

COVID-19 Workplace Safety Plan

Last reviewed: January 18th, 2021

The COVID-19 Workplace Safety Plan is intended to keep staff, contractors, and members safe while conducting co-op business. This plan is based on the Government of Ontario's guidance.

The plan will be communicated to all staff as well as third parties who access the office, and coop property and it will be revised as needed. Given the uncertainty of the current pandemic, this plan is in place until further notice.

Contents:

- 1. Workplace Safety Measures
- 2. Process in Case of Exposure or Suspect Exposure
- 3. Appendices Forms and Templates:
 - a. Staff Daily Screening Log
 - b. Staff Contact Tracing Log
 - c. Unit Contact Tracing Log
 - d. Screening Form
 - e. Staff Acknowledgement and Agreement



Workplace Safety Measures

Action	Details
Screening for symptoms and infection risks	 Staff: Staff must screen daily prior to going to the office using the following link: https://covid-19.ontario.ca/screening/worker/ Staff must update daily screening log with results daily. Staff must notify Sarah Lorenz by phone if answer "yes" to any of the screening questions. Contact Kaeli in Sarah's absence Follow the Process in Case of Exposure or Suspected Exposure if symptoms present.
	 Members and Contractors: Members must answer screening questionnaire when they place a work order request or request to meet with staff. Members should advise office is status changes. Anyone who will be in close proximity, or meeting in person, must complete screening questionnaire and ensure to follow protocols. If there is a "yes" answer to any question, work will be deferred, or member must fully isolate in a closed room away from contractors/staff while emergency work is being completed.
Contact tracing to notify potentially infected people in case of infection	 Every member of staff must update their Contact Tracing Log when they interact in person with a member, contractor, or other persons. Staff must maintain a Unit Contact Tracing log when contractors or persons are being sent to a unit on behalf of the co-op – this should include the member and contractor screenings. Contact Tracing Logs are to be kept for one month.
Increased cleaning of office surfaces	 Clean office daily every member of staff should regularly sanitize the surfaces they touch (keyboard, mouse, etc.)
Social distancing of at least 2 meters to minimize chance of transmission	 All staff must socially distance in interactions with each other and with members, contractors, or persons. Members should stay in a separate room when contractors are working on site.



	- Meeting members, contractors, or persons should only be done in case of emergency or absolutely necessary.
Wearing masks when indoors and outdoors to minimize chance of transmission	 Masks are to be worn at all times on co-op property: All staff, contractors, and visitors must wear masks while in the office, in members' units, in common areas, or on co-op property. Members must wear masks while using the laundromat, common areas, or visiting the office. Staff should consider wearing a mask when alone in the office but can remove them if NO ONE else is in office and access to office is locked.
Review government guidance to ensure compliance	Operations Coordinator to check government websites for updates and make changes to plan as needed; all changes to the plan must be communicated to staff immediately
Working remotely where possible	Staff should work remotely whenever possible to limit potential for exposure
Limit member access to the office	 Offices remain closed to the public. Keep office door locked. only meet with members in person if absolutely necessary. o if an in-person appointment is necessary, screen the member beforehand via phone call, ensure masks are worn properly, maintain distance, and wipe down all surfaces after the meeting.
Ensure stock of required safety materials	 The Office must ensure sufficient stock of: hand sanitizer, antibacterial wipes, masks and hand soap
Communicate safety plan to members and contractors	Staff are responsible for ensuring contractors and members they interact with are aware of this plan
Practice good hand hygiene, especially in common areas	Sanitize/wash hands prior to touching anything in the office or communal areas
Limit member interactions	 The team members are to avoid entering members' units wherever possible. They may only enter a members' unit for an emergency, such as flood, burst pipe, smell of gas, loss of electricity, only toilet not working, no water, no heat in winter. if they do enter, they must screen the member on the phone before entering and complete appropriate logs.



	- They must wear a face mask, gloves, and goggles when entering and note it on their log.
Notice of entry for works	 Staff must provide at least two days' notice for entry to units and ensure to provide the screening questionnaire asking members to inform us if they answer "yes" to any of the screening questions. Where possible, it is recommended that staff call the member prior to entering to double check for symptoms or potential exposure. Ensure that members are advised to wear a mask, keep distance and practice good hand hygiene.



Process in Case of Exposure or Suspected Exposure

If a member of staff has COVID-19-related symptoms or is diagnosed with COVID-19:

- 1. Exclude symptomatic member of staff from the office:
 - a. Ask them to take the <u>self-assessment</u> and follow any recommendations given by the tool, including being tested and self-isolating,
 - b. If they show symptoms while at the office, they must return home and selfisolate immediately,
 - c. If they are very ill, call 911,
 - d. Ask the member of staff to contact their doctor or Telehealth Ontario at 1-866-797-0000 for further directions about testing and self-isolation.
- 2. Contact public health:
 - a. Contact Ottawa Public Health at 613-580-6744.
 - b. Public Health will provide instructions and do contact tracing if needed ensure Contact Tracing Sheets are up-to-date and made available.
- 3. Follow public health guidance:
 - a. Possible guidance may be for other workers who were exposed to self-isolate, or for the workplace to be shut down while the office is disinfected.
- 4. Report to Ministry of Labour, Training and Skills Development:
 - a. Report is required within four days if the member of staff has tested positive due to exposure in the workplace.

If we learn that a member or contractor has been diagnosed with COVID-19:

- 1. Review the contact tracing sheets of all staff to see if they have had contact with this person in the past month.
- 2. If they have, follow steps 1-4 above.



Staff Daily Screening Log

Staff must self-screen every day before reporting to the office/work location using: https://covid-19.ontario.ca/screening/worker/

- Save results as PDF in the appropriate OneDrive Folder.
- Initial the appropriate box in the table below **to confirm that they have answered "no" to all questions**.
- If staff answer "yes" to any of the questions, they must inform the Sarah Lorenz immediately via phone. The *Process in Case of Exposure or Suspected Exposure* will be followed.

A	В				
Staff Daily Screening Log					
Staff Name	Jane Doe				
 Staff must self-screen every day before reporting to the office/work location using: <u>https://covid-19.ontario.ca/screening/worker/</u> Save results as PDF in the appropriate OneDrive Folder. Initial the appropriate box in the table below to confirm that they have answered "no" to all questions. If staff answer "yes" to any of the questions, they must inform the Sarah Lorenz immediately via phone. The 					
Process in Case of Exposure or Suspected Exposure will Date	"No" to all questions				
19-Jan-21	JD				
20-Jan-21	JD				
20 Juli 21 21-Jan-21	35				
22-Jan-21					
23-Jan-21					
24-Jan-21					
25-Jan-21					
26-Jan-21					
27-Jan-21					
28-Jan-21					
29-Jan-21					
30-Jan-21					
31-Jan-21					
01-Feb-21					
02-Feb-21					
03-Feb-21					
04-Feb-21					



Contact Tracing Log

Staff must ensure all persons they interact with complete the screening questionnaire.

- This includes members, contractors, visitors, or anyone they come into contact with while conducting co-op work.
- Staff are to update the contact tracing log for all in person interactions.
- Staff are not to come into contact with anyone who is:
 - o not wearing a mask, or not wearing one properly,
 - who have not passed screening.
 - If you support more than 1 co-operative, please ensure to put co-op name and unit in column E.

A B	Staff Conta	act Tracing I	Log	
Staff Name		Jar	ne Doe	
 Staff must ensure all persons they interact with complete the screening questionnaire. This includes members, contractors, visitors, or anyone they come into contact with while conducting co-op work. 				

• Staff are to update the contact tracing log for all in person interactions.

• Staff are not to come into contact with anyone who is not wearing a mask, or wearing one properly, or who have not passed screening.

Date	Name of Contact	Screening Passed	Phone Number	Unit or Company
19-Jan-21	John Smith	Yes	123-456-7899	Smith Contractors
20-Jan-21				
21-Jan-21				
22-Jan-21				
23-Jan-21				
24-Jan-21				
25-Jan-21				
26-Jan-21				
27-Jan-21				
28-Jan-21				
29-Jan-21				
30-Jan-21				
31-Jan-21				
01-Feb-21				
02-Feb-21				
03-Feb-21				
01_Eah_21				



Unit Contact Tracing Log

Staff must maintain this contact tracing for all persons sent by co-op to a member unit or common area.

- Contractors:
 - Ensure to remind all contractors of protocols:
 - to screen employees going to site,
 - to use proper hand hygiene,
 - to wear a mask on Co-op property,
 - to keep distance of at least 2m.
- Other Persons:
 - Ensure all persons (not contractor) sent to unit or common area:
 - Complete screening questionnaire and all answer come back as "No",
 - to use proper hand hygiene,
 - to wear a mask on Co-op property,
 - to keep distance of at least 2m.
- Members:
 - Ensure to screen for entire household.
 - Ensure to remind all members of protocols:
 - to use proper hand hygiene,
 - to wear a mask while contractor/person is in unit,
 - to keep distance of at least 2m ideally be in other room,
 - Advise office if circumstances change.

If you support more than 1 co-operative, please create a copy of the worksheet so there is one per co-operative.

A	В	C	D	E	⊦ Unit Cont	G tact Tracin	H G		J
	of Co-op:			perative Housing Co-op	perative Inc.		taff Completing Log:	L	Jane Doe
Staff must maintain this contact tracing for all persons sent by co-op to a member uni Ensure to remind all contractors of protocols: o to screen employees going to site, o to use proper hand hygiene, o to wear a mask on Co-op property, o to keep distance of at least 2m					Ensure all persons (not contractor) sent to unit or common area: o Complete screening questionnaire and all answer come back as "No", o to use proper hand hygiene, o to wear a mask on Co-op property, o to keep distance of at least 2m			Ensure to screen for entire household. Ensure to remind all members of protocols: o to use proper hand hygiene, o to wear a mask while contractor/person is in unit, o to keep distance of at least 2m - ideally be in other room, o Advise office if circumstances change.	
Date	Unit	Household Screening Passed?	Household Advised of Protocols?	Name of Member Who Completed Screening and Advised of Protocols for Household	Member Phone Number	Contractor/ Person sent Advised of Protocols?	Name of Company or Person sent to unit	Phone Number	Notes
19-Jan-21	101	Yes	Yes	Jane Doe	987-123-4567	Yes	Smith Contracting Inc	123-456-7899	Member won't wear mask - Can't atter



Screening Form

Date	
Name	
Phone Number	
Unit(s) attended	

Screening Questionnaire:

• Please complete the screening questionnaire attached.

Acknowledgement:

By my signature below I acknowledge that my answers to the screening are true, and I am not aware of any reason that my entering a Co-op member's unit or other Co-op property would put the members or staff at undue risk.

I also acknowledge that I will take all necessary safety precautions in accordance with the Coop's Workplace Safety Protocol, including but not limited to:

- Social distancing (maintaining a distance of at least 6 feet) wherever possible,
- Practicing good hand hygiene,
- Always wearing a face mask while on co-op property or in office.
- Informing the Co-op immediately if I am diagnosed with COVID-19 within two weeks of being on Co-op property, or if I am informed that I may have been exposed to COVID-19 within two weeks of being on Co-op property.

Signature



Staff Acknowledgement and Agreement

I, ______, confirm that I have read and understood Housing Managers Collective's COVID-19 Workplace Safety Plan. I agree to adhere to this plan to ensure everyone's safety.

In particular, I confirm that I will abide by the following safety measures:

- Self-screening every workday and confirming that I have answered "no" to all screening questions by initialing the Staff Daily Screening Log.
- Notifying the Sarah Lorenz (or Kaeli in Sarah's absence) immediately by phone, if I have symptoms of COVID-19 or suspect I may have been exposed to COVID-19, and following the *Process in Case of Exposure or Suspected Exposure*.
- Wearing a face mask while interacting in person with contractors, members, staff, and persons indoors or outdoors.
- Wearing a mask while in common areas or on co-op property.
- Maintaining a distance of at least two meters between myself and all other members of staff, contractors, members, and persons while carrying out my duties, both indoors and outdoors, while on co-op property, in a member's unit, or in the office.
- Ensuring all contractors and members I am working with understand and abide by the Safety Plan.
- Updating the Contact Tracing Log to reflect all contact with contractors, members or other persons.
- Update the Unit Contact Tracing log for all contractors or persons attending members' units while I am not present, and screening all contractors/persons and members prior to or at the beginning of any in-person interactions.
- Keeping completed Contact Tracing Logs for at least one month.
- Following proper hand washing measures throughout the work day.

I have read and understand the safety measures above.

Name:	
Signature:	
Date:	