

BC PUBLIC SERVICE COVID-19 RESPONSE FAQs

Updated November 26, 2020

WHO TO CONTACT:

- For work-related questions not addressed in the FAQ, contact the Workplace Health & Safety branch (BC Public Service Agency) using [MyHR](#).
- For non-medical-related questions about COVID-19 including community protection and reporting options, call 1-888-COVID19 (1-888-268-4319). Service is available from 7:30 a.m. to 8:00 p.m. seven days a week.
- Call 811 or your primary care provider for personal medical advice following exposure or if you are experiencing symptoms of COVID-19.
- For general health-related questions from Canadians, call 1-833-784-4397. Service is available from 7:00 a.m. to midnight EST.

For general information on COVID-19, see the BC Centre for Disease Control online resources at <http://covid-19.bccdc.ca/>.

If you think you may have symptoms, the BC Centre for Disease Control's self-assessment tool can help you determine if you need further assessment or testing for COVID-19: <https://covid19.thrive.health>.

The most current information related to the BC Public Service's response to COVID-19 (including this document) is available [on the MyHR website](#).

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Part 1: Workplace Safety and Working from Home

1. What is the current direction on returning to the workplace and remote work?

On November 19, the Provincial Health Officer announced increased measures to address the continued growth in COVID-19 cases in B.C. These included direction for employers to temporarily suspend plans to return employees to workplace settings until at least the new year.

In keeping with our commitment to align the BC Public Service pandemic response with the Provincial Health Officer's direction, all return to workplace plans are suspended provincewide effective Monday, November 23 until further notice.

This means those who were asked to begin returning to the workplace on a part-time basis are no longer expected to at this time. Supervisors are once again encouraged to support employees who wish to resume remote work to do so where operationally feasible. Those who have worked in your regular workplaces throughout the pandemic due to operational requirements can continue to do so safely because of the safety plans in place. For those who will continue to be in the workplace, all the safety plans and measures we have put in place remain in effect and must be followed.

The Provincial Health Officer's order also requires daily health checks for all employees attending a workplace anywhere in the province (this previously only applied in the Lower Mainland). A guide for supervisors on how to conduct screening and the health check questions are available [on MyHR](#).

The Provincial Health Officer also emphasized that employees should minimize social interactions with co-workers before, during and after work in keeping with the direction to reduce social interactions in our communities.

2. Does suspending the return to workplaces mean the workplace safety plans in place are no longer valid or adequate?

No, our workplaces remain safe – as they have been for those working in their regular workplace throughout the pandemic. The decision to suspend the return to the workplace for those who have been working remotely is to support the measures introduced by the Provincial Health Officer to reduce the spread of the virus in our communities.

The workplace safety measures put in place by ministries are based on guidelines developed by the BC Public Service Agency that align with current orders and direction of the Provincial Health Officer and WorkSafeBC. We will continue to adapt these measures as needed. The Provincial Health Officer has specifically cited the measures taken in BC Public Service workplaces as an example of the type of effective safety plans that employers can use to ensure employee safety.

Following public health guidance on physical distancing, personal and workplace hygiene practices in the workplace provides protection for public and staff from the transmission of coronavirus. In an office setting or a worksite where the employer has implemented COVID-19 safety controls, the risk of exposure is much lower. This is different than an uncontrolled setting such as a store or

public transit where physical distancing cannot be maintained on a sustained basis, and the health status of other individuals is not certain. If all those in the workplace closely follow the safety requirements in place, it will remain safe to be in the workplace and the risk of exposure to COVID-19 will remain low. Anyone who is sick must stay home, and everyone in the workplace must follow required physical distancing and hygiene measures.

3. If I was working remotely full-time before the return to workplace plans were announced in September, does this mean I can return to remote full-time working?

In most cases, yes. Where it is operationally feasible, ministries are expected to encourage and support employees who want to work from home and should be flexible in considering alternative work arrangements. As was the practice previously, a request to work remotely can only be denied at the ADM level. Employee telework agreements should be updated to reflect any changes to work schedules and locations.

Where an employee is sick or taking any form of leave, they are expected to access their leave banks as per usual. No employee is required to work from home except those required to self-isolate due to travel or possible exposure to COVID-19.

Resources on effective mobile working practices are available on the [MyHR website](#).

4. Does “suspending” the return to workplace plans mean those plans are cancelled and employees who want to work remotely permanently will be allowed to do so?

No. Throughout the pandemic, we have adjusted our response in alignment with the Provincial Health Officer’s direction and this is our latest adaptation. How long the return to workplace plans remain suspended will depend on the Provincial Health Officer’s direction, but we expect to resume the part-time return to workplace when the provincial pandemic response allows for it. Any longer-term changes to our corporate approach to remote work post-pandemic will be considered at the appropriate time. Unless your supervisor has indicated otherwise, remote working arrangements that weren’t in place before the pandemic should be considered temporary.

5. [UPDATED] Are masks now required in BC Public Service workplaces?

On November 19, the Provincial Health Officer announced orders around mandatory use of masks. On November 24, under the Emergency Program Act an order was issued regarding face coverings in indoor public spaces. The November 24 order covers high-traffic public settings where people who do not know each other often interact.

Under the [November 24 order](#), all British Columbians 12 years of age or older are required to wear a face covering that covers the nose and mouth unless they are unable to wear one due to health concerns. The order applies to many public indoor spaces, including:

- Retail stores, including liquor and cannabis retail operations.
- Courthouses.
- Common areas in office buildings such as hallways, elevators, public bathrooms and lobbies.

This creates mask requirements for clients and employees in public service workplaces. Masks must be worn in areas that have public access. Ministries will develop client mask/face covering procedures to be included in their Workplace Assessment Tool (COVID-19 safety plan) and associated training.

The mask/face covering requirement will be prominently communicated in client-facing signage and at entries to public service workplaces. Staff should speak with their supervisor about their ministry's procedures for staff to support client mask wearing and the ministry procedures to manage unmasked clients seeking services.

The most effective protection from COVID-19 transmission in the workplace is physical distancing or physical barriers between individuals. In client service settings they offer superior protection to masks and don't rely on both staff and client to properly wear a mask. Barriers and physical distancing also allow protection for workers to serve clients who are unable to wear masks or where masks may interrupt communications.

While awaiting further guidance from the Provincial Health Officer and WorkSafeBC for employee mask requirements, ministries should follow WorkSafeBC's current statement:

"Employers must implement a policy requiring all employees and customers to wear masks at the workplace in any location where they are in a shared space with other workers or members of the public."

This includes situations where two-metre physical distancing can't be maintained and in elevators, kitchens, hallways and break rooms. Any updates to mask requirements will be based on WorkSafeBC and PHO orders once they are available.

As has been recommended throughout the pandemic, if workplace activities require individuals to work within two metres of each other on a sustained basis, and barriers are not possible, ministries are encouraged to contact MyHR for support with specific workplace procedures and masking requirements.

Guidance on the use of masks by employees in the workplace will be implemented through the workplace assessment tool (COVID-19 safety plan) for each operating location. As new guidance is provided, the BC Public Service COVID-19 tool kit and FAQs will be updated and workplaces will update their workplace assessment (COVID-19 Safety Plan) plans and train staff.

6. Do we have to review our COVID-19 Safety Plan (Workplace Assessment) as a result of the Provincial Health Officer's November 19 direction?

As noted in the [COVID-19 Workplace Guidelines for BC Public Service Managers & Supervisors](#) all workplaces should regularly review the effectiveness of their [COVID 19 Workplace Assessment Tool](#) (COVID-19 Safety Plan). On November 19th the Provincial Health Officer ordered all workplaces in BC to review their COVID-19 Safety Plan.

WorkSafeBC provides a review tool at: <https://www.worksafebc.com/en/resources/health-safety/books-guides/reviewing-updating-covid-19-safety-plans-guide-for-employers?lang=en>.

Your plan must be updated to reflect where masks must be worn in the workplace based one the

new orders. A reminder that masks do not replace other COVID-19 protocols such as physical distancing, barriers and reduced occupancy limits, which must remain in place.

Ensure that you record the date when the review was completed, document any changes to your COVID-19 protocols and train all staff in any changes or updates.

7. How can physical distancing be practiced in the workplace?

Physical distancing is an important way we can all help limit the spread of COVID-19 in the community. The recommendation for physical distancing is that people stay at least two metres apart and avoid prolonged close personal contact. COVID-19 is transmitted by an infected person coughing or sneezing droplets and someone breathes them in. Typically, droplets travel less than two metres. The droplet can also land on hard surfaces that we touch and then we touch our faces.

Ways to practice physical distancing in the workplace include:

- Following the new workplace capacities and posted protocols.
- Avoid shaking hands, wash your hands thoroughly, and stay home if you are sick.
- If you're having a conversation with someone in their office or cubicle, stay at the door to increase the distance.
- Use virtual meeting tools rather than face-to-face conversations.
- If meeting with a group, use the largest room available and physically distance two metres from each other. Observe the posted maximum COVID-19 occupancy for the room.
- Sit at least two metres apart in mobile workspaces.
- Use automatic door openers to avoid touching door handles.
- Wipe down shared surfaces in mobile workspaces, meeting rooms and common areas.
- When working with clients, where possible keep the two-metre distance by standing back slightly at a service counter if necessary.
- Don't share food, plates or cutlery in staff rooms.
- Ensure staff room dishes are well cleaned.
- Don't leave items on staff room counters and tables overnight so janitorial staff can properly wipe down the entire surface.

8. What is the new concern regarding workplace kitchen and social activities?

The Provincial Health Officer reported on November 19 about exposures in social work situations that demonstrate work colleagues can be at risk of dropping their protective habits when they are around colleagues or co-workers. Work associated activities such as carpooling, driving together to get a takeout lunch, or sitting together while having a work break can all pose a risk of coronavirus exposure.

As we tackle coronavirus transmission together, these incidents remind us of the need to be cautious when socializing and be extra attentive to physical distancing when near our colleagues who are not in our personal bubbles. Other risks to avoid include sharing food or beverages or common utensils.

9. How can we work with clients or the public to maintain physical distancing?

- Put up signs at entrances to remind clients that they should not attend the office or re-book their appointment if they are sick, have a cough, have difficulty breathing or have not completed a 14-day self-isolation after international travel.
- Have signs asking people to reduce the number of people in elevators to maintain physical distancing.
- Use signs to encourage social/physical distancing in lobbies and waiting rooms.
- When working with clients, where possible keep the two-metre distance by standing back slightly at a service counter if necessary.
- When booking in-person meetings, add a reminder for clients about physical distancing and to reschedule if they feel unwell.
- Try to do virtual or phone meetings wherever possible.
- Set up meeting rooms with reduced capacity and use the table or chairs to create two metres between participants.
- Rearrange or remove some of the waiting room furniture to allow for physical distancing.
- Use tape to mark out two metres spacing on the floor for line ups and counter service.
- If clients appear unwell, ask them if they would reschedule.
- Ask clients to cover up if they are coughing or sneezing using their elbow or a tissue.
- Create the recommended two metres distance between yourself and clients at counters and in interview or meetings rooms.

10. I supervise an employee who has indicated they cannot or don't want to return to the workplace. How do I address this?

If there is an operational requirement for the employee to be in the workplace, the supervisor, with the assistance of the PSA if needed, must determine whether there is a duty to accommodate and must assess the employee's situation in light of the information, including medical information, they are able to provide as to why they cannot work at the workplace. The supervisor should have a discussion with the employee about their circumstances, including their limitations and restrictions, and should discuss safety procedures at the worksite. If this discussion does not resolve the employee's concerns, the supervisor should contact MyHR for assistance. For further information see the Managers' Guide to Reasonable Accommodation on MyHR [linked here](#).

In cases where the employer is not required to make an accommodation, ministries may consider alternative work arrangements depending on operational requirements and the employee's individual circumstances.

11. A worker with a chronic health condition has asked about returning to the workplace. What do I advise them?

The BCCDC advises that people with certain chronic health conditions may consider protective self-separation. People with chronic health conditions are at a higher risk of developing more severe illness from COVID-19. These conditions include heart disease, high blood pressure, lung disease, diabetes and cancer. Also included are people with weakened immune systems from a medical condition (e.g. HIV, chronic liver or organ transplant) or treatment, such as chemotherapy or immunosuppressive medications.

Supervisors are expected to be flexible and support requests for remote working where operationally feasible. If there is an operational requirement for the employee to be in the workplace, employees should be informed of new or updated workplace safety procedures before the return to the worksite. This allows employees with chronic conditions to evaluate the level of risk for their condition, and their confidence in protecting themselves in the workplace. With COVID-19, personal protective practices (distancing and hand hygiene) offer protection. These employees should be permitted to return to the workplace if they chose.

Employees are required to provide relevant and appropriate information to support a request for accommodation. Supervisors will often require information such as medical restrictions, limitations and prognosis as part of the accommodation process. Employees are not typically required to provide supervisors with their medical diagnosis. With complex accommodations, where further clarifying information is required, supervisors should contact MyHR for guidance. Supervisors can also implement accommodations arising from the pandemic based on information that has previously been provided to the ministry for a consistent purpose. (See the Managers' Guide to Reasonable Accommodation on MyHR for additional information).

12. Managing employee's workplace needs can involve collecting medical information. How is this protected?

In responding to employee's request for an accommodation, the supervisor, with assistance from MyHR, may require information or clarification from the employee's healthcare providers. Employees are required to provide relevant and appropriate information to support their request for accommodation. In providing this information, the employee is consenting to the employers use of this information for the purposes of responding to their accommodation request. Supervisors, with assistance from MyHR, should ensure that information requests are constructive and respectful of employee privacy and maintain confidentiality.

The long-term practice is for employees to provide this information to supervisors with doctors' notes and letters, or the supervisor's (non-confidential) portion of the Medical Certificate (former StT02 form). Supervisors should maintain this information in a secured location in the employee's workplace supervisory file (as per [section 30](#) of the *Freedom of Information & Protection of Privacy Act* (FOIPPA), s. 19(1) of [Information Management Act](#) and [Government Core Policy, Information Security Policy](#)). Information provided by employees in support of communicating the employee's pandemic related medical limitations and restrictions should be handled in the same secure manner. The sharing of any information about an employee should only occur on a need to know basis and only with those authorized to receive it under FOIPPA.

13. An employee requests to remain at home as someone in their household has a chronic health condition and they are worried about transmitting COVID-19 to them. Is there a medical basis for this concern?

Supervisors are expected to be flexible and support requests for remote working where operationally feasible. If there is an operational requirement for the employee to be in the workplace, the supervisor should have a discussion with the employee about their circumstance and review the safety procedures and standard hygiene precautions in the workplace and how they are designed to protect staff from COVID-19. In addition, in controlled settings where employees

with symptoms are not to come to work and clients are dealt with at a physical distance or with a barrier in place, this further reduces the risk of COVID-19. Employees should be informed of new or updated workplace safety procedures before the return to the worksite.

All employees should practice regular hand hygiene to minimize the risks of transmission which includes when leaving work and when arriving home.

When these measures are followed, there are several opportunities to stop the spread of infection and this should alleviate the concerns regarding the medical risk of transmission from the workplace.

Where this does not resolve the employee's concerns, the supervisor should continue to address this by following the steps in question #7 and the supervisor should contact MyHR for assistance.

14. Is it likely that building ventilation systems are a route of transmission for COVID-19?

The Public Health Agency of Canada states that the coronavirus (SARS-CoV-2), the virus that causes COVID-19, is not known to spread through ventilation systems or through water.

Full knowledge of how the coronavirus that causes COVID-19 spreads is continually developing as new research and information becomes available.

The virus spreads primarily through respiratory droplets and particles that an infected person discharges when they breathe, talk, sneeze or cough. Droplets then fall to the ground or other surfaces within 1-2 metres; smaller particles may travel through the air for longer distances and for a few minutes before falling to the ground.

While the evidence is that there is little to no risk of aerosol viral transmission causing COVID-19 illness, the American Society of Heating Refrigerating and Air Conditioning Engineers (ASHRAE) posted a statement in August 2020 on their site that airborne SARS-CoV-2 transmission is "sufficiently likely that airborne exposure to the virus should be controlled." The Public Health Agency of Canada and the US Center for Disease Control also updated their information on coronavirus transmission acknowledging the "potential" of airborne transmission in specific circumstances. See below for more information.

What public health officials do know is that the most significant mechanisms of virus transmission are direct person-to-person contact, being within 2 metres of an infected person for more than 15 minutes, and through your hands by touching your face (especially your nose, mouth and eyes).

These primary transmission mechanisms have informed the prevention practices we have been following at home, in the community and in buildings and workplaces – physical distancing, washing your hands and not touching your face, along with additional administrative and engineering controls as required.

Following ASHRAE's guidance to "control" airborne exposure to SARS-CoV-2, the primary control is to "avoid the hazard". This means ensuring that any person experiencing any symptoms of any illness, i.e. not only COVID-19 symptoms, should stay at home. ASHRAE has also recommended that building HVAC systems be checked and maintained to industry standards to ensure healthy indoor

air quality. The Real Property Division oversees and manages HVAC systems for public service workplaces and is following and adhering to the guidance of AHSRAE and WorkSafe BC.

These prevention and maintenance practices will generally prevent virus transmission and keep people safe from infection. Using these practices to date, the BC public service has not experienced any workplace building transmission of SARS-CoV-2.

15. Is the coronavirus transmitted in the air?

In July 2020, some scientists requested that the World Health Organization (WHO) consider the possibility of airborne transmission. Since that time, the WHO along with the Public Health Agency of Canada has acknowledged emerging evidence that airborne transmission of the coronavirus is possible and may contribute to infection:

SARS-CoV-2, the virus that causes COVID-19, spreads from an infected person to others through respiratory droplets and aerosols created when an infected person coughs, sneezes, sings, shouts, or talks. The droplets vary in size from large droplets that fall to the ground rapidly (within seconds or minutes) near the infected person, to smaller droplets, sometimes called aerosols, which linger in the air under some circumstances.

The relative infectiousness of droplets of different sizes is not clear. Infectious droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth or eyes, or they may be inhaled into their nose, mouth, airways and lungs. The virus may also spread when a person touches another person (i.e., a handshake) or a surface or an object (also referred to as a fomite) that has the virus on it, and then touches their mouth, nose or eyes with unwashed hands.

Source: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>

The evidence contributing to this statement is from indoor locations where there are crowds and inadequate ventilation and where infected persons spend long periods of time with others and without physical distancing and other controls.

The evidence is not definitive, however, and public health experts have said that more studies are urgently needed to investigate such instances and assess their significance for transmission of COVID-19.

COVID-19 is most commonly transmitted between people through close contact with COVID-positive people and indirectly via contaminated objects or surfaces. The BC Centre for Disease Control summarizes coronavirus transmission this way:

Respiratory diseases, like influenza and COVID-19, are spread by liquid droplets that come out of the mouth and nose when a person coughs, sneezes, and sometimes, when a person talks or sings. These droplets usually land one to two metres away, but they can land on another person if they are close by. Diseases can spread if droplets with the virus enter the body through the eyes, nose or throat.

Source: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/how-it-spreads>

Workplace COVID-19 Safety Plans include the control measures of two-metre physical distancing, hand washing and covering your nose and mouth when coughing or sneezing. These controls and practices, along with other controls, continue to be effective methods for preventing COVID-19 transmission in the workplace.

This FAQ will be updated as more data on this topic becomes available.

16. Can employees working from home take IT equipment and office furniture home if needed to allow them to work effectively?

Employees may temporarily take monitors, keyboards and other easily transported IT peripheral devices they need to work effectively at home. Similarly, with their supervisor's agreement, employees may take their work chairs home. Employees are expected to transport this equipment themselves and must exercise care to prevent both injury to themselves and damage to any government assets. In cases where employees are not able to transport the equipment themselves, they are requested to discuss the move arrangements with their supervisors. Branches are responsible for tracking any equipment employees take home and ensuring their return when employees return to their usual work arrangements.

Except for chairs, employees cannot take desks or other furniture home. If an employee requires a height-adjustable desk or other furniture as part of an accommodation agreement, the employee should be required to continue to work in the office as usual. Our workplaces remain safe for those employees continuing to work onsite. With more employees working from home, those who are in their regular workplaces are able to practice effective physical distancing measures and we have enhanced cleaning of workplaces to support employee safety.

Consistent with existing telework policies, the employer does not reimburse costs for utilities or office supplies employees use when choosing to work from home.

17. What are the considerations needed when planning for a work event or large meeting while there is the potential for exposure to COVID-19? If an event is already scheduled, should the event be cancelled?

The Provincial Health Officer has ordered that all events being planned with over 50 people should be cancelled. This does not mean workplaces with more than 50 people need to close (see above for more on practicing physical distancing and other protection measures in the workplace). However, particularly in the Lower Mainland, indoor in-person gatherings are strongly discouraged.

In-person events or meetings with fewer than 50 people should only proceed if absolutely necessary to enable to essential work. Even small meetings should only happen in-person where physical distancing, cleaning and other hygiene measures can be applied. Wherever possible, virtual meeting options should be used. Anyone who is sick should stay home and not attend any event in person.

Additional guidance can be seen [here](#).

18. How do we implement COVID-19 workplace safety controls in Leading Workplace Strategy (LWS) designed settings?

Adapting to the new maximum staffing levels simply requires flexibility and spacing. While some adjustments to shared work surfaces are needed, the more fluid design of these spaces also allows more options to preserve the required physical distancing. Many of the practices outlined in the [new workplace safety guidelines](#) are applicable in an LWS work environment.

Safety in the workplace during this time of Covid-19, whether in a LWS environment or one that is traditionally planned, is highly dependent on prevention precautions such as ensuring physical distancing, hand-washing, sanitization of surfaces, staying away from work if feeling unwell, avoiding touching the face, etc. These are not space dependent but are reliant on employees' individual behaviours.

Part 2: Employee Exposure and Self-Isolation

19. **[UPDATED]** I have an employee who has tested positive for COVID-19. What does this mean for coworkers? Do we need to close that workplace?

Any employee who is sick with COVID-19 symptoms must stay home and away from others.

Public Health is notified of all positive tests immediately and contact tracing will begin by speaking to the COVID-19 positive employee. This review will identify the nature of contacts in the community, social or work locations in the 48 hours prior to becoming symptomatic. If Public Health staff identify any close contacts during this review, those individuals will be contacted directly by Public Health and given self-isolation advice. Public Health will only contact the workplace if there is a concern about transmission of the virus in the workplace or difficulty contacting individuals. In all cases, not hearing from Public Health official means the risk of transmission is low and no further notifications or actions are required. Cleaning requirement can be determined by using the COVID-19 Exposure Control and Cleaning Protocols on MyHR.

In terms of co-workers, determine the level of interaction with the employee. Workplace COVID protocols including daily active screening, distancing and hygiene significantly reduce the risk of associated transmission in the workplace. Low-risk exposure to a confirmed COVID-19 case includes walking by the person or briefly being in the same room with two metres distance. If low risk, the co-workers can continue usual activities, including daily self-checks for symptoms and practice good hand hygiene and social distancing in public, at home and at work.

Be prepared to provide information to Public Health officials about the workplace if they contact you.

If a COVID-19 positive individual was in the workplace while symptomatic or Public Health has contacted the workplace, supervisors are encouraged to communicate when this has occurred while protecting the identity of the individual, and to convey any identified cleaning protocol that was undertaken. Your ministry strategic human resource unit has resources to assist with messaging, or you can contact MyHR.

If there are further safety questions about managing the worksite and operations, please contact MyHR.

20. I supervise an employee who has developed mild symptoms, but they are not sure if it is COVID-19. They are wondering if they should come in to work or go get tested. What should I do?

Individuals who are sick should not be coming to work and potentially spreading disease to others.

Since April 23, testing guidelines have been updated to include testing any individuals with new respiratory or systemic (more generalized) symptoms compatible with COVID-19, however mild. This universal approach to testing symptomatic individuals is an important part of monitoring the impact of changing public health recommendations.

You can ask the employee if they have used the BC COVID-19 Self Assessment Tool at <https://bc.thrive.health/covid19/en>, and if not, this should be encouraged. This tool has been updated to include mild symptoms and provides advice to find the test collection centre in their area. The employee can also still contact 8-1-1 to find the nearest centre or for directions in another language.

Negative test results can be obtained by phone, text, or online at <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/test-results>.

21. What does “close contact” mean?

Individuals will be identified as a close contact by Public Health staff following evaluation of new cases and tracing contacts. Employees who have been advised they are close contacts should stay away from the workplace, follow Public Health staff’s direction and discuss work arrangements with their supervisor.

For Public Health monitoring, a close contact is defined as a person who:

- Provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment, OR
- Who lived with or otherwise had close prolonged* contact (within 2 metres) with a probable or confirmed case while the case was ill, OR
- Had direct contact with the infectious body fluids of a probable or confirmed case (e.g. was coughed on or sneezed on) while not wearing recommended personal protective equipment.

*As part of the individual risk assessment, public health will consider the duration of the contact’s exposure (e.g. a longer exposure time likely increases the risk), the case’s symptoms (coughing or severe illness likely increases exposure risk) and whether the exposure occurred in a health care setting.

22. When do I need to ask an employee for an STO2 form or doctor’s note?

In the circumstance of COVID-19 related absences, an STO2 form or certificate is not required for sick pay. Discussion between employee and supervisor can often resolve questions about prognosis.

On a temporary basis for other conditions, an STO2 may be required only for safety sensitive occupations or other essential services employees to enable the employer to meet their legislated obligations to plan and manage a safe return to work. The STO2 form permits management of clearance to safety sensitive occupations and assists managing the workforce with advice regarding prognosis. The STO2 form also provides consent for the clinical team at Occupational Health Programs to work with employees on safe and sustainable return to work programs.

If the “Physician’s Confidential Portion” of the medical certificate is provided to the supervisor, this should be forwarded to Occupational Health and Rehabilitation, BCPSA. 707 – 808 Nelson Street, Box 12183, Vancouver, BC V6Z 2H2

23. I supervise an employee who is sick with a fever and new respiratory symptoms (e.g. cough, runny nose). There is no travel history and no history of exposure to someone who was ill and travelled. What should I do?

The employee should self-isolate and not be in the workplace in order to minimize the risk of infection to others. The employee should be advised to use the BC COVID-19 Self- Assessment Tool which will provide recommendations with COVID -19 testing. The employee should be placed on sick leave unless they are able to work from home.

Ending self-isolation:

- For employees who test positive for COVID-19, public health will be involved with contact tracing, management, and advice for when to end self isolation.
- For employees who test negative for COVID-19 and have symptoms of illness, they are to continue to isolate until their symptoms resolve.

There are caveats. Returning travelers to Canada must continue to isolate for 14 days from arrival back in B.C. Close contacts of COVID-19 cases confirmed by public health must continue to self-isolate for 14 days from last contact with the case. Work settings where clients are resident may have other return to work policies.

For employees who don't have test results (declined testing, don't wish to disclose results), they can return to their routine activities, including work, once the following criteria are met:

- At least 10 days have passed since onset of symptoms; AND
- Fever has resolved without the use of fever-reducing medication; AND
- Symptoms (respiratory, gastrointestinal, and systemic) have improved.

Coughing after recovery may persist for several weeks and does not mean the individual is infectious and is not required to self-isolate. Health care providers and other employees in residential settings should check with their supervisor about different return to work procedures.

24. I supervise an employee who tells me they have been medically advised to stay home as they are sick with a communicable disease. Are they eligible for sick leave?

Yes. If an employee has been advised by a medical professional to remain at home on self- isolation or isolation because they are sick (or in hospital for treatment), they are eligible for sick leave.

25. A family member (partner, relative, child) of a worker becomes sick with an illness but has not been COVID tested yet and has not been identified by public health as a close contact. The worker lives in the same household as the family member but has no symptoms. Can the worker continue to attend work, or are they required to self isolate until the family member is tested and results are negative?

If the worker is asymptomatic, they can continue to attend work and are not required to self-isolate; the asymptomatic worker would continue with preventative health practices such as hand washing, distancing, and self-monitoring for symptoms. If the worker subsequently develops symptoms, they should not attend work, get assessed and, if necessary, tested.

If the symptomatic family member's test comes back COVID positive, Public Health will be involved and provide advice to the worker regarding self-isolation and not to attend work.

26. A family member (partner, child, relative) of a worker has been recommended to stay home for 14 days since they have been identified by Public Health as a close contact of a COVID positive case. The worker lives in the same household as the family member. Can the worker continue to attend work, or do they need to self isolate as well?

If the family member is asymptomatic and the worker is also asymptomatic, the worker can continue to attend work and does not need to self isolate. However, if the family member becomes ill, the family member will need to be medically assessed and tested since they are a close contact. While the symptomatic family member is being tested and waiting for their results, it is reasonable for the worker to also self isolate pending the outcome of the test results.

If the symptomatic family member, who is a close contact, has a positive COVID test result, Public Health will be involved in contact tracing and the asymptomatic worker will be given advice on self isolation and not to attend work. Even if the worker is asymptomatic, if they have been medically recommended to self-isolate, they must not return to the worksite for the 14-day self-isolation period. If the employee is able to work remotely, this should be explored with their supervisor.

If the symptomatic family member, who is a close contact, turns out to have a negative COVID test result, the asymptomatic worker can continue to attend work and self monitor for symptoms, but does not need to self isolate.

27. In the situation outlined in the previous question, what does this mean for co-workers? Do we need to close that workplace?

The employee is self-isolating as a precaution, is not showing symptoms and therefore the co-workers only need to continue with current COVID-19 public health recommendations for all British Columbians, such as hand hygiene, social distancing, and staying home if sick.

Routine cleaning of surfaces is advised. Workplaces do not need to close early just so that routine cleaning can be done. Most people become ill from being in close contact with someone who showed symptoms such as coughing and sneezing, therefore transmitting the virus through droplets. In the case above, the employee is not coughing or sneezing and the risk to co-workers is low.

BCCDC reports there are a few instances of disease transmission before a person is showing significant symptoms. The recommended infection control practices of physical distancing, regular hand washing and not touching ones' face protect against this type of exposure.

In terms of surfaces that may have virus on it, routine cleaning with disinfectant kills the virus. In addition, if one happened to touch a contaminated surface, washing your hands kills the virus. Not touching your face with your hands can also stop your likelihood of picking up the virus.

28. I can't work from home, but I am nervous about coming to work and being exposed to COVID-19. What can I do?

The best thing we can all do is follow the steps recommended by the Provincial Health Officer to protect ourselves and others: wash your hands regularly and thoroughly, avoid touching your face, clean surfaces, and practice physical distancing measures.

See questions in Part 1 above for more information on how this can be done in your workplace and talk to your supervisor about your concern. If you follow these recommendations and the exposure control procedures for your workplace, the risk of contracting COVID-19 even through passing documents and other items back and forth between workers or clients is low.

If you commute to work on public transit, physical distancing and hand washing are effective preventative measures.

29. I have an employee who wants to self-isolate. The employee doesn't have any COVID-19 symptoms, hasn't travelled out of Canada, and hasn't been directed by a medical professional to self-isolate. What are the options?

The workplace safety guideline appendices provide a guideline for discussing return to work with employees. An open conversation about the barrier to return to work is important. It may arise from daycare, public transit concerns, family issues or apprehension. It is recommended supervisors use a coaching approach to support employees in problem solving the situation.

See other answers in this guide to manage the situations that are identified. If you need assistance in managing issues related to self-imposed isolation, contact MyHR.

30. I have an employee who will be coming back to work after recovering from an active COVID-19 infection. That employee feels well and is not having any further symptoms. What should I do?

An ST02 or doctors note is not required.

Employees who have mild respiratory symptoms that can be managed at home can return to their routine activities, including work, once the following criteria are met:

- At least 10 days have passed since onset of symptoms; AND
- Fever has resolved without use of fever-reducing medication; AND
- Symptoms (respiratory, gastrointestinal, and systemic) have improved.

Coughing may persist for several weeks and does not mean the individual is infectious and must self isolate.

Health care workers (nurses, doctors, care aides) and employees working in group living settings who recovered from COVID-19 infection may require specialized direction for return to work.

31. I supervise an auxiliary employee who was required to self-isolate. Are they eligible for weekly indemnity benefits?

Yes, all auxiliary employees are eligible for weekly indemnity benefits up to a maximum of 15 weeks under the same circumstances as an employee eligible for COVID-19 related STIIP. This is the case for COVID-19 related absences even if the auxiliary employee has not accumulated 400 hours of auxiliary seniority or has lost their auxiliary seniority.

In addition, auxiliary employees will not have the one-week benefit waiting period for COVID-19 related absences. This means that employees are eligible for weekly indemnity benefits immediately and will receive the benefit as quickly as possible.

32. When an employee tells their supervisor that they have been exposed to COVID-19 and they have no symptoms, does that employee need to self-isolate?

It is important to understand how the employee knows the source is a confirmed COVID-19 case. Cases can only be defined by a positive COVID-19 swab test or determined by a health care professional based on the pattern of symptoms, exposure history, and severity of illness.

Low risk exposures to a confirmed COVID-19 case include walking by the person, or briefly being in the same room. No precautions are recommended. Exposures that are not close contacts (see above) are recommended to self-monitor daily. Instructions on self-monitoring are available from the BC Center for Disease Control <http://www.bccdc.ca/Health-Info-Site/Documents/Self-monitoring.pdf>. The person would only self-isolate and contact Public Health if they become symptomatic. Close contacts to an established COVID-19 case will be asked by Public Health to self-isolate and self-monitor daily.

If this arises while the employee is in the workplace, seat them alone in a board room or away from others while you contact MyHR for advice.

33. I have an employee who attended a public event where another attendee was subsequently confirmed as having COVID-19 infection with testing. Should my employee be required to self-isolate and do other staff in the same work location need to take any precautions?

No. If the employee does not have symptoms, they do not need to self-isolate. The employee can self monitor for symptoms for 14 days. Staff in the same work location as the employee do not need any additional precautions. As usual, hand washing, not touching faces, cleaning of commonly touched surfaces, cough/sneeze etiquette, and staying home if one is sick should be promoted at every opportunity.

The exception is when the public event is part of an investigation of a cluster or outbreak lead by public health and if there is a medical recommendation for all attendees to self-isolate. Public health officials will be involved with COVID-19 positive case management and contact tracing.

Part 3: Employee Exposure Related to Travel

34. With current public health orders and direction, can employees undertake work-related travel?

Effective November 19, 2020, the Provincial Health Officer directed that non-essential travel within B.C. should be limited. As a result, virtual meeting options should be used in place of travel wherever possible, and only essential work-related travel is permitted.

The Provincial Health Officer also still recommends B.C. residents avoid all non-essential travel outside Canada. If an employee travels anywhere outside Canada, they must self-isolate for 14 days upon return to Canada. Effective March 30, 2020, the federal government also ordered that no one with symptoms related to COVID-19 will be allowed to board domestic flights or rail transportation.

Employees who choose to take personal international travel unrelated to work after August 5, 2020 will not be eligible for STIIP or Weekly Indemnity Benefits for their self-isolation period.

35. My domestic partner, spouse or family returned from travel outside of Canada on or after March 12, 2020 and they do not have any symptoms. Do I need to self-isolate for 14 days if I have not travelled myself?

No, the self-isolation order after travel is designed to stop the potential spread of COVID-19 should a returning traveler have had an exposure from abroad. Employees that have not travelled can continue to participate in the workplace and as usual should self-monitor for the development of COVID-19 symptoms.

If the partner, spouse or family member then develops illness within the 14 days of self-isolation, the employee should leave the workplace and contact their supervisor. If operationally feasible, modified work can be offered otherwise the employee will be placed on sick leave for a 14-day self-isolation period. Public health officials will have further advice for family members and the employee.

36. An employee refuses to comply with the PHO/Federal Minister of Health [order](#) to self-isolate for 14 days following travel. They insist they can return to the workplace. How do I advise them?

On March 25th, 2020, an [Emergency Order](#) under the Quarantine Act was implemented that requires any person entering Canada by air, sea or land to quarantine (self-isolate) themselves for 14 days whether or not they have symptoms of COVID-19.

Employees are expected to comply with this order and will not be permitted to return to work until the 14 days have elapsed. During this time, they can work from home or access sick leave. Contact MyHR if you have questions about the application of the order to employees who are essential workers.

In accordance with the federal Minister of Health's Emergency Order under the Quarantine Act, employees returning from outside Canada, including the United States, must self-isolate for 14 days to observe for any developing symptoms in order to help prevent the spread of the disease. If

the employee becomes ill during isolation, they should contact 811 or their health care provider to manage their symptoms and describe their travel history.

They can also contact Public Health in their local health region. The employee should inform the supervisor if they are going to be absent more than 14 calendar days and in advance of any return to work.

37. I have an employee entering self-isolation following return from travel, or who was medically recommended to self-isolate for 14 days due to possible COVID-19 exposure. What options can the employer offer?

For employees returning from international travel, if you are satisfied your employee can effectively work from home, you should authorize this arrangement.

If the employee is returning from international travel that commenced before August 5, 2020 and cannot work from home, the employee is eligible for STIIP or Weekly Indemnity Benefits.

If the employee is returning from international travel commenced after August 5, 2020, 2020 and cannot work from home, they are not eligible for STIIP or Weekly Indemnity Benefits and must take applicable leave.

If the employee was medically recommended to self-isolate for 14 days due to possible COVID-19 exposure, and they cannot work from home, you should put the employee under STIIP (Short Term Illness and Injury Plan) for the duration of the self-isolation.