

# COVID-19 Exposure Control Plan

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*Prepared by the*  
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## Scope

This exposure control plan (ECP) applies to CapU employees. And aligns with the intent and definition of the [CapU Health and Safety Policy E.402](#).

## Statement of purpose

CapU is committed to providing a safe and healthy workplace for all of our employees. A combination of preventative measures will be used to minimize worker exposure to the COVID-19 virus, including the most effective control technologies available. It is the intent that these work procedures will protect not only our employees, but also other workers and/or the public who enter our facilities, including our students. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to the COVID-19 virus.

The purpose of this ECP is to protect employees from harmful exposures to the COVID-19 virus, to reduce the risk of infection in the event of an exposure, and to comply with the WorkSafeBC Occupational Health and Safety Regulation 5.54 and 6.3, Exposure Control Plan.

CapU will strive to find ways to control or eliminate exposure to the COVID-19 virus by developing and implementing proper risk controls, establishing safe work practices, raising awareness, and providing education and training for our employees. CapU will follow direction and controls as specified by the BCCDC, the BC Ministry of Health, and the Vancouver Coastal Health Medical Health Officer(s) while continuing to monitor and liaise with these authorities on changes that may impact the institution.

## **ACRONYMS**

BCCDC – British Columbia Centre for Disease Control

ECP – Exposure Control Plan

EOC – Emergency Operations Centre

MHO - Medical Health Officer

PHAC – Public Health Agency of Canada

PPE – Personal protective equipment

SWP – Safe work practice

WHO – World Health Organization



## Responsibilities

**NOTE: These responsibilities may change as the situation evolves as directed by the CapU Emergency Operations Centre, which is active during the Pandemic period, and/or the office of Health & Safety and Emergency Preparedness, based on the direction of public health officials.**

### **CapU:**

- Ensure that the materials (gloves, alcohol-based hand sanitizers, 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. If, due to supply chain disruption CapU becomes unable to obtain the necessary resources, CapU will advise the appropriate emergency agency and re-evaluate this plan and the ability to continue to conduct activities that rely on those supplies for safe operation.
- Select, implement, and document the appropriate site or scenario-specific control measures.
- Ensure all administrators are provided with a copy of this plan and all employees are provided with a summary of direction and access to the full plan.
- Ensure that managers, supervisors and employees are educated and trained to an acceptable level of competency.
- Ensure that employees use appropriate personal protective equipment (PPE) – for example, gloves, eye protection, masks or respirators, when required.
- Conduct a periodic review of the plan's effectiveness.
- Maintain records as necessary.
- Through the EOC and Policy Group, modify service models and levels, using a risk based approach, unless otherwise ordered by national, provincial or local health authority in relation to exposure control.
- Ensure managers and supervisors follow the direction of the EOC and Policy Group in relation to exposure control.

### **Office of Health & Safety and Emergency Preparedness, and the Joint Health and Safety Committee:**

- Ensure the exposure control plan is reviewed and updated as necessary.
- Support the development of supporting resources (such as Crew Talks, FAQs, posters, SWPs).
- Assist with the risk assessment process and consult on risk controls, as needed.
- Ensure a system for documenting instruction, training, and fit testing is in place



### **Managers and Supervisors:**

- Assess the risk(s) related to the COVID-19 virus for the positions under their management, with the assistance of the office of Health & Safety and Emergency Preparedness.
- Ensure that awareness and information resources are shared with employees.
- Ensure and provide training, SWPs, PPE, and other equipment, as necessary.
- Ensure employees have been trained on the selection, care, maintenance, and use of any PPE, including fit testing for those employees who may be issued a respirator.
- Direct work in a manner that eliminates and, if not possible, minimizes the risk to employees.
- Direct any employee reporting COVID-19 symptoms to take immediate sick leave and go home; contact HR Advisor and Manager Health & Safety; contact Facilities and request area cleaning.
- Ensure employees follow SWPs, use PPE.
- Ensure that their departmental/faculty visitors, contractors and subcontractors follow SWPs, use PPE, as required.

### **Employees and Students:**

- Review information resources, ask questions, and follow-up with manager or supervisor (employees) or instructor (students) to ensure understanding and adherence.
- Take part in training and instruction.
- Review and follow related SWPs.
- Select, care, maintain and use any assigned PPE, as trained and instructed.
- Take part in fit testing if issued a respirator.
- Rely on information from trusted sources including CapU, Vancouver Coastal Health, BCCDC, Ministry of Health, WorkSafeBC, PHAC, and WHO.
- Understand how exposure can occur, and when and how to report exposure incidents.
- Report COVID-19 symptoms to manager or supervisor (employees) or instructor (students), contact 8-1-1 as appropriate and follow the directions of Vancouver Coastal Health and/or the Provincial MHO.

### **Visitors:**

- Comply with the direction of CapU employees with respect to exposure control
- Take part in training and instruction, as relevant
- Review and follow related SWPs



- Report COVID-19 symptoms to their CapU host, contact 8-1-1 as appropriate and follow the directions of Vancouver Coastal Health and/or the Provincial MHO.

**Contractors and Subcontractors:**

- Comply with the direction of CapU employees with respect to exposure control, and as directed in the Contractor Safety Guidelines
- Take part in training and instruction, as relevant
- Review and follow related SWPs
- Select, provide, care, maintain and use any assigned PPE, as trained and instructed.
- Take part in fit testing if issued a respirator.
- Report COVID-19 symptoms to their CapU host, contact 8-1-1 as appropriate and follow the directions of Vancouver Coastal Health and/or the Provincial MHO



## Risk identification, assessment, and control

### **COVID-19 virus**

The COVID-19 virus is transmitted via larger liquid **droplets** when a person coughs or sneezes. The virus can enter through these droplets through the eyes, nose or throat if an employee is in close contact with a person who carries the COVID-19 virus. The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin. The COVID-19 virus can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze.

**Droplet Contact:** Some diseases can be transferred by large infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and are too large to float in the air (i.e. airborne) and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. **Currently, health experts believe that the COVID-19 virus can also be transmitted in this way.**

**Airborne transmission:** This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs. **Currently, health experts believe that the COVID-19 virus cannot be transmitted through airborne 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 to our workers, depending on their potential exposure in the workplace.

See Appendix A for the level of risk and risk controls in place for these workers.

*Table 1: Risk assessment for pandemic influenza*

	<b>Low Risk</b> <i>Workers who typically have no contact with infected people.</i>	<b>Moderate risk</b> <i>Workers who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces</i>	<b>High risk</b> <i>Workers who may have contact with infected patients or with infected people in small, poorly ventilated workspaces</i>
<i>Hand Hygiene</i>	<b>Yes</b> (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	<b>Yes</b> (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	<b>Yes</b> (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
<i>Disposable gloves</i>	Not required	Not required, unless handling contaminated objects on a regular basis	<b>Yes</b> , in some cases, such as when working directly with infected patients.
<i>Aprons, gowns, or similar body protection</i>	Not required	Not required	<b>Yes</b> , in some cases, such as when working directly with infected patients.
<i>Eye protection – goggles or face shield</i>	Not required	Not required	<b>Yes</b> , in some cases, such as when working directly with infected patients.
<i>Airway protection – respirators</i>	Cloth mask optional based on personal choice	Cloth mask optional based on personal choice	<b>Yes</b> (minimum N95 respirator or equivalent).



## Risk Control

The Regulation requires CapU to implement infectious disease controls in the following order of preference:

Controls used to mitigate the risks of exposure include:

- Elimination through Physical Distancing
- Engineering Controls
- Administrative Controls
- Personal Protective Equipment



**Elimination** controls are those that remove the risk of contracting COVID-19 in the workplace. Currently, this is achieved by **Physical Distancing**. This includes eliminating face-to-face contact by modifying service delivery to rely on video conferencing, phone, email or regular mail.

**Engineering controls** are those that alter the work environment to create a safe space. This would include distance controls (2 meters or greater) at reception counters or working inside an enclosure or behind a partition when helping customers or students. If practicable, conduct financial transactions by electronic means rather than cash or cheque. Additional examples may include physical barriers, which limit personal human contacts.



**Administrative controls** are procedures that can be implemented to reduce the risk of COVID-19 transmission, which include:

- Hand washing and cough/sneeze etiquette (cover your mouth and nose with a sleeve or tissue when coughing or sneezing).
- Allow a reasonable personal distance space to reduce human-to-human transmission.
- Increase cleaning frequencies for shared work surfaces and equipment and tools, including shared vehicles.
- Where practical, consideration may be given to alternative work schedules, classroom sizing and work locations to reduce the number of people in an area.

**Personal Protective Equipment** is the last resort of mitigation strategy and includes using PPE for protection against transmission such, as wearing masks, respirators, gowns or aprons, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations, such as dealing with infectious people.

## Safe work practices

### Hand Hygiene

Hand washing, proper coughing and sneezing etiquette, and not touching your face are the key to the prevention of transmission and therefore minimize the likelihood of 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 “well” and “often” with soap and water for at least 20 seconds (the time it takes to hum the “Happy Birthday” song twice). If soap and water are not available, use an alcohol-based hand rub to clean your hands.

“Often” includes:

- upon arriving and when leaving work
- after coughing or sneezing
- after bathroom use
- when hands are visibly dirty
- before, during and after you prepare food
- before eating any food (including snacks)
- before using shared equipment



“Well” means:

- wet hands and apply soap
- rub hands together vigorously for at least 20 seconds ensuring the lather covers all areas – palm to palm, back of hands, between fingers, back of fingers, thumbs, fingernails (using palm) and wrists
- rinse hand thoroughly with water
- dry your hands with paper towel (or a hand dryer), use the paper towel to turn off the tap and open the door, dispose of the paper towel

Additionally:

- Avoid touching your eyes, nose or mouth with unwashed hands
- Use utensils: consider using forks, spoons or tooth picks when eating and serving foods (especially snacks or “finger foods”)

### **Cough/Sneeze Etiquette**

All employees are expected to follow cough/sneeze etiquette, which are a combination of preventative measures that minimizes the transmission of diseases via droplet or airborne routes. Cough/sneeze etiquette includes the following components:

- Cover your mouth and nose with an elbow or tissue when coughing or sneezing to reduce the spread of germs
- Use tissues to contain secretions, and immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- Turn your head away from others when coughing or sneezing

### **Use, and types of masks**

CapU will follow the most up-to-date directions and recommendations of the [BCCDC](#) in terms of mask use. There are different types of masks, and these masks have different levels of protection and recommendations for use. Please contact the office of Health & Safety and Emergency Preparedness for the most up-to-date information on mask use.

Surgical masks and N95 respirators should be reserved for healthcare workers, unless there is a regulatory requirement for the employee to be wearing an N95 respirator for work.

If you are healthy, wearing a cloth mask is a personal choice. Any use of masks must also be done in conjunction with proper hand washing and physical distancing.

The use of a homemade mask should also be considered by members of the public who are symptomatic or caring for someone who is symptomatic as an interim measure if commercial masks are not available



## **N95 Respirators**

The N95 mask is an engineered respirator and is meant to be worn by workers directly involved in an **aerosol** generating medical procedure (as defined by Health Canada) or a scenario required by the *BC Occupational Health and Safety Regulation*. An N95 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. N95s help minimize the spread of potentially infectious material. **N95 masks must be fit tested.**

## **Surgical Masks**

A surgical mask, also known as a procedure mask, medical mask or simply as a face mask, is intended to be worn by health professionals during surgery and during nursing to catch the bacteria shed in liquid droplets and aerosols from the wearer's mouth and nose.

## **Cloth Masks**

A **cloth face mask** is a mask made of common textiles, usually cotton, worn over the mouth and nose. Unlike surgical masks and respirators, they are not subject to regulation, and there is currently little research or guidance on their effectiveness as a protective measure against infectious disease transmission. Wearing a mask can help in containing a person's own droplets and protect others but it will not protect the wearer from COVID-19. Masks may give a person a false sense of security and are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask).

## **Additional Safe Work Practices**

Additional safe work practices are being developed as CapU responds as part of the COVID-19 response and will be separately made available. These practices are department specific and are highly dependent on the type of work being done.

## **Education and Training**

CapU in response to the COVID-19 virus has established the following means of sharing information across the organization:

- COVID-19 information on CapU main webpage
- COVID-19 information page on Frontlines
- All CapU employee emails – sent on a regular basis

As COVID-19 is a public health matter, information noted above is intended for all employees.



The office of Health & Safety and Emergency Preparedness is working with various departments to create safe work procedures and provide training as needed in collaboration with the supervisors and managers.

## Health Monitoring

Based on public health requirements and guidelines, CapU will employ protocols for daily health screening for employees and students.

Employees or students who have symptoms of cold or flu, or COVID-19, with any coughing or sneezing are not to attend classes, extra curricula activities, sports, or work, as established by CapU policies and procedures and public health guidance.

Employees and students concerned that they may have come into contact with someone who may be ill, are to take the following actions:

1. Report the incident to your supervisor and/or your HR advisor.
2. Call BC's HealthLink at 8-1-1 to share information regarding the incident and determine if any action needs to be taken.

International students attending CapU will be required to arrive early and self-isolate for 14 days, based on provincial and national public health guidance and orders.

## Record Keeping

Records shall be kept as per CapU's already established processes.



## APPENDIX A: CapU Position Risk Assessment Chart

<b>POSITION</b>	<b>LEVEL OF RISK</b>	<b>CONTROL PROCEDURES</b>
Front Counter Employees	Low to Moderate	Regular and effective hand hygiene, physical distancing, personal protective equipment
Instructors (lab/clinical) – on campus	Low to Moderate	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment
Instructors (lab/clinical) – during clinical placements at non-CAPU healthcare facilities	High	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment
Instructors (MOPA, Fine Arts, Theatre, Shop, etc.)	Low to Moderate	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment.
Instructors (MOPA, Fine Arts, Theatre, etc.) – during performance and or trades workshops and performances	High	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment
Instructors (other)	Low	Regular and effective hand hygiene, alternate course delivery models, personal protective equipment as required by regulation or physical distancing working from home.
Facilities and Grounds workers	Low to Moderate	Regular and effective hand hygiene, physical distancing. Regular and effective hand hygiene, personal protective equipment as required by regulation or physical distancing
Managers	Low	Regular and effective hand hygiene, physical distancing, working from home where possible
General Administrative Employees	Low	Regular and effective hand hygiene, physical distancing, working from home where possible
First Aid Attendants	Moderate	Regular and effective hand hygiene, personal protective equipment



## APPENDIX B: CapU Cleaning Frequency Recommendations

These recommendations are based on the BCCDC document for cleaning clinical settings found below.

### **Shared equipment during face-to-face class:**

Frequency: In between students

Examples: TBD by each OHS & program/class

Responsible: Students (enforced by instructors)

### **Frequently-touched surfaces:**

Frequency: At least twice per day

Examples: door knobs, light switches, telephones, keyboards, mice, pens, cell phones, toys, bathrooms

Responsible: Janitorial contractor

### **General cleaning of classrooms, shops, labs with face-to-face instruction:**

Frequency: At least twice per day

Examples: Chairs, tables, floors, TBD by OHS & Faculty/department based on type of activity.

Responsible: Janitorial contractor