

# SAFETY PLAN – COVID-19





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## SCOPE

This Safety Plan (SP) applies to Trail Association for Community Living (TACL) employees, Persons Served and visitors who could be exposed to the COVID-19 virus while doing their assigned work.

## STATEMENT OF PURPOSE

TACL is committed to providing a safe and healthy workplace for all of our employees. A combination of preventative measures will be used to minimize worker exposure to the COVID-19 virus, including the most effective control technologies available. Our work procedures will protect not only our employees, but also other workers and/or the public who enter our facilities, including our Persons Served. All employees and Persons Served must follow the procedures outlined in this plan to prevent or reduce exposure to the COVID-19 virus.

The purpose of this SP is to protect employees and Persons Served from exposure to the COVID-19 virus, to reduce the risk of infection in the event of an exposure, and to comply with the WorkSafeBC Occupational Health and Safety Regulation 5.54 and 6.3.

TACL will strive to find ways to control or eliminate exposure to the COVID-19 virus by developing and implementing risk controls specified by the British Columbia Centre for Disease Control (BCCDC) and BC Ministry of Health, establishing safe work practices that incorporate the required exposure control methods, raising awareness, and providing education and training for our employees and Persons Served.

## ACRONYMS

BCCDC – British Columbia Centre for Disease Control

SP – Safety Plan

EOC – Emergency Operations Centre

(M)SDS – Material Safety Data Sheet

PPE – Personal protective equipment

SOP – Standard Operating  
Procedure

SWP – Safe Work Practice

WHO – World Health Organization



## RESPONSIBILITIES

### Trail Association for Community Living (The employer)

- Support the implementation of the Safety Plan.
- Ensure that the tools, equipment and resources are available to support the implementation of this SP.

### Management (Executive Director, managers and others working in a supervisory capacity, etc.)

- Read and be familiar with this Safety Plan.
- Read and be familiar with the (Material) Safety Data Sheet [(M)SDS for the cleaning products that will be used in the workplace
- Make the (M)SDS available to all employees
- Inform employees how to eliminate or reduce the risk of exposure to COVID-19 in the workplace based on the recommendations of this SP.
- Approve and ensure that workers have received adequate instruction on the hazards associated with COVID-19 and the implementation of the appropriate control measures is done by staff, within the worksites under their supervision.
- Ensuring that work is conducted in a manner that minimizes and adequately controls the risk of exposure to staff and Persons Served.
- Provide the equipment, tools and personal protective equipment required to effectively reduce exposure to COVID- 19 in the workplace.
- Ensure that staff use appropriate controls.
- Ensure that staff and Persons Served using respirators have been properly fit-tested, and the staff and Persons Served are trained on the use and limitations of respirators. Fit-test results and training are documented by the supervisor.

### Employees

- Help to reduce the risk of exposure to COVID-19 in the workplace.
- Read and be familiar with this Safety Plan.
- Read and be familiar with the (M)SDS for the cleaning products that will be used in the workplace.
- Inspect the work area regularly (minimum daily) to ensure a safe work environment.
- Follow existing and new SOPs.
- Complete educational requirement related to COVID-19 that are recommended by TACL.



- Use identified hazard controls and follow safe work practices established by TACL.
- Use the available equipment and PPE provided to reduce exposure to COVID-19 and ensure that Persons Served are following hazard controls and PPE requirements.
- Report all health and safety-related incidents to Management or Supervision.
- Report issues related to Person Served conduct that pose serious risks to Management or Supervision.

## RISK IDENTIFICATION, ASSESSMENT AND CONTROL

### COVID-19 virus

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

#### Droplet Contact:

Some diseases can be transferred by large infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and are too large to float in the air (i.e. airborne) and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. **Currently, health experts believe that the COVID-19 virus can also be transmitted in this way.**

#### Airborne Transmission:

This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time.

Transmission occurs when others breathe the microorganism into their throat or lungs.

**Currently, health experts believe that the COVID-19 virus cannot be transmitted through airborne transmission.**

**Resources:** Please review the Public Health Agency of Canada poster below.



# ABOUT CORONAVIRUS DISEASE (COVID-19)

## WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

## SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

## HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

## PREVENTION

The best way to prevent the spread of infections is to:



- ▶ wash your hands often with soap and water for at least 20 seconds



- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands



- ▶ avoid close contact with people who are sick



- ▶ when coughing or sneezing:
  - cover your mouth and nose with your arm or tissues to reduce the spread of germs



- immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards



- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs.



- ▶ stay home if you are sick to avoid spreading illness to others

## IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:



- ▶ stay home to avoid spreading it to others
  - if you live with others, stay in a separate room or keep a 2-metre distance



- ▶ call ahead before you visit a health care professional or call your local public health authority
  - tell them your symptoms and follow their instructions



- ▶ if you need immediate medical attention, call 911 and tell them your symptoms.

## FOR MORE INFORMATION ON CORONAVIRUS:

☎ 1-833-784-4397

@ [canada.ca/coronavirus](https://canada.ca/coronavirus)

✉ [phac.info.aspc@canada.ca](mailto:phac.info.aspc@canada.ca)



## Risk Assessment

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

See [Appendix A](#) for the level of risk and risk controls in place for these workers.

**Table 1: Risk Assessment for COVID-19**

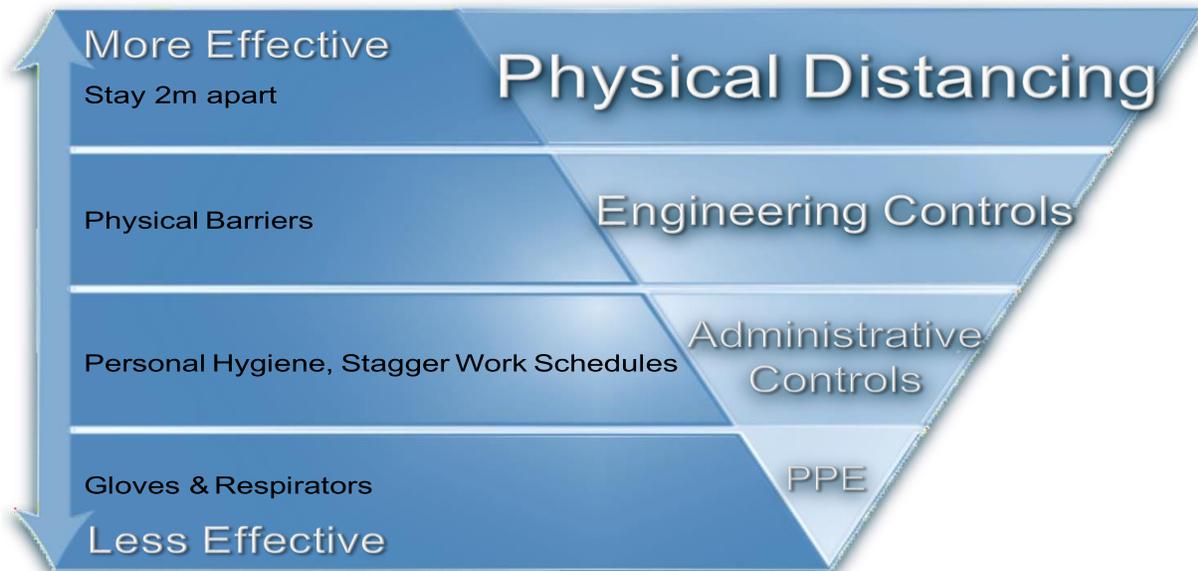
	<b>Low Risk Employees who typically have no contact with infected people.</b> <ul style="list-style-type: none"> <li>• Maintenance employees</li> <li>• Managers</li> <li>• General administrative employees</li> </ul>	<b>Moderate risk Employees who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces</b> <ul style="list-style-type: none"> <li>• Occupational First Aid Attendants</li> <li>• Outreach workers</li> <li>• Community Support Workers</li> <li>• Day and Youth Program Workers</li> </ul>	<b>High risk Employees who may have contact with infected patients or with infected people in small, poorly ventilated workspaces</b> <ul style="list-style-type: none"> <li>• Residential workers</li> <li>• Homeless Shelter workers</li> </ul>
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## Risk Control

The BC OHS Regulation listed above requires TACL to implement infectious disease controls in the following order of preference:

Controls used to mitigate the risks of exposure include:

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



(Image Modified from Sources: BC Ministry of Health, [https://news.gov.bc.ca/files/Covid-19\\_May4\\_PPP.pdf](https://news.gov.bc.ca/files/Covid-19_May4_PPP.pdf) and Koehler, K, Rule A. Can a mask protect me? Putting homemade masks in the hierarchy of controls. [Internet] 2020 April 2. Johns Hopkins Education and Research Center for Occupational Safety and Health.)

## Elimination

controls are those that remove the risk of contracting COVID-19 in the variety of workplaces that exist at TACL.

This includes eliminating face-to-face contact, by modifying service delivery to rely on video conferencing, phone, email or regular mail.

## Engineering controls

are those that alter the work environment to create a safe space. This would include distance controls (2 meters or greater) at reception counters or working inside an enclosure or behind a partition when helping customers or Persons Served. If practicable, conduct financial transactions by electronic means rather than cash or cheque. Additional examples may include physical barriers, which limit personal human contacts. For example, the City Crew installed plexiglass barriers to separate the driver and passengers while in the work truck.

Additional examples will be added to this SP as they are identified.

**Resource:** please see the Ministry of Health poster.



**Coronavirus COVID-19**  
BC Centre for Disease Control | BC Ministry of Health

**REDUCE THE SPREAD OF COVID-19**

**PHYSICAL DISTANCING  
IN PROGRESS**

**Maintain a distance of at least  
2 arms lengths from others.**

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

BRITISH COLUMBIA Ministry of Health  
BC Centre for Disease Control

## Administrative Controls

are procedures that can be implemented to reduce the risk of COVID-19 transmission, which include:

- Hand washing and cough/sneeze etiquette (cover your mouth and nose with a sleeve or tissue when coughing or sneezing).
- The use of non-medical masks and face coverings can be an additional measure taken to protect others around you. This is in addition to proper cough and sneeze etiquette, even if you have no symptoms.
- Allow a reasonable personal distance space to reduce human-to-human transmission.
- Increase cleaning frequencies for shared work surfaces and equipment and tools, including shared vehicles.
- Alternating work schedules to reduce the number of people in an area.



## Personal Protective Equipment

is the last resort of mitigation strategy and includes using PPE for protection against transmission such, as wearing masks, respirators, gowns or aprons, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations, such as dealing with infectious people.

PPE is used to protect you from possible exposure and should not be confused with non-medical masks or face coverings. The latter are designed to protect others around you and don't provide personal protection. Please see **Use of non-medical face masks and coverings** in the Safe Work Practices section below.

### COVID-19 PPE Requirements at TACL

	<b>Low Risk Employees who typically have no contact with infected people</b>	<b>Moderate risk Employees who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces</b>	<b>High risk Employees who may have contact with infected patients or with infected people in small, poorly ventilated workspaces</b>
	<ul style="list-style-type: none"> <li>• Maintenance employees</li> <li>• Managers</li> <li>• General Administrative employees</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational First Aid Attendants</li> <li>• Outreach workers</li> <li>• Day and Youth Program workers</li> </ul>	<ul style="list-style-type: none"> <li>• Residential workers</li> <li>• Homeless Shelter workers</li> </ul>
Disposable gloves	<b>Not required</b> Unless handling disinfectants, then use as outlined in chemical Safety Data Sheet	<b>No additional requirement,</b> Use as already directed.  When handling disinfectants, then use as outlined in chemical Safety Data Sheet	<b>Yes,</b> in some cases, such as when working directly with infected patients.  When handling disinfectants, then use as outlined in chemical Safety Data Sheet
Aprons, gowns, or similar body protection	<b>Not required</b>	<b>Not required</b>	<b>Yes,</b> in some cases, such as when working directly with infected patients.
Eye protection – goggles or face shield	<b>Not required</b> Unless handling disinfectants, then use as outlined in chemical Safety Data Sheet	<b>Not required</b> Unless handling disinfectants, then use as outlined in chemical Safety Data Sheet	<b>Yes,</b> in some cases, such as when working directly with infected patients.
Airway protection – respirators	<b>Not required</b>	<b>Not required</b>	<b>Yes</b> Minimum N95 respirator or equivalent



## SAFE WORK PRACTICES

### Hand Hygiene

Hand washing, proper coughing and sneezing etiquette, and not touching your face are the key to the prevention of transmission and therefore minimize the likelihood of infection.

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

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

“Often” includes:

- upon arriving and when leaving work
- after coughing or sneezing
- after bathroom use
- when hands are visibly dirty
- before, during and after you prepare food
- before eating any food (including snacks)
- before using shared equipment

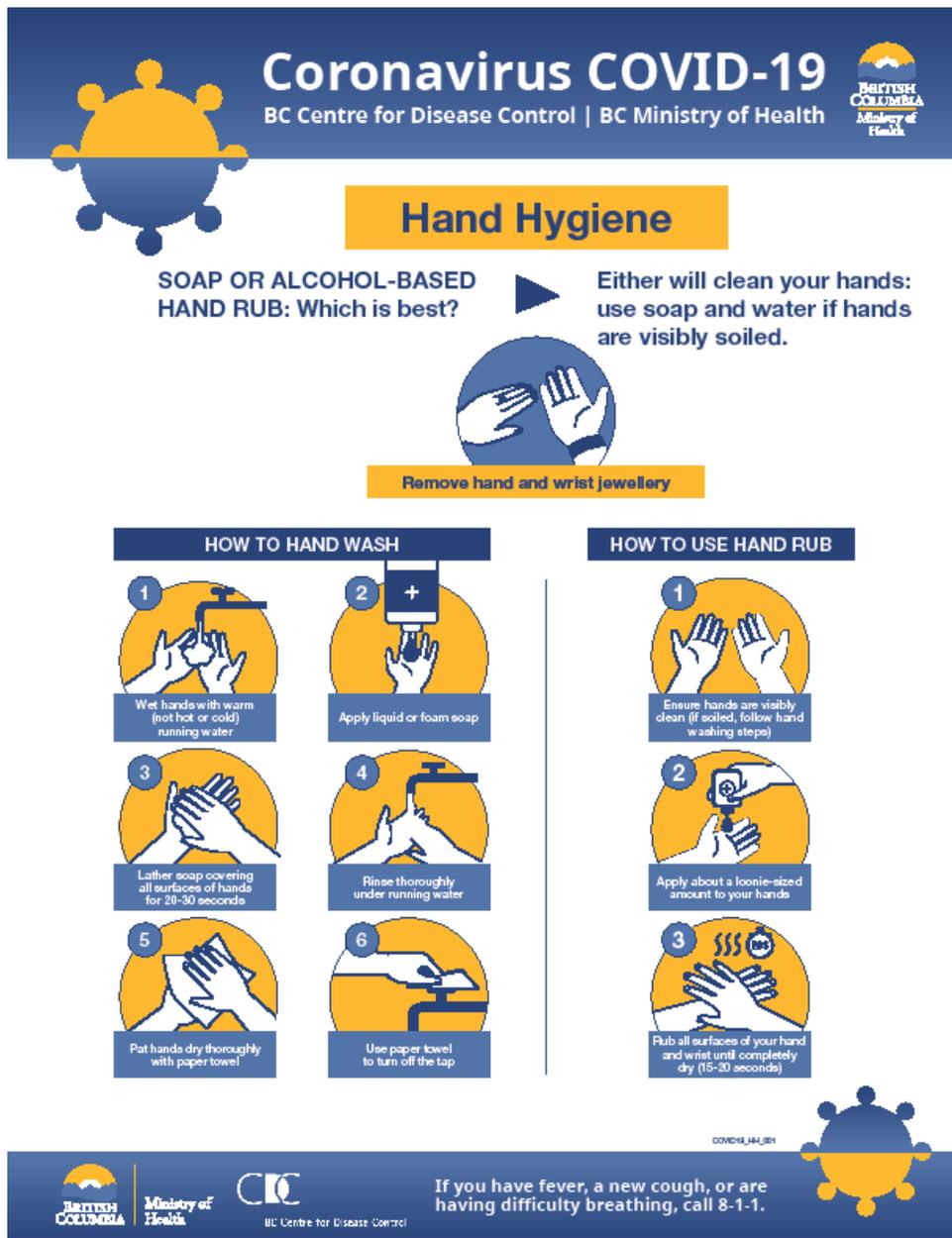
“Well” means:

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

Additionally:

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

**Resource:** please see the Ministry of Health poster



**Coronavirus COVID-19**  
BC Centre for Disease Control | BC Ministry of Health

## Hand Hygiene

**SOAP OR ALCOHOL-BASED HAND RUB: Which is best?** **Either will clean your hands: use soap and water if hands are visibly soiled.**

**Remove hand and wrist jewellery**

### HOW TO HAND WASH

- 1 Wet hands with warm (not hot or cold) running water
- 2 Apply liquid or foam soap
- 3 Lather soap covering all surfaces of hands for 20-30 seconds
- 4 Rinse thoroughly under running water
- 5 Pat hands dry thoroughly with paper towel
- 6 Use paper towel to turn off the tap

### HOW TO USE HAND RUB

- 1 Ensure hands are visibly clean (if soiled, follow hand washing steps)
- 2 Apply about a loonie-sized amount to your hands
- 3 Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)

COVID19\_H4\_001

British Columbia Ministry of Health | BC Centre for Disease Control

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



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## Cough/Sneeze Etiquette

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

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

## Physical Distancing

A minimum space of 2 m is to be kept between individuals. If for other than a few seconds (less than 10 seconds) a few times a day (6 times) the minimum space is not able to be kept then either a new way to perform the task must be developed or engineering controls need to be used. i.e. plexiglass barriers. As per WorkSafeBC each person inside a building requires 5 square metres of space. Occupancy numbers are to be based on this.

## Use of N95 Respirators

The N95 mask is typically worn by workers directly involved in an **aerosol** generating medical procedure (as defined by Health Canada). An N95 mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing. N95s help minimize the spread of potentially infectious material. **N95 masks must be fit tested.**

Medical masks and N95 respirators should be reserved for when interacting with presumptive or confirmed COVID-19 cases. Some people can spread the virus when they have very mild symptoms or may be unaware they are infected. In this case, wearing a mask can help in containing a person's own droplets and protect others but it will not protect the wearer from COVID-19. Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask). Any use of masks must also be done in conjunction with proper hand washing and physical distancing.

## Use of non-medical face masks and coverings

Wearing a homemade facial covering/non-medical mask in the community *has not been proven to protect the person wearing it* and is not a substitute for physical distancing and hand washing. However, it can be an additional measure taken to protect others around you, even if you have no symptoms. It can be useful for short periods of time, when physical distancing is not possible in public settings, such as when grocery shopping or using public



transit.

### **Appropriate use of non-medical mask or face covering**

When worn properly, a person wearing a non-medical mask or face covering can reduce the spread of his or her own respiratory droplets (infectious or not).

Non-medical face masks or face coverings **should**:

- allow for easy breathing
- fit securely to the head with ties or ear loops
- maintain their shape after washing and drying
- be changed as soon as possible if damp or dirty
- be comfortable and not require frequent adjustment
- be made of at least 2 layers of tightly woven material fabric (such as cotton or linen)
- be large enough to completely and comfortably cover the nose and mouth without gaping

Some masks also include a pocket to accommodate a paper towel or disposable coffee filter, for increased benefit.

Non-medical masks or face coverings **should not**:

- be shared with others
- impair vision or interfere with tasks
- be placed on children under the age of 2 years
- be made of plastic or other non-breathable materials
- be secured with tape or other inappropriate materials
- be made exclusively of materials that easily fall apart, such as tissues
- be placed on anyone unable to remove them without assistance or anyone who has trouble breathing
- be placed on desks or other surfaces once used/soiled as this can lead to cross-contamination

### **Limitations**

Homemade masks are not medical devices nor personal protective equipment, and are not regulated like medical masks and respirators. Their use poses a number of limitations:

- they have not been tested to recognized standards
- the fabrics are not the same as used in surgical masks or respirators
- the edges are not designed to form a seal around the nose and mouth
- they may not provide complete protection against virus-sized particles
- they can be difficult to breathe through and can prevent you from getting the required amount of oxygen needed by your body

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These types of masks may not be effective in blocking virus particles that may be transmitted by you by coughing, sneezing or during certain medical procedures. They do not provide complete protection from virus particles because of a potential loose fit and the materials used.

Medical masks, including surgical, medical procedure face masks and respirators (like N95 masks), must be kept for health care workers and others *providing direct care to COVID-19 patients*.

(Source: [https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#\\_Appropriate\\_non-medical\\_mask](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#_Appropriate_non-medical_mask) )

If you are sick, you must not come to work. If possible, work from home and follow BC Healthlink guidance.

### **Additional Safe Work Practices**

Additional safe work practices are being developed as TACL responds as part of the COVID-19 response. These practices are program specific and are highly dependent on the type of work being done.

Programs are responsible to create safe work procedures specific to the tasks that are conducted by their employees and each procedure incorporate all aspects of this Safety Plan and verify compliance using the TACL Guidance and Checklist tool. Programs will train all of their employees on the safe work procedures. Safe Work Procedures will be posted in a location that is easily accessible by all employees. Examples of locations to post safe work procedures include departmental share drives or websites.

## **COMMUNICATION**

TACL in response to the COVID-19 virus has established the following means of sharing information across the organization:

- Email.
- Memos,
- At changeovers.

As COVID-19 is a public health matter, information noted above is intended for all employees.

Health and Safety Services will provide access to training related to the content of this SP.



## HEALTH MONITORING

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

1. Report the incident to your supervisor and/or [the Executive Director](#)
2. Call BC's HealthLink at 8-1-1 to share information regarding the incident and determine if any action needs to be taken.
3. Do not report to work if you are exhibiting symptoms of COVID-19.

Employees will be required to conduct the Health Self Assessment prior to each shift. See APPENDIX 3 for the form.

If you're feeling stressed or worried, please remember that the following resources are available for:

1. TACL's Employees:  
<https://www.we.org/en-CA/get-doing/activities-and-resources/wellbeing/>

The Red Cross also has information about [preparing emotionally for disaster and emergencies](#)

## VERIFICATION

It is the responsibility of the Program Manager and Program Supervisors to ensure all procedures are being adhered to. Checklists are to be developed for any required COVID-19 task. i.e. cleaning and start of shift health checks.

## RECORD KEEPING

Records shall be kept as per TACL's already established processes.



## APPENDIX A: TACL POSITION RISK CHART ASSESSMENT

POSITION	LEVEL OF RISK	CONTROL PROCEDURES
Front Counter Employees	Low to Moderate	Regular and effective hand hygiene, physical distancing
Residential and Homeless Shelter Workers	High	Regular and effective hand hygiene, alternate delivery models, physical distancing, increased sanitization processes, personal protective equipment
Maintenance employees	Low	Regular and effective hand hygiene, physical distancing. Regular and effective hand hygiene
Outreach Workers	Moderate	Regular and effective hand hygiene, personal protective equipment
Managers	Low	Regular and effective hand hygiene, physical distancing, working from home where possible
General Administrative Employees	Low	Regular and effective hand hygiene, physical distancing, working from home where possible
First Aid Attendants	Moderate	Regular and effective hand hygiene, personal protective equipment
Day and Youth Program Workers	Moderate	Regular and effective hand hygiene, personal protective equipment



## APPENDIX B: CLEANING FREQUENCY AT TACL

These recommendations are based on the BC CDC document for cleaning clinical settings found below.

### **Shared equipment:**

Frequency: In between Persons Served

Examples: TBD by each program

Responsible: TACL Worker

### **Frequently-touched surfaces:**

Frequency: At least twice per day

Examples: washrooms, door knobs, light switches, telephones, keyboards, mouse, pens, cell phones, toys,

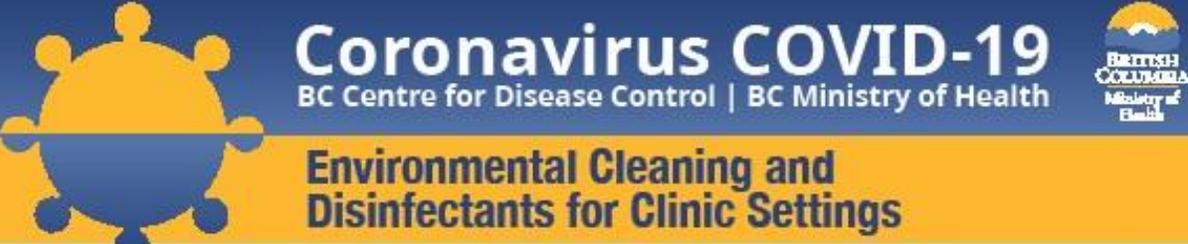
Responsible: TACL Worker

### **General cleaning of building:**

Frequency: At least twice per day

Examples: Chairs, tables, floors, hallways (others as identified by Program Manager based on type of activity).

Responsible: TACL Worker

# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

## Environmental Cleaning and Disinfectants for Clinic Settings

**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.*

Environmental cleaning for COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in hospitals and health care settings are strong enough to deactivate coronaviruses and prevent their spread. Cleaning of visibly soiled surfaces followed by disinfection is recommended for prevention of COVID-19 and other viral respiratory illnesses.

### Suggested cleaning and disinfecting frequencies for clinic settings:

Type of surface	Frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds	IN BETWEEN PATIENTS
2. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
3. General cleaning of procedure / exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

*For electronic equipment please comply with manufacturer's instructions to not void the warranty.*






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

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

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## APPENDIX 3: STAFF AND VISITOR HEALTH CHECK

See attached