadian Centre for Occupational Health and Safety

To help support workplaces during the COVID-19 pandemic, the CCOHS has made a number of online products and resources available on [its website](#).

Phone resources

- 1.888.COVID19 (1.888.268.4319):
For non-medical information about COVID-19.
Available 7:30 a.m. - 8 p.m., 7 days a week.
- 8-1-1 (HealthLink BC): To talk to a nurse if you need advice about how you are feeling and what to do next.

Appendix H – BC's Go Forward Strategy & Management Checklist

This section includes the following:

- BC's COVID-19 Go Forward Strategy
- BC's COVID-19 Management Checklist

COVID-19 IN BC

BC COVID-19 Go-Forward Management Strategy

Stay Informed
gov.bc.ca/COVID-19



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The Context¹

Pandemics of respiratory viruses, such as COVID-19, can be declared over when the proportion of the population that is immune is large enough that transmission between people is no longer sustained.

That can happen in two ways:

- after enough people have been infected and have recovered and/or
- when enough people have been immunized with a vaccine (this is most likely, but not definitely, up to 18 months away from development, to manufacturing, to mass immunization).

Both outcomes will likely happen, but both are going to take time. Until that time, our goal is to slow the spread of COVID-19, especially among those most vulnerable to severe disease, to provide time for development of a vaccine and to enable the health care system to respond to a moderate increase in demand. Without a vaccine or treatment, the only way to achieve this was through the public health measures we have seen imposed in BC, in Canada and around the world. All jurisdictions needed to act very quickly in the face of a great deal of uncertainty about the new virus. As a result, BC, along with many other jurisdictions, imposed, over a very short period of time, a full range of public health measures, including: isolation of people with symptoms, quarantine of contacts of people with COVID-19, closure of schools, closure of dine-in restaurants and bars, cancellation of mass gatherings, and restrictions on travel. Additional voluntary measures were taken by individuals, service providers and businesses. This approach worked and the COVID-19 epidemic in British Columbia is currently under control. The slowing of COVID-19 spread has also given British Columbia the ability to expand testing, public health and clinical capacity to respond to future increases in COVID-19 transmission. It has also given us the chance to learn more about how this virus behaves. We now know a great deal more about COVID-19 than we did only a few weeks ago. We know that 82% of people have a mild, self-limiting illness, and that severe illness and death are much more likely in the elderly and in those with chronic medical conditions. We also know that, unlike with influenza, children are much less likely to get sick or transmit the virus than adults. The virus is largely transmitted through close, prolonged contact in households or congregate settings, and it is not easily transmitted outdoors. Staying home when you are sick and washing hands frequently remain essential parts of prevention.

In this next phase of our response, this information will be critical to help us return to essential activities of society. During any pandemic, public health measures need to be re-evaluated in the light of new information, to determine how effective each measure is and if the benefits of each measure outweighs the harms.

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1 A range of papers and think pieces have been used in preparing this draft exploring and discussing how best to move forward in managing the COVID-19 outbreak after the first wave of flattening the curve; including a thoughtful paper by Dr. Leung, an infectious disease epidemiologist and dean of medicine at the University of Hong Kong, which was shared by the PHO. In addition, we need to recognize the analysis and great work provided by the BCCDC.

While COVID-19 transmission is likely to continue to some degree, measures to limit transmission will aim to both protect people and ensure we have adequate capacity in our health system to appropriately care for infected people. However, since measures that limit transmission have substantial negative health, economic and social consequences, a strong imperative exists that reducing COVID-19 transmission must be done, while also resuming a healthy and safe level of social and economic activity. The current situation is neither sustainable nor healthy, bringing its own significant costs and damage to individuals socially, emotionally and economically.

Two sides will likely be debated as we move forward as a community:

1. Current lockdowns are becoming harmful in both social, economic, and health terms and need to be lifted, so as not to cause enormous damage to economies, civil society, and emotional and mental health well-being.
2. Current lockdowns are both needed and must be sustained for a significant period to protect a percentage of individuals within our communities from dying due to COVID-19 and to protect our health system from being overwhelmed (impacting our ability to care for both non-COVID-19 and COVID-19-related serious illnesses)

These two narratives are in fact two ends of a continuum, with a range of potential actions that government can take in between. In either direction, there is potential for significant human cost. There is an imperative to hit “just enough” restrictions to adequately slow transmission, but these actions do not outweigh the harms caused by those restrictions. Inevitably, it will be impossible to get this perfect, but step-wise lifting of restrictions with mitigation strategies in place is the most prudent way to go forward.

The current “lockdown” strategies implemented, predominantly starting mid-March, reflected the fact that our Province had to respond the rapid growth rate of transmission in BC. That action worked. Our most recent modelling and analysis suggests we now have an opportunity to try to better manage the ongoing transmission and a potential wave two of the pandemic in the fall/winter by adopting a sustainable and more moderate public-health strategy to carry us through to “community” immunity, through either gradual infection and/or immunization by vaccine.

This situation is complex and without precedent in the modern age. We have never confined so many people and so, by definition, have never relaxed confinement of such a large number of people. This plan has been developed by public health and the Ministry of Health based on an evidence-based framework. It sets out what public health measures might be optimal to slow the spread and what steps the health system can take to be as robust as possible to meet possible total health care demand in the coming 12 to 18 months. It also sets out proposed requirements to safely optimize both economic activity and social activity.

This will require the full engagement of individual citizens, key institutions, and employers to hard wire these requirements in to day-to-day practice, starting in May, and then refining them over the next 12 to 18 months based on our go-forward experience of the pandemic. This will need to be done in collaboration with the Office of the Provincial Health Officer and broader government. The overall goal is to find the right balance for BC against five goals:

1. Protect lives by suppressing the transmission rate to the lowest rate possible for at-risk populations, until a vaccine becomes available. Ongoing monitoring and assessment of this possibility will be important, and our strategies will need to evolve based on what materializes or does not materialize over the coming 12 to 18 months.
2. Make sure the health system does not get overwhelmed to the point that it can't offer quality care to both non-COVID-19 and COVID-19 patients. This includes managing the transmission rate within the capacity of the health system until a vaccine is available.

Balanced against:

3. Meeting the very real, ongoing physical and mental health needs of non-COVID-19 patients and populations
4. Getting people back to work and rebuilding the economy
5. Optimizing the social fabric of our families and communities

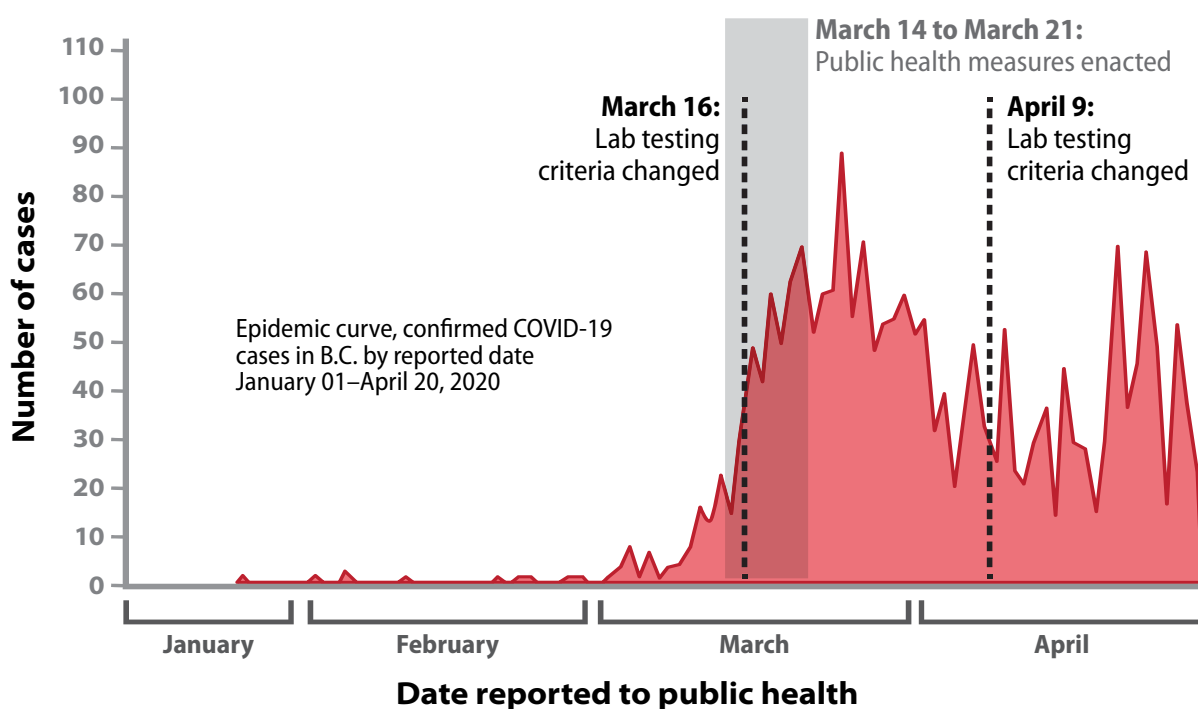
How to safely increase our opportunity for broader social interaction by carefully relaxing what are very taxing social-distancing measures. How to safely and sensibly reboot the economy as much as possible, while keeping people safe. This is not a simple trade-off, but an extremely complex exercise for all of us in optimizing the physical, mental, social, and economic health of the people of British Columbia in the face of an epidemic that is more challenging than we have seen in generations. Physical, emotional, social and economic health rise and fall together.

This plan sets out the proposed dimensions of this balancing act based on hitting a “sweet spot” using dynamic modelling based on BC data – moving from the current targeted lockdown restrictions resulting in approximately 30% of normal social interaction, toward a sustainable 60% of social interaction, with restated levels of targeted restrictions. Our dynamic modelling suggests that going above this level will result in a significant and unsustainable growth in transmission of the virus. These models give us an indication that there is room to move. Monitoring both infection rates, but also unintended consequences of measures, will be required to find the right balance in practice. As referenced by other jurisdictions, this will involve “turning the dial” or “adjusting up the dimmer switch”, not flicking an “on/off switch”.

Dynamic compartmental modelling of social contacts as the basis for moving forward

BC has pursued an evidence-based and transparent approach to managing the pandemic, with daily briefings and several detailed updates on our modelling and planning.

As demonstrated by the graph below, the significant and “stringent” (Oxford Stringency Index) measures taken by BC were both needed and are working in flattening BC’s epidemic curve.



However, these measures have come with significant economic and social costs, which will have their own significant impact on the health of the population. The benefit at a population level is that these stringent measures have created hyper-awareness of COVID-19 transmission risks, which should provide a more secure platform for us to achieve a “new normal” to get us through the coming 12 to 18 months. In setting out this plan, it is worth restating the epidemiological evidence as we currently understand it and then to use this evidence to shape our actions moving forward.

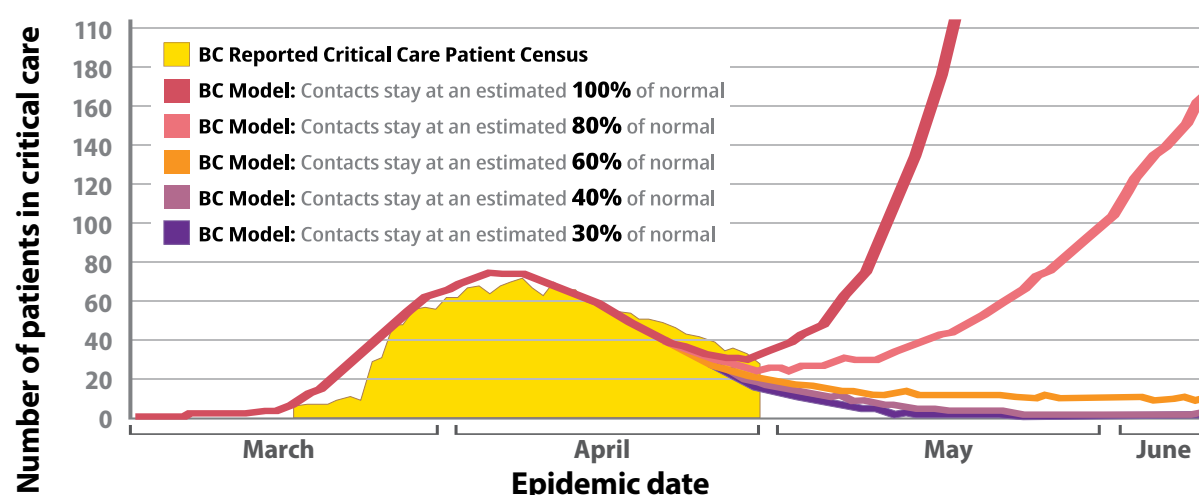
Rates of infection are very dependent on contacts between people. A dynamic compartmental model estimates the rate at which susceptible people transition to being infected and on to recovery or death. These transitions are determined by contact rates between people, which have been inferred directly from epidemiological observations in BC. The models are based on our own observed data. The models illustrate different possible future states for different levels of contact.

While all models are just that, we have some confidence in these simulations because:

1. They have accurately predicted trends in hospitalization, ICU visits and new confirmed infections over the last month.
2. The BCCDC works with several, quite different modelling approaches and these agree with each other.
3. BCCDC's general findings of increasing risk of rebound once a threshold of increased contact is reached are echoed in models from elsewhere.

Models help guide our thinking. They indicate that BC can move cautiously to lift restrictions, while maintaining enhanced surveillance and determining thresholds of actual hospitalizations, ICU, and ventilated cases, which might then require us to enhance efforts.

The modelling in the graph below points to the current level of social contacts being estimated at 30% of normal, based on the significant and targeted restrictions on social contacts following the partial lockdown measures implemented in mid-March 2020.



A model released by the BC government of how critical care cases for COVID-19 could develop over the coming months based on the level of social contacts. (BC Centre for Disease Control)

While a return to normal levels, or near normal levels, is predicted to radically increase transmission, the move to 60% of normal is forecast to result in a flat transmission rate, as indicated by the number of patients requiring critical care. This would be a “new normal” level for the coming 12 to 18 months while a vaccine is hopefully developed and deployed.

The challenge is to translate what is currently a theoretical space into a practical suite of actions. These actions are linked from a population health perspective to suppressing the rate of transmission or viral spread in the population, and from a health system perspective to its capacity to offer appropriate (1) public health capacity to detect, test, contact trace and therefore manage cases to prevent outbreaks in the community and (2) provide appropriate levels of hospital, critical, and ventilated care to patients with a more severe experience of the infection. Each of these will now be considered in sequence setting out the analysis and then proposed actions.

Managing transmission in organizational and specific settings

Key to deciding which actions to take is understanding the what, where, and how of virus transmission.

Coronavirus is transmitted via larger liquid droplets when a person coughs or sneezes, but also, potentially, when they are talking in very close proximity to another person. The virus in these droplets then can enter the body of another person when that person breathes in the droplets or when the droplets touch the eyes, nose or throat of that person. This requires you to be in close contact – less than the so-called social distancing of 2 metres. This is referred to as droplet transmission and is believed to be the primary way COVID-19 is transmitted.

In addition, droplet transmission is much more likely when in close contact in an indoor setting. COVID-19 can also be transmitted through droplets in the environment if someone touches a contaminated area, then touches their face or eyes without cleaning their hands. Unfortunately, humans touch their mouths, noses, and eyes with a very high level of frequency per hour. This speaks to the importance of regularly cleaning one's hands and also cleaning high-touch areas in the environment.

A key issue in transmission is the median incubation period (the time from infection to appearance of symptoms) and the serial interval (the time between successive cases) for the COVID-19 virus. The serial interval for COVID-19 virus is estimated to be 5-6 days. There are some emerging indications that there are people who can shed COVID 24-48 hours prior to symptom onset, but at present, the WHO suggests that this does not appear to be a major driver of transmission. However, we need to acknowledge that there is debate about this and that at this time we cannot be categorical.

The direction and measures set out in this paper focus on three areas: personal self-care; social interaction with extended family and friends; and social interaction in organizations and public institutions. Actions across all three areas will be critical to our efforts to continue to successfully suppress transmission.

REDUCING TRANSMISSION – *Core Measures for Personal Self Care*

This is the foundation to reduce transmission:

- No handshaking as the new norm.
- Practice good hygiene (frequent hand washing with soap and water and use of hand sanitizers; avoid touching one's face; respiratory etiquette; disinfect frequently touched surfaces).
- Maintain reasonable physical distancing as much as possible when outside the home and using a non-medical mask or face covering in situations where reasonable physical distancing cannot be consistently maintained, or engineering controls are not available (e.g. plexiglass barriers).
- If you have the symptoms of a cold, flu, or COVID-19, including a cough, sneezing, runny nose, sore throat, or fatigue, you must stay at home (not going to school/work) and keep a safe distance from others in your family until those symptoms have completely disappeared.
- A further consideration is for individuals at risk of a more severe illness (because they are over 60 years old, have compromised immune systems, or underlying chronic medical conditions) to properly inform themselves of risk, assess their own risk-tolerance, and think through extra precautions they may wish to take over the coming months.

REDUCING TRANSMISSION – *Core Measures for Managing Social Interaction with Extended Family and Friends*

Social interaction is critical to our individual well-being and health. Increased social interaction must balance this fundamental human need with key actions to reduce transmission. A further consideration are the extra precautions for those at increased risk of a more severe illness if they contract COVID-19, in terms of the older population and individuals with compromised immune systems or certain underlying medical conditions. In addition to the personal measures set out above, there are several additional measures that can be taken to reduce transmission:

- Maintain a zero-tolerance standard for yourself, family and close friends to not socialize when any of you have the symptoms of a cold, flu, or COVID-19, including coughing or sneezing.
- Maintain regular social contact with extended family or a small group of friends, but only get together in small groups (2-6 people) and maintain reasonable physical distance (cautiously expand our circles of social contact, while protecting those more at risk).

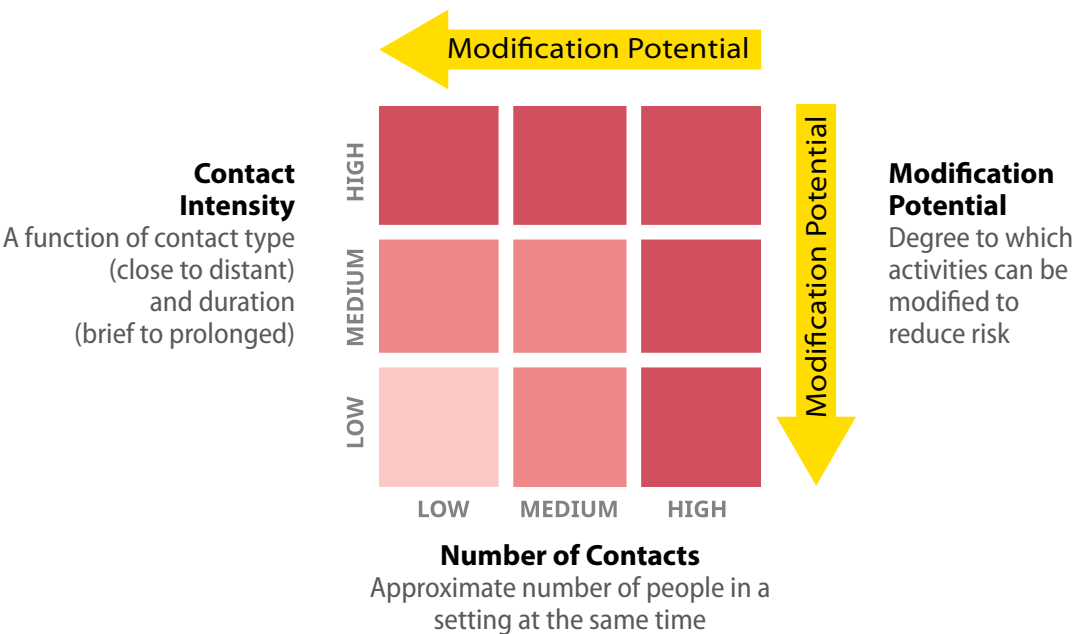
These measures require a sustained and strong in-group code of behaviour and then also across the multiple groups where you are a member.

REDUCING TRANSMISSION – Core Measures to Implement Safe Practices in Organizations and Public Institutions

Assessing the risk of transmission from social interaction in organizational settings and public institutions is a function of two variables (rated as low, medium, and high) supported by a range of actions you can take to further reduce the risk of transmission:

- 1. What is the contact intensity in your setting – the type of contact (close/distant) and duration of contact (brief/prolonged)?
- 2. What is the number of contacts in your setting – the number of people present in the setting at the same time²?

By completing these ratings, you can position your organizational setting on the risk matrix below:



However, the medium and high categories are also subject to potential modification or controls which can help you move to a lower risk category by taking a combination of actions:

- Physical distancing measures – measures to reduce the density (intensity and number of contacts) of people in your setting
- Engineering controls – physical barriers (e.g. plexiglass barriers; one-way systems for customer flow; physical space between seating)
- Administrative controls – rules and guidelines to reduce the likelihood of transmission in your setting (e.g. stay away if sick; hours of operation)
- PPE – use of non-medical masks

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2 John Hopkins University, Bloomberg School of Public Health, Centre for Health Security April 2020

Using this assessment and applying the potential modifications or controls to further reduce risk of transmission, organizations (workplaces, retail outlets, public institutions, community organizations) are being asked to develop explicit plans for the measures they will implement and maintain over the coming 12-18 months. Specifically, they are being asked to apply a series of core measures across three areas (personal, social, organizational) that set parameters for the “new normal” in terms of formal and required actions that are the basis for workplaces and commercial businesses being in operation until the PHO lifts the public emergency requirements. This assessment framework combined with specific measures set out below will be used by organizations and public institutions to reduce the risk of transmission.

REDUCING TRANSMISSION – *Core Measures to Implement Safe Organizational Practices*

- Actively promote and monitor personal self care actions in your organization
- Actively promote and implement the core measures for managing social interaction in your organizational setting in congregate social settings (kitchens, staff room, canteens, shared public spaces)
- You **must** have clear policies to enable and ensure that **individuals who have the symptoms of a cold, flu, or COVID-19 including coughing or sneezing should not come into the workplace.** As part of opening your specific settings, you should implement sick day policies for the coming 12 months that actively work with individual staff being off sick more often or working safely at home during these illnesses. As employers you must take leadership in this regard with routine screening/questions of staff for symptoms checking.
- Require and sustain higher levels of **frequent cleaning of “high touch” areas** in workplaces and retail outlets throughout the day and availability of hand sanitizer stands at entrances or around workplaces and shops.
- Where appropriate and practical increase **use of temporary physical barriers** (such as plexiglass at service counters or checkouts)
- Focus on how you will **support and accommodate higher-risk populations** including those 65+ and those with underlying medical conditions. Workplaces, retail and personal service businesses are encouraged to exercise greater accommodation for these age groups in terms of work space, more flexible hours of work or shopping (earlier, later, mid-day) or working at home options.

Additional core measures specific to organizational settings (more will be developed as sectors are engaged and sector wide norms are adopted/required as set out later in this section):

- For **Office-Based Organizations**, where possible continue to encourage working from home part of the time to reduce “contact intensity” and “number of contacts” in the workplace. Where this is not possible or in addition to working from home policies, enable employees to have less contacts by using staggered shifts or work hours, creating smaller teams working together virtually; forgoing in person group meetings as much as possible.

- For **Retail Organizations** implement strategies that support sensible physical distancing (2 metres) and sensible volume of customers in the retail space based on the transmission fact basics.

Note: Guidelines have been provided for retail grocery stores that will continue to be reviewed – lining up outside retail stores, especially in the rain or cold fall and winter months may not socially sustainable, practical or healthy. For all retail outlets density of customers needs to be considered – there appears to be confusion with respect to applying the “mass gathering” number of no greater than 50 people to a number of organizational settings. This was not the intent of that directive.

Best practice for the retail sector will be open to discussion as the sector develops its proposed plans. There are several actions the sector should think through in developing their proposed plans:

- Ability to increase throughput of customers and reduce line-ups by opening and maintaining a higher number of check-outs once physical plexiglass barriers are installed between checkouts
- Increased or continued encouragement of on-line shopping, deliveries, and/or pick-ups to reduce volume of visits
- Increasing hours of shopping to decrease density of customers throughout the day
- Encourage or require utilization of basic non-medical masks while shopping in the store to reduce the spread through individuals coughing, sneezing, or close interpersonal contact and therefore increase density
- Use of physical barriers such as plexi-glass
- Messaging re not shopping while sick (cold, flu, COVID-19 symptoms) and routine screening/questions of customers for symptoms checking

For **Personal Service Organizations** (barbers, hair salons, nail salons)

- Messaging about not accessing services while sick (cold, flu, COVID-19 symptoms) and routine screening/questions of customers for symptoms checking
- Manage in terms of physical distancing or eliminate waiting areas
- Require appointments or bookings to manage customer flow
- Use of non medical masks and maintaining distance between customers while being served
- Use of physical barriers such as plexi-glass where practical

For **Child Care Centres and Education Settings/Camps**

- Child care centres an important part of the social infrastructure to support parents returning to work.
- While it is well established that children are important drivers of influenza virus transmission in the community; for the COVID-19 virus, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa. This is an important consideration with respect to school closures and reopening but is an area in which the evidentiary base will continue to develop.

- The evidence of the impact of COVID-19 on young adults appears to be evolving although the data to date suggests that they are very likely to experience mild symptoms.
- In general, educational settings are critical to a child's and youth's psycho-social development as well as learning but also for younger children, important to a parent's ability to maintain employment. Any actions taken in this area should take in to consideration all these dimensions.
- Recreation and involvement in sports are also important developmental activities for many children and young people.

CHILD CARES CENTRES

- ▶ Routine daily screening for all staff and students
- ▶ Routine and frequent environmental cleaning
- ▶ Explicit policy for children or staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing **not** coming into child care.

SCHOOLS (K-12)

- ▶ Routine daily screening for all staff and students
- ▶ Routine and frequent environmental cleaning
- ▶ Implement a range of options to reduce transmission including smaller class sizes; separation of desks; potential of differential school attendance on a routine basis each week; strong focus in the daily routine on frequent washing of hands and other hygiene practices; small group activities and wearing of non-medical masks for those group activities; no high contact sports; limit group sizes of extracurricular activities.
- ▶ Explicit policy for children, youth and staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing not coming into school or taking part in extra curricula activities and sports.
- ▶ Planning over the summer for increased use of remote online learning, especially for high school children.
- ▶ Early arrival and self-isolation for 14 days of international students.

POST SECONDARY INSTITUTIONS

- ▶ Routine daily screening for all staff and students
- ▶ Routine and frequent environmental cleaning
- ▶ Explicit policy for students and staff who have the symptoms of a cold, flu, or COVID-19 with coughing or sneezing not coming into classes or taking part in extra curricula activities and sports.
- ▶ Increased use of on-line learning balanced against the need of social interaction for learning and development
- ▶ Early arrival and self-isolation for 14 days of international students.

RECREATION/SPORTS/CAMPS

- ▶ Routine daily screening for all staff and participants
- ▶ Support low contact sports (especially outdoor). Identify high contact sports that should not take place during the pandemic.
- ▶ Explicit policy for participants and staff who have the symptoms of a cold, flu, or COVID-19 symptoms with coughing or sneezing **not** being engaged in recreation, sports, or camps
- ▶ Staff and participants at higher risk of experiencing severe illness should not take part in recreational, sporting, or camp activities.

These core measures, supported by the Public Health Officer, are helpful for government and its sector partners when thinking about resuming businesses and institutions. Decision to reopen businesses and institutions is based on a sector analysis done through multiple relevant ministries and partnership tables. It is intended to help each sector think through and plan a cautious return towards the 60% social contact maximum of the pre-COVID-19 normal. There will be review of plans by a cross ministry oversight committee supported by guidance and advice through the PHO/BCCDC and WorkSafe BC.

Key sectors that will need to work through in detail and then implement approved “new normal” practice standards include:

- | | |
|---|---|
| ▶ Office Workplace Practice Standards | ▶ Child Care Settings Practice Standards |
| ▶ Personal Service Workplace Practice Standards (hairstylist/barbers; spas) | ▶ School and Post Secondary Institutions Practice Standards |
| ▶ Retail Practice Standards (including grocery stores) | ▶ Recreational Facilities Practice Standards |
| ▶ Resource Sector Standards | ▶ Outdoor Recreational Setting Practice Standards |
| ▶ Restaurant and Food Service Practice Standards | ▶ Parks, Beaches and Outdoor Space Standards |
| ▶ Hotels and Resorts (Including Camping) Practice Standards | ▶ Bar, Casino, Night Club Practice Standards |

To further assist organizations a COVID-19 site will be maintained to host all core measures and guidance; allow organizations to pose questions/receive answers, and curate a Q&A record for public access and information.

Beyond specific settings, BC will in the coming several weeks bring further clarity on its medium-to-longer-term position on several other areas for the coming 12 to 18 months on:

- Travel Management Measures will require careful consideration with no immediate change in the status of international travel measures. Other areas for further consideration will be Internal travel guidance in province particularly over the summer months; inter-provincial travel for family visits or tourism; international travel (outbound and inbound) for family visits; business; or tourism over the coming months
- Further consideration as to whether there needs to be formal enforcement or legislative provisions attached to some of the measures.

One area where there will be no change in the immediate future are large scale public events. The PHO has restated total bans on mass gatherings and will maintain the direction on gatherings being of no more than 50 people with required physical distance and health hygiene practices for groups under that number.

Managing public health and healthcare service capacity

A key argument made in the response to the COVID-19 epidemic has been the need to protect the health system and health workers from being overwhelmed to the point of not being able to provide appropriate care to both non-COVID-19 and COVID-19 patients. This is linked to both the experience of the severity of the illness at a population level and the ability of the health system to respond to the volume of patients requiring care at any one point in time.

As noted earlier in the discussion paper, from a health system perspective we need to consider our capacity to offer appropriate (1) public health services to detect, test, contact trace and therefore manage cases to prevent outbreaks in the community and (2) provide appropriate levels of hospital, critical, and ventilatory care to patients with a more severe experience of the infection. This is against the backdrop of allowing non-urgent health care services to resume (such as scheduled routine public health functions; primary care; dental care; physiotherapy and chiropractic care; scheduled surgeries; outpatient clinics, screening, and imaging services)

Public Health Strategies, Safeguards, and Capacity

A number of articles and think pieces argue that the reality of the next 18 months (nominal time for a vaccine) will be characterized by a cycle of lockdowns and unlocking with restrictions partially relaxed for a period of a few weeks at a time on a geographical, age group, or other factors until infection rates start to climb again with clear messaging on this reality to the public and encouragement to stay with this challenge. Is this practical? Would this be managed at a geographical level based on a community level analysis? Public health leadership in BC is focussed trying to find a steady state “sweet spot” for the coming 12 to 18 months but will monitor transmission and hospital rates closely and take additional restrictive action if required.

Testing will remain an important part of the management strategy going forward. BC’s testing strategy has evolved and changed over the course of the pandemic. Public Health has recently revised guidance for COVID-19 Testing by Nucleic Acid Tests (NATs) as follows:

1. Test all individuals with new respiratory or symptoms compatible with COVID-19, however mild. Symptoms may include fever, chills, cough, shortness of breath, sore throat, odynophagia, rhinorrhea, nasal congestion, loss of sense of smell, headache, muscle aches, fatigue, or loss of appetite.
2. Individuals in the following groups should be prioritized for testing :
 - a. Residents and staff of long-term care facilities
 - b. Individuals requiring admission to hospital or likely to be admitted, such as pregnant individuals near-term, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy.
 - c. Health-care workers

- d. Individuals with a higher probability of being infected with COVID-19 such as contacts of a known case of COVID-19 and travellers just returned to Canada
 - e. Residents of remote, isolated communities, including remote and isolated Indigenous communities
 - f. People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
 - g. People who are homeless or have unstable housing
 - h. Essential service providers, such as first responders
3. Health-care providers can order a COVID-19 test for any patient based on their clinical judgment.
 4. COVID-19 testing is not recommended for individuals without symptoms.
 5. The Medical Health Officer may recommend testing for others, such as those who are part of an investigation of a cluster or outbreak.

In public health, contact tracing is the process of identification of persons who may have come into contact with an infected person ("contacts") and subsequent collection of further information about these contacts. This will remain a key tool moving forward and it will be essential that we build up sufficient capacity to carry out this important measure.

Core Public Health Measures for the "New Normal"

- BC will make net new investments in Public Health/BCCDC capacity over the summer to ensure it is able to undertake timely testing, case tracking and contact tracing; as well as rapid response capacity for outbreak event management:
 - ▶ Adequate capacity for appropriate and rapid testing and laboratory capacity
 - ▶ Adequate capacity for contact tracing/self isolation
 - Build out adequate capacity to conduct contact tracing and analytics to support appropriate evidence based targeted actions to suppress transmissions
 - Explore, develop and use technology to supplement traditional contact tracing:
 - Aim to selectively detect and isolate as many cases and contacts as possible whilst leaving everyone else to move around freely
- Is in process of validating and then will introduce serological testing
- Preparation and resourcing to quickly respond to outbreaks as required including using emergency powers as required:
 - ▶ A singular large public exposure
 - ▶ A wide spread hospital or long-term care facility exposure
 - ▶ A community based organizational exposure (e.g. workplace, church population)
 - ▶ Specific wide spread localized community spread virus activity
 - ▶ Novel clinical presentation

- Provide additional risk-based guidelines targeted at at-risk populations to help individuals and families think through how to healthily self manage over the coming 12 to 18 months
- Explore developing an APP and support materials as an Alert System (amber/red) signalling the need for individuals and organizations to take immediate social distancing measures.(see for example New Zealand's Alert System – <https://COVID19.govt.nz/alert-system/COVID-19-alert-system/>)
- A sustained public communication strategy
- Net new investment in Provincial Health Services Authority and BCCDC for data analytics, modelling, and reporting

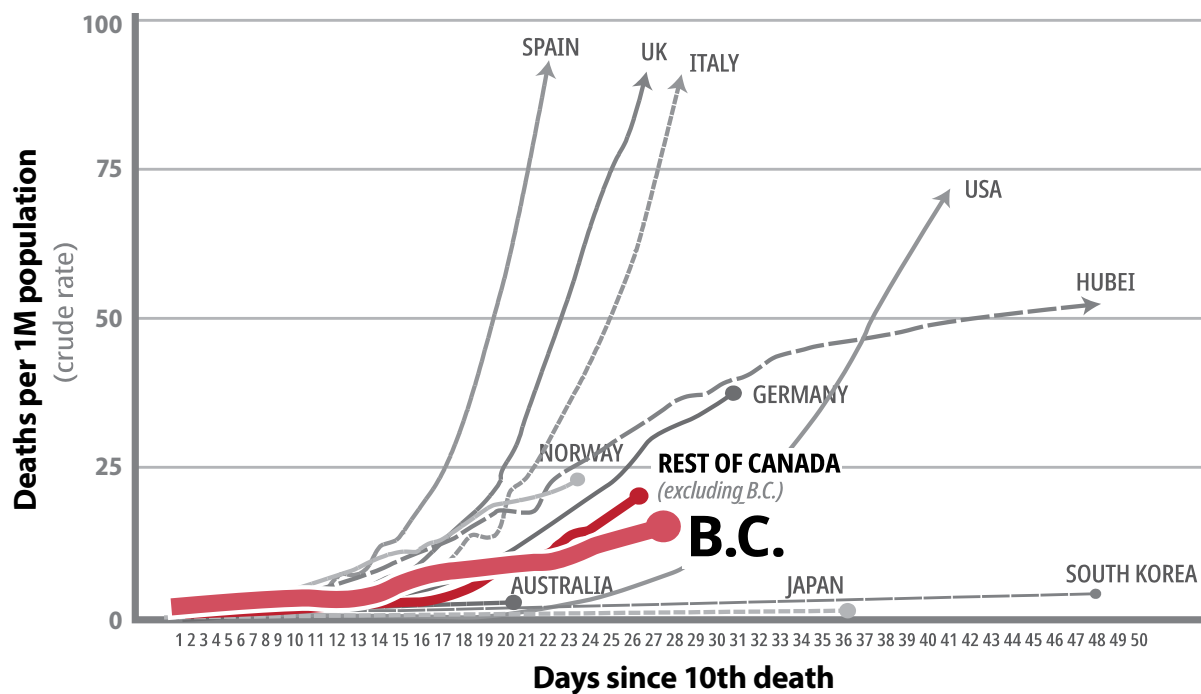
Health Service Strategies, Safeguards, and Capacity

For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. BC clinical experience has been slightly different in that 22% of infected patients have been assessed as benefiting from hospitalization, 11% have been provided critical care and 9% have been ventilated. For COVID-19, our current understanding remains that older age and underlying conditions increase the risk for severe infection.

The experience of the pandemic in BC aligns with the broader experience of the severity and impact of the disease impacting the older population. As of April 14, 2020, the median age of people who have died in BC was 86 (in total only one person died in the 40-49 age group and two people died in the 60-69 age group). As reported earlier in the pandemic, the data from China reported that percentage of people with an underlying condition or disease diagnosed with COVID-19 who died (from China CDC February 2020) was as follows:

- | | |
|--------------------------------------|------------------------------|
| ➤ Cardiovascular disease – 10.5% | ➤ Hypertension – 6% |
| ➤ Diabetes – 7.3% | ➤ Cancer – 5.6% |
| ➤ Chronic Respiratory Disease – 6.3% | ➤ No Health Condition – 0.9% |

The researchers found that the crude mortality ratio for those with an underlying health condition is much higher than for those without. By comparison, the crude mortality rate was only 0.9% – more than ten times lower – for those without a pre-existing health condition. In BC we are still at the early stages of analysis but have reported that 35.8% of 707 cases reviewed to date had at least one chronic condition (cancer, diabetes, cardiac disease, liver disease, neurological disorder, renal disease, or respiratory disease). There is little that can be concluded from this at this time but as the analysis advances it will better inform our understanding of the severity of the disease for classes of the population. In particular we need to determine the underlying illnesses and age for hospitalized, ICU, and ventilated patients and deaths.



In broader terms, there are significant difference in the rates of death per million population across jurisdictions, which may be linked to the ability of a health system to respond in a timely and appropriate way to the progress of the illness in a subset of the population who become more severely ill. This likely relates to the capacity of the health system at the time of the surge in the pandemic to provide access to critical care and ventilated critical care. By continuing to flatten the curve we save lives today and tomorrow, by protecting the capacity of the system and postponing exposure until better treatments and vaccines become available.

The capacity of the health-care system is referenced as critical to considerations of how to respond to the pandemic. If there are more critically ill people than there are intensive care facilities and ventilators, people will die who otherwise might not have. This requires close monitoring of hospitalization, ICU, and ventilator utilization that the health system can handle without becoming overwhelmed:

Underpinning this consideration is the transmission rate that BC can manage. Transmission ideally should be understood in terms the COVID-19 real-time, effective reproduction number, or its actual ability to spread at a particular time. The rate at which a virus is transmitted – known as the R-naught (R_0), or basic reproductive number – refers to the average number of people to whom an infected person passes on the virus in a population with no pre-existing immunity. The R_0 can vary from place to place because of the population's age structure and how frequently people come into close contact with each other. The "effective" version of that number, the R_t – or the reproductive number at time "t" – is the virus's actual transmission rate at a given moment. It varies according to the measures to control the epidemic – quarantine and self-isolation protocols, travel restrictions, actions to reduce transmission – that have been put in place and the level of immunity gradually building in the population post-infection and recovery.

At this stage of our pandemic BCCDC suggests this is not possible to get an accurate timely estimate of R_t and as such it is proposed that we use hospitalization and in particular critical care census data for COVID-19 and non-COVID-19 patients as a practical and easily measured/reported reference point linked to our capacity in any community or region.

We must determine the real-time effective number that the BC health system can appropriately manage given our hospital (medical in-patient bed) and critical care capacity that includes both COVID-19 and routine inpatient demand for these services. There will need to be conservative thresholds for numbers in critical care that would trigger rapid review and action as any measures taken will take up to fifteen to twenty days to have an impact as we saw after our interventions in March.

Based on the BC experience and that of other jurisdictions one of our most vulnerable populations is our citizens in long-term care (LTC) and to a slightly lesser extent assisted living (AL). Several measures have been taken to provide greater protection to these individuals and better manage an outbreak when it occurs. These measures will need to continue to evolve over the coming weeks and months. Other populations include older individuals (60+ and especially in to late 70s+) and individuals with underlying medical conditions (cardiac; diabetes; chronic respiratory illnesses; compromised immune systems).

Unintended consequences:

Measures we have taken have unintended health, social and economic consequences, which must be balanced against risk of COVID-19. We have a responsibility to monitor these consequences over the coming months and adjust our strategy accordingly. Two strategies are being developed to achieve this:

- A population health survey, which can be repeated as necessary to understand the effect of COVID-19 and the measures used to control the pandemic
- Establishment of an unintended consequences working group to monitor health and social consequences of public health measures.

In summary:

- Maintain infection rates at a low level that is manageable in terms of providing optimal ICU and ventilator care to a sub-group of patients who experience a severe form of the illness – it won't be zero;
- Focus on protecting our citizens who are most vulnerable to a severe form of the illness
- Establish an upper limit on ICU cases at a low level to protect some surge capacity;
- Understand that an outbreak could take off in a few days and that responsive measures could take 15 to 20 days to have an impact and so will need ongoing vigilance and nimble responses.

Core Health System Measures for the “New Normal”

- PHSA/BCCDC to fully complete **modelling** to establish sustainable hospitalization rates for the BC system to be able to manage inclusive of normal demand. This modelling will also include potential transmission, in hospital bed, critical care thresholds that would be used to trip review and action for increased public health measures.
- Continue to operationalize **urgent and primary care centres** as a key service element to reduce pressure on ERs and to respond to COVID-19 testing and care in the community. These could be used as separate “respiratory care centres” for the coming fall/winter flu/COVID-19 season. Continue implementation of Primary Care Networks with enhanced access to the **virtual care initiatives** initiated in the early stages of the pandemic crisis in BC
- Safely **reboot key areas of the health-care system** including clinic based medical and dental care; out patient care; scheduled surgeries. A high level of attention and care will need to be given to the re-densification of hospitals and with that both the contact intensity and number of contacts in key hospital settings. Health Care Settings Practice Standards will be fully developed and implemented over the coming month.
- Continue focused efforts to maximize safety of individuals in **LTC and AL settings**
 - ▶ Ongoing daily monitoring and strong policies in place for staff and visitors with respiratory illnesses not working at or visiting facilities.
 - ▶ Ongoing appropriate use of PPE in these settings
 - ▶ Supporting employers by continuing single site working directive and better structuring contracts through a template contract creating equitable funding structures and clear requirements for quality, including safety. This direction will remain in place as a permeant policy both during and after the COVID-19 epidemic.
- Continue focus on health and safety for individuals more likely to experience a serious form of the illness; care being provided in community service setting; homeless and vulnerable populations.
- Expedite operationalization and build out of the proposed **“hospital at home”** model (adopted from Australia) for implementation in fall and winter of 2020/21 across BC to reduce pressure on hospital in-patient medical beds. This involves identifying which sub-group of patients that are currently cared for in a hospital setting might be cared for at home by a team of outreach hospitalists and nursing staff providing daily care and monitoring to a virtual “community ward”.
- Continue to build out **ICU, HAU, ventilator capacity** (including building out urgently health care professional capacity required) over the balance of spring and summer based on modelling
- Move ahead with repatriation of cleaning and food services over the coming 12 months.
- Securing **PPE supplies and capacity** for the immediate and potential needs through the fall and winter and focus on ongoing training and support to staff in the appropriate and safe use of PPE.
- Refresh health system budget for consideration, review and approval of Treasury Board.

Conclusion and next steps

British Columbia, like all other jurisdictions, will likely face a potentially challenging transition from a virus-related lockdown to carefully restarting social and commercial life balancing warnings from public health officials of health risks with other warnings of the significant potential damage to economic and social life.

The challenge is a three-way balancing act between combating the disease, protecting or rebooting the economy and keeping society on an even keel. This requires carefully thinking through trade-offs that are proportionate as government works through decision making aligned with the legislated role of the Provincial Health Officer. The overall goal will be to make decisions about the trade-offs and consequences of those decisions:

The overall goal is to find the right balance for BC against five goals:

1. Protect lives by suppressing transmission rate to lowest rate possible for at-risk populations until a vaccine becomes available (ongoing monitoring and assessment of this possibility will be important, and our strategies will need to evolve based on what materializes or does not materialize over the coming 12 to 18 months)
2. Make sure the health system does not get overwhelmed to the point that it can't offer quality care to both non-COVID-19 and COVID-19 patients. This includes managing the transmission rate within the capacity of the health system until a vaccine is available

Balanced with:

3. Meeting the very real ongoing physical and mental health needs of non-COVID-19 BC patients and populations
4. Getting people back to work and rebuilding the economy
5. Optimizing the social fabric of our families and communities.

British Columbia should not implement an “all at once, everywhere and for everyone” lifting of restrictions but rather a step wise process based on the measures set out in this paper. The “unlocking and partial reboot” phase will need significant coordination between different parts of government, the business sector, and civil society supported by a significant and consistent communication strategy. There is no right or wrong answer about the best way to respond to a threat as great and as complex as this pandemic, but individuals, institutions, and government will be judged on the outcomes. The BC government will establish a number of “multi-sector partnership tables” to monitor and further fine tune response for the coming 12 to 18 months.

Overall, the go-forward management plan must remain flexible enough to allow the Province to fine-tune our interventions quickly enough to stay ahead of the outbreak's trajectory. This can be done through either an acceptable steady state (contemplated by the <60% social interaction modelling) and/or a series of moderate “lift and suppress” policies and actions – cycles during which restrictions are relaxed and then reapplied in ways that can keep the pandemic under control but at an acceptable economic and social cost.

Notes

[illegible]



Practice physical distancing



Clean your hands



Stay at home
if you're feeling ill
- no exceptions



Increase cleaning at
home and at work



Stay informed



Cover your cough



Minimize
non-essential travel



Make spaces safer



BRITISH
COLUMBIA

KEY STEPS TO SAFELY OPERATING YOUR BUSINESS OR ORGANIZATION AND REDUCING COVID-19 TRANSMISSION

The core measures set out below provide the basis for Government and sector partners to think through and plan for business and institutional resumption based on a sectoral analysis through its multiple ministries and sectoral partnership tables. It is intended to help the sectors think through and plan a cautious return towards the 60% social contact maximum of the pre-Covid-19 normal.

Key sectors that will need to work through in detail and then implement the “new normal” practice standards include:

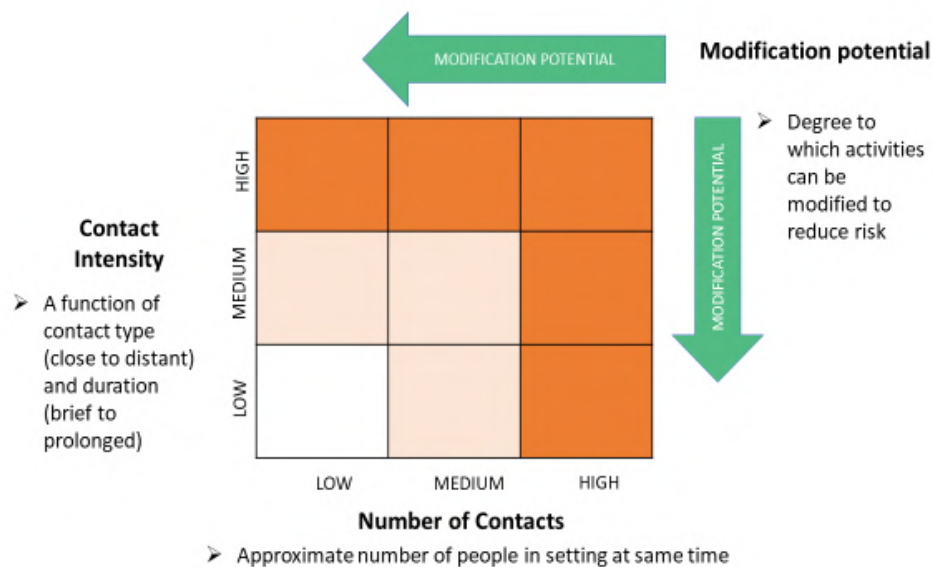
- Office Workplace Practice Standards
- Health Workplace Standards
- Personal Service Workplace Practice Standards (hairstylist/barbers; spas)
- Retail Practice Standards (including grocery stores)
- Resource Sector Standards
- Restaurant and Food Service Practice Standards
- Bar, Casino, Night Club Practice Standards
- Hotels and Resorts (Including Camping) Practice Standards
- Child Care Settings Practice Standards
- School and Post-Secondary Institutions Practice Standards
- Recreational Facilities Practice Standards
- Outdoor Recreational Setting Practice Standards
- Parks, Beaches and Outdoor Space Standards

1. You and your staff need to know the basic transmission facts and work with them:
 - Coronavirus is transmitted via **larger liquid droplets when a person coughs or sneezes but also potentially when they are talking in very close proximity to another person.** The virus in these droplets then can enter the body of another person when that person breathes in the droplets or when the droplets touch the **eyes, nose or throat** of that person.
 - This requires you to be in close contact – less than the so-called social distancing of 3 – 6 feet. This is referred to as ‘droplet’ transmission and is believed to be the primary way COVID-19 is transmitted.
 - In addition, droplet transmission is much more likely when in close contact in an indoor setting. COVID-19 can also be transmitted through droplets in the environment if someone **touches the contaminated area then touches their face or eyes without cleaning their hands.** This speaks to the importance of regularly cleaning one’s hands and also cleaning of high touch areas in the environment.
 - A key issue in transmission is the median incubation period (the time from infection to appearance of symptoms) and the serial interval (the time between successive cases) for the Covid-19 virus. The **serial interval for Covid-19 virus is estimated to be 5-6 days.** The serial interval is 3 days for influenza with transmission taking place in the first 1-3 days of illness, **pre-symptomatic transmission** (transmission of the virus before the appearance of symptoms) being a major driver of transmission for influenza. For Covid-19 there are some emerging indications that there are people who can shed Covid-19 virus 24-48 hours prior to symptom onset, but at present, the WHO suggests that this **does not appear to be a major driver of transmission.** However, we need to acknowledge that there is debate about this and that at this time we cannot be categorical.

2. Use the tool below to assess the risk of transmission from social interaction in your organizational settings based on two dimensions based on an assessment of low, medium, high:

- (1) What is the **contact intensity** in your setting – the type of contact (close/distant) and the duration of contact (brief/prolonged);
- (2) What is the **number of contacts** in your setting – the number of people present in the setting at the same time¹.

By doing these ratings you can position your organization on the risk matrix below:



¹ John Hopkins University, Bloomberg School of Public Health, Centre for Health Security April 2020

3. Low is low risk; however, the medium and high categories are also subject to potential modification or controls which can help move you to a lower risk category by taking a range of actions:
 - Physical distancing measures – measures to reduce the density (intensity and number of contacts) of people in your setting.
 - Engineering controls – physical barriers (plexiglass for example)
 - Administrative controls – rules and guidelines to help employees, students, customers reduce the risk of transmission.
 - Use of personal protective equipment in the form of non-medical masks.

4. Using the assessment and potential modifications or controls to further reduce risk of transmission, you are being asked to **develop an explicit plan for the measures you will implement and maintain over the coming 12-18 months** thinking through three areas that will become the “new normal” in terms of formal and required actions that are the basis for workplaces and commercial businesses being in operation until the PHO lifts the public emergency requirements:

Reducing Transmission - Personal Self Care in Organizational Settings

This is the foundation to reduce transmission:

Core Personal Measures for the “New Normal”:

- No hand shaking as the new normal.
- Practice good hygiene (frequent hand washing with soap and water and use of hand sanitizers; avoid touching one’s face; respiratory etiquette; disinfect frequently touched surfaces).
- Maintain reasonable physical distancing as much as possible and use a non-medical mask or face covering in situations where reasonable physical distancing cannot be consistently maintained, and engineering controls are not available (e.g. plexiglass barriers).
- If you have the symptoms of a cold, flu, or Covid-19 including a cough, sneezing, runny nose, sore throat, fatigue you must stay at home (not going to school/work) and keep a safe distance from others in your family until those symptoms have completely disappeared. Retail malls, shops, and supermarkets should implement clear policies to strongly encourage customers who have the symptoms of a cold, flu, or Covid-19 with any coughing or sneezing to not come into their stores through highly visible signage and verbal prompts if required.
- A further consideration are the extra precautions individuals should consider if they are at increased risk of a more severe illness because they are over 60 years old, or if they have compromised immune systems or underlying chronic medical conditions.

Reducing Transmission – Managing Social Interaction in Organizational Settings

Social interaction is critical to our individual well-being and health. It is a key part of our organizational settings. Increased social interaction must balance this fundamental human need with key actions to reduce transmission. In addition to the personal measures set out above there are two additional measures can be taken to reduce transmission.

Core Social Interaction Measures for the “New Normal”:

- Ensure congregate social settings (kitchens, staff rooms, canteens) in the organization maintain best practice in terms of social distance.
- Ensure increased cleaning throughout the day when in use.

Reducing Transmission – Implement Safe Organizational Practices

Core Institutional and Work Place Measures for the “New Normal”

- You must have clear policies to enable and ensure that individuals who have the symptoms of a cold, flu, or Covid-19 including any coughing or sneezing should not come into the workplace. As part of opening up your specific settings, you should implement sick day policies for the coming twelve months that actively support individual staff being off sick more often or working safely at home during these illnesses. As employers you must take leadership in this regard.
- For office-based organizations, where possible encourage working from home part of the time to reduce “contact intensity” and “number of contacts” in the work place. Where this is not possible or in addition to working from home policies, ensure employees have less contacts by using staggered shifts or work hours, creating smaller teams working together virtually; forgoing in person meetings as much as possible.
- For retail organizations implement strategies that reduce contact intensity and number of contacts by continuing to promote sensible social distancing (3-6 feet) and sensible volume of customers in the retail space based on the transmission fact basics. The 50 number is for large social gatherings not larger shopping or retail spaces. Lining up outside retail stores, especially in the rain or cold winter months is not socially sustainable or healthy. A number of strategies can be used: increasing throughput of customers by maintaining a high number of check-outs; increasing hours of shopping to decrease density of customers; encourage or require utilization of basic non-medical masks to reduce the spread through individuals coughing, sneezing, or close interpersonal contact; manage or eliminate waiting areas; increased use of

appointments or bookings; increased on-line shopping/deliveries and/or pickups; use of physical barriers such as plexi-glass.

- Focus on higher-risk populations including those 65+ and those with underlying medical conditions. Workplaces, retail and personal service businesses are encouraged to exercise greater accommodation for these age groups in terms of work space, more flexible hours of work or shopping (earlier, later, mid-day) or working at home options.
- Require and sustain higher levels of frequent cleaning of “high touch” areas in workplaces and retail outlets throughout the day and availability of hand sanitizer stands at entrances or around workplaces and shops.
- Where appropriate and practical increase use of temporary physical barriers (such as plexiglass at service counters or checkouts).

Reducing Transmission – Child Care and Education Settings/Camps

Daycares are an important part of the social infrastructure to support parents returning to work.

While it is well established that children are important drivers of influenza virus transmission in the community; for the COVID-19 virus, initial data indicates that **children are less affected than adults and that clinical attack rates in the 0-19 age group are low**. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa. This is an important consideration with respect to school closures and reopening but is an area in which the evidentiary base will continue to develop.

The evidence of the impact of covid-19 on young adults appears to be evolving although the data to date suggests that they are more likely to experience mild symptoms.

In general, educational settings are critical to a child's and youth's psycho-social development as well as learning but also for younger children, important to a parent's ability to maintain employment. Any actions taken in this area should take in to consideration all these dimensions.

Recreation and involvement in sports are also important developmental activities for many children and young people.

Specific Additional Measures for Child Care and Education Settings/Camps for the “New Normal”:

Child Care

- Routine daily symptom screening for all staff and students.
- Routine and frequent environmental cleaning.
- Explicit policy for children or staff who have the symptoms of a cold, flu, or Covid-19 with any coughing or sneezing not coming in to child care settings.

Schools (K-12)

- Routine daily screening for all staff and students.
- Routine and frequent environmental cleaning.
- Smaller class sizes, increased space between desks, alternating attendance arrangements, frequent hand washing, wearing non-medical masks for group activities and sports, and limiting group sizes.
- Clear policy for children, youth and staff who have symptoms of a cold, flu, or COVID-19, with any coughing or sneezing not coming into school or taking part in extracurricular activities and sports.
- Planning over the summer for increased use of remote online learning, especially for high school children.
- Early arrival and self-isolation for 14 days of international students.

Post-Secondary Institutions

- Routine daily screening for all staff and students.
- Routine and frequent environmental cleaning.
- Clear policy for students and staff who have symptoms of a cold, flu, or COVID-19, with any coughing or sneezing not to attend classes, extra curricula activities, sports or work.
- Increased use of on-line learning balanced against the need of social interaction for learning and development.
- Early arrival and self-isolation for 14 days of international students.

Recreation/Sports/Camps

- Routine daily symptom screening for all staff and participants.
- Support low contact sports (especially outdoor). Identify high contact sports that should not take place during the pandemic.
- Clear policy for participants and staff who have the symptoms of a cold, flu, or COVID-19 symptoms, with any coughing or sneezing not participating.
- Staff and students at higher risk of experiencing severe illness should not take part in recreational, sporting, or camp activities.

Appendix I – Child Care Settings

This section includes the “COVID-19 Public Health Guidance for Child Care Settings” issued by the Provincial Health Officer on May 19, 2020.

This section maybe applicable to community halls that operate child care programs or summer camps.

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Key Facts

We are focused on slowing the spread of COVID-19 in our communities.

A sudden increase in people becoming infected with COVID-19 may impact the capacity of our health system to provide care to everyone who needs it.

By slowing the spread of the virus, our most vulnerable will be able to access care when and where they need it.

80% of people who are infected will have mild symptoms that will not require care outside of the home.

Around 1 out of 6 people who get COVID-19 may become seriously ill and develop difficulty breathing.

Older people, and those with preexisting medical conditions such as high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

WHAT YOU CAN DO TO SLOW TRANSMISSION

Take care of others by taking care of yourself.

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

Monitor yourself.

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

WHAT BUSINESSES CAN DO TO SLOW TRANSMISSION

Support hand washing, social distancing, and adopt flexible sick-leave policies to allow people who are sick to stay home.

Clean and disinfect frequently touched surfaces using routine practices and consider cleaning and disinfecting twice a day if possible.

COVID 19: Public Health Guidance for Childcare Settings

March 24, 2020

As child care owners and/or operators, you and your staff play a key role in protecting children from, and minimizing the impact of infection and illness. This is especially important at this time as we work to prevent and minimize the spread of the novel COVID-19 virus.

Here are some guidelines about hand washing, cleaning and ideas about social distancing for you to consider in your childcare setting.

If you're ill – stay at home.

Within childcare settings, children and staff will often have influenza or other respiratory viruses with symptoms similar to COVID-19 (i.e., influenza). For this reason, all children and staff who are ill with fever, have cold, influenza or infectious respiratory symptoms of any kind need to stay home. If children and staff have symptoms, self-isolate for a minimum of 10 days from the onset of symptoms. They may return to childcare if you are at all unsure of your status, the BC Centre for Disease Control's [online assessment tool](#) can help you assess whether you should stay home or not.



Encouraging hand hygiene

As we know, little and big hands pick up germs easily, from anything they touch, and can spread those germs to objects, surfaces, food and people. Handwashing with soap and water is still the single most effective way to reduce the spread of illness.

Children forget about proper hand washing so practice often and teach them to wash their hands properly in a fun and relaxed way. Everyone – all staff and children should wash their hands more often!

When sinks for hand washing are simply not available, you may use alcohol-based hand sanitizers (ABHS) containing at least 60% alcohol. Know that this is not very effective when a child's hands are quite soiled, when coming in from outside, for example. Read labels and wash hands with sanitizer the same way you would wash with soap and water.

Six steps to proper handwashing

1. Wet hands with warm running water.
2. Apply a small amount of liquid soap. Antibacterial soap is not required.
3. Rub hands together **for at least 20 seconds** (sing the ABC's). Rub palms, backs of hands, between fingers and under nails and creating a lather.
4. Rinse off all soap with running water.
5. Dry hands with a clean, disposable towel.
6. Discard the used towel in the waste container.

Children should wash their hands...

- When they arrive at the centre and before they go home
- Before eating and drinking
- After a diaper change, using the toilet
- After playing outside or handling pets
- After sneezing or coughing into hands
- Whenever hands are visibly dirty

Child care staff should wash hands...

- When they arrive at the centre and before they go home



- Before handling food, preparing bottles or feeding children
- Between handling raw and cooked food – cross contamination is a risk
- Before and after giving or applying medication or ointment to a child or self
- After changing diapers, assisting a child to use the toilet, using the toilet
- After contact with body fluids (runny noses, spit, vomit, blood)
- After cleaning tasks
- After removing gloves
- After handling garbage
- Whenever hands are visibly dirty

Cough and sneeze etiquette:

- Cough and sneeze into arm or tissue.

Fever or coughing

If a child or staff member starts showing symptoms of what could be influenza or COVID-19, it is important to:

- Contact the child's parent or caregiver to come and pick them up right away.
- Have a separate and supervised area where you can promptly separate a child from others until their parent or caregiver can come and pick them up.
- Any staff showing symptoms should go home right away.
- Continue to practice good hand hygiene and respiratory hygiene such as coughing in elbows instead of hands and throwing tissues out immediately after use.
- Do a thorough cleaning of the space once the child has been picked up.

The use of masks

- Masks are not recommended for children. In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes.

Maintain cleaning and disinfecting policies

We don't yet know how long the virus causing COVID-19 lives on surfaces, but early evidence suggests it can live on objects and surfaces from a few hours to days. Regular cleaning and disinfecting of objects and high-touch surfaces is very important to help to prevent the transmission of viruses from contaminated objects and surfaces.

- Make sure you are well-stocked with hand washing supplies at all times (i.e., soap, clean towels, paper towels and, if needed, 60% alcohol-based hand sanitizer).
- Increase how often you clean the premises and toys used.
- Clean and disinfect high-touch surfaces regularly.



- Stay on top of waste management. Empty your garbage containers often.
- Clean high-touch electronic devices (i.e., keyboards, tablets, smartboards) with 70% alcohol (i.e., alcohol prep wipes) making sure your wipe makes contact with the surface for 1 minute for disinfection.
- Use water, household detergents and common disinfectant products as this should be sufficient for cleaning and disinfection in childcare centres. You can also make your own disinfecting products using a mixture of 1 part household bleach and 9 parts water - making sure this solution on a wipe or cloth makes contact with the surface for 1 minute for disinfection.

What about toys?

- Keep enough toys out to encourage individual play. Offer toys that can be easily cleaned (i.e., no dress-up clothes or stuffed animals).
- Limit the use of playdough and goop to reduce hand-to-hand contact and cross contamination.

Physical Distancing Ideas

Understandably, social distancing is challenging in a childcare setting. At the same time, it is important that we do what we can to try to assist children. Use ideas that work for your setting.

- Avoid close greetings like hugs or handshakes
- Help children to learn about social distancing by creating games. For example, put on some music and have children spread their arms side to side and spin around slowly trying not to touch their friends.
- Take children outside more often.
- Set up regular activities outside such snack time, arts and craft time.
- Regularly clean and sanitize items that are designed to be shared, such as game controllers.
- Set up mini environments within your facility to reduce number of children in a group, for example set up 2 or 3 craft areas for colouring or doing crafts.
- Increase the space between children during activities such as snack and lunch by moving or separating tables and chairs so they are farther apart.
- Make use of all the space in your facility for napping to increase space between children.
- When children want to use the same area or do the same activity, redirect some children to another area.
- Set up distinct areas for children who may have symptoms of illness until they can be picked.
- Discourage any food or drink sharing.
- Eliminate group food preparation activities such as making a cake and each child taking turns to dump the flour in the mixing bowl.



- Consider staggering snack and lunch time so you can accommodate smaller groups with more space.
- Minimize the number of non-essential people into the facility such as entertainers, librarians.
- Reinforce and remind of the rule of “hands to yourself”.
- Consider using educational videos and online programs, i.e., watching Sesame Street, so children can sit independently and distanced from each other.

Provide reassurance, good listening and maintain routines

Children hear and take in a lot of the talk that is going on around them, especially as they get older.

- Reassure children about their personal safety and health. Tell children that it is okay to be concerned and there is a lot we can do to stay safe and healthy. Make sure the information is suitable for their age level.
- Let them know they can ask questions. Answer questions honestly but make sure that the information is suitable for their age level.
- Maintain familiar activities and routines, as possible, as it can reinforce the sense of security of children. At the same time, build in those social distancing strategies into your play and activities.

Keeping parents and caregivers informed

- Keep parents and caregivers informed about what you are doing in your childcare centre to take extra precautions, be responsive to children.
- Be clear about your policy that children need to stay home if they are sick.

March 20, 2020

Parts of this document have been developed based on the Preventing and Managing Illnesses in Child Care Centres Peel Region <https://www.peelregion.ca/health/infectioncontrol/pdf/ENV-0227.pdf>

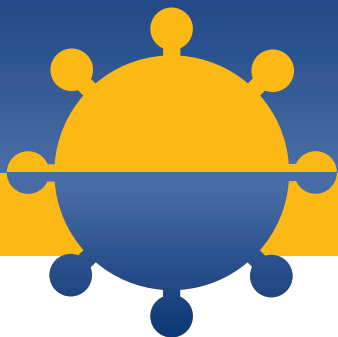


Appendix J – COVID-19 Rental Agreement

This section includes the supplemental rental agreement that must be included in addition to the standard rental agreement used by community halls when renting their facilities.

Appendix K – Disinfecting

This section includes BC CDC information on “Cleaning & Disinfecting for Public Settings.” More information can be found online at [Health Canada’s list of approved disinfectants](#).



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

Good cleaning and disinfection are essential to prevent the spread of COVID-19 in BC.

This document provides advice to public groups, transit, schools, universities, and other institutions in BC on cleaning for non-health care settings.

Make sure to wash hands with plain soap and water after cleaning or use an alcohol-based hand sanitizer.



OR



Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Cleaning for the COVID-19 virus is the same as for other common viruses.

Cleaning products and disinfectants that are regularly used in households are strong enough to deactivate coronaviruses and prevent their spread.

Recommendations:

- General cleaning and disinfecting of surfaces should occur at least once a day.
- Clean and disinfect highly touched surfaces at least twice a day and when visibly dirty (e.g., door knobs, light switches, cupboard handles, grab bars, hand rails, tables, phones, bathrooms, keyboards).
- Remove items that cannot be easily cleaned (e.g., newspapers, magazines, books, toys).

Cleaning

For cleaning, water and detergent (e.g., liquid dishwashing soap), or common household cleaning wipes should be used, along with good physical cleaning practices (i.e., using strong action on surfaces).

Disinfection

For disinfection, common household disinfectants such as ready-to-use disinfecting wipes and pre-made solutions (no dilution needed) can be used. Use the figure and table below for guidance. Always follow the manufacturer's instructions printed on the bottle.

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Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

CLEANING AND DISINFECTANTS FOR PUBLIC SETTINGS

See Health Canada's **List of hard-surface disinfectants for use against coronavirus (COVID-19)** for specific brands and disinfectant products.

IMPORTANT NOTES:

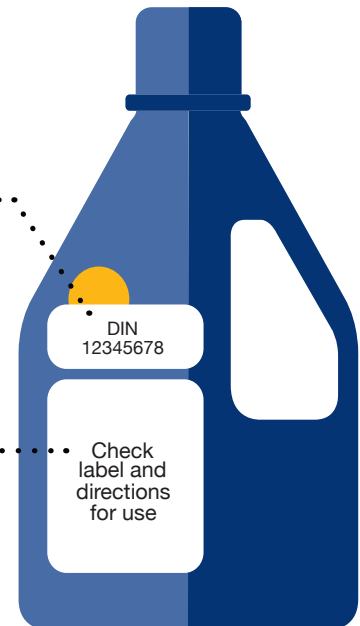
- Ensure disinfectant product has a Drug Identification Number (DIN) on its label.
- Follow product instructions for dilution, contact time and safe use.
- All visibly dirty surfaces should be cleaned **BEFORE** disinfecting (unless otherwise stated on the product).

Drug Identification Number (DIN):

A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.

Agents effective against coronavirus:

- Bleach: sodium hypochlorite (5.25%)
- Hydrogen peroxide (0.5%)
- Alkyl dimethyl ammonium chlorides



List of disinfecting agents and their working concentrations known to be effective against coronaviruses^{1,2}:

Agent and concentration	Uses
1. 1:100 dilution Chlorine: household bleach – sodium hypochlorite (5.25%)* 10 ml bleach to 990 ml water	Used for disinfecting surfaces (e.g., hand railings, grab handles, door knobs, cupboard handles). Make fresh daily and allow surface to air dry naturally.
2. 1:50 dilution Chlorine: household bleach - sodium hypochlorite (5.25%)* 20 ml bleach to 980 ml water	Used for disinfecting surfaces contaminated with bodily fluids and waste like vomit, diarrhea, mucus, or feces (after cleaning with soap and water first). Make fresh daily and allow surface to air dry naturally.
3. Hydrogen Peroxide 0.5%	Used for cleaning and disinfecting surfaces (e.g., counters, hand rails, door knobs).
4. Quaternary Ammonium Compounds (QUATs): noted as 'alkyl dimethyl ammonium chlorides' on the product label	Used for disinfecting surfaces (e.g., floors, walls, furnishings).

¹ Dellanno, Christine, Quinn Vega, and Diane Boesenberg. "The antiviral action of common household disinfectants and antiseptics against murine hepatitis virus, a potential surrogate for SARS coronavirus." *American journal of infection control* 37.8 (2009): 649-652.

² Provincial Infection Prevention Control Network of British Columbia. "Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community." (2014). https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.pdf

The BC Ministry of Health does not endorse or promote any specific brands of disinfectant products. IPC v2.0



Workspace & Common Surface Cleaning Instructions

A clean office promotes a healthy environment and helps to stop the spread of COVID-19. You have a role in keeping your workstation and common surfaces clean on a daily basis.

Individual workspaces must be cleaned twice per day by staff.

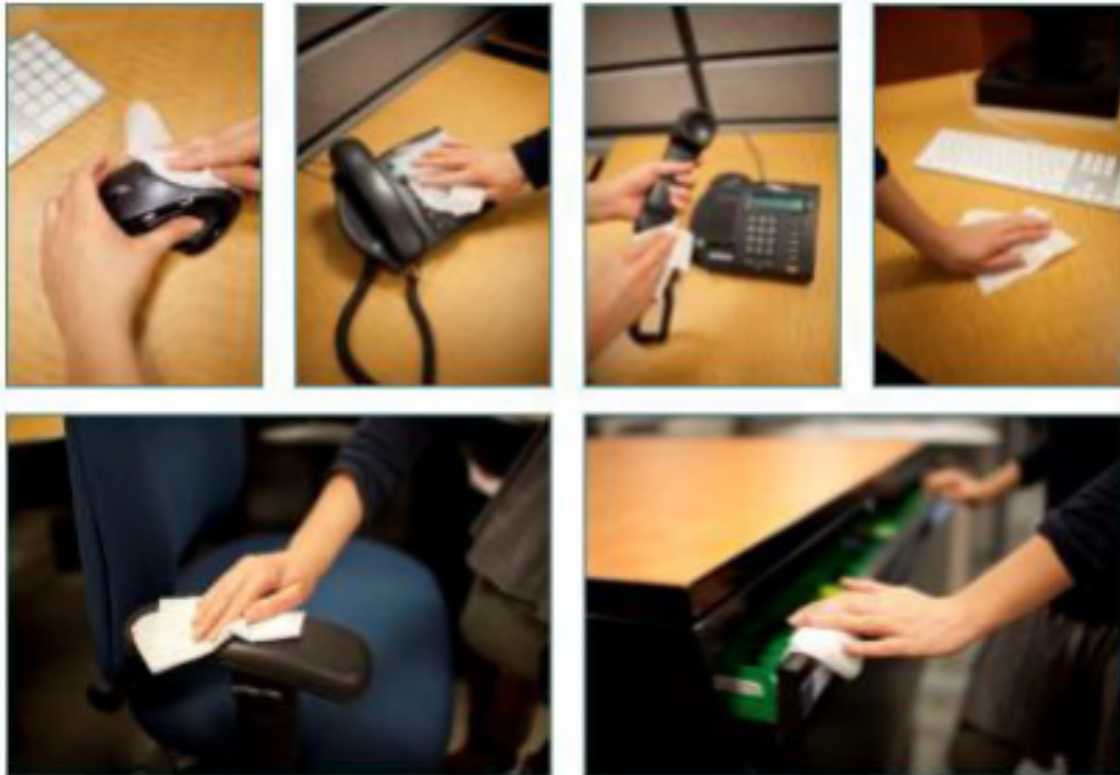
- Desks, arm rests on staff chairs, cabinet doors/drawers will be sprayed using an approved hard surface cleaner.
 - o When using Purell, spray the surface and wait 60 seconds before wiping off with a paper towel. Wash or sanitize hands after wiping the area.
- Electronic components must be wiped with an alcohol wipe or cloth sprayed with an approved electronics cleaner.
- Plexiglass surfaces must be wiped with the approved "Plastic Cleaner."

Common surfaces

- All common surfaces must be sanitized with an approved hard surface cleaner before and after each use (e.g., before and after meetings).

If you are unsure which cleaner to use, please ask your supervisor.

Following cleaning, wash your hands with soap and water or an alcohol-based hand sanitizer.





PEACE RIVER REGIONAL DISTRICT

Photocopiers, Printers & Smart Boards

- 1) After touching the keypad or touchscreen, wipe with an approved electronic cleaner
- 2) Wash or sanitize your hands

diverse. vast. abundant.