



WHISTLER

RMOW COVID 19 Exposure Control Plan

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HEALTH HAZARDS OF COVID 19

COVID 19 is a new coronavirus that causes diseases ranging from the common cold to more severe respiratory illnesses. COVID-19 has been declared a global pandemic and public health emergency.

Older people (over the age of 60) and those with a weakened immune system or underlying medical conditions are considered at higher risk of severe illness.

SYMPTOMS

Symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. They include coughing, sneezing, fever greater than 38 degrees Celsius, sore throat, difficulty breathing, vomiting and diarrhea.

People infected with COVID-19 may experience little or no symptoms with illness ranging from mild to severe.

TRANSMISSION

Public Health experts advise that the disease is spread through droplet transmission when large infected droplets contact surfaces of the eye, nose or mouth. The BC Centre for Disease Control advises that 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. When droplets fall on surfaces or objects, people can catch COVID-19 by touching contaminated surfaces or objects, then touching their eyes, nose or mouth.

The incubation period is one to 14 days. COVID-19 is contagious for 10 days after the initial onset of symptoms.

Exposure to the virus may occur in a variety of ways, including the following:

- Shaking hands with an infected person or touching a surface contaminated with the virus, followed by touching one's eyes, nose, or mouth.
- Infectious droplets from a coughing or sneezing person landing in the eye or onto the moist inner surfaces of the 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

The RMOW is committed to providing a safe and healthy workplace for all of our staff. A combination of control measures will be utilized to mitigate the risk of exposure and potential spread of the virus to employees. Our work procedures will protect RMOW employees, contractors and public when it is deemed appropriate to enter our facilities. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to COVID-19.

RESPONSIBILITIES

Employer Responsibilities

The RMOW will:

- Ensure that materials (for example, gloves, alcohol-based hand rubs, and washing facilities) and other resources such as worker training materials required

to implement and maintain the plan are readily available where and when they are required.

- Select, implement and document the appropriate site-specific control measures
- Ensure that supervisors and workers are educated and trained to an acceptable level of competency
- Conduct a periodic review of the plan's effectiveness. This includes a review of the available control technologies to ensure that these are selected and used when practical
- Ensure that workers are provided with and properly use all required Personal Protective Equipment (PPE).
- Maintain records of safety inspections and worker training.
- Ensure that a copy of this exposure control plan is available to all workers
- Close facilities or limit services to the public if warranted.

Supervisor responsibilities

Our supervisors will:

- Ensure that workers are adequately instructed on the specific controls for the hazards at the location (including hand washing stations and disinfecting supplies).
- Ensure that workers use appropriate personal protective equipment for example, gloves and eye protection.
- Ensure that where required, workers use proper respirators, for which they have been fit tested, and the results are recorded.
- Direct work in a manner that eliminates or minimizes the risk to workers.
- Send workers home if they are ill.

Worker Responsibilities

Our workers will:

- Know and understand the hazards of the workplace.
- Follow all established safe work procedures as directed by the employer or supervisor.
- Use and care for required PPE as instructed.
- Report any unsafe conditions or acts to the supervisor.
- Know how and when to report exposure incidents.
- Immediately contact their supervisor if a worker begins to feel ill at work, then leave work and follow health agency guidelines around self-isolation until symptoms resolve.

Contractor Responsibilities:

- Follow the requirements outlined in this exposure control plan.

RISK IDENTIFICATION AND ASSESSMENT

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

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. First Aid Attendants or Fire Department first responders could be exposed by direct contact.

Indirect contact involves a worker touching a contaminated intermediate object such as a table, doorknob, telephone, or a computer keyboard, and then touching the eyes, nose, or mouth. The virus can spread across multiple surfaces by touching one contaminated surface, then subsequently touching other surfaces. Contact transmission is important to consider because viruses can persist for minutes on hands and hours on surfaces.

Droplet transmission

Large liquid 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 (leading to indirect contact transmission), or in the eyes, nose, or mouth.

As the distance from the person coughing or sneezing increases, the risk of infection from droplet exposure is reduced. It can still be a concern in smaller, enclosed areas, especially where there is limited ventilation.

Airborne transmission

Airborne (inhalable) particles can 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.

The BC Centre of Disease Control states that the virus is transmitted by droplet transmission.

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 of workplace exposure to COVID-19 to our workers. See Appendix A for the level of risk and risk controls in place for these workers.

Table 01: Risk assessment for COVID-19

	Low Risk	Moderate risk	High risk
	Workers who typically do not have close contact with people infected with COVID-19	Workers who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces	Workers who may have close contact with infected patients or with infected people in small, poorly ventilated workspaces
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, unless handling contaminated objects on a regular basis	Yes- in some cases, such as when working directly with COVID-19 infected individuals
Aprons, gowns, or similar body protection	Not required	Not required	Yes- in some cases, such as when working directly with COVID-19 patients
Eye protection – goggles or face shield	Not required	Not required	Yes- in some cases, such as when working directly with COVID-19 patients
Airway protection – respirators	Not required	Not required unless likely to be exposed to coughing and sneezing	Yes- N95 respirator or equivalent that covers the mouth and nose

RISK CONTROLS

The WorkSafeBC Regulation requires us to implement infectious disease controls in the following order of preference that adheres to the hierarchy of controls (in descending order of effectiveness):

1. **Elimination**
2. **Engineering controls**
3. **Administrative controls**
4. **Personal Protective Equipment (PPE)**

1. **Eliminating** face-to-face contact is the preferred control because it eliminates the hazard to the worker. This includes closing facilities and reception counters, having employees work remotely from home where possible, prohibiting workers to report to work if they are ill, and moving meetings to video or teleconference. Services that were offered at guest counters will be adjusted to offer electronic assistance. Financial transactions will be adjusted to electronic means rather than cash or cheque at the municipal counter.
2. Where elimination is not possible, **engineering** controls will be implemented to create a physical barrier between the worker and the hazard. Examples include mail drop boxes and working from inside an enclosure when receiving bill payments in the finance department or selling passes at parks and recreation facilities. Engineering controls will not prevent all exposure so Administrative and/or PPE controls will also be required.
3. **Administrative** controls involve the creation of Safe Work Procedures (SWPs) and **Safe Work Guidelines** that are introduced to mitigate the risk of hazard exposure to the worker. Examples include reconfiguring work stations to adhere to distancing guidelines, staggering start times, daily cleaning of workstations and commonly touched work surfaces, hand washing and cough/sneeze etiquette, and limiting the number of workers per vehicle. RMOW COVID-19 Safe Work Procedures and **Safe Work Guidelines** are saved on SharePoint and emailed to Supervisors and Managers by Human Resources Health & Safety.
4. **Personal Protective Equipment (PPE)** is the final line of defence and is often presented in conjunction with Administrative controls. PPE offers a personal barrier between the worker and the hazard. Examples include using gloves, the wearing of respirator masks, coveralls/turnout gear, goggles and/or face shields. PPE will be allocated to departments by the Emergency Operations Centre

Logistics or Central Services when part of the regular supply chain and comply with health agency recommendations.

ELIMINATION

Physical distancing

Worker are to distance themselves 2 metres (six feet) from other people to reduce the risk of exposure to droplets. The RMOW will implement work from home protocols, stagger start and end times, reconfigure the workplace layout, establish occupancy limits in common work areas and limit in-person meetings to realize physical distancing. If in-person meetings cannot be avoided, workers will conduct them in well-ventilated spaces, preferably outdoors that allow for distancing. If essential work tasks do not allow for distancing, supervisors will review safe work procedures including hazard controls to mitigate the risk and duration of hazard exposure.

Workers who fall into the higher risk category (over the age of 60, weakened immune systems or underlying medical conditions) will not be assigned to work where physical distancing cannot be maintained.

A worker who observes another worker, or workers not abiding by the physical distancing requirements will remind the worker(s) of the protocol and will report it to a supervisor.

ENGINEERING CONTROLS

Engineering controls will be introduced in situations where workers must interact with customers and distancing requirements cannot be realized also in work situations where workers cannot physically distance themselves from one another and the task allows for a physical barrier. COVID-19 Safe Work Procedures or Guidelines will outline where engineering controls are introduced.

ADMINISTRATIVE CONTROLS

Hand Washing

Hand washing is one of the best ways to prevent 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 often with soap and water for a minimum of 20 seconds. Wash them immediately:

- Upon entering and before leaving work,
- After using the washroom,

- Before eating and drinking,
- After handling materials that may be contaminated **such as high contact surfaces or equipment**
- Before you touch your face

How to wash your hands:

1. **Wet** your hands with running water (warm or cold)
2. **Apply** soap
3. **Lather and scrub** your hands with soap, covering all surfaces including the palm and backs of your hands, between your fingers, and under your nails for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel.
6. **Use** a towel to turn off the tap.

If water is unavailable, use an alcohol based hand rubs (ABHR) that has at least 60% alcohol. If your hands are visibly soiled, use a wipe first, then ABHR to effectively clean them. Follow the manufacturer's instructions on how to use the cleanser.

The BC CDC poster for handwashing and use of hand rubs will be posted in staff washrooms as guidance for staff: **Hand Hygiene**

- **Avoid touching your eyes, nose and mouth with unwashed hands.**

Cough/Sneeze Etiquette

Our workers are expected to follow cough/sneeze etiquette, which is a combination of measures that minimizes the transmission of diseases via droplet routes. Cough/sneeze etiquette includes the following components:

- Turn away from others and cover your mouth and nose with a sleeve or tissue when coughing or sneezing
- Use tissues to contain secretions, and dispose of them promptly in a sealed waste container
- Wash hands regularly with soap and water for a minimum of 20 seconds

Enhanced cleaning and disinfection

Daily disinfection rounds are done by cleaners of commonly touched surfaces at Municipal Hall, the Public Safety Building, the Public Works Yard and the Whistler Public Library.

Workers will be asked to disinfect their workspaces at the beginning and end of their shift and will adhere to the corresponding Safe Work Procedure.

Worker training

Our workers will receive training and orientation to the following:

- The risk of exposure to COVID-19, and the signs and symptoms of the disease
- Safe work procedures to be followed, including hand washing, cough/sneeze etiquette, physical distancing,
- Location of washing facilities, including dispensing stations for alcohol-based hand rubs,
- Enhanced cleaning procedures,
- Proper use of masks and respirators,
- How to report an exposure to, or symptoms of, COVID-19.

If workers have concerns, they may discuss them with the manager, supervisor, their Joint Occupational Health & Safety Committee representative or the HR Health & Safety Advisor.

PERSONAL PROTECTIVE EQUIPMENT

Use of masks

A 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 by the person wearing the mask. Masks help minimize the spread of potentially infectious material from the infected wearer to other people. Face masks have been recommended for essential health services workers only. If a worker chooses to use a facial masks, they are responsible for supplying their own, for proper disposal or frequent cleaning of them, dependent on which type they chose to utilize. Information for the care and disposal of facial masks can be found on the BC Centre for Disease Control website.

Use of particulate respirator

A particulate respirator (e.g. N95) is worn by first responders for infection prevention or maintenance workers on ventilation or sewage systems for protection from particulate matter.

Using masks or respirators for infection prevention should be combined with other preventative measures such as frequent hand washing and physical distancing. In order for the mask or respirator to be effective, the wearer should avoid adjusting it after it has been donned.

Some essential jobs will require workers to perform specific tasks in close proximity to other workers. Workers will wear a respirator when performing these tasks because they cannot distance themselves from the each other.

Use of half masks

A half mask respirator offers protection from particulate matter including biological agents. Workers who have been fitted for half mask respirators and fit tested may wear a half mask in place of a particulate respirator for infection prevention when working in close proximity to each other.

Nitrile gloves

Gloves will be provided for work tasks that require handling items that have not been disinfected. While gloves may provide protection for hands, they do not prevent the transfer of COVID-19 to other surfaces. Hand washing is required after removing gloves.

HEALTH MONITORING

Workers will monitor their health and not come in to work if they are displaying symptoms of COVID-19. This includes workers who fall into these categories:

- Anyone with COVID-19-like symptoms such as a sore throat, fever, sneezing, or coughing.
- Workers who have travelled internationally. In these cases, they must remain away from the workplace and self-isolate for at least 14 days.
- Workers who live in the same household as a confirmed or clinical COVID-19 case who is self-isolating.
- Workers who live in the same household as someone who has travelled internationally within the last 14 days.

Symptoms of COVID-19 may include:

- Fever over 38 degrees Celsius
- Cough
- Sneezing
- Fatigue
- Sore throat
- Difficulty breathing
- Runny nose

- Vomiting

Exposure may occur by inhaling infected droplets generated by sneezing/coughing, touching contaminated surfaces then touching the face and close contact with an infected person.

ILL WORKER

If workers are ill, they must report their illness to their supervisor or manager and stay at home.

If a worker develops COVID-19-like symptoms such as a sore throat, fever, sneezing, or coughing while at work, they are to isolate from other workers, contact their supervisor immediately and leave the workplace. Upon returning home, workers will be asked to either use the BCCOVID-19 Symptom Self-Assessment Tool, <https://bc.thrive.health/>, or App, contact 8-1-1 or their family doctor by phone. The worker may be instructed to be tested for COVID-19. The worker will report to their supervisor the direction they are being given to manage their illness.

When worker are instructed to self-isolate or self-monitor, they are asked to follow the BC Centre of Disease Control's recommendations for self-isolation and self-monitoring as outlined here:

- For self-monitoring, see [BCCDC How to self-monitor](#).
- For self-isolation, refer to the BCCDC [Self-Isolation webpage](#).
- For daily self-monitoring, use the [BCCDC Daily Self-Monitoring Form for Contacts of a Case of COVID-19](#).

Workers who live in the same household as someone who is suspected or confirmed COVID-19 ill and is self-isolating are not permitted to come into work until the period of self-isolation concludes.

Workers who experienced respiratory illness are only permitted to return to the workplace if they are feeling better after 10 days following the onset of symptoms AND if they have not had a fever for 72 hours, whichever is later.

PRESUMED COVID-19 CASE AT WORK

If an employee is suspected or tests positive for COVID-19 case, the following steps will be taken:

- If the worker is on site, send them home to recover. Advise them to call 8-1-1 for direction.

- Notify Human Resources with the name and contact information of the employee.
- Close off the work area(s) that the worker used. Open windows, if possible to increase air circulation. If human secretion occurred (for example vomiting), a deep clean will be conducted by facility cleaners.
- Ensure the work station(s) and equipment **or tools** the employee had contact with is disinfected including all common areas and shared equipment.
- Identify staff who would have had close contact (within 2 metres) with the employee. Provide their names and contact information to Human Resources. They will be required to self-isolate for **14 days from the close contact** and monitor for symptoms. See: BCCDC [Self-Isolation webpage](#).
- Identify staff who would have had contact from a distance with the employee. Provide their names and contact information to Human Resources. They will be instructed to monitor for symptoms for 14 days and take their temperature twice a day. They will be assigned to remote or work that is distanced from other employees and will not share any equipment. See: [BCCDC How to self-monitor](#).
- When an employee falls ill and is suspected or confirmed with COVID-19, their personal and medical information will be kept confidential. Staff who are notified will not be told who it is that fell ill, rather what actions they need to take.

Returning to work post-illness

An employee will be permitted to return to work when advised by a medical professional or 10 days after the onset of symptoms AND if they have not had a fever for 72 hours, whichever is later. The BC CDC states that coughing may persist for several weeks, so coughing alone does not mean that the employee cannot return to work.

RECORD KEEPING

Individual RMOW departments will use one or both of the acknowledgement sign off sheet from Appendix B as record of instruction and training provided to staff regarding this Exposure Control Plan. Departments will also keep records of RMOW pandemic safe work procedures training in their respective COVID-19 folders. These will be made available to Human Resources Health & Safety upon request.

Managers and Supervisors will track information pertinent to the dates and locations where their on-site employees are working. This information will be submitted to Human Resources at the end of each pay period. Should an employee fall ill, Human Resources will be equipped with information to confirm and contact employees who the employee may have had contact with while on site. The tracking template is available on SharePoint, in the Human Resources Health & Safety, [COVID-19 folder](#).

Exposure reports and incident investigations will be managed by Human Resources Health & Safety.

PROGRAM REVIEW

The RMOW will review this exposure control plan annually, and also on a needs basis as changes to health agency recommendations, WorkSafeBC requirements or increased exposure potential occurs. Reviews will be in consultation with the joint health and safety committees and management and will include:

- Exposure control plan content
- Hazard control measures (new and existing)
- Employee instruction/training
- Hazard exposure &/or illness trends

APPENDIX A:

TABLE 02: RISK CHART FOR COVID-19

POSITION	LEVEL OF RISK	CONTROL PROCEDURES
Administration staff- Municipal Hall, Public Safety Building, REX trailer, Recreation, Resort Operations, Whistler Public Library facilities	Low	Working remotely; Working on-site: hand hygiene, physical distancing, disinfecting workstations/equipment at start and end of shift, and common use areas, holding mail 24 hrs prior to distributing
Children's program leaders (Kids on the Go)	Low	Hand hygiene, disinfecting common use areas, disinfecting vehicles prior to and after use
Front line staff - Municipal Hall, Public Safety Building, Recreation, Resort Operations, Whistler Public Library facilities	Moderate	Hand hygiene, physical distancing, disinfecting workstations/equipment at start and end of shift, and common use areas
Firefighter/First Responder	High	Regular and effective hand hygiene, disposable gloves, turnout gear, goggles and/or face shield, N95 respirator
Infrastructure Services employees who have contact with sewage	Moderate	Hand hygiene, disposable gloves, raingear or disposable coveralls, rubber boots, protective eyewear, N95 respirator or equivalent with P100 cartridges, disinfecting vehicles prior to and after use
PWY Operations staff, MPSC maintenance staff, Building Inspectors, Engineering staff visiting sites	Moderate	Regular and effective hand hygiene, physical distancing, disinfecting workstations/equipment at start and end of shift, and common use areas, disinfecting vehicles prior to and after use

APPENDIX B

RMOW COVID-19 Exposure Control Plan Acknowledgement by supervisor

Supervisors &/or Managers are responsible for training all staff who are working remotely and/or on-site to this Exposure Control Plan during the pandemic. The supervisor/manager acknowledges that they have made available and reviewed this document with staff, who agree to follow safety requirements and procedures outlined herein.

Supervisor/Manager Name: _____

Date: _____

Employee last name	Employee first name	Date reviewed

RMOW COVID-19 Exposure Control Plan Employee Acknowledgement

I acknowledge that my Supervisors &/or Managers made available and reviewed this document with me. I agree to follow safety requirements and procedures outlined herein.

Employee name (written): _____

Employee Signature: _____

Date: _____

RMOW Pandemic Safe Work Procedure Acknowledgement by supervisor

Supervisors &/or Managers are responsible for training all staff who are working remotely and/or on-site to the RMOW Pandemic Safe work procedures. The supervisor/manager acknowledges that they have made available and reviewed the Safe work procedure(s) listed with staff, who agree to follow safety requirements and procedures outlined therein.

RMOW Pandemic Safe Work Procedure:

Supervisor/Manager Name: _____ Date: _____

Supervisor/Manager signature: _____

Employee last name	Employee first name	Date reviewed

RMOW Pandemic Safe Work Procedure Employee Acknowledgement

I acknowledge that my Supervisors &/or Managers made available and reviewed the following RMOW Pandemic Safe Work Procedure(s) with me. I agree to follow safety requirements and procedures outlined therein.

RMOW Pandemic Safe Work Procedure(s):

Employee name (written):

Employee Signature:

Date:
