

Exposure Control Plan – COVID-19

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1. INTRODUCTION

Purpose

Richmond Public Library is committed to providing a safe and healthy workplace for all our staff. A combination of measures will be utilized to minimize staff exposure to COVID-19. Our work practices and procedures will protect not only our staff, but also the public who enter our facilities. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to COVID-19.

Policy

Richmond Public Library will strive to find ways to control or eliminate exposure to COVID-19 by developing and implementing proper controls, safe work procedures and educating and training its workers. The library will follow direction and controls as specified by the World Health Organization, BC Centre for Disease Control, WorkSafeBC, the Provincial Health Officer and the local Health Authority's Medical Health Officer.

Scope

This program applies to all Richmond Public Library staff who could be at risk of exposure to COVID-19.

Definitions

BCCDC: British Columbia Centre for Disease Control

COVID-19: A mild to severe respiratory illness that is caused by a coronavirus. It is transmitted chiefly by contact with infectious material (such as respiratory droplets), and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure. Also known as SARS-CoV-2 or the coronavirus.

Influenza: A common respiratory disease caused by a highly contagious virus that changes slightly from year to year (also known as the flu). Flu-like illnesses also have the same type of symptoms as influenza that has a known or unknown origin.

MHO: Medical Health Officer

N95 Respirator: A personal breathing device (respirator) that provides a barrier to protect workers from a variety of communicable diseases (airborne and droplet).

Pandemic: An epidemic over a wide geographical area or even throughout the world.

PHO: Provincial Health Officer

Physical Distancing: Maintaining two meters/six feet between people

PPE: Personal Protective Equipment

WHO: World Health Organization

2. RESPONSIBILITIES

Management

- Ensure that the materials and resources required to implement and maintain the plan are readily available where and when they are required.
- Select, implement, and document the appropriate specific control measures.
- Ensure that Supervisors and workers are educated and trained to an acceptable level of competency.
- Require staff exhibiting symptoms of COVID-19 in the work place to go home and seek medical advice, as required.
- Ensure staff who have returned from international travel follow the mandatory self-quarantine requirements.
- Ensure staff are aware about the most effective and up-to-date methods of preventing exposure to COVID-19 as recommended by the PHO (physical distancing, personal hygiene, and staying home when sick).
- Conduct a periodic review of the plan's effectiveness.
- Ensure that a copy of the exposure control plan is available to staff.
- Close facilities or limit services to the public if warranted and/or as directed by the applicable health authority.

Human Resources

- Provide information to staff on COVID-19.
- Keep copies of any records or concerns related to COVID-19.
- Act as a resource for any staff with questions or concerns.

Supervisors

- Ensure that workers are adequately instructed on the controls for the hazards at the location.
- Direct work in a manner that eliminates or minimizes the risk to staff.
- Send staff home if they are ill with symptoms associated with COVID-19 and/or have been diagnosed by a medical practitioner to have the flu.
- Ensure that physical distancing is maintained.
- Ensure staff understand when PPE is required.

Workers

- Ensure staff are following all recommended guidelines around the prevention of COVID-19 such as physical distancing, personal hygiene and staying home when sick.
- Remain home if exhibiting COVID-19 like symptoms and stay home until symptoms are gone.
- Follow established work procedures as directed by the employer or supervisor.
- Use of required PPE as instructed.
- Report any unsafe conditions or actions to supervisors and document them using our current Health and Safety Concern Form.
- Understand the information in this exposure control plan.

3. RISK IDENTIFICATION

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing), and touching surfaces contaminated with the virus.

- COVID-19 is a new virus; humans have little or no pre-existing immunity.
- Symptoms of the COVID-19 may include but are not limited to: fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue and loss of appetite. Fever may not be prominent. Symptoms can range from mild to severe.

Assistance with diagnosing COVID-19 from existing symptoms can be obtained by calling HealthLink BC at 8-1-1. Staff should not hesitate to call if unsure.

This information is accurate as of May 19, 2020.

Exposure/Risk Assessment

Infectious Transmission

Direct contact involves skin-to-skin contact.

Indirect contact involves touching a contaminated object such as a table, doorknob, telephone, money or a computer keyboard, and then touching their eyes, nose, or mouth.

Large droplet transmission may be generated when an infected person coughs or sneezes. Droplets travel a short distance through the air, and can be deposited on surfaces (leading to indirect contact transmission), or in the eyes, nose, or mouth.

Inhalable aerosols can be generated from coughs and sneezes as they produce both large droplets and smaller airborne aerosols. The smaller particles remain suspended in air for longer periods, and can be inhaled. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced. Two meters (six feet) is considered a safe distance away. Small enclosed areas, especially where there is limited ventilation is an increased risk factor for infection. As the number of infected people in a room increases, the risk of infection can increase.

Infectious fluids, all respiratory secretions and other bodily fluids should be considered infectious with the COVID-19 virus.

Risk assessment

The risk assessment shown in Table 1 below sets out the risk of exposure and minimum COVID-19 control methods library staff roles will be evaluated on.

Table 1 Risk assessment and control methods for assessing Library task and positions. This risk assessment is consistent with WorkSafeBC guidelines.

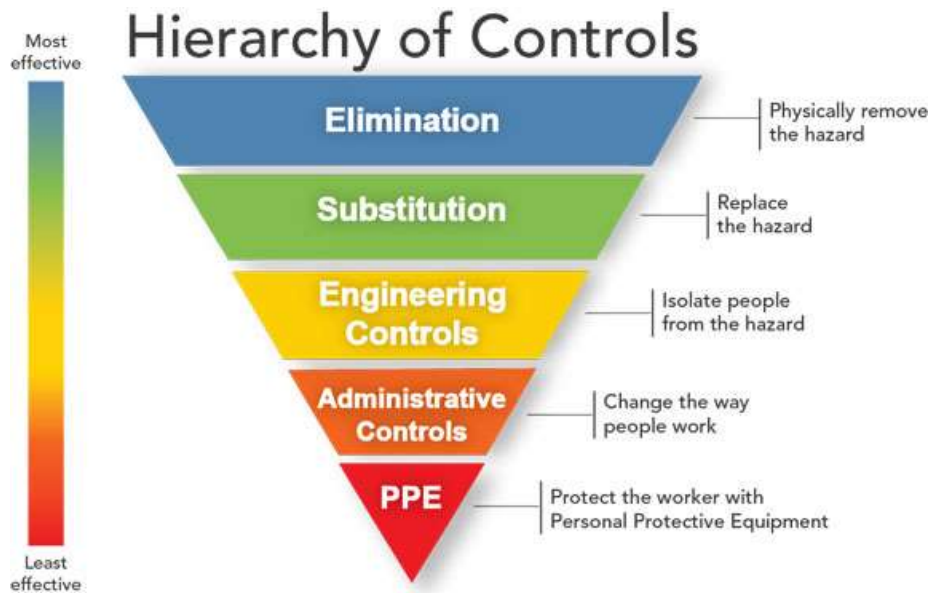
	Low risk: Staff typically have no contact with COVID-19 infected persons and are unlikely to handle infectious materials from the public.	Moderate risk: Staff may be exposed to infected persons from time to time in relatively large, well ventilated workspaces and/or the handling of infectious materials from the public is possible.	High risk: Staff will contact infected persons closer than two meters (six feet), or with infected persons in small, poorly ventilated workspaces and/or the handling of infectious materials from the public is expected and required.
Physical distancing	Yes. Two meter (six feet) distance from public and staff members at all times.	Yes. Two meter (six feet) distance from public and staff members at all times.	Yes. Two meter (six feet) distance from public and staff members at all times.
Hand Hygiene	Yes (washing with plain or antimicrobial soap and water; or use of hand wipes that contain effective disinfectant)	Yes	Yes
Disposable gloves	Not Required	Not required (unless handling contaminated objects on a regular basis)	Yes
Respiratory Protection: respirators	Not Required	No, maintain two meter (six foot) distance from ill persons. Reassess as required.	Yes, if in close contact with someone displaying COVID-19 symptoms

Table 2 Risk of Exposure to Infectious Fluids Related to Job Positions and Tasks

LEVEL OF RISK	POSITION/TASK	CONTROL PROCEDURES
Low	Administrative staff (including IT, Marketing) with no or transient contact with clients or colleagues displaying COVID-19 symptoms.	Hand hygiene, maintain two meter (six foot) distance from customers and colleagues. Request to reschedule meetings or hold virtual meetings if client displaying COVID-19 like symptoms when possible.
Low/Moderate	Public service staff interacting with the public and/or receiving physical items from the public who could be displaying COVID-19 like symptoms from time to time	Hand hygiene and try to maintain two meter (six foot) distance from customers and colleagues.
Moderate	Building Service Worker, possibly cleaning body fluids	Hand hygiene, disposable gloves. Try to maintain two meter (six foot) distance from customers and colleagues. Follow same procedures for Blood and Body fluids
Moderate	First Aid Attendant	Disposable gloves, hand hygiene. N95 respirators when patient displaying COVID-19 like symptoms. Assess patient from as far back as possible.

Risk Control

The Regulation requires us to implement infectious disease controls in the following order of preference (Hierarchy of Controls):



Elimination or Substitution refers to the ability to eliminate the hazard or replacing the exposure process with a less hazardous one. In our first phase of closing the facilities to the public and having staff work from home, we utilized this method of control to the best of our ability. However, as there is now a gradual restoration of services across the province this method is no longer effective as COVID-19 symptoms are similar to influenza and cold symptoms which will exist among the general population. It is impossible to differentiate a diagnosis without medical testing.

Engineering controls refer to the use of work equipment or other means to prevent exposure to the hazard. HVAC systems have been shown to help minimize the spread of the virus in high occupancy areas. Other such controls would include plexiglass barriers in areas where there is usual contact with the public, automated devices, wedges to prop doors open (where appropriate) to minimize touching, just to name a few.

Administrative controls include physical distancing, staggered schedules, remote work, clear signage, hand washing, cough/sneeze etiquette among other methods.

It is important to note that while physical distancing, in practice, is considered an administrative control, it has been identified by various health agencies and BC's Provincial Health Officer as the most effective method of preventing the spread of COVID-19 and as such, should be the first measure considered when applying risk mitigation measures.



Personal Protective Equipment would be the wearing of respirators, coveralls/turnout gear, gloves, goggles and/or face shields.

Safe Work Practices

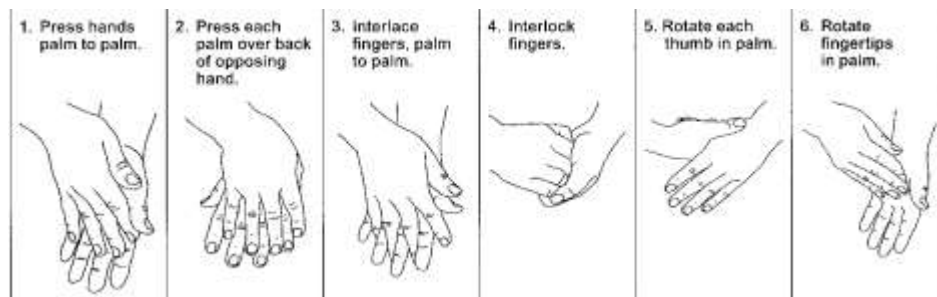
Hand Washing and Hygiene

Hand washing is one of the best ways to minimize the risk 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 immediately:

Effective date: May 20, 2020
Date of last review: June 17, 2020

- Before leaving a work area
- After handling materials that may be contaminated
- Before eating, drinking, smoking, handling contact lenses, or applying makeup.



Use soap and warm running water; it does not have to be hot to be effective. **If water is unavailable**, use a waterless hand cleanser that has at least 70% alcohol. Follow the manufacturer's instructions on how to use the cleanser. Wash and rinse your hands for at least twenty seconds. Staff should avoid touching your face, nose, and mouth and avoid rubbing your eyes. Personal hygiene should be maintained, and routine handwashing must take place. Dispose of anything that meets your mouth such as tissues or plastic eating utensils.

Cough and Sneeze Etiquette

Workers are expected to follow cough/sneeze etiquette, which is a combination of 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 a sleeve or tissue when coughing or sneezing
- Use tissues to contain secretions, and dispose of them promptly in a waste container
- Turn your head away from others when coughing or sneezing
- Wash hands regularly



Employees will report to their supervisors when they are sick with COVID-19 or if they have flu-like symptoms in the workplace. Employees will call their supervisor from home if onset of symptoms occurs at home or away from the workplace. Staff should consult with their supervisors to determine if the Extraordinary Pandemic Leave Plan Policy is applicable to their situation.

As per the BCCDC recommendations, staff should be tested for COVID-19 if they have any cold, influenza or COVID-19 symptoms and then to self-isolate until results are received. Staff who test negative should continue to remain off work until the symptoms resolve. Staff who test positive will be contacted by public health and further instructions given.

Physical Distancing

Staff are required to ensure they maintain at least six feet or two meters away from other workers. Large group congregation should be avoided. The library will strive to limit groups of workers coming together for training/orientation, lunch, meetings/huddles etc. Staff should not congregate at the entrances, work areas, staff room, washroom facilities etc. The library will ensure that tasks that may involve two staff will be conducted with the minimum distancing. Where this is not possible, additional equipment will be used to assist with the task. This will ensure that potential transmission can be minimized.

Cleaning and Disinfecting

Extensive cleaning and sanitizing of work areas, hard surfaces, vehicles, tools, meeting rooms and hard porous surface areas will be cleaned before and after use on a regular basis. Approved disinfectants will be used as recommended by the City of Richmond. Safety Data Sheets will be made available.

Gloves

Staff who are required to utilize disposable gloves as per Table 2, will be provided with these. These should be worn as per job/safe work procedure requirements. This will reduce the likelihood of transmission and may reduce the instance of workers touching their eyes, nose or ears. Best practices around disposable glove use:

- Wash your hands prior to placing gloves on and immediately after removing gloves.
- Do not use gloves that have pinholes or tears.
- If you touch your eyes, nose or mouth while wearing the gloves, they must be changed.
- Remove and safely dispose of them after each use.



4. TRAINING

Staff will be provided training for the procedures listed above and additional education will be given on the risk of the COVID-19 if and as further relevant information is released by the Vancouver Coastal Health Authority.

Training will be in form of staff bulletins, email communication, Wiki postings and as needed, in person meetings.

5. RECORD KEEPING

Employees may submit a WCB Form 6A form to their supervisor to report an exposure if they are certain exposure happened at work.

Richmond Public Library will keep records of instruction and training provided to workers regarding COVID-19 and first aid records.

6. DOCUMENTATION

Appendix A – Prevention is Key poster

Appendix B – Curbside Holds Pickup Welcoming You Safely public poster

Appendix C – 6 Steps to Wear a N95 Mask


Appendix D – How to Wear a Reusable Mask

Appendix E – Tips – How to care for your face shield

Appendix A – Prevention is Key poster

PREVENTION IS KEY

Prevent the spread of Coronavirus (COVID-19)




WASH YOUR HANDS OFTEN
with soap and water for at least 30 seconds or use an alcohol-based hand sanitizer.



AVOID TOUCHING
your eyes, nose and mouth with unwashed hands. Avoid close contact with people when you are sick.



STAY HOME IF YOU ARE SICK



COVER YOUR MOUTH AND NOSE
with a tissue or your sleeve (not your hands) when coughing or sneezing.

HOW TO HAND WASH

- 1**



Wet hands with warm water.
- 2**



Apply soap.
- 3**



Lather soap and rub hands palm to palm.
- 4**



Rub between and around fingers.

LATHER HANDS FOR A TOTAL OF 30 SECONDS.

- 5**



Rub back of each hand with palm of other hand.
- 6**



Rub fingertips of each hand in opposite palm.
- 7**



Rub each thumb clasped in opposite hand.
- 8**



Rinse thoroughly under running water.

- 9**



Pat hands dry with paper towel.
- 10**



Turn off water using paper towel.

For accurate, up-to-date information and updates on COVID-19, please visit:
 Vancouver Coastal Health: www.vch.ca
 BC Centre for Disease Control: www.bccdc.ca



Richmond Public Library

Curbside Holds Pickup Service

Welcoming you safely

Thank you for your visit today. Please note:



Stay at home if you have a cold, the flu and/or symptoms of COVID-19



Wait to use this service if you've been outside of BC in the last 14 days



Maintain a 2 metre distance between yourself and others



Limit touch points



Follow posted signs and library staff instructions



To quote Dr. Bonnie Henry:
"Be calm, be kind, be safe"

Appendix C – 6 Steps to Wear a N95 Mask

6 Six Steps to wearing the N95 MASK



Step 1

Wash your hands before putting on the mask.



Step 2

Select an N95 mask that fits you well. It is available in different adult sizes and models*.



Step 3

Hold the mask in your hand and place it firmly over your nose, mouth and chin.



Step 4

First, stretch and position bottom band under your ears. Then, stretch and position top band high at the back of your head.



Step 5

Press the thin metal wire along the upper edge gently against the bridge of your nose so that the mask fits nicely on your face.



Step 6

Perform a fit check by breathing in and out. While breathing out, check for air leakage around your face.

Elderly people, people with chronic lung disease, heart disease or stroke, and pregnant women should consult their doctor on the use of the N95 mask if they feel uncomfortable while breathing. N95 masks are not certified for use on children, so children should remain indoors as much as possible.

Appendix D – How to Wear a Reusable Mask

How to wear a reusable mask



01 Wash your hands with soap and water for at least 20 seconds.



02 Ensure the mask is right side out with the part intended for your nose on top.



03 Secure strings or elastic around your ears or behind your head so that mask fits your face without any gaps.



04 Ensure the mask covers your nose and chin.



05 Bend nose fitting to contours of your nose (if your mask has one).



06 Don't touch the mask while you're wearing it.



07 Wash your hands again before removing.



08 Remove from the back without touching the front.



09 Ideally clean in the washing machine before next use.



10 Wash your hands a final time.

CDC MMWS

Appendix E – Tips – How to care for your face shield



Do not touch the actual shield when removing. Only touching band around your head. If the shield is contaminated by touching the shield, your hands are contaminated.



DISINFECTING AND CARING FOR YOUR FACE SHIELD

updated 04/02/20

1 Locate your personal storage bag; place near your designated cleaning area.



Perform hand hygiene; put on new gloves



2 Place a wipe on table; place face shield on wipe, outside down.



Use a new wipe to disinfect the inside of the face shield. Replace the foam strip if soiled or loose. Turn the shield over.



To disinfect, follow wet contact guidelines: purple-top wipes = 2 min., gray-top wipes = 3 min., orange-top wipes = 4 min.

3 Use a new wipe to disinfect the outside of the face shield.



Use a new wipe to disinfect the wipe container and the designated cleaning surface.



4 Remove gloves



Wash hands with soap and water



Place clean shield in your personal storage bag, label it, and store in the designated area.

