

PANDEMIC EXPOSURE CONTROL PLAN

Occupational Health & Safety Division

Safety, Security and Emergency
Management

BCIT[®]

REVISION HISTORY

Date	Description	Author
<i>April 30, 2020</i>	<i>Updated.</i>	<i>Jasper Tam, Occupational Hygiene Coordinator, SSEM</i>
<i>April 14, 2020</i>	<i>Updated.</i>	<i>Jasper Tam, Occupational Hygiene Coordinator, SSEM</i>
<i>March 5, 2020</i>	<i>Issued.</i>	<i>Jasper Tam, Occupational Hygiene Coordinator, SSEM</i>

TABLE OF CONTENTS

REVISION HISTORY	2
1 Introduction.....	5
1.1 Policy	5
1.2 Objectives	5
1.3 Scope.....	5
2 reference materials & application legislation.....	5
3 Roles and Responsibilities	6
3.1 Occupational Health and Safety Division	6
3.2 First Aid.....	6
3.3 Facilities and Campus Development	6
3.4 Student Health Services	6
3.5 Supervisors.....	6
3.6 Employees.....	6
3.7 Joint Occupational Health and Safety Committee.....	7
4 Procedures.....	7
4.1 COMMUNICATIONS	7
4.2 RISK IDENTIFICATION	7
4.3 RISK ASSESSMENT	7
4.4 MODES OF TRANSMISSION	8
4.5 RISK CONTROL MEASURES.....	9
4.5.1 PERSONAL HYGIENE.....	9
4.5.2 PLASTIC SHIELDING BETWEEN PUBLIC AND EMPLOYEES .	10
4.5.3 PRACTICES TO MINIMIZE FACE TO FACE CONTACT.....	10
4.5.4 TASK SPECIFIC RISK ASSESSMENTS AND SAFE WORK PROCEDURES TO REDUCE RISK OF EXPOSURE	10
4.5.5 STAYING HOME IF SICK	10
4.5.6 VENTILATION.....	10
4.5.7 POSTING FREQUENT HAND WASH POSTERS AT ALL EXTERIOR FACING DOORS AT ALL BUILDINGS AND ON ALL WASHROOM DOORS.....	10
4.5.8 CLEANING WORKPLACES.....	10

4.5.9	DISCONTINUE HAND SHAKING	11
4.5.10	IDENTIFY CUSTOMER SERVICE AREAS AND PROGRAMS/WORKSHOPS, AND CLOSE THEM TO THE PUBLIC	11
4.5.11	PHYSICAL DISTANCING.....	11
4.5.12	PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HIGH-RISK STAFF	11
4.6	Vaccine and Antiviral Medications	11
4.7	EDUCATION AND TRAINING FOR GENERAL STAFF	12
4.8	EDUCATION AND TRAINING FOR FIRST AID ATTENDANTS	12
4.9	EDUCATION AND TRAINING FOR STUDENT HEALTH SERVICES MEDICAL CLINIC STAFF	12
5	Documentation	13
6	Program Review	13

1 INTRODUCTION

1.1 Policy

The Pandemic Exposure Control Plan (ECP) prevents harmful exposure of staff and students to a pandemic virus in the workplace. A combination of measures will be used to minimize exposure. All staff must follow the procedures outlined in this ECP to prevent or reduce exposure to pandemics. This ECP complements the Business Continuity Plan - Pandemic Preparedness and Response Plan Annex B – this ECP should be used in conjunction with the Business Continuity Plan and the ECP will come into effect when the Pandemic Preparedness and Response Plan is activated.

1.2 Objectives

1. Prevent harmful exposure of the BCIT community to pandemics.
2. Provide education and training on pandemics.
3. Establish procedures for responding to pandemics.

1.3 Scope

This plan covers types of pandemic or pandemic-like diseases such as COVID-19, influenza, and SARS.

2 REFERENCE MATERIALS & APPLICATION LEGISLATION

Reference materials include

- BC Centre for Disease Control
- United States Department of Labor – Occupational Safety & Health Administration
- WorkSafeBC
- World Health Organization
- BCIT Business Continuity Program - Annex B – Pandemic Preparedness and Response Plan March 2020.
- Fraser Health, Updated guidance for suspect cases of novel coronavirus (COVID-19)
- Public Health Agency of Canada

3 ROLES AND RESPONSIBILITIES

3.1 *Occupational Health and Safety (OHS) Division*

- Establish and maintain this ECP.
- Educate and train BCIT First Aid services on this ECP.
- Act as an advisory resource for preventing and reducing transmission of pandemics.
- Ensure that safety equipment such as surgical masks, disposable face shields, N95 respirators, disposable gloves, alcohol-based hand rubs, hand washing facilities and other resources required to fully implement and maintain the ECP are readily available where and when they are required.
- Provide staff and students with up-to-date education and training on pandemic risk factors, and risk control measures, as required.
- Maintain records of training.
- Review this ECP annually and update as necessary in consultation with the Joint Occupational Health and Safety Committee.
- Keep an inventory of pandemic-related personal protective equipment (PPE) in storage for use during pandemics as availability of such PPE may be limited during a pandemic.
- Communicate at all Joint Occupational Health and Safety Committee meetings actions taken as a result of this ECP.

3.2 *First Aid*

- Don appropriate PPE and follow disease-prevention protocols when responding to suspected pandemic cases.

3.3 *Facilities and Campus Development*

- Provide hand sanitizer stations in key areas.
- Ensure the cleanliness of common touch points and washrooms.

3.4 *Student Health Services*

- Don appropriate PPE and follow disease-prevention protocols when responding to suspected pandemic cases.

3.5 *Supervisors*

- Encourage and support employees to stay home if they are showing flu-like symptoms.

3.6 *Employees*

- Follow personal hygiene measures to prevent the spread of pandemics.
- Attend awareness and education sessions, when provided.
- Review campus-wide communications on pandemics.
- Follow the advice given by medical professionals during medical observations and/or treatments.

3.7 Joint Occupational Health and Safety Committee

- Assist in review of the ECP.
- Recommend improvements to the ECP.
- Ensuring that any worker concerns about the ECP are addressed.

4 PROCEDURES

There are clear guidelines available for infection control and hygiene practices. Hand hygiene is emphasized throughout these guidelines because strict adherence to hand washing and antiseptic recommendations is the cornerstone of infection prevention.

4.1 COMMUNICATIONS

- Follow the Crisis Communications procedure in the Pandemic Preparedness and Response Plan.

4.2 RISK IDENTIFICATION

- Pandemics are rare but they are unpredictable. Every pandemic is different. These uncertainties make pandemic planning challenging and highlight the need for flexibility and adaptability.

4.3 RISK ASSESSMENT

- The follow risk analysis table is based on the personal protective measures for pandemic influenza risk analysis table in *WorkSafeBC G6.34-6 Exposure control plan - Pandemic influenza*.

	Low Risk	Moderate Risk	High Risk
Administrative staff	X		
Instructors		X	
Public-facing staff		X	

First Aid Attendants			X
Student Health Services Medical Clinic staff			X

4.4 MODES OF TRANSMISSION

- There are three primary routes of transmission:
 - Contact transmission, both direct and indirect
 - Direct contact involves direct skin-to-skin contact, such as when a worker performs patient care or emergency response activity that requires direct personal contact (such as turning or bathing a patient).
 - Indirect contact involves a worker's contact with a contaminated intermediate object such as a contaminated table top, door knob, or a computer keyboard used by an infected worker and then touching the eyes, nose, or mouth. Contact transmission is important to consider because influenza viruses can persist for minutes on hands and hours on surfaces.
 - Droplet transmission
 - Large droplets may be generated by an infected person through coughing or sneezing, and also through medical procedures such as cough induction. Droplets travel a short distance through the air and can be deposited on inanimate surfaces, or in the eyes, nose, or mouth.
 - Airborne transmission
 - Airborne (inhalable) particles can be generated from coughs and sneezes. They can also be generated from some medical procedures such as endotracheal intubation, bronchoscopy, nebulizer treatment, or airway suctioning.
 - Both coughs and sneezes produce large droplets and smaller airborne particles. The smaller particles remain suspended in air for longer periods, and can be inhaled. In addition, large droplets can evaporate quickly to form inhalable particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced, but can still be a concern in smaller, enclosed areas, especially where there is limited ventilation. As the number of infected people in a room increases, all things equal, the risk of infection can increase.

4.5 RISK CONTROL MEASURES

4.5.1 PERSONAL HYGIENE

- Personal hygiene is an important way to reduce the spread of infections.
- Hand washing is the most important way to reduce the spread of respiratory diseases:
 - Hand washing procedure
 - Wet your hands with running water and apply soap.
 - Rub your hands together to make a lather. Scrub well for at least 20 seconds.
 - Pay special attention to your wrists, the backs of your hands, between your fingers, and under your fingernails.
 - Rinse your hands well under running water.
 - Use a clean towel to dry your hands, or air-dry your hands.
 - Hand sanitizing procedure
 - Hand sanitizer comprised of at least 60 percent alcohol is an effective tool for neutralizing germs when soap and water are not available.
 - Apply a small amount of hand sanitizer
 - Rub hands together.
 - Work the sanitizer between fingers, the back of hands, fingertips, under nails.
 - Rub hands until dry.
 - Cover your cough procedure
 - It is important to keep your distance (e.g., more than two metres/six feet) from people who are coughing or sneezing.
 - Cover your mouth and nose with a tissue when you cough, sneeze or blow your nose.
 - Put used tissues into the waste basket.
 - If you do not have a tissue, cough or sneeze into your sleeve, not in your hands.
 - Wash your hands with soap and water or hand sanitizer (minimum 60% alcohol-based).
 - Good practices to help prevent the spread of respiratory diseases are:
 - Avoid close contact with people who are sick.
 - Avoid touching your eyes, nose, and mouth.
 - Wash your hands frequently.

- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. Cough and sneeze into your arm, not your hand. Turn away from other people.
- Use single-use tissues, dispose of the tissue immediately.
- Wash your hands with soap and water for at least 20 seconds after going to the bathroom; before eating; and after coughing, sneezing, or blowing your nose.
 - If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Do not share cups, glasses, dishes or cutlery.
- Do not share food items.

4.5.2 PLASTIC SHIELDING BETWEEN PUBLIC AND EMPLOYEES

- When appropriate, install temporary plastic shielding at customer-service counters between the public and customer-service staff to block droplet transmission.

4.5.3 PRACTICES TO MINIMIZE FACE TO FACE CONTACT

- Develop practices to minimize face-to-face contact between workers such as working from home, expanded use of e-mail, the Loop, teleconferences, Zoom meetings, and Cisco Jabber meetings instead of face-to-face meetings.

4.5.4 TASK AND AREA-SPECIFIC RISK ASSESSMENTS AND SAFE WORK PROCEDURES TO REDUCE RISK OF EXPOSURE

- Develop risk assessments and safe work procedures to control the risk of exposure to the virus.

4.5.5 STAYING HOME IF SICK

- If an employee displays flu-like symptoms while at work, they should immediately leave the workplace until they have recovered and notify their supervisor that they are sick. This practice should be supported by the employee's supervisor.

4.5.6 VENTILATION

- Influenza has the propensity to be transmitted from person to person and spread in crowded or poorly ventilated areas. BCIT will maintain ventilation that meets WorkSafeBC requirements, recommendations, and applicable standards.

4.5.7 POSTING FREQUENT HAND WASH POSTERS AT ALL EXTERIOR FACING DOORS AT ALL BUILDINGS AND ON ALL WASHROOM DOORS

- Re-emphasize the need to wash hands frequently with soap and water or alcohol based hand cleaners, especially after coughing or sneezing

4.5.8 CLEANING WORKPLACES

- People with influenza/coronavirus may contaminate their surroundings with respiratory secretions from their nose and mouth. Surfaces that are touched frequently by people (e.g., door knobs, computer terminals, bathroom faucets or other shared equipment) should be cleaned more often than usual during a pandemic, if possible. The Institute should follow current infection control protocols for cleaning and disinfecting. Garbage created by a person with known or suspect influenza does not need any special handling and can be placed with the regular garbage for disposal.

4.5.9 DISCONTINUE HAND SHAKING

- Discontinue hand shaking at work.

4.5.10 IDENTIFY CUSTOMER SERVICE AREAS AND PROGRAMS/WORKSHOPS, AND CLOSE THEM TO THE PUBLIC

- Identify public-facing customer service areas and close them to the public.
- Dismissal of some programs/workshops (e.g. Gym, BCIT Childcare).

4.5.11 PHYSICAL DISTANCING

- During an influenza/coronavirus pandemic, the more people you are in contact with, the more you are at risk of coming in contact with someone who is infected with influenza/coronavirus. Physical distancing means reducing or avoiding contact with other people as much as possible. Some workplace strategies to achieve this may include:
 - Minimizing contact with others by using stairs instead of crowded elevators; cancelling non-essential face-to-face meetings and using teleconferencing, e-mails, and faxes instead; staying two metres (six feet) away from others when a meeting is necessary;
 - Avoiding hugging or kissing people;
 - Bringing lunch and eating at your desk or away from others.

4.5.12 PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HIGH-RISK STAFF

- Standard PPE for pandemic or pandemic-like diseases for First Aid Attendants and Student Health Service Medical Clinic staff should include:
 - N95 respirators that are NIOSH-approved (requires valid annual fit test)
 - Eye protection (e.g. Disposable face shields)
 - Nitrile gloves
 - Face masks

4.6 Vaccine and Antiviral Medications

- During a pandemic, as during yearly epidemics of influenza, vaccination will be the primary means to prevent influenza infection and its complications. Antiviral medication can be used to treat and prevent influenza, and will be an important disease management strategy during an influenza pandemic.

Critical Infrastructure - When a vaccine first becomes available, it will be in short supply. BCIT will need to prioritize the distribution of resources (vaccines, antivirals, antibiotics, and PPE essential to maintaining critical infrastructure, services and functions. (See Departmental/School Business Continuity Plans). However, these priority groups will be re-examined as the pandemic evolves to ensure that they continue to meet the goals of the plan to reduce mortality, morbidity and societal disruption due to the pandemic. -Once the vaccine does become widely available, demand for the vaccine is expected to be very high.

The first stage of vaccination for the annual influenza is performed annually for the following groups because of their front line duties:

- Emergency Operations personnel
- Contract Security
- First Aid personnel and auxiliary First Aid at all campuses
- Student Health Services Medical Clinic Staff
- Food Services personnel
- Janitorial services

4.7 EDUCATION AND TRAINING FOR GENERAL STAFF

- Education on risk control measures will be communicated to all staff by email and other effective means.

4.8 EDUCATION AND TRAINING FOR FIRST AID ATTENDANTS

- First Aid Attendants are at a higher risk compared to other staff as they are a first point of contact for staff and students feeling unwell and they need to work in close proximity to staff and students.
- A pandemic-specific response protocol for the First Aid Attendants will be developed based on the hazards of each pandemic or pandemic-like disease.
 - The protocol for COVID-19 is in Appendix A.
- First Aid Attendants will be provided with the appropriate PPE to protect themselves during pandemics.
- First Aid Attendants will be instructed on how to use their PPE.

4.9 EDUCATION AND TRAINING FOR STUDENT HEALTH SERVICES MEDICAL CLINIC STAFF

- Student Health Services medical clinic staff will be provided with the appropriate PPE to protect themselves.
- In order to respond effectively to the pandemic emergency, special measures for delivering health services have to be implemented including the use of isolation precautions. The delivery of health services at BCIT can be provided on a minimal level through Student Health Services.


5 DOCUMENTATION

- The OHS Division shall keep education and training records.
- The OHS Division will post documents related to this plan on the BCIT OHS ShareSpace.

6 PROGRAM REVIEW

- This program will be reviewed annually and updated as necessary by the OHS Division in consultation with the Joint Occupational Health and Safety Committee.

APPENDIX A
FIRST AID ATTENDANT
COVID-19 SCREENING
PROTOCOL

	BCIT SAFE OPERATING PROCEDURE	First Aid Attendant COVID-19 Screening Protocol
	Date Issued: 2020-Feb-5	By: Jasper Tam, Occupational Hygiene Coordinator
	Version Date: 2020-Apr-3	Version 2.0

BACKGROUND

As of March 11, 2020, the World Health Organization has declared the ongoing COVID-19 outbreak a pandemic. In response, BCIT has worked to move teaching and instruction activities to be done remotely, to reduce the number of staff and students on campus and help prevent transmission of the virus within our community. However, some staff and students still remain on campus.

PURPOSE

The purpose of this procedure is to outline equipment and practices for BCIT First Aid Attendants to safely provide treatment to someone potentially ill with COVID-19.

RESPONSIBILITIES

Employer

- The employer is responsible for providing the equipment and tools necessary for their staff to be able to perform their job duties safely, as outlined by this procedure.

Supervisor

- The supervisor is responsible for reviewing all safe work procedures and practices with their employees.
- The supervisor is responsible for investigating unsafe work conditions and work refusals with their employees.

Employee

- Follow the safety and exposure provisions outlined by this procedure.
- Do not perform job if they cannot be performed as outlined by this procedure.
- Report unsafe conditions or work refusals to your supervisor.

BCIT Occupational Health and Safety (ssemohs@bcit.ca)

- Act as a resource for workplace health and safety concerns and investigations.

TRAINING AND EDUCATION

- Respiratory fit testing within the past calendar year.
- [BCIT Pandemic Exposure Control Plan Online Training.](#)

EQUIPMENT

Below are the minimum supplies required to follow this procedure

	Surgical Mask*		N95 Respirator**		Nitrile Gloves
	Disposable Face Shield				

* Don a surgical mask if a patient does not screen as potentially COVID-19 containing during the screening procedure below.

** Don a N95 respirator if a patient answered YES in steps 3 and/or 4 in during the screening procedure below.

PROCEDURE

1. The First Aid Attendant maintains a 2 m or greater distance from the patient when arriving on the scene.
2. The patient must don a surgical mask before receiving first aid treatment. The patient should perform hand hygiene (washing hands or using hand sanitizer) first, if possible. First Aid Attendant will place the surgical mask on a surface for the patient to take, while maintaining 2 m or greater distance from the patient.
3. While maintaining a 2 m or greater distance, ask the patient "Are you experiencing **any** of the following symptoms?"
 - a. Fever
 - b. Coughing
 - c. Sneezing
 - d. Sore throat
 - e. Difficulty breathing
4. While maintaining a 2 m or greater distance, If **YES** to 3, the First Aid Attendant will ask – "In the 14 days before you had symptoms did you: travel outside Canada **OR** come in close contact with an ill person who travelled outside Canada **OR** have contact with a person with probable or confirmed COVID-19?"
5. If **YES** to 3 and/or 4, the First Aid Attendant will don a N95 respirator, disposable face shield, and nitrile gloves.
6. If **NO** to 3 and/or 4, the First Aid Attendant will don a surgical mask, disposable face shield, and nitrile gloves.
7. If patient is in respiratory distress (trouble breathing), severe chest pain, having a very hard time waking up, feeling confused and/or losing consciousness, or as otherwise indicated, then call 911 and if **YES** to 3 and/or 4, explain that the patient has screened positive for the COVID-19 by exhibiting the symptoms in 3, and by travel or contact history.
8. If **YES** to 3 and/or 4, the First Aid Attendant will:
 - a. If patient in severe medical distress, call 911 and explain that the patient has screened positive for COVID-19 by exhibiting the symptoms in 3, and by travel or contact history.
 - b. For **STAFF**, if not in severe medical distress, refer them to call 811 (HealthLinkBC) and to self-isolate.
 - c. For **STUDENTS**, if not in severe medical distress, refer them to call 811 (HealthLinkBC) and to self-isolate.
9. If **YES** to 3 and/or 4, after treating the patient, safely remove PPE in the following order:
 - a. Remove gloves (grasp the palm area of the other gloved hand and peel off first glove, hold removed glove in gloved hand, slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove) and dispose in a covered waste container.

- b. Perform hand hygiene.
 - c. Remove disposable face shield and discard.
 - d. Perform hand hygiene.
 - e. Remove respirator (avoid touching the front of the respirator as it is contaminated) and dispose in a covered waste container.
 - f. Perform hand hygiene.
10. If **YES** to 3 and/or 4, after treating the patient, report to
- a. Glen Magel glen_magel@bcit.ca, 604.451.6875, and,
 - b. Anna Matheson amatheson10@bcit.ca, 778.928.2069
11. Further assistance can also be provided by Student Health Services, which can be reached at X8608.
12. Document as required for the first aid treatment provided.

REFERENCES

- BC COVID-19 Symptom Self-Assessment Tool: <https://covid19.thrive.health/>
- BC Centre for Disease Control [http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel))
- Centre for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>
- HealthLinkBC <https://www.healthlinkbc.ca/health-feature/coronavirus>
- World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/>
- Fraser Health <https://www.fraserhealth.ca/employees/medical-health-officer-updates/updated-guidance-for-suspect-cases-of-novel-coronavirus-march-4-2020#XmataPZFxFZ>
- Providence Health. COVID-19 Coronavirus Update. Situation update – March 25, 2020 – Personal protective equipment (PPE) in direct care areas.

REVISION HISTORY

DATE	Version	Description	Author
2020-Feb-5	1.0	Procedure issued.	Jasper Tam, Occupational Hygiene Coordinator.
2020-Apr-2	1.1	Content revisions/updates.	Jasper Tam, Occupational Hygiene Coordinator.
2020-Apr-3	2.0	Template update; background, purpose, and roles and responsibilities added.	John Di Bella, OHS Coordinator.

