Employers resuming operations following work interruptions related to COVID-19 must develop a COVID-19 Safety Plan. To develop your plan, follow the six-step process described at COVID-19 and return to safe operation.

This planning tool will guide you through the six-step process. Each step has checklists with items you need to address before resuming operations. You may use this document, or another document that meets your needs, to document your COVID-19 Safety Plan.

WorkSafeBC will not be reviewing or approving the plans of individual employers, but in accordance with the order of the **Provincial Health Officer**, this plan must be posted at the worksite.

Step 1: Assess the risks at your workplace The virus that causes COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes. It can also spread if you touch a contaminated surface and then touch your face.

The risk of person-to-person transmission increases the closer you come to other people, the more time you spend near them, and the more people you come near.

The risk of surface transmission increases when many people contact the same surface and when those contacts happen over short periods of time.

Involve workers when assessing your workplace

Identify areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together workers are and the longer they are close to each other, the greater the risk.

- □ We have involved frontline workers, supervisors, and the joint health and safety committee (or worker health and safety representative, if applicable).
- We have identified areas where people gather, such as break rooms, production lines, and meeting rooms.
- We have identified job tasks and processes where workers are close to one another or members of the public. This can occur in your workplace, in worker vehicles, or at other work locations (if your workers travel offsite as part of their jobs).
- U We have identified the tools, machinery, and equipment that workers share while working.
- We have identified surfaces that people touch often, such as doorknobs, elevator buttons, and light switches.

Step 2: Implement protocols to reduce the risks Select and implement protocols to minimize the risks of transmission. Look to the following for information, input, and guidance:

Review **industry-specific protocols** on worksafebc.com to determine whether any are relevant to your industry. Guidance for additional sectors will be posted as they become available. If protocols are developed specific to your sector, implement these to the extent that they are applicable to the risks at your workplace. You may need to identify and implement additional protocols if the posted protocols don't address all the risks to your workers.

Frontline workers, supervisors, and the joint health and safety committee (or worker representative).

Orders, guidance, and notices issued by the provincial health officer and relevant to your industry.

Your health and safety association or other professional and industry associations.

Reduce the risk of person-to-person transmission

To reduce the risk of the virus spreading through droplets in the air, implement protocols to protect against your identified risks. Different protocols offer different levels of protection. Wherever possible, use the protocol that offers the highest level of protection. Consider second, third, or fourth levels if the first level isn't practicable. You might need to use more than one level of protection to deal with a risk — for example, physical distancing and masks.

First level protection (elimination): Use policies and procedures to limit the number of people in your workplace at any one time. Implement protocols to keep workers at least 2 metres (6 feet) from co- workers, customers, and others.

Second level protection (engineering controls): If you can't always maintain physical distancing, install barriers such as plexiglass to separate people.

Third level protection (administrative controls): Establish rules and guidelines, such as cleaning protocols, telling workers to not share tools, or implementing one-way doors or walkways.

Fourth level protection (PPE): If the first three levels of protection aren't enough to control the risks, have workers and customers use personal protective equipment (PPE) such as masks. PPE should not be used as the only control measure. It should only be used in combination with other measures.

First level protection (elimination): Limit the number of people at the workplace and ensure physical distance whenever possible

- We have established and posted an occupancy limit for our premises. Public Health has advised that the prohibition on gatherings of greater than 50 people refers to "one-time or episodic events" (weddings, public gatherings), and is therefore not intended to apply to workplaces. However, limiting the number of people in a workplace is an important way to ensure physical distancing is maintained. [Public Health has developed guidance for the retail food and grocery store sector that requires at least 5 square metres of unencumbered floor space per person (workers and customers). This allows for variation depending on the size of the facility, and may be a sensible approach for determining maximum capacity for employers from other sectors that do not have specific guidance on capacity from Public Health.]
- In order to reduce the number of people at the worksite, we have considered work-from-home arrangements, virtual meetings, rescheduling work tasks, and limiting the number of customers and visitors in the workplace.
- We have established and posted occupancy limits for common areas such as break rooms, meeting rooms, change rooms, washrooms, and elevators.
- □ We have implemented measures to keep workers and others at least 2 metres apart, wherever possible. Options include revising work schedules and reorganizing work tasks.

Measures in place:

List your control measures for maintaining physical distance in your workplace, for example: - Working offsite or remotely - Changes to work schedules - Changes to how tasks are done - Occupancy limits for workers - Limiting or prohibiting visitors - Reducing the number of customers If this information is in another document, identify that document here.

As Registered Massage Therapists, our measures include safety implementations during Covid-19 as recommended by the Registered Massage Therapy Association of BC and the College of Massage Therapists of BC and as directed by the BC Ministry of Health. They have been adapted into our Covid-19 Safety Plan as follows:

LEVEL ONE - Elimination during client care

 Only 2 RMT's will be working during the same hours, with their client's appointments staggered 30 minutes apart.

- Clients will be met at the clinic gate / front door by an RMT and let in at the appointment time only.

- No waiting inside is allowed.

- Longer breaks will be required between clients for infection control measures.

- There is a less touch environment with individual client use items and emailed receipts.

 Clients and RMT's will be wearing surgical masks, in addition, RMT's will be wearing an apron and eye protection.

- No other occupants or visitors are permitted in the clinic during office hours.

- Occupancy limits are posted for reception / common area and lunch room / laundry area.

Second level protection (engineering): Barriers and partitions

- We have installed barriers where workers can't keep physically distant from co-workers, customers, or others.
- U We have included barrier cleaning in our cleaning protocols.
- □ We have installed the barriers so they don't introduce other risks to workers (e.g., barriers installed inside a vehicle don't affect the safe operation of the vehicle).

Measures in place:

Describe how barriers or partitions will be used in your workplace. If this information is in another document, identify that document here.

LEVEL TWO - Barriers during client care

- Clients will remain outside of the locked gate / door until their appointment time.

- RMT's will be wearing a face shield during any client care that does not maintain a 2 metre distance.

 There will be an extra barrier of drape around the head rest of the treatment table for droplet control that is changed and laundered after each treatment.

- The area underneath the table at the headrest is disinfected after each use, including the floor.

 In reception we have a large desk that serves as a barrier to create the minimum 2 metre distance between the client and RMT.

- The floor will be marked to indicate where the client remains to maintain the recommended safe distance.

Third level protection (administrative): Rules and guidelines

- □ We have identified rules and guidelines for how workers should conduct themselves.
- We have clearly communicated these rules and guidelines to workers through a combination of training and signage.

Measures in place:

List the rules and guidelines that everyone in the workplace has to follow to reduce the risk of airborne transmission. This could include things like using one-way doors or walkways, using single-use (disposable) products, and wiping down equipment after use. Consider creating pods of workers who work together exclusively to minimize the risk of broad transmission throughout the workplace. If this information is in another document, identify that document here.

LEVEL THREE - Guidelines/Procedure for client care

Prior to booking appointments, clients will be directed to access information on our clinic website where they will read
 Covid-19 Safety guidelines and procedures as outlined below.

 Prior to booking appointments, clients will agree to provide their signature after reading information on risks associated with treatment during Covid-19. Once agreement to follow the clinic safety guidelines / procedure and consent for risks of treatment during Covid -19 are obtained, an appointment will be booked.

 In addition to these agreements, Covid-19 Symptoms screening will be done upon appointment reminder, upon entry to the clinic as well as upon entry to the treatment room.

- For RMT's there will also be a Daily Covid-19 check-in for symptoms prior to working.

 RMT's will not be coming to work if they are experiencing any symptoms of Covid-19 to follow through with medical and public health directives.

 During any of the 3 client screenings for Covid-19 symptoms, appointments may be cancelled and rescheduled as per the RMT's discretion.

 Clients who need to cancel appointments due to symptoms of Covid-19 will be able to reschedule once a period of self-isolation is determined to be over and clinic pre-screening has been completed within safety recommendations.

- The RMT and the client will have 1:1 contact throughout the entire visit to the clinic, no other RMT / client will be in the same area at the same time.

- Upon entry to the clinic, clients will be required to perform hand hygiene, either by using hand sanitizer provided or by washing their hands with soap and water. The client is then required to don a surgical mask provided. Clients will be instructed on how to don surgical masks effectively with guidance from their RMT and the procedure poster in reception.

Clients will have individual bins that contain clean linens used for their treatment and a sanitized clipboard and Pen.
 The pen is for their use only and can be used to sign documents, and use the POS machine for payment.

 Receipts will be emailed following the treatment, or a paper copy can be requested and less touch techniques will be applied using hand hygiene as necessary.

 All client's personal items will be stored in their bin during treatment. After treatment all table linens / items that have been used will be removed from the treatment room using this bin and placed directly into the washer or disinfected including the bin.

- During treatment, clients will have access to hand sanitizer and tissues as needed in the treatment rooms.

- All surfaces touched or come into close contact with the client and / or RMT during the treatment will be disinfected after each client- ie: door handles, oil bottles / tools, table surface, table handles, floor and metal components of the table underneath the head rest, light switches, client chair, washroom surfaces, etc. as assessed and required for disinfection by the RMT.

- Upon leaving the treatment room the client will continue to wear their surgical mask while in the clinic.

 When leaving reception, the RMT will provide guidance for safe removal of the surgical mask and have the client perform hand hygiene.

- There will be posters made and training done as required for the following:

*Covid-19 Screening for Symptoms

*Covid-19 Safety sign for the front door

*Hand hygiene for reception / washroom

*Donning and doffing PPE correctly for clients and RMT's

*Occupancy limits for reception and lunch/laundry room

*Laundry procedure

Fourth level protection: Using masks (optional measure in addition to other control measures)

- We have reviewed the information on selecting and using masks and instructions on how to use a mask.
- □ We understand the limitations of masks and other PPE. We understand that PPE should only be used in combination with other control measures.
- □ We have trained workers to use PPE properly, following manufacturers' instructions for use and disposal.

Measures in place:

Who will use PPE such as masks? What work tasks will require the use of masks? If this information is in another document, identify that document here.

LEVEL FOUR: Personal Protective Equipment (PPE)

 The client and the RMT will be required to wear a surgical mask for the entire duration of the treatment, this begins upon entry and continues until leaving the clinic.

- Clients will be guided to don and doff their mask effectively by an RMT and by using the poster in reception.

- In addition to surgical masks, the RMT's will be wearing eye protection and an apron.

 Procedures to don and doff PPE without contamination will be taught to all RMT's, there will also be a poster as a reminder in the lunchroom.

Reduce the risk of surface transmission through effective cleaning and hygiene practices

- □ We have reviewed the information on cleaning and disinfecting surfaces.
- Our workplace has enough handwashing facilities on site for all our workers. Handwashing locations are visible and easily accessed.
- □ We have policies that specify when workers must wash their hands and we have communicated good hygiene practices to workers. Frequent handwashing and good hygiene practices are essential to reduce the spread of the virus. [Handwashing and Cover coughs and sneezes posters are available at worksafebc.com.]
- □ We have implemented cleaning protocols for all common areas and surfaces e.g., washrooms, tools, equipment, vehicle interiors, shared tables, desks, light switches, and door handles. This includes the frequency that these items must be cleaned (number of times per day) as well as the timing (before and after shift, after lunch, after use).
- Workers who are cleaning have adequate training and materials.
- □ We have removed unnecessary tools and equipment to simplify the cleaning process e.g., coffee makers and shared utensils and plates

Cleaning protocols:

Provide information about your cleaning plan. Specify who is responsible for cleaning, the cleaning schedule, and what the cleaning protocols will include (e.g., which surfaces, tools, equipment, and machines). If this information is in another document, identify that document here.

- A hand hygiene technique poster will be made available in the washroom and at the front entrance.

- Hand hygiene will start upon entry to the clinic for the client and the RMT.

 Hand hygiene will be required prior / post contact with shared surfaces and immediately prior / post contact with the client.

 All products, including hand sanitizer and disinfectant used on the table and all other hard surfaces in the clinic, have been approved by Health Canada for use during Covid-19 and are used / stored according to the manufacturer's instructions.

- RMT's providing treatment will be responsible for disinfecting the surfaces between clients, after lunch, and at close.

- All cleaning products used will have a manufacturer's safety data sheet and DIN available in the lunchroom.

- All close contact and surfaces touched by the client and / or the RMT during the treatment will be disinfected after each client, ie: door handles, oil bottles/tools, table surface, table handles, floor and metal components of the table underneath the head rest, light switches, client chair, and high touch washroom surfaces, etc. will be assessed for cleaning as required by the treating RMT.

- Deeper cleaning of the washroom and the shared desk items will happen at lunch break and at the close of the clinic. This will include the toilet bowl, sink, and any desk items that were used prior to the break. This schedule will be posted in the lunchroom and initialled as completed.

- Deeper cleaning of the clinic at close will include: removing all the garbage and replacing the liners, disinfecting all desk items and surfaces, all floors, bins and cabinets used or touched, all common door handles and light switches, the lunch/computer desk, etc. as assessed and required for cleaning by the closing RMT. This schedule will be posted in the lunch room and initialled to show completion.

- The laundry is done regularly throughout the day by an RMT and will require use of PPE - eye protection, apron and mask. Any lined laundry bins will be emptied using the liner and by keeping the lid partially closed to reduce airborne particles. Any individual client bins will be emptied following these same principles to reduce airborne particles. All surfaces in the laundry room are to be disinfected at days end. Hand hygiene is to follow immediately after handling of dirty linens.

 The clinic will have a dedicated room with a closed door for clean laundry storage and preparation of the client's individual bins.

-RMT's will have dedicated closed bins for storage of their personal items at the clinic, including food items and their

own dishes/utensils which they will sanitize as needed.

Step 3: Develop policies Develop the necessary policies to manage your workplace, including policies around who can be at the workplace, how to address illness that arises at the workplace, and how workers can be kept safe in adjusted working conditions.

Our workplace policies ensure that workers and others showing symptoms of COVID-19 are prohibited from the workplace.

- Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache.
- Anyone directed by Public Health to self-isolate.
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
- Visitors are prohibited or limited in the workplace.
- □ First aid attendants have been provided OFAA protocols for use during the COVID-19 pandemic.
- We have a working alone policy in place (if needed).
- We have a work from home policy in place (if needed).
- Ensure workers have the training and strategies required to address the risk of violence that may arise as customers and members of the public adapt to restrictions or modifications to the workplace. Ensure an appropriate violence prevention program is in place.

Our policy addresses workers who may start to feel ill at work. It includes the following:

- Sick workers should report to first aid, even with mild symptoms.
- Sick workers should be asked to wash or sanitize their hands, provided with a mask, and isolated. Ask
 the worker to go straight home. [Consult the BC COVID-19 Self-Assessment Tool, or call 811 for further
 guidance related to testing and self-isolation.]
- If the worker is severely ill (e.g., difficulty breathing, chest pain), call 911.
- Clean and disinfect any surfaces that the ill worker has come into contact with.

Step 4: Develop communication plans and training You must ensure that everyone entering the workplace, including workers from other employers, knows how to keep themselves safe while at your workplace.

- **u** We have a training plan to ensure everyone is trained in workplace policies and procedures.
- All workers have received the policies for staying home when sick.
- □ We have posted signage at the workplace, including occupancy limits and effective hygiene practices. [A customizable occupancy limit poster and handwashing signage are available on worksafebc.com.]
- □ We have posted signage at the main entrance indicating who is restricted from entering the premises, including visitors and workers with symptoms.
- Supervisors have been trained on monitoring workers and the workplace to ensure policies and procedures are being followed.

Step 5: Monitor your workplace and update your plans as necessary Things may change as your business operates. If you identify a new area of concern, or if it seems like something isn't working, take steps to update your policies and procedures. Involve workers in this process.

- We have a plan in place to monitor risks. We make changes to our policies and procedures as necessary.
- U Workers know who to go to with health and safety concerns.
- □ When resolving safety issues, we will involve joint health and safety committees or worker health and safety representatives (or, in smaller workplaces, other workers).

Step 6: Assess and address risks from resuming operations If your workplace has not been operating for a period of time during the COVID-19 pandemic, you may need to manage risks arising from restarting your business.

- U We have a training plan for new staff.
- U We have a training plan for staff taking on new roles or responsibilities.
- We have a training plan around changes to our business, such as new equipment, processes, or products.
- □ We have reviewed the start-up requirements for vehicles, equipment, and machinery that have been out of use.
- U We have identified a safe process for clearing systems and lines of product that have been out of use.