BEST PRACTICE GUIDELINES FOR RESPONSIBLE OPERATION OF SPORTSFIELD FACILITIES
Prepared by the Western Canada Turfgrass Association

The Western Canada Turfgrass Association (WCTA) has put together an extensive ‘Best Management Practices’ (BMP) resource to support sportsfield managers and personnel while working through the COVID-19 outbreak.

This guide can be considered a minimum set of protocols, intended to assist sportsfield managers and staff, understanding that every facility and its resources are unique while the situation continues to develop.

Please note this is not a legal document. It does not supersede orders, mandates or regulations put forward by Provincial Health Offices (PHO’s), regional health authorities or other authorities such as Health Canada and/or provincial worker compensation Boards, is not intended to override or replace internal policy developed by your facility / municipality / school district and likely does not address every scenario sportsfield managers and staff may encounter.

While many of the information sources used are British Columbia oriented, sportsfield managers and personnel in other provinces should find this document useful keeping in mind rules will vary across different jurisdictions.

Updates will be made as new information becomes available. Feel free to share this resource with anyone who may find it helpful. Visit www.wcta-online for updates.

We would like to thank all those who shared valuable information, documents and links that were incorporated into this document with special thanks to the Township of Langley and our special committee members as follows:

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BEST PRACTICE GUIDELINES FOR RESPONSIBLE OPERATION OF SPORTSFIELD FACILITIES

Section 1: Introduction

A combination of preventative measures will be required to minimize worker exposure to the COVID-19 virus, including the most effective control technologies available. Work practices implemented should protect not only employees, but also contractors, and/or the public who may enter your facilities or carry out work on your infrastructure.

All employees must follow the general precautionary measures and/or procedures outlined in this plan to prevent or reduce exposure to the COVID-19 virus.

Q: What is the Coronavirus?
A: Coronaviruses are a family of viruses that can cause respiratory illness in people.

Q: How is the novel coronavirus SARS-CoV-2 or nCoV-2019 (known as COVID-19) different from other coronaviruses?
A: Just like there are different types of related viruses that cause smallpox and chickenpox, different coronaviruses cause different diseases in people. The Severe Acute Respiratory Syndrome (SARS) coronavirus causes SARS and the Middle East Respiratory Syndrome (MERS) coronavirus causes MERS. The novel coronavirus, COVID-19 is one of seven types of known human coronaviruses.

Q: Is this virus something new and where did it come from?
A: COVID-19, like the MERS and SARS coronaviruses, likely evolved from a virus previously found in animals.

Q: What are the signs and symptoms of COVID-19 infection?
A: Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms such as fever, cough, and shortness of breath.

NOTE: A COVID-19 self-assessment tool regarding COVID-19 is available online at https://bc.thrive.health/covid19. It is meant to assist in determining whether you may need further assessment or testing for COVID-19.

It must be remembered that the primary and most likely route of exposure is through close contact with another person since the virus is thought to spread mainly between people who are in close contact with one another (within about 1 to 2 metres). Respiratory droplets produced when an infected person coughs or sneezes can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. You can also get infected if you touch your eyes, nose, and mouth with your contaminated hands.

There is also the possibility of exposure with contaminated surfaces which is another reason to wash your hands frequently since you may have touched surfaces contaminated with live viruses (handle door, elevator button, counter, etc.).
Section 2: Employee Illness Policy

All sportsfield maintenance operations should have an updated employee illness policy that is communicated to all staff immediately before returning to work.

In general, workers who are ill should remain at home and contact their local health care provider.

IF YOU ARE SICK WITH COVID-19, YOU MUST STAY AT HOME AND FOLLOW DIRECTIONS PROVIDED BY YOUR LOCAL HEALTH CARE PROVIDER.

Free online self-assessment tool: [https://bc.thrive.health/covid19/en](https://bc.thrive.health/covid19/en)

1. If an employee tests positive for COVID-19 or has been tested and is waiting for the results of a COVID-19 test:
   a. An employee testing positive for COVID-19 is not permitted in the workplace.
   b. As with any confirmed case, an employee waiting for results from a COVID-19 test will be removed from the workplace.
   c. Any other staff who worked in contact with an infected employee will be informed and removed from the workplace for at least 14 days.
   d. Immediately close off, clean and disinfect any work area(s), surfaces and touch points that could have potentially been infected.

2. If an employee is feeling sick with COVID-19 symptoms:
   a. Staff who feel sick with COVID-19 symptoms, such as fever, trouble breathing, dry cough, fatigue, sore throat and aches and pains, are to remain at home and contact Health Link BC at 8-1-1.
   b. If an employee at work is showing even mild symptoms of the previous listed symptoms for COVID-19, send home immediately, remove them from the schedule and have them contact 8-1-1 or a doctor for further guidance.

3. Employee health monitoring / assessment:
   a. All staff must review the self-assessment signage located throughout the facility each morning before their shift to attest that they are not feeling any of the COVID-19 symptoms.
   b. Supervisors/managers must assess individual staff health daily by using the following brief list of COVID-19 assessment questions (source - BC Ministry of Health):

   **ARE YOU EXPERIENCING ANY OF THE FOLLOWING:**
   - Severe difficulty breathing (e.g. struggling to breathe or speaking in single words)
   - Severe chest pain
   - Having a very hard time waking up
   - Feeling confused
   - Losing consciousness

   **ARE YOU EXPERIENCING ANY OF THE FOLLOWING:**
   - Mild to moderate shortness of breath
• Inability to lie down because of difficulty breathing
• Chronic health conditions that you are having difficulty managing because of difficulty breathing

ARE YOU EXPERIENCING COLD, FLU OR COVID-19-LIKE SYMPTOMS, EVEN MILD ONES?

Symptoms include: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue or loss of appetite.

HAVE YOU TRAVELLED TO ANY COUNTRIES OUTSIDE CANADA (INCLUDING THE UNITED STATES) WITHIN THE LAST 14 DAYS?

DID YOU PROVIDE CARE OR HAVE CLOSE CONTACT WITH A PERSON WITH COVID-19 (PROBABLE OR CONFIRMED)?

**c.** Employees concerned that they may have come into contact with someone who may be ill, or feel that they may themselves be infected, are to take the following actions:

i. Report the incident to your supervisor.
ii. Call HealthLinkBC at 8-1-1 for further direction.
iii. Contact a health care provider via telephone.

**d.** If contact is confirmed, the employee will be removed from the workplace for at least 14 days or as otherwise directed by public health authorities. Co-workers who may have come into close contact with the employee will also be removed from the workplace for at least 14 days.

**e.** Immediately close off, clean and disinfect any work area(s), surfaces and touch points that could have potentially been infected.

4. **Employee support:**

**a.** Employers should provide the best possible support and guidance for staff who have been directed to stay home or are sick with COVID-19.

**b.** Employees experiencing mental health issues (e.g., stress, anxiety, overwhelming worry/concern, etc.) as a result of the COVID-19 pandemic are encouraged to speak to their supervisor or Human Resources Department for support.

5. **Return to work:**

**a.** An employee will be allowed to return to the workplace once free of COVID-19, typically 14 days since becoming ill or upon testing negative for the virus.

### Section 3: Responsibilities

Source – British Columbia Occupational Health and Safety Regulation Section 5.5.1: The following biological agents are designated as hazardous substances:

• a liquid or solid material that is contaminated with a prion, virus, bacterium, fungus or other biological agent that has a classification given by the Public Health Agency of Canada as a Risk Group 2, 3 or 4 human pathogen that causes an adverse health effect;

• a biological toxin that causes an adverse health effect.
COVID-19 PROTECTION
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COVID-19 (SARS-CoV-2) has been classified as a Risk Group 3 (RG3) human pathogen by the Canadian Centre for Biosecurity.

1. Section 6.34 of the BC Occupational Health and Safety Regulation requires employers to develop and implement an Exposure Control Plan (ECP) if a worker has or may have occupational exposure to a biological agent. The exposure control plan must include the following:
   a. A risk assessment conducted by a qualified person to determine if there is a potential for occupational exposure.
   b. A list of all work activities for which there is a potential for occupational exposure.
   c. Engineering controls and administrative controls to eliminate or minimize the potential for occupational exposure.
   d. Standard or routine infection control precautions and transmission-based precautions for all work activities that have been identified as having a potential for occupational exposure, including:
      i. Housekeeping practices designed to keep the workplace clean and free from spills, splashes or other accidental contamination.
      ii. Work procedures to ensure that contaminated laundry is isolated, bagged and handled as little as possible.
   e. A description of personal protective equipment designed to eliminate or minimize occupational exposure.
   f. A program to inform workers about the contents of the exposure control plan and to provide them with adequate education, training and supervision to work safely with, and in proximity to, a biological agent.
   g. A record of all training and education provided to workers.
   h. A record of all workers who have been exposed, while performing work activities, to a biological agent designated as a hazardous substance in BC OH&S Regulation section 5.1.1.

2. Senior Management:
   a. Identify infectious diseases that are, or may be, in the workplace – such as COVID-19.
   b. Develop and implement an Exposure Control Plan (ECP).
   c. Assist with the risk assessment process and consult on risk controls, as needed.
   d. Ensure that the materials (i.e. tools, equipment, etc.) and other resources such as training are provided to support this ECP.
   e. Ensure supervisors and workers receive the appropriate level of ECP training.
   f. Provide the appropriate PPE to minimize employee exposure to COVID-19.
   g. If unable to obtain the necessary resources (including PPE) due to supply chain disruption, advise the appropriate emergency agency and re-evaluate this ECP.
   h. Ensure that a copy of the exposure control plan is available to all employees including managers, supervisors, and employees.
   i. Conduct a periodic review of the ECP effectiveness (annual review required).
3. Manager/Supervisor/Foremen:
   a. Assist with the risk assessment process and consult on risk controls, as needed.
   b. Ensure that awareness and information resources are shared consistently with employees.
   c. Provide or arrange for ECP training/SWP review in support of this ECP.
   d. Direct/assign work in a manner that eliminates and if not possible, minimizes the risk to employees. This includes measures for physical distancing.
   e. Ensure that all necessary PPE and other equipment are provided to employees.
   f. 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.
   g. Make this Exposure Control Plan (ECP) available to employees.
   h. Assess the risk(s) related to the COVID-19 virus for the positions under their responsibility.
   i. Support and participate in the development of supporting resources.
   j. Ensure workers are following the applicable Safe Work Practices and use all required PPE correctly.
   k. Communicate worker concerns with senior management.

4. Workers:
   a. Participate in training and instruction.
   b. Review awareness and informational resources provided.
   c. Follow established safe work practices as directed by supervisory personnel.
   d. Practice consistent and effective physical distancing, whenever possible.
   e. Use and maintain the assigned personal protective equipment in an effective and safe manner.
   f. Report to the employer any exposure incidents (know how and when to report).
   g. Refuse work that they have reasonable cause to believe will put themselves or others at risk.
   h. Rely on information from trusted sources including PHO, regional health authorities, CCDC and others.

5. Manager Health and Safety:
   a. Act as a resource person for assisting in developing specific safe work procedures, education and training programs.
   b. Support and participate in the development of supporting resources or other practices.
   c. Maintain written records of training, instruction, fit testing, and other activities as necessary.

6. Joint Health and Safety Committee Members:
   a. Review the ECP annually (or when under review) with the employer and update as required.
   b. Review incident investigation reports, including those relating to COVID-19.

7. Disciplinary Action(s):
a. It is expected that protocols in this document are followed by all employees.

b. Consider having your staff acknowledge they have read this manual and understand the importance of following protocols.

c. Standard disciplinary actions, as per your facility, should apply.

**Section 4: Risk Identification and Assessment**

**COVID-19 Virus (source – Township of Langley)**

(NOTE: Information is based upon current available information as of March 29, 2020).

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 is absorbed 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.

*See Appendix A: Public Health Agency of Canada COVID-19 Info Sheet*

**Risk Assessment (source – WorksafeBC)**

The following Table provides basic information for personal protection of workers in some but not all types of work situations. A risk analysis will need to be done in all cases, including those covered by this Table, to ensure that control measures properly protect workers. The Table focuses on PPE and personal hygiene, but does not address work procedures or engineering controls, which also need to be considered in the exposure control plan. Use this guideline as a reference to assess the risk level to your employees depending on their potential exposure in the workplace.

<p>| Low risk: Workers who typically have no contact with pandemic | Moderate risk: Workers who may be exposed to infected persons from time to time in | High risk: Workers who may have contact with infected patients, or with infected persons in |</p>
<table>
<thead>
<tr>
<th></th>
<th>influenza-infected persons&lt;sup&gt;2&lt;/sup&gt;</th>
<th>relatively large, well ventilated workspaces&lt;sup&gt;3&lt;/sup&gt;</th>
<th>small, poorly ventilated workspaces&lt;sup&gt;4&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene</td>
<td>Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)</td>
<td>Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)</td>
<td>Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)</td>
</tr>
<tr>
<td>Disposable gloves</td>
<td>Not required</td>
<td>Not required (unless handling contaminated objects on a regular basis)</td>
<td>Yes in some cases - e.g., when working directly with pandemic influenza patients</td>
</tr>
<tr>
<td>Apron, Gown, or similar body protection</td>
<td>Not required</td>
<td>Not required</td>
<td>Yes in some cases - e.g., when working directly with pandemic influenza patients</td>
</tr>
<tr>
<td>Eye protection - Goggles or Face shield</td>
<td>Not required</td>
<td>Not required</td>
<td>Yes in some cases - e.g., when working directly with pandemic influenza patients</td>
</tr>
<tr>
<td>Airway Protection - respirators</td>
<td>Not required</td>
<td>Not required (unless likely to be exposed to coughing and sneezing)</td>
<td>Yes (minimum N95 respirator or equivalent)</td>
</tr>
</tbody>
</table>

1. For example, lab work is an activity not covered by the Table. Lab workers will require appropriate hand, body, and eye protection when handling specimens that are or may be contaminated with the pandemic influenza virus. Also, approved respiratory protection would be required where there may be exposure to contaminated aerosols.

2. This category would typically apply to workers who do not have contact with the public, for example, in locations such as production facilities or administrative clerical areas.

3. This category would typically include workers who routinely deal with the public, some of whom may be infected with the pandemic influenza virus, in circumstances where typically the contact is of a short duration, and the workspace is relatively large and well ventilated. Examples include cashiers, tellers, receptionists, and sales persons. Protective measures may be required if workers handle, on a regular basis, objects that may be contaminated (e.g., money, paperwork, or ticket stubs), or are exposed to coughing or sneezing.

4. High-risk activities typically involve workers (e.g., health care, first aid, and emergency response) who treat patients with pandemic influenza, or who do other work in isolation wards, rooms, or home settings where such patients are present. They may also include other circumstances where there is extensive contact with the public in small enclosed areas where ventilation is poor.

*See Appendix B: Sample Position Risk Assessment*
Section 5: Controlling Exposure

The BC Occupational Health and Safety Regulation requires employers to implement infectious disease controls (to mitigate the risks of exposure) in the following order of preference:

1. Elimination or Substitution:
   a. Elimination Control of face-to-face contact is the best control possible. Control examples include closing civic facilities to the public, distance control at reception counters, relying on phone, email or regular mail to answer public questions and conducting financial transactions by electronic means.

2. Engineering Controls:
   a. Engineering Controls would be such examples of working from inside an enclosure when receiving bill payments or selling passes/tickets online for public recreation facilities or events. Additional examples may include physical barriers, which limit personal human contacts.

3. Administrative Controls:
   a. Administrative Controls include hand washing, cough/sneeze etiquette, maintaining physical distancing, increasing cleaning frequencies for shared work surfaces and equipment, etc.

4. Personal Protective Equipment:
   a. Personal Protective Equipment is the last resort of mitigation such as wearing of masks, respirators, coveralls/turnout gear, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations such as dealing with infectious patients.

Section 6: Exposure Control Protocols

General Employee Protocols
Employees without symptoms of COVID-19 are currently free to work if they adhere to the following protocols:

1. **PRIORITY 1 - Wash your hands** with soap and water for at least 20 seconds before and frequently during your shift.
2. **PRIORITY 2 – Practice physical distancing** – keep a minimum distance of at least 2M/6ft from one another.
3. **PRIORITY 3 - Inform your manager immediately if, during your shift, you feel any symptoms of COVID-19** such as fever, trouble breathing, dry cough, fatigue, sore throat and aches and pains.
4. Avoid touching your eyes, nose, or mouth with unwashed hands or when wearing gloves.
5. When you cough or sneeze, turn your head, cover your mouth and nose with a tissue, then throw the tissue in the trash and wash your hands, or sneeze/cough into your elbow.
6. If soap and water are not available, use an alcohol-based hand sanitizer.
7. Clean and disinfect frequently touched objects and workstation surfaces as per directions below.
8. Follow all protocols your employer has provided you.
9. Stay informed as information is changing frequently.
Physical Distancing
As defined by the BC Centre for Disease Control, physical distancing means limiting close contact with others.

When outside of your home, practicing physical distancing by keeping at least two meters (six feet) away from one another is something we can all do to help stop the spread of COVID-19.

All employees are to practice physical distancing as follows:

1. Minimize interaction with co-workers and the public whenever possible.
2. Keep at least two meters (six feet) distance between yourself and others.
3. Do not shake hands with members of the public or other staff, nod or wave instead.
4. Follow protocol for shifts, breaks and staff meetings as outlined further in Section 7.

See Appendix C: BCCDC Physical Distancing Info Sheet

When Physical Distancing is not Possible
If physical distancing is not possible while performing work tasks, you must carefully manage and minimize the risk of exposure to COVID-19. First, consider whether or not the task is truly essential at this time:

- Can the task be delayed?
- Can it be safely done in another way?
- Can the number of workers involved be reduced?

Only workers who are considered to be at a lower risk of transmitting COVID-19 should complete this work. It should not be completed by workers who are at higher risk of complications due to COVID-19 including:

- Workers over the age of 60.
- Workers with chronic health conditions including diabetes, heart disease and lung disease.
- Workers who are immunocompromised.

With the exception of occupational first-aid attendants (see Appendix F for Occupational First Aid COVID-19 protocols), any physical distancing breaches should be brief and rare. Do not neglect other safety procedures during physical distancing breaches.

Hand Hygiene
Proper hand washing and not touching your face are key to the prevention of transmission and therefore minimize the likelihood of COVID-19 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. Hand washing also prevents the transfer to other surfaces that are touched.

Frequent and proper handwashing is the best way of preventing all viral respiratory infections and other illnesses.

1. Hand washing as set out by Health Canada:
   a. Wet hands with warm water.
   b. Apply soap.
   c. Wash for at least 20 seconds.
   d. Rinse well.
   e. Dry hands well with paper towel.
   f. Turn off tap using paper towel.

2. Hand washing should be completed for the following reasons but are not limited to:
   a. Upon arriving and when leaving work.
   b. After coughing or sneezing.
   c. After using the bathroom.
   d. When hands are visibly dirty.
   e. Before, during and after you prepare food.
   f. Before eating any food (including snacks).
   g. Entering or leaving facilities, buildings, sites, yards.
   h. Taking Personal Protective Equipment (PPE) on or off.
   i. Before and after breaks.

3. After washing your hands, use disinfectant spray on sink taps and surfaces.

4. If soap and water are not available, alcohol-based hand rubs (ABHR) / hand sanitizer can be used to clean your hands as long as they are not visibly soiled. If they are visibly soiled, use a wipe and then ABHR to effectively clean them.

5. Consider use of mobile hand washing stations.

See Appendix D: Public Health Agency of Canada Handwashing Poster

Cough/Sneeze Etiquette
All staff 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.

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing.
- Use tissues and immediately dispose into the garbage as soon as possible and wash your hands afterwards.
- Turn your head away from others when coughing or sneezing

Personal Protective Equipment (PPE) Specifications and Protocols:
1. Hand protection – use of gloves
   a. Extra gloves should be readily available.
b. All personnel shall wear disposable or reusable gloves when a potential for exposure exists (as identified in the Risk Assessment chart Section 4).
   i. Clean hands with soap and water immediately before and after use of gloves.
   ii. While wearing gloves, avoid touching personal items that could become contaminated.

c. If reusable gloves are used, those gloves must be dedicated for cleaning, sanitizing and disinfecting use only and cannot be used for other purposes.
   i. Reusable gloves must be cleaned and disinfected properly.

d. Disposable gloves are recommended for use when cleaning, sanitizing and disinfecting surfaces and when there is a greater risk of glove breakage due to additional hazards from broken glass, sharp edges, etc. - wear suitable work gloves over top of disposable gloves.
   i. For disposable gloves to be effective, they must be removed safely to prevent exposure.
   ii. Disposable gloves should be removed:
      ▪ As soon as possible if they become damaged or contaminated, and
      ▪ Promptly after completing the task.

iii. Disposable gloves must be safely discarded into garbage receptacles after each cleaning.

iv. Follow these steps to ensure that your hands do not contact any contaminants left on used gloves:
e. Medical and food service gloves are usually made from polymers such as latex, vinyl and nitrile, although you may find disposable gloves made of other materials, such as neoprene. The following nitrile gloves are a recommended choice:

<table>
<thead>
<tr>
<th>GLOVE TYPE</th>
<th>DEFINITION</th>
<th>ADVANTAGE</th>
<th>PROTECTION LEVEL</th>
<th>USAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrile protective</td>
<td>Made of synthetic material offers robust</td>
<td>Stretchy, durable</td>
<td>Chemicals, viruses</td>
<td>• Kitchen</td>
</tr>
<tr>
<td>gloves</td>
<td>protection.</td>
<td></td>
<td></td>
<td>• Food service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Cleaning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Grounds maintenance</td>
</tr>
</tbody>
</table>

2. Apron, Gown or similar body protection:
   a. For high risk exposure situations beyond the scope of this document.

3. Eye protection – goggles or face shield:
   a. Eye and face protection should be available to emergency responders, first aid attendants, and crew members performing work that poses a risk of eye or face contamination. As outlined in the Exposure Control Plan for Biological Agents:
      i. Face shields should be worn where there is a risk of splashes of blood or other body fluids.
      ii. Safety glasses or face shields are recommended where splash hazards are present when cleaning up blood or other potentially infectious materials.

4. Respirators – use of masks:
   a. Use of Surgical Masks:
      Masks should be used by sick people to prevent transmission to other people. A mask will help keep a person’s droplets in.

      It may be less effective to wear a mask in the community when a person is not sick themselves. 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, such as when adjusting the mask (BC Centre for Disease Control).

      It is not recommended that people who are well, wear a mask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for healthcare workers and other people who are taking care of someone infected with COVID-19 in close settings such as at-home or in a healthcare facility (Centre for Disease Control).

   b. Use of N95 Filtering Facepiece Respirators:
      The N95 mask (filtering facepiece respirator or FFR) is typically worn by workers directly involved in an aerosol generating medical procedure (as defined by Health Canada) and should not be worn by staff unless specified in a SWP. 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.

**Cleaning, Sanitizing and Disinfecting Protocols**

Coronaviruses are enveloped viruses. This means they are one of the easiest viruses to kill with the appropriate disinfectant when used according to the label directions.

Increase cleaning and disinfection frequency of high-touch surfaces and high traffic areas to reduce the risk of spreading COVID-19.

1. Definitions:
   - **Cleaning:** The BCCDC defines cleaning as "the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth." It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
   - **Sanitizing:** Sanitizers are used after cleaning to reduce bacteria on surfaces where surfaces must remain food grade safe. The CDC defines a sanitizer as an "agent that reduces the number of bacterial contaminants to safe levels as judged by public health requirements." Disinfectants are different from sanitizers in that they have a greater ability to destroy pathogens, bacteria and viruses.
   - **Disinfecting:** Disinfecting is the process required for all hard (non-porous) surfaces to combat the spread of COVID-19. The CDC defines a disinfectant as "usually a chemical agent (but sometimes a physical agent) that destroys disease-causing pathogens or harmful microorganisms but not kill bacterial spores."
     - i. Refer to/use Health Canada’s list and recommendations for disinfectant product choices (see link below).
     - ii. Follow manufacturer’s instructions for all products used.
     - iii. Never mix bleach with ammonia or any other cleanser.
     - iv. Never apply disinfectants to the human body.

---

**Health Canada List of Hard-Surface Disinfectants:**


2. Protocols for Hard (non-porous) surfaces:
   - a. If surfaces are dirty, they must be cleaned with soap and water prior to disinfection.
   - b. Frequently touched surfaces should be cleaned at least twice per day.
   - c. A checklist of recommended hard surfaces for disinfecting is provided in Appendix E including but not limited to the following areas/items:
     - i. bathrooms, kitchens, offices, staff only areas, break/lunch rooms, workshops, storage areas, locker rooms:
       - doorknobs, door push bar, door handles
       - counter tops, sinks, basins
       - toilets, paper dispensers
ii. For electronic devices that will be touched by staff, the public or both, install wipeable covers where possible. If no manufacturer guidance is available, used alcohol based wipes or sprays containing at least 70% alcohol.

**Signage / Awareness Resources**
A wide variety of COVID-19 workplace instructional and reminder signage is available online (see sample links below). Post this signage at key locations such as but not limited to the following:
- Entries/exits to sites/facilities/yards/buildings
- Common staff areas, ie. lockers, lunch room, washrooms
- In work vehicles and on equipment
- At equipment cleaning pads and fuel pumps
- Supply/storage rooms

http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters

**Section 7: Staff Communication/Interaction, Scheduling/Tasking, Training**

1. Maintain physical distancing between co-workers as much as possible (see sections 6 & 10).
2. Consider staggering shifts and breaks, e.g. create two crews with alternating shifts.
3. Shift Preparation:
   a. All employees must wash hands with soap for at least 20 seconds once they arrive at work, every time they enter and leave any facility, site, shop, yard, and frequently throughout your shift (see Section 6).
   b. Personal Protective Equipment (PPE) is to be provided to employees as required for operational duties (see Section 6).
4. Minimize staff entry into operations buildings:
   a. Proceed directly from personal vehicles to work vehicles whenever possible.
   b. Minimize use of locker rooms:
      i. Only 1 person allowed in locker/change room at a time.
      ii. Remove all non-essential items from lockers.
      iii. Employees to disinfect all surfaces that they have touched with wipes or spray after use and as they are exiting the area.
      iv. Keep personal effects in employee’s vehicles.
   c. Washrooms:
      i. Only 1 person allowed in washroom at a time.
      ii. All touch points must be disinfected after each use, e.g. sink, toilet, etc.
   d. Lunch room/meal breaks:
      iii. Maintain physical distancing during all breaks.
      iv. Encourage employees to have meal breaks outside, in their vehicle or on site.
e. Where use of lunchroom is necessary:
   i. Fridge, microwave, coffee machine, dishwasher use to be minimized.
   ii. Before and after any use, all touch points must be disinfected.
   iii. All dishes must immediately be cleaned or placed in the dishwasher after use.
   iv. Each employee is to disinfect any surfaces they have come in contact with after each use.

5. Eliminate all in-person staff meetings:
   a. Communicate task assignments via email, text and/or radio.
   b. Assign individuals specific vehicles, radios, tasks, mowers and other equipment (see Section 10 for equipment protocols).
      i. Disinfect radios prior to distributing to staff. (see Section 6)

6. Eliminate timecards/clock. Have staff communicate hours electronically.

7. Orientation/Training:
   a. When possible, minimize training on new tasks by keeping staff on tasks they have already been trained on.
   b. If it becomes necessary for training on a specific task, maintain physical distancing protocols as much as possible, e.g. have staff review standard operation procedures, watch manufacturers training videos prior to hands-on training.
      i. For hands-on training where physical distancing is not possible refer to Section 6.

8. Uniforms / Work Clothing:
   a. Wash uniforms and work clothes daily.
   b. Employees may consider changing out of work clothes upon returning home.

Section 8: Site/Facility Access

1. Site Visit Restrictions:
   a. Every operation needs to consider its own definition of essential and permissible site visitors.
   b. All site visitors:
      i. Must follow exposure control protocols in this document.
      ii. Should be scheduled whenever possible.
      iii. Should be assessed for COVID-19 symptoms upon arrival to the site.
      iv. Should be closely monitored while onsite and be restricted to minimal interaction with employees.
   c. Non-essential site visits should be avoided.

Section 9: Shop, Yard and other Common Operations Area Protocols

1. Operations facility access (also see Section 8):
   a. Only essential visitors should be permitted, e.g. deliveries.
   b. Block doors open wherever possible so handles do no need to be touched.
c. Restrict access to certain areas of shop, e.g. only equipment technicians allowed in repair/bay areas.

2. Operations facility cleanliness:
   a. All doors hands, counters, light switches, fuel handles and other high touch items must be disinfected three times per day:
      i. Once grounds crews have left the facility.
      ii. After lunch.
      iii. At the end of each shift.

3. Ensure good ventilation wherever possible.

4. Where your facility has approved certain work requirements in closer contact than 2m (6 ft):
   a. Employees must wear PPE (see Section 6).
   b. After finishing spray touched surfaces with disinfectant and wash hands.

Section 10: Equipment and Tool Use, Cleaning, Maintenance

1. Vehicles, mowers, equipment (hand or power), tools, etc:
   a. All vehicles to be single occupancy. Personal vehicle use can be considered.
   b. Each employee is required to disinfect their own equipment/tools before and after use (see point 2).
   c. During the course of a shift, do not share vehicles, mowers, radios, tools and other hand or power equipment.

2. Equipment cleaning:
   a. PPE equipment must always be worn when disinfecting equipment.
   b. Clean and fuel equipment as per usual.
      i. Use electronic methods to record fuel usage / hours / mileage.
   c. Disinfect fuel pump handle/nozzle after use.
   d. Spray equipment with disinfectant on all touch point areas including but not limited to the following:
      i. key(s)
      ii. steering wheel
      iii. seats
      iv. arm rests
      v. gear shift
      vi. console / cub holders
      vii. roof safety handles
      viii. light and other switches
      ix. gas caps/lids
   e. Once disinfected, consider placing signage in vehicle, ‘This vehicle has been disinfected with an approved bleach solution’.
Section 11: Public Use Facilities and Amenities

For all public use facilities, structures and amenities, PHO orders must be followed along with Health Canada, regional authorities and internal policy. This section offers some reminders/suggestions, specific to sportsfield managers, that may not be included in general orders.

Cleaning and disinfecting public spaces during COVID-19 – Health Canada

1. Washroom facilities – many public washrooms have been closed, consult your internal policy.

2. Play field and play grounds if closed:
   a. If not fenced and/or lockable, should have caution tape around the circumference and appropriate signage posted.
   b. Goals and onsite equipment:
      i. All moveable goals to be made unusable, e.g. chained and locked.
      ii. All removable equipment to be dismantled and stored off site.

3. Play field and play grounds where open:
   a. Post signage with any usage restrictions and physical distancing reminder.

4. Garbage bins:
   a. Remove lids or make permanently open.
   b. Empty bins separately from all other tasks to minimize exposure.
   c. Do not sort recyclables.

5. Benches and tables:
   a. Benches and tables that cannot be removed should be taped off and signed to prevent use.

6. Public signage – consult internal policy:
   a. Suggested minimum, post reminder signage at three locations per field and at all site washrooms:
      i. Physical distancing between public and maintenance personnel.
      ii. Hand-washing.
      iii. Field closed signs if facility has been closed.
      iv. Others as needed.

Section 12: User/Public Interaction and Management

Interaction between operations staff and the public/sportsfield users was discussed at length by our committee. Aside from physical distancing precautions already noted in Section 6 and other exposure control measures, it was felt that further protocols were outside the scope of this document and that all sportsfield managers and personnel should develop their own internal policy regarding general public interaction with staff if not already in place.

END OF DOCUMENT
Appendix A: COVID-19 Info Sheet (Public Health Agency of Canada)

## Appendix B: Sample Position Risk Assessment (source – Township of Langley)

<table>
<thead>
<tr>
<th>Position</th>
<th>General Risk Level</th>
<th>Control Measures/Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firefighters/First Responders</td>
<td>High</td>
<td>Regular and effective hand hygiene / General Precautionary Measures / Operational Guidelines / PPE</td>
</tr>
<tr>
<td>First Aid Attendants / Operational Field Staff unable to maintain physical distancing</td>
<td>Moderate</td>
<td>Regular and effective hand hygiene / General Precautionary Measures / Safe Work Practices / PPE</td>
</tr>
<tr>
<td>Caretakers / Janitors / Building Service Workers / Operational Field Staff able to maintain physical distancing</td>
<td>Low to Moderate</td>
<td>Regular and effective hand hygiene / General Precautionary Measures / Safe Work Practices / PPE</td>
</tr>
<tr>
<td>Front Counter/Office Staff: Civic Facility / RCMP Detachment / Operations Centre</td>
<td>Low to Moderate</td>
<td>Regular and effective hand hygiene / General Precautionary Measures</td>
</tr>
<tr>
<td>Supervisors / General Staff</td>
<td>Low</td>
<td>Regular and effective hand hygiene</td>
</tr>
</tbody>
</table>

**NOTES:**
- The above table is a very general assessment
- Individual positions and tasks will involve specific risks which will require assessment by supervisory personnel in consultation with employees
- Also noted is that most public spaces are now temporarily closed to the public
Appendix C: Physical Distancing Info Sheet (source BCCDC)

Physical distancing
Protect yourself, your loved ones and your community from COVID-19
(March 23, 2020)

Physical distancing means making changes in your everyday routines in order to minimize close contact with others.
Keeping about two metres apart when we are outside our homes is something we can all do to help stop the spread of COVID-19.

Here are some other tips to practice physical distancing while keeping up mental wellness:

- Greet with a wave instead of a handshake, kiss or hug
- Exercise at home or outside
- Get groceries and medicines at off-peak times
- Go for a walk with family or others you are living with
- Work from home
- Use food delivery services or online shopping
- Go outside for some fresh air
  - Go for a run, bike ride, rollerblade, snowshoe, walk the dog or get the mail while maintaining safe physical distance from others.
- Use public transportation at off-peak times
- Have kids play in the backyard or park

Remember to:

- Stay at home when you’re sick, even if symptoms are mild
- Avoid crowded places and non-essential gatherings
  - No play dates, group walks, basketball games or gathering on the beach
- Take care of your mental well-being through checking in with loved ones and self-care
- Cough and sneeze into your elbow or sleeve
- Wash your hands regularly

Learn more at bccdc.ca/covid19

Appendix D: Handwashing Poster (source – Public Health Agency of Canada)

# Appendix E: Hard Surface Cleaning / Sanitizing / Disinfecting Checklist

<table>
<thead>
<tr>
<th>Electronics and POS Equipment</th>
<th>Date / Time</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touch screens</td>
<td></td>
<td></td>
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<tr>
<td>Remote controls</td>
<td></td>
<td></td>
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<tr>
<td>Keyboards</td>
<td></td>
<td></td>
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<tr>
<td>Telephones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Service Vehicles              |             |          |
| Steering wheel                |             |          |
| Keys                          |             |          |
| Tailgate                      |             |          |
| Handles                       |             |          |

| Public areas; general         |             |          |
| Door push bar                 |             |          |
| Door handles                  |             |          |
| Door knobs                    |             |          |
| Countertops                   |             |          |
| Handrails                     |             |          |
| Light switches                |             |          |
| Tabletops                     |             |          |
| Chairs                        |             |          |

| Personnel areas; general      |             |          |
| Door push bar                 |             |          |
| Door handles                  |             |          |
| Door knobs                    |             |          |
| Countertops                   |             |          |
| Handrails                     |             |          |
| Light switches                |             |          |
| Handheld devices              |             |          |
| Light switches                |             |          |
| Sound system                  |             |          |
| Remote controls               |             |          |
| Tabletops                     |             |          |
| Chairs                        |             |          |

| Bathrooms                     |             |          |
| Door handles                  |             |          |
| Countertops                   |             |          |
| Sinks                         |             |          |
| Toilet flushers               |             |          |
| Toilet paper dispenser        |             |          |
| Paper towel dispenser         |             |          |

| Kitchens                      |             |          |
| Door handles                  |             |          |
| Countertops                   |             |          |
| Sinks                         |             |          |
| Paper towel dispensers        |             |          |
| Dishwashers                   |             |          |
| Fridges                       |             |          |
| Freezers                      |             |          |
Appendix F: Occupational First Aid Attendant Protocols
(source - BC Construction Safety Alliance)

The following document outlines the steps to take for assessing first aid needs and additional precautions for occupational first aid attendants to add to their procedures.

Introduction
First aid is an essential workplace service required by the BC OHS Regulation. During a pandemic, these services must continue to be provided for our worksites to function. Occupational First Aid Attendants (OFAA’s) may need to modify their standard protocols for first aid treatment to reduce the potential of transmission.

As circumstances change and workplaces adjust, identifying the correct level of first aid services for every operational shift is crucial. If the number of workers on a shift has changed or the hazard level has increased or decreased it is important to assess what is needed. Key pieces of information, determined through a detailed first aid risk assessment, will confirm what level of service is required. WorkSafeBC has created assessment tools to assist with first aid risk assessments which can be found here:


The first aid risk assessment will help determine the type of Exposure Control Plans (ECP), including control measures recommended by health authorities and regulatory bodies, that are needed. Guidance on assessment and development of Exposure Control Plans for OFAA’s can be found here:

https://www.bccsa.ca/_customelements/uploadedResources/BCCSACOVID19EXPOSURECONTROLPLANApr15th.pdf

When Providing First Aid Care
Designated First Aid Attendants will perform the following procedures, including the priority action approach as per their training, for each patient.

1. As soon as the call for first aid is received, the first aid attendant should, if possible:
   - Find out if the patient is conscious and capable of answering. Ask the worker the BC COVID-19 Self Assessment Tool questions to verify the current status of their health.
   - Determine the circumstances surrounding the call for help.
   - If there are any symptoms of COVID-19, send the patient home or to medical aid when it is safe to do so. Follow the instructions of the BC COVID-19 Self-Assessment Tool or call 8-1-1 for more information.
   - If required, call 9-1-1.

2. If no critical interventions are required; the first aid attendant should interview the patient from a (physical) distance and ask:
When Providing First Aid Care – continued

- Is anyone sick or in self-isolation in your household?
- Have you been in contact with anyone who is sick?

3. The first aid attendant should determine if the patient has a minor injury and can treat themselves:
   - Can the patient treat the minor injury based on the first aid attendants’ instructions?
   - If the answer is yes, direct the patient to treat themselves as per the proper OFA Protocol.

4. If the patient cannot treat themselves, based upon a review of the situation, the attendant should don the appropriate level of Personal Protective Equipment (PPE) to provide treatment:
   - Hands should be washed first, then gloves need to be put on. Ensure your gloved hands do not touch your face or any other exposed skin areas.
   - Instruct the patient in the steps needed to provide first aid to themselves, as much as reasonably possible.
     i. For example, you can instruct the patient to wash their hands, wash their wound, grab a bandage, open the bandage, and put the bandage on themselves.
   - If you must come within 2 metres, masks may provide protection against transmission when used by both the first aid attendant and patient. This can be a DIY mask. Medical masks and N95 masks should be left for high risk patients.

Additional information on PPE can be found here: https://www.bccsa.ca/_customelements/uploadedResources/BCCSACOVID19DISTANCINGNOTPOSSIBLEAPR17.pdf

When Performing CPR

The risk of disease transmission is low while performing CPR, especially when using a breathing barrier. If you are uncomfortable or have not been trained to perform traditional CPR, have someone call 9-1-1 and start Hands-Only CPR (continuous chest compressions without any mouth to mouth contact) until someone else takes over or emergency help arrives. Use protective gloves, if available.

First Aid Treatment (for a patient with suspected COVID-19)

First aid providers caring for people with suspected COVID-19 should follow standard precautions. Have the sick person place a face mask over their nose and mouth if they have not done so already. Limit contact by staying back at least 2 metres, if possible, until that person has done so.

Try to limit the number of individuals in contact with the sick person. Those who provide direct care for someone who may have COVID-19 should wear respiratory protection (e.g. N95 mask, P100), eye protection, disposable gloves, and a disposable isolation gown, if possible. A surgical mask or face shield could be used if respiratory protection is not available. The BC Centre for Disease Control has
advised that non-medical masks (e.g. home-made cloth masks) can be used as an interim measure if commercial masks are not available.

**Cleaning Procedures**

While wearing PPE, clean and disinfect items which have touched the patient. After cleaning, dispose of PPE and any exposed clothing and perform hand hygiene.

The area should be cleaned and disinfected as soon as possible after treatment has completed with either soap and water or 70% isopropyl alcohol.

Follow the COVID-19 Enhanced Surface Cleaning and Disinfection protocol here: https://www.bccsa.ca/_customelements/uploadedResources/BCCSACOVID19ENHANCEDcleaningAPR14th2020.pdf

**For First Aid Attendants**

First Aid Attendants who had contact with persons known or suspected to have COVID-19 should monitor themselves for symptoms for a minimum of 14 days (fever, cough, breathing difficulties/shortness of breath, or other symptoms). If these symptoms occur, they should self-isolate and immediately contact their healthcare provider and 8-1-1.

At the time of this document, WorkSafeBC has not posted any specifics for providing first aid to a presumed/suspected COVID-19 patient. The above guidelines are based on the current first aid attendant standards, provincial and federal guidelines. This document will be updated as further guidance presents itself.
Appendix G: Sample Safe Work Practice – Social Distancing
(source – Township of Langley)

INTERIM SAFE WORK PROCEDURE
SOCIAL DISTANCING AT WORKSITE DURING COVID-19 PANDEMIC

DATE PREPARED: April 2, 2020
DATE REVISED: 
PREPARED BY: S. Ciparis in consult with E. Carefoot (Occupational Hygienist)
APPROVED BY: S. Ciparis
REVISED BY: n/a
REFERENCES: TOL COVID-19 Virus Exposure Control Plan; Biological Agents Control Program, TOL Personal Protective Equipment Program, TOL Respiratory Program, BCCDC

HAZARDS: COVID-19 (Novel coronavirus)

PERSONAL PROTECTIVE EQUIPMENT:
- Respiratory protection
  - N95 filtering facepiece respirator or
  - ½ or full facepiece respirator (with P100 cartridges or P100 within a combination cartridge)
  - surgical mask (alternative if others not available)
- Eyewear (CSA safety glasses)
- Gloves (impervious, nitrile)
- Coveralls (optional)

EQUIPMENT:
- Alcohol based wipes or disinfectant and cloths
- Hand sanitizer
- Washing facility (soap and water) or hand sanitizer
- Disposable garbage bags
- Barrier (tape, cones, delineators)

PURPOSE:
This Safe Work Procedure (SWP) is meant to provide guidance on social (physical) distancing requirements as a result of the COVID-19 pandemic.

Revisions and updates to this guidance may occur as new information becomes known (e.g., instructions from Provincial Health Officer, Fraser Public Health).

PROCEDURES:
Always remember to implement necessary COVID-19 requirements:
- Do not come to work if you are ill or displaying symptoms
- Wash your hands often for at least 20 seconds or use hand sanitizer
- Avoid touching your face
- Cough or sneeze into the bend of your arm
- Avoid touching surfaces people touch often

Foreman/Supervisors to document discussions on social distancing and list all participants on the tailgate form.

Social Distancing is maintaining 2 arm lengths (approx. 2 meters) to other workers/public as a result of the COVID-19 pandemic.
Maintain social distancing whenever possible including at the beginning and end of the day and during breaks.

Conduct meetings in smaller groups or share information electronically

If social distancing cannot be maintained for work tasks which are approximately 5 minutes in duration or longer:
- Consider whether or not the task is truly essential at this time:
  - Can the task be delayed?
  - Can it be safely done in another way?
- Can the number of workers involved be reduced to one?
- Lastly, if the task must be completed in close proximity due to operational needs, employees are to wear additional PPE and follow the procedures below

Prior to Start of Work in Close Proximity:
1. Wash hands or use hand sanitizer
2. Put on nitrile gloves
3. If required, install a perimeter barrier using barrier tape to restrict immediate access to workers or the public not directly involved in the work
4. Don N95 mask or respirator
5. Put on safety glasses or goggles depending on task
6. Follow all other recommended good-hygiene protocols (wash hands frequently, guard coughs/sneezes, avoid touching your face)

End of Job Tasks in Close Proximity:
1. Reestablish social distancing
2. Wipe down high touch surfaces including tools and equipment
3. Clean gloves with soap and water or use hand sanitizer
4. Remove mask and eyewear
5. Place disposable PPE (eg. N95 mask and cleaning wipes) in garbage bag keeping gloves on till the last
6. Thoroughly clean reusable PPE, including items such as eyewear, respirator facepieces (and cartridges) after use and before putting away
7. Remove gloves
8. Seal the disposal bag and store it with other garbage
9. Wash hands with soap and water or hand sanitizer
10. Do not wear overalls home, ensure a change of clothes

If at any time you are feeling unwell, remove yourself from the area and call your supervisor and manager.

If at any time during the performance of this work something outside of the normal occurs, contact your job Supervisor for further instruction.

Facemask Alternatives
It must be remembered that at the time of writing of this interim guidance general wearing of face masks, regardless of physical distancing, is not required (http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/prevention). Their use is primarily meant for healthcare worker protection.

Depending on the availability of PPE during the pandemic, face coverings may be practicable where social distancing cannot be maintained for a prolonged period (more than incidental ‘passing’, e.g., greater than 5 minutes).