

FNESC Exposure Control Plan (COVID-19)

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Company Information:
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Health Hazards of COVID-19

While much is still unknown about COVID-19, the effects appear to be more severe than seasonal influenza because it appears that people do not have an immunity to the virus. In addition, the virus seems to be much more easily spread (more contagious) than seasonal influenza and, while many may experience mild or moderate illness some, especially those over the age of 50 years old and those who have comorbid conditions (presence of other illness or disease) may experience severe and/or fatal illness.

Symptoms

The BC Centre for Disease Control reports that symptoms of COVID-19 may appear 2 to 14 days after exposure and may affect people to varying degrees. The symptoms include fever (higher than 38 degrees celsius), cough, and shortness of breath.

Transmission

It is believed that prior to a person starting, and as long as a person is experiencing symptoms of COVID-19, they may be able to transmit the virus. Transmission is believed to be spread in a similar way to seasonal influenza and may occur in a variety of ways, including the following:

- Infectious droplets (from a coughing or sneezing person) landing in the eye or onto the mucosa (moist inner surfaces) of the mouth or nose;
- Shaking hands with an infected person or touching a surface contaminated with the virus followed by touching one's eyes, nose or mouth;
- Breathing infectious airborne droplets or particles (from coughing, sneezing, or aerosol-generating medical procedures on infected patients);
- Sharing food items or utensils with an infected person.

Statement of Purpose

FNESC is committed to providing a safe and healthy workplace for all of our staff. A combination of measures will be used to minimize worker exposure to COVID-19, including education, disinfecting commonly touched surfaces, personal hygiene, and ongoing review of processes and new information with new measures implemented as necessary or pertinent.

Responsibilities

FNESC will:

- Ensure that the materials (disinfectant wipes, disinfectant hand gel, soap, hand washing facilities), communications and training required to implement and maintain this plan are available when and where they are required;
- Select, implement and document the appropriate organizational wide and site specific control and prevention measures;
- Ensure that managers and employees are educated and trained as required to implement and support this plan;
- Conduct periodic reviews of the plan's effectiveness. This includes a review of latest information and best practices to ensure that control and prevention measures are effective and practical;
- Maintain records of training, communications and activities;
- Ensure a copy of this plan is available to employees.

Managers will:

- Ensure that employees that report to them are adequately instructed on the control and prevention measures outlined in this plan;
- Direct work in a manner that minimizes risk to employees and maximizes the effectiveness of control and prevention measures.

Employees will:

- Understand the hazards of COVID-19 and cooperate with managers and FNESC to control and prevent transmission at work;
- Follow established safe work procedures as directed by managers;
- Report any potential exposures or lack of compliance to managers.

Risk Identification and Assessment

Three primary routes of transmission are anticipated for COVID-19, all of which need to be controlled. These include contact, droplet, and airborne transmission.

1. Contact transmission, both direct and indirect

Direct contact involves skin-to-skin contact, such as patient care or emergency response activity that requires direct personal contact (for example, turning or bathing a patient). Indirect contact involves a worker touching a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard, and then touching the eyes, nose, or mouth. Contact transmission is important to consider because influenza viruses can persist for minutes on hands and hours on surfaces.

2. Droplet transmission

Large droplets may be generated when an infected person coughs or sneezes, and also during certain medical procedures such as cough induction. Droplets travel a short distance through the air, and can be deposited on inanimate surfaces or in the eyes, nose, or mouth.

3. Airborne transmission

Airborne (inhalable) particles can be generated from some medical procedures such as endotracheal intubation, bronchoscopy, nebulizer treatment, or airway suctioning. They can also be generated from coughs and sneezes.

Coughs and sneezes produce both large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods, and can be inhaled. The large droplets can also evaporate quickly to form additional inhalable particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced; but it can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. As the number of infected people in a room increases, the risk of infection can increase.

The following risk assessment table is adapted from Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined that the risk level of our workers is moderate to low. FNE SC employees work in a variety of environments (office, schools, meetings, workshops, travel, etc.), and have varying degrees of contact with the general public. The main areas of risk for employees are when employees attend meetings, workshops or events, travel by air, or are working in the office or in a classroom.

Risk Assessment for COVID-19 at FNE SC

	Low risk Employees who have little contact with others (i.e. rarely attend meetings or events, or travel).	Moderate risk Employees who may be exposed to infected people from time due to meetings, events and travel.	High risk Employees who may be exposed to infected people regularly due to meetings, events and travel.
Examples of FNE SC Employees	Administrative, Human Resources, Finance, ICT, Policy Analysts.	Director and Managers in Communications and Policy Department; Director, Languages & Culture Dept.	Executive Director, and all Out-of-Office staff (Instructional Svs, SEP, Languages & Culture).
Hand hygiene	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable gloves	Not required	Not required	Yes, in some cases if preferred (i.e. airports and airplane travel)
Face masks or face shields	Not required	Highly recommended and will be provided	Highly recommended.
Aprons, gowns, or similar body protection	Not required	Not required	Not required
Eye protection—goggles or face shield	Not required	Not required	Not required
Airway protection—respirators	Not required	Not required	Not required

Risk control

WorkSafe BC regulations require that employers implement infectious disease controls in the following order of preference:

1. Engineering controls;
2. Administrative controls;
3. Personal protective equipment (PPE).

It is not necessary to implement engineering controls or personal protective equipment controls at FNE SC because risk of exposure can be controlled using administrative controls.

FNE SC Administrative Controls

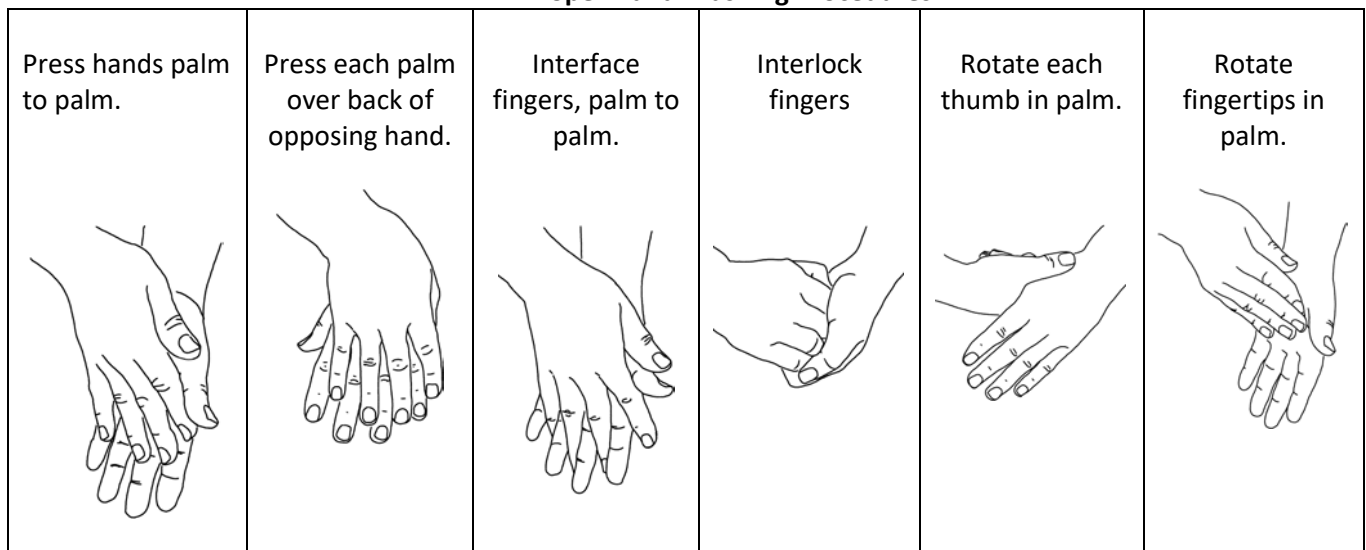
1. Hand Washing

Hand washing or disinfecting is believed to be one of the most effective ways to minimize the risk of infection of COVID-19. Proper hand washing and/or disinfecting helps to prevent the transfer of the virus from infected surfaces to the hands to other parts of the body – particularly the eyes, nose and mouth.

FNE SC employees will wash or disinfect their hands immediately:

- Before returning to the office (after signing in) at the beginning of the day, after meetings or other work tasks that take them away from the office, and after returning from lunch;
- After handling materials or touching surfaces that may be contaminated;
- Before eating, drinking, smoking, handling contact lenses or applying make-up.

Proper Hand Washing Procedures



Use soap and warm running water (it doesn't have to be hot to do the job). If water is unavailable, use a waterless hand cleanser that has at least 70% alcohol. Follow the manufacturer's instructions on how to use the cleanser. For the duration of a COVID-19 outbreak, alcohol-based cleansers will

be located throughout the FNEESC office. Out-of-Office staff will be reimbursed for the purchase of alcohol-based cleansers as communicated.

2. Cough and Sneeze Etiquette

Employees are expected to follow cough/sneeze etiquette while at work, regardless of whether they are in the office, at meetings or events, in a classroom, or traveling. This etiquette minimizes transmission of COVID-19 via droplets and airborne routes. Cough/sneeze etiquette includes the following:

- Cover your mouth and nose with your sleeve or a tissue whenever you cough or sneeze. Do not cover your mouth and nose with your hand;
- Use tissues to contain secretions and dispose of them immediately in a waste container;
- Turn your head away from others when coughing or sneezing;
- Wash your hands regularly;
- Politely, remind others of proper cough/sneeze etiquette if you notice them not following the proper etiquette.

3. Bi-Weekly Office Disinfecting

All employees will participate and a twice a week (usually on Tuesdays and Thursdays) office wipe-down/disinfecting. All employees are required to use alcohol wipes to disinfect their keyboards, telephones, desktop, desk and cabinet handles, door knobs, light switches, and other commonly touched surfaces in their office or workspace. In addition, employees will be assigned to disinfect all commonly touched surfaces throughout the office including, but not limited to:

- Boardroom table top, chair handles, counter, cupboard handles, fridge handles, kettle handles, etc.;
- General office area door knobs, handles and push-bars, light switches, counters, photocopiers/printers, cabinet handles, chair handles, etc.;
- Kitchen and staff room cabinet handles, fridge handles, coffee maker, closet handles, table top, chairs, etc.;
- Reception area counter, door handles/push-bars, phone, fax machine, cabinet handles, sign in/out pen, mail machine, etc.;
- Printer room door knob, light switch, counter tops, printer, etc.

FNEESC will be proactive and ensure that all necessary disinfecting items, such as wipes, are available. Currently, FNEESC has a large supply of disinfectant wipes.

4. Out-of-Office Staff Disinfecting and Preventative Measures

Out-of-Office staff will use alcohol wipes to wipe-down and disinfect the following while working:

- Airplane seats, table tops, arm rests, seatbelts, head rests, fans, and the general seating area of their seat on airplanes when traveling;
- Rental car steering wheels, gear shifts, window handles, seat head rests, keys, visors, and dashboard controls;
- Desk/table tops, seat handles and other commonly touched areas while at meetings or in classrooms;

- Hands after leaving classroom/school or meetings.

In addition, Out-of-Office staff will take the following precautions when traveling:

- Avoid crowds at airports as much as possible, especially people who are coughing or sneezing;
- Wear socks (no bare feet) when going through security;
- Wipe down checked suitcases or bags when claiming them;
- Wash or disinfect hands regularly.

5. Reporting and Dealing with Sick Employees

Employees will promptly report any symptoms of COVID-19 to their Manager. In this even the Manager will immediately send the employee home and arrange for an office wipe-down/ disinfecting.

FNESC has generous Sick Leave for all full-time employees (up to 15 days per year). The purpose of sick leave is to provide employees with a benefit to effectively, and without worry of no pay, to take the time to recover from illnesses and to ensure that illnesses are not spread to co-workers. Employees who feel symptoms related to COVID-19 are encouraged to stay home for the duration of the symptoms. FNESC's Sick Leave policy states that employees may be required to provide a doctor's note after three (3) consecutive days of illness. This policy will remain in effect during a COVID-19 outbreak, but employees diagnosed with COVID-19 will not be required to provide a doctor's note.

If employees have used all of their entitled paid Sick Leave for the year, FNESC will allow them to use Annual Leave and/or take leave without pay when they are showing symptoms of COVID-19. Alternatively, FNESC may, at the discretion of the Executive Director and the Director, Human Resources and Support Services, may offer additional sick leave benefits to employees or allow employees to use sick leave for the next year.

Out-of-Office employees will re-arrange schedules or provide video coaching when they are experiencing symptoms related to COVID-19. They will not visit First Nations or schools. In the event of a positive diagnosis of an Out-of-Office employee, Out-of-Office employees may discuss with HR the availability of paid sick leave benefits, which will be determined on a case by case basis. In the event of an employee following FNESC's protocols and staying home when not feeling well, FNESC encourages re-arranging schedules or FNESC may elect to provide one-time sick leave benefits. This will be determined on an individual case by case, and as feasible/affordable basis.

6. Education, Communications and Reminders

The Human Resources and the Communications Departments will coordinate weekly emails to educate and remind staff of the FNESC Exposure Control Plan and FNESC's measures for prevention and control.

All employees will receive education via email or in-person training on the following:

- The risk of exposure of COVID-19 and the signs and symptoms of the disease;
- FNESC's administrative controls;

- Reporting symptoms immediately.

7. Other Preventative Measures

Other transmission prevention measures and decisions will be driven by the information from, and actions, recommendations and directives of various other organizations such as:

BC Public Schools	BC Health Authorities	Canadian Travel Advisories
First Nations and First Nations Schools	BC Provincial Medical Health Office	Local and National News
BC Government	First Nations Health Authority	First Nations Summit
Federal Government	Centre for Disease Control	Medical Health Officers

Based on the information from and actions, recommendations or directives of the above organizations, FNEC shall take measures such as, but not limited to:

- Limiting or ceasing all staff and/or participant travel;
- Reducing the size of or ceasing in-person meetings;
- Closing the FNEC offices and implementing work-from-home processes where feasible.

When such measures are taken, the FNEC Organizational Continuity Plan will be implemented.

8. Record Keeping

FNEC will keep records of instruction, education, reminders and training.

9. Annual Review

FNEC will review this Exposure Control Plan on an annual basis and update it as necessary, especially as new information related to COVID-19 is brought to light.

Employee Who Exhibits Symptoms of COVID-19

In the event that a FNEC employee is experiencing symptoms of COVID-19, FNEC will fully cooperate with and take the advice of the BC Health Office officials, including providing full disclosure of the employee's work-related interactions and travels. In addition, FNEC, will immediately require other employees who had come in contact with the employee with the presumptive case of COVID-19 to stay home with the recommendation of self-quarantining and/or to get tested for COVID-19.

If an In-office employee is experiencing symptoms of COVID-19, FNEC will immediately close the office for a period of at least two (2) days for a full disinfecting of the office.

In the event of an office closure, FNEC will implement work-from-home processes. Should FNEC determine that work from home would not be effective, continued payment for employees is not

feasible, and other options for salary continuation are not possible, FNEESC may offer employees the option of using Annual Leave for the duration of the closure.

Employee with Positive Test of COVID-19

In the event that a FNEESC employee has tested positive for COVID-19, FNEESC will fully cooperate with and follow all advice and directives of the BC Health Office, including closing the office for a period of two weeks or more if advised or directed.

In the event of an office closure, FNEESC will implement work from home processes with which all employees are expected to comply for the duration of the closure.