

WORKPLACE GUIDANCE FOR BUSINESS OWNERS

Updated May 16, 2020

Overview

This document has been developed to support business/services (excluding health care settings) in reducing the risk of transmission of COVID-19 among workers, volunteers and patrons. The guidance in this document is applicable to other settings and sectors (e.g., schools and places of worship).

It is recommended that business/services develop and implement policies and procedures prior to re-opening or continuing operations after May 14, 2020, to mitigate transmission of COVID-19. A template to support the development of these plans is included in Appendix D. Additional guidance may be developed and posted for industries or sectors with specialized operations. Any additional guidance is intended to augment this document, and can be found on the Alberta Biz Connect [webpage](#).

As the COVID-19 pandemic is an evolving situation, this document and the guidance within are subject to change and will be updated as appropriate.

The guidance in this document includes:

- 1) Communication related to COVID-19
- 2) Sick workers and volunteers
 - a. Worker or volunteer NOT diagnosed with COVID-19
 - b. Worker or volunteer diagnosed with COVID-19
- 3) Prevention
 - a. Screening
 - b. Hand Hygiene and Respiratory Etiquette
 - c. Cleaning and disinfecting
 - d. Personal Protective Equipment
 - e. Workplace bathrooms and showers
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 - g. Retail Items
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- 4) Non-Compliance
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- 8) Appendix D: Relaunch Considerations Template

This information is not intended to exempt employers from existing occupational health and safety (OHS) requirements. OHS questions and concerns can be directed to the OHS Contact Centre by telephone at 1-866-415-8690 (in Alberta) or 780-415-8690 (in Edmonton) or online.

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Communication related to COVID-19

- Encourage workers and volunteers to remain up to date with developments related to [COVID-19](#).
- Be mindful of mental health considerations for workers and volunteers:
 - It is important to plan to support the psychological health and safety of employees in addition to meeting public health requirements.
 - Remind workers and volunteers of available mental health and social supports that are available and encourage them to use these resources.
- Discuss steps workers and volunteers can take to mitigate risk of transmission in non-work settings, such as:
 - commuting to and from work (e.g., carpooling, public transit, chartered buses);
 - in homes and shared living accommodations; and
 - other activities outside of work, including at secondary job locations.
- Notify workers, volunteers and patrons of the steps being taken by the workplace to prevent the risk of transmission of infection, and the importance of their roles in these measures.
 - Post this information in areas where workers, volunteers and patrons can refer to them.
 - “Help prevent the spread” posters are [available](#).
 - When possible, provide necessary information in languages that are preferred by worker and volunteers.
- Prepare for increases in absenteeism due to illness among worker, volunteers and their families.
- Ensure employees and patrons are aware that Chief Medical Officer of Health (CMOH) [Order 05-2020](#) requires individuals who have returned from travel outside of Canada to be in isolation for a minimum of 14 days.
 - If an individual becomes sick during the 14-day isolation period, they should remain in isolation for an additional ten days from the start of symptoms, or until the symptoms resolve, whichever is longer.
 - All non-essential travel outside Canada should be cancelled, as per the Government of Canada’s travel advisory.

Sick workers and volunteers

- Encourage workers with symptoms such as cough, fever, shortness of breath, runny nose, or sore throat symptoms to complete the [self-assessment](#) and get tested for COVID-19, if indicated.
- CMOH [Order 05-2020](#) legally obligates individuals who have a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in [isolation](#) for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer.
 - **These requirements must be followed regardless of whether or not the individual has been tested for COVID-19.**

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- If a worker or volunteer does come to work sick, or becomes sick while at work, the following requirements apply:
 - Workers, volunteers or patrons who appear to have acute respiratory illness symptoms (e.g., cough, shortness of breath) upon arrival to the workplace, or become sick while at the workplace, should begin isolation at home immediately.
 - Symptomatic employees/volunteers should follow hand hygiene and respiratory etiquette and maintain at least 2 metres away from other employees, volunteers and patrons while leaving the premises.
 - If the individual does not have their own transportation, business owners/management should support them in arranging for transportation home where needed:
 - Symptomatic/sick individuals are not allowed to take public transportation under CMOH Order 05-2020.
 - Once a sick individual has left the workplace, clean and disinfect all surfaces and areas with which they may have come into contact.
 - The employer should immediately record the names of all close contacts of the sick worker has been in contact with that day and in the 48 hours prior to when the symptoms started in the case. This information may be necessary if the sick worker later tests positive for COVID-19.
- More information on isolation and quarantine can be found in Appendix A.

Worker or volunteer diagnosed with COVID-19

- CMOH Order 05-2020 legally requires individuals to be in isolation for a minimum of 10 days if they have tested positive for COVID-19.
 - For clarity, the isolation period is 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer.
- If a worker or volunteer is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Alberta Health Services (AHS) may be in contact with the business to provide the necessary public health guidance. Records may be sought up to two-weeks prior to the individual becoming ill.
 - Employers should work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

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Prevention

- All businesses/services should:
 - Prevent the risk of transmission of infection amongst workers, volunteers or (as applicable) patrons;
 - Provide for rapid response if a worker, volunteer or member of the public develops symptoms of illness while at the place of business; and
 - Maintain high levels of hygiene.
- It is recommended that businesses/services conduct hazard assessments on all tasks performed in the business using the hierarchy of controls (see Appendix C). Consider measures such as business closure or suspension of specific tasks where the risk of transmission to staff, volunteers and patrons cannot be mitigated.

Screening

- Employers should consider implementing active daily screening of workers, volunteers and patrons for symptoms of fever, sore throat, cough, runny nose or difficulty breathing.
- Emphasize that anyone who is sick with cold-like symptoms such as cough, fever, runny nose, sore throat or shortness of breath, **MUST NOT** be in the workplace.
 - Patrons with these symptoms should not be allowed in the workplace and should be advised to return home.
 - Employers are encouraged to examine sick-leave policies to ensure they align with public health guidance. There should be no disincentive for worker or volunteers to stay home while sick or isolating.
 - Changes to the Employment Standards Code will allow full and part-time employees to take 14 days of job-protected leave if they are:
 - required to isolate; and/or
 - caring for a child or dependent adult who is required to isolate.
 - Employees are not required to have a medical note.
- To enable quick contact with employees, employers should maintain an up-to-date contact list for all worker and volunteers, including names, addresses and phone numbers.
- For the purposes of tracing close contacts, employers should be able to indicate
 - roles and positions of workers;
 - who was working onsite at any given time;
 - if a worker worked with anyone else on any given shift.

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Hand Hygiene and Respiratory Etiquette

- Businesses/management should promote and facilitate frequent and proper hand hygiene for employees, volunteers and patrons.
 - It is strongly encouraged that businesses provide a means to sanitize hands at points of entry and locations throughout the location where patrons and worker are known to handle goods.
- Employers should instruct workers and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).
 - Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.
 - The AHS [Hand hygiene education webpage](#) has more information, posters and videos about hand hygiene.
 - Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.
- Employers should make every effort to encourage respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in a lined garbage bin) is followed.
- The use of posters that remind workers, volunteers and patrons to practice respiratory etiquette and hand hygiene is strongly encouraged in work areas where they are easily seen (e.g., entrances, washrooms and staff rooms).
 - Posters are available [here](#).
- Employers should consider placing additional garbage bins with removable linings at all entrances and exits. Garbage bins should be checked and emptied regularly.

Cleaning and disinfecting

- Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after surfaces have been cleaned.
 - Use a “wipe-twice” method to clean and disinfect. Wipe surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.
- Develop and implement procedures for increasing the frequency of cleaning and disinfecting of high traffic areas, common areas, public washrooms and showering facilities.
- Frequently clean and disinfect high-touch/shared surfaces such as:
 - Doorknobs, light switches, toilet handles, faucets and taps, elevator buttons, railings
 - Phones, computers, remote controls, keyboards, desktops, conference room equipment, cash registers, surface counters, customer service counters, menus
 - Equipment handles, hand tools, machinery control panels, seat belt buckles, joysticks, steering wheels and controls on powered mobile equipment
- Frequently clean and disinfect high-traffic/communal areas such as staffrooms, kitchens and washrooms.
- Regular household cleaning and disinfecting products are effective against COVID-19 when used

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according to the directions on the label.

- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses).
 - Alternatively, use a bleach-water solution with 20 ml (4 teaspoons) of unscented, household bleach to 1000 ml (4 cups) water. Ensure the surface remains wet with the bleach water solution for 1 minute.
 - Health Canada has approved several [hard-surface disinfectants](#) and [hand sanitizers](#) for use against COVID-19. Use these lists to look up the DIN number or NPN number of the product you are using or to find an approved product.
 - Make sure to follow instructions on the product label to disinfect effectively
- Disposable towels and spray cleaners, or disposable wipes, should be available to workers, volunteers and (as necessary) patrons to regularly clean commonly used surfaces.
 - Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.

Personal Protective Equipment (PPE)

- Business owners should conduct hazard assessments to identify existing and potential hazards related to COVID-19. Where elimination of these hazards is not possible or reasonable, they should be controlled.
- PPE is based on risk of exposure to a pathogen that considers both the risk associated with a specific task/activity as well as the source of infection (e.g. ill person). PPE that is chosen should be appropriate to the hazard
- When hazards related to COVID-19 cannot be completely eliminated, the following hierarchy of controls should be followed:
 - **First choice: Isolate the hazard (Engineering controls)**

These control the hazard at the source by isolating the hazard and by physically directing actions to reduce the opportunity for human error. Examples include placing barriers or partitions between workers, removing seats from lunch rooms and dining areas, re-arranging lockers, restricting general access to the business and increasing ventilation.
 - **Second choice: Change behaviour (Administrative controls)**

These controls change the way workers, volunteer and patrons interact through the implementation of policies, procedures, training and education. Examples include policies for physical distancing, limiting hours of operations and respiratory etiquette and providing adequate facilities, supplies and reminders for hand hygiene, and developing appropriate worker-to-patron ratios, . Increased frequency of cleaning as outlined above is also required.
 - **Third choice: Use protective equipment (PPE)**

PPE controls are the last tier in the hierarchy and should not be relied upon exclusively. PPE is dependent on type of activity and risk of exposure to a pathogen/sick person. PPE is necessary when physical distancing of 2 metres or physical barriers cannot be maintained by administrative and engineering controls. PPE controls the hazard at the worker, volunteer and patron level. Examples of PPE include gloves, eye protection, gown, face protections, face masks.

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For additional information on the hierarchy of controls, see Appendix C.

When a hazard cannot be controlled by a single control method, the business owner should utilize a combination of these controls to provide an acceptable level of safety.

- PPE should be stored, used and maintained as per the manufacturer's instruction for use, so it can perform its intended function to protect workers and volunteers.
- If a hazard assessment determines that PPE is necessary, the business owner should ensure that the PPE fits the workers and volunteers effectively.
 - If a mask is deemed necessary, surgical and procedural masks will likely be sufficient.
 - Respirators (e.g. N95 masks) are only required when the work might cause large droplets containing COVID-19 to be aerosolized into tiny airborne particles¹. This is not common in a majority of business settings.
 - [Resources](#) are available to [assist](#) in developing [codes of practice](#) for the use of respirators. A code of practice sets out information on the selection, maintenance and use of respiratory protective equipment.
- PPE worn by workers should be discarded in a lined garbage bag in between patrons.
- PPE, such as eye protection, may be reused by the same user, only if the manufacturer allows it and has provided clear cleaning and disinfecting instructions.
 - Assign a user's name and store separately from other PPE, after cleaning and disinfecting.

Workplace bathrooms and showers

- Maintain bathrooms and showers and any associated amenities in a clean and sanitary condition. The frequency of cleaning and disinfection will vary depending on usage.
 - Use a "wipe-twice" method to clean and disinfect high-touch shower surfaces such as faucets, door handles, soap and shampoo dispensers and towel bars. Wipe these kinds of surfaces with a cleaning agent to clean off soil and wipe again with a disinfectant.
- Consider physical distancing of users in order to prevent the spread of COVID-19. Distancing can be facilitated by the use of partitioned stalls, decommissioning toilets or urinals that are less than 2 metres apart or staggering entry into locker rooms and showers so that fewer users are present at a time.
 - As the virus spreads in large droplets, it will fall to the ground once a shower is complete, presenting minimal risk to the next user.
- Post signage in bathrooms and shower areas that informs users of how to mitigate risks of COVID-19 transmission (E.g., hand hygiene, respiratory etiquette).
- Where necessary, maintain an adequate supply of soap, paper towel, toilet paper, hand sanitizer and other supplies.

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Distancing & gatherings in the workplace

- CMOH Order [07-2020](#) prohibits gatherings of more than 15 people in an indoor location, however this does not prohibit businesses from having more than 15 workers in a workplace.
- Examples of how to support distancing between workers, volunteers and patrons to reduce the risk of transmission amongst workers, volunteers and patrons include:
 - Maintaining a 2 metre separation between individuals (e.g., workers, volunteers, and patrons) is preferred in any business.
 - Restricting the number of employees, volunteers and patrons in a business at any one time.
 - Directing traffic flow within the business; e.g. establishing one-way shopping aisles.
 - Installing a physical barrier, such as a cubicle, partition or window, to separate workers, volunteers and patrons.
 - Increasing separation between desks and workstations.
 - Eliminating or re-structuring of non-essential gatherings (e.g. meetings, training classes) of workers, patrons and volunteers. Typically, this involves moving in-person meetings to virtual media platforms like teleconference or video conference.
 - Limiting the number of people in shared spaces (such as lunchrooms) or staggering break periods. Removing chairs from spaces and taping markers at 6-foot distances may be helpful in preventing crowds.
 - Limiting hours of operation or setting specific hours for at-risk patrons.
 - Implementing contact-free modes of patron interaction such as home-delivery of goods or curbside pickup of items.
 - Placement of reference markers (e.g., markings on the floor in grocery line-ups) that set out two-metre distances.

Retail Items

- Develop strategies to minimize the handling of retail objects before purchase.
 - Businesses should minimize the risk of 'trying-on' of garments by encouraging customers to sanitize hands before trying on clothes. Surfaces in change rooms should be cleaned and disinfected after use.
- Update return policies to prevent the risk of transmission of COVID-19 to workers, volunteers and patrons. This may include:
 - Reviewing return policies for purchased goods (e.g. consider final sale only for certain items)
 - Cleaning and disinfecting hard-surfaced, returned goods prior to placing them back onto the sales floor; and
 - Storing soft-surface items for a period of 24 hours prior to resale.

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Home Delivery, Drive through, Take-out and Curbside Pick-up

- Any business still permitted to operate is allowed to sell their goods via delivery, drive-thru, take-out and curbside pick-up.
- Interactions between workers, volunteers and patrons that occur via delivery, drive-thru, take-out and curbside pick-up are intended to be completed as immediately as possible and with minimal to no interaction at a distance of less than 2 metres.
- For the purposes of conducting important duties (e.g., filling orders, counting inventory), workers and volunteers may continue to work within a business that has been otherwise ordered to restrict public access.
- Owners of businesses that offer delivery or onsite pick-up of goods to patrons should conduct a hazard assessment and mitigate any new risks including those related to traffic and the transmission of infection to workers, volunteers and patrons.
 - At this time it is understood that the risk of transmission of COVID-19 to patrons who pick-up goods, or have them delivered, is minimal so long as workers and volunteers are mitigating risks in the workplace (e.g., performing hand hygiene, not letting sick workers be in the workplace, conducting surface cleaning and disinfection) and during delivery.
- Owners should ensure that workers and volunteers follow requirements for hand hygiene when handling or delivering goods.
- It is strongly recommended that businesses offering delivery and curbside pick-up remind patrons to observe physical distancing while collecting goods and to perform hand hygiene after handling goods.

Non Compliance

- If individuals refuse to comply with CMOH Orders, a complaint can be submitted to Peace Officers.
- If businesses refuse to comply with CMOH Orders, a complaint can be submitted online to [Environmental Public Health](#)
- Workplaces should develop additional policies that address how to respond to patrons, workers and volunteers who do not comply with their workplace guidelines.

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Resources

Government of Alberta (Alberta Health) – [COVID-19 Information for Albertans](#)

Alberta Health Services – [COVID-19 Self-Assessment Tool](#)

Government of Canada – [Coronavirus disease \(COVID-19\)](#)

Information

Privacy FOIP-PIPA

Help Desk: 780

427-5848

Toll free: 310-0000 before the phone number (in Alberta) Email: sa.accessandprivacy@gov.ab.ca

Health Information Act (HIA)

Help Desk: 780-427-8089

Toll free: 310-0000 before the phone number (in Alberta) hiahelpdesk@gov.ab.ca

Office of the Information and Privacy Commissioner: [Privacy in a Pandemic](#)

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Appendix A: Information on Quarantine and Isolation

One of the first critical steps to preventing further transmission of disease is the implementation of quarantine and isolation procedures. It is important to understand the difference and the mandatory requirements for each.

When someone is exposed to a contagious disease, they may not always get sick. If they do become sick, there will be a period of time between being exposed and becoming sick. It can take up to 14 days for people to start experiencing COVID-19 symptoms (e.g., fever, cough, shortness of breath/difficulty breathing, sore throat or runny nose).

Quarantine and isolation refer to separating and restricting people from contact with all others to prevent transmission.

Quarantine	Isolation
Done when people are not yet sick, but have been exposed	Done when people are sick, to keep them from infecting others
The quarantine period for COVID-19 is 14 days <ul style="list-style-type: none">This is because it can take up to 14 days for an individual to develop symptoms	The isolation period for COVID-19 is 10 days or until symptoms resolve, whichever is longer

CMOH Order [05-2020](#) (see Order for full details and exemptions) states the situations where Albertans are **legally** obligated to quarantine or isolate:

- Albertans are legally required to be in **quarantine for 14 days** either:
 - Immediately upon return from travel outside of Canada, or
 - If they are a close contact of a person who tested positive for COVID-19.
- Albertans are legally required to be in **isolation for 10 days, or until symptoms resolve, whichever takes longer**, if they:
 - Are diagnosed with COVID-19.
 - Develop a cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat not related to a pre-existing illness or health condition or to a known exposure to COVID-19.
- CMOH Order 05-2020 includes the following restrictions and requirements for isolation:
 - Remaining at home, and 2 metres distant from others at all times;
 - Not attending work, school, social events or any other public gatherings;
 - Not taking public transportation.
- Persons in isolation are not required to remain in isolation if they test negative for COVID-19 and have no known exposure to COVID-19. However, they must not return to work until symptoms have resolved. Returning while still ill may result in others being infected with their illness (e.g. cold or flu) and forcing those persons to isolate.
- CMOH Order 05-2020 includes the following restrictions and requirements for quarantine:
 - Remaining at home
 - Not attending work, school, social events or any other public gatherings
 - Not taking public transportation
 - Watching for relevant symptoms

If persons in quarantine begin to experience symptoms (cough, fever, shortness of breath/difficulty breathing, runny nose, or sore throat) not related to a pre-existing illness or health condition or to a known exposure to COVID-19, they must enter isolation for a period of 10 additional days from the start of their symptoms, or until symptom resolve, whichever is longer. However, in no case shall the total stay in quarantine/isolation be less than 14 days. Workers should use the AHS [Self-Assessment](#) tool if they are experiencing symptoms.

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Appendix B: COVID-19 Plan for Large Production Facilities

Operators of large production facilities, such as food processing, manufacturing plants, etc., have a responsibility to prevent the risk of COVID-19 transmission to staff, contractors and other visitors at their facilities, and to provide for rapid response when a person develops relevant symptoms and is required to immediately isolate.

This appendix details the minimum criteria that operators should incorporate into their written rapid response plans to ensure their readiness to manage symptomatic individuals, confirmed cases of COVID-19 and to respond to an outbreak, should one occur.

Completed proactive plans should be implemented immediately, even if no cases have been reported in the facility. Written documentation should be readily available for government agencies to review, when requested, to facilitate the evaluation of facility readiness and also to aid in investigations of symptomatic workers and/or outbreaks.

Operators of large production facilities should incorporate, at a minimum, the following measures into a written COVID-19 preparedness and response plan. The plan should be put in place immediately to prevent the possibility of spread, even before any cases are identified at the workplace:

1. Site map
 - I. Configuration and drawing that identifies all areas of the food facility/processing plant, including:
 - a. All buildings
 - b. Accommodation facilities, dining areas, washrooms and showers – where applicable
 - c. Recreational activity areas (e.g., fitness facilities, games rooms, etc.) – where applicable
 - d. Areas intended for isolation and quarantine, if staff residence is provided onsite
 - e. Medical and first aid offices and resources
 - f. Site and facility entry and exit points
2. Physical Distancing Requirements
 - I. Describe how physical distancing requirements set out in the Workplace Guidance for Business Owners will be maintained throughout the facility.
3. Use of Administrative, Engineering and Personal Protective Equipment
 - I. Describe how workers will be protected when physical distancing requirements set out in the Workplace Guidance for Business Owners cannot be maintained.
4. Cleaning and Disinfection
 - I. Describe the capacity of staff to increase frequency of cleaning and disinfecting
 - II. Describe protocols for increasing frequency of cleaning and disinfection around the facility.
 - a. Production areas
 - b. Cafeterias, locker rooms, change rooms, staff rooms and lunch rooms
 - c. High touch areas e.g. door knobs, handles, rails, washrooms
 - d. Communal equipment and materials e.g. vending machines, ice machines, water coolers
 - III. Protocols for quality control monitoring of cleaning and disinfection
5. Staff and Visitor Inventory
 - I. Describe the protocol for maintaining an up-to-date rolling 6 week inventory of all people visiting the work site including:
 - a. Full names, addresses, phone numbers for all staff
 - i. Particular attention should be paid to recognize instances where multiple workers reside in the same location (i.e. be aware of the potential for transmission in close quarters).
 - b. Check in and check out procedures for staff
 - c. Staff work assignments (where in the facility do staff perform their duties)
 - d. Method of transportation to and from work chosen by employees (e.g., carpooling, public transit, drive alone)
 - e. Contractor and visitor information (e.g., delivery drivers, repair workers) for those coming onto the site

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- i. Full names, addresses, phone numbers for contractors and visitors
 - ii. Company name, phone number and address
 - iii. Location in facility accessed by contractor/visitor
 - II. Full name and contact information of all medical and safety personnel employed, and qualifications, including
 - a. OH&S representatives
 - b. Nurses
 - c. First aid trained staff
 - d. Other responsible persons

 - 6. Site-specific isolation and quarantine protocols
 - I. When to notify AHS and how; who is responsible for doing so
 - II. Describe procedures for the safe transport of symptomatic individuals to allow isolation at an offsite location (e.g., individual's home, isolation facility). If no capacity to isolate onsite, describe alternatives:
 - a. Identify off-site facilities
 - b. Notification of, and arrangements made with, off-site facilities
 - c. Safe transportation to homes or offsite facilities without exposing others
 - d. How transporting vehicles will be cleaned/disinfected
 - e. Informing staff who may have been exposed to a symptomatic worker of the need to self-monitor and to report if symptoms develop
 - f. Informing individual of legal obligations to prevent exposure to others during transport and isolation/quarantine periods at home or in off-site facilities
 - g. Protocol for consultation with AHS before allowing any individual to leave the work site for isolation/quarantine

 - III. Describe how isolating/quarantining individuals will be monitored for deteriorating health if housed in company provided residences
 - a. Describe capacity for emergency transportation – i.e. transport before the need for 911.
 - b. Describe capacity to have emergency vehicles respond in a short time frame?
 - c. Call 911 for individuals requiring emergency medical assistance. Let the operator know that they could have COVID-19, so they can make appropriate arrangements to care for them safely.
-
7. Screening
 - I. Protocol for screening of staff and visitors for COVID-19 upon arrival (Suggested questionnaire below). If a visitor answers YES to any of the questions, the individual SHOULD NOT be allowed on the business premises. Facilities should observe visitors for any of the symptoms listed above.

1.	Do you have any of the below symptoms:		
	<ul style="list-style-type: none"> • Fever (greater than 38.0C) 	YES	NO
	<ul style="list-style-type: none"> • Cough 	YES	NO
	<ul style="list-style-type: none"> • Shortness of Breath / Difficulty Breathing 	YES	NO
	<ul style="list-style-type: none"> • Sore throat 	YES	NO
	<ul style="list-style-type: none"> • Runny Nose 	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you, or anyone in your household been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO

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4.	Are you currently being investigated as a suspect case of COVID-19?	YES	NO
5.	Have you tested positive for COVID-19 within the last 10 days?	YES	NO

- II. Protocol for conducting daily health check/screening of workers and visitors (e.g. delivery persons and repair persons) using the table above as a reference
- III. Protocol for controlling entry and exit points from work site to ensure adequate screening
- IV. Protocols for requiring staff and visitor reporting of illness
- V. Procedures used by onsite health and safety staff to screen individuals:
 - a. Questionnaire
 - b. Temperature checks (if chosen as a screening method)
 - c. Visual observation
 - d. Other

- 8. Communication protocols
 - I. Protocol for communicating health-related messaging to employees in their preferred language
 - II. Protocol for rapid and mass communication with all staff, if necessary
 - III. Protocol for ensuring symptomatic and isolating workers have the necessary specialized supports
 - IV. Protocol for educating staff of the importance to protect themselves from infection while on and off work – for example, while at home, carpooling, etc.
 - V. Protocol for rapid response when issues are identified through screening, self-reporting or through communication of symptomatic contractors or visitors

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Appendix C: Hierarchy of Control: Infection Prevention and Control Measures to Reduce Risk of Transmission

The hierarchy of hazard control is a framework that helps to manage risk related to the exposure to hazards, and can help businesses determine how to protect staff, volunteers and patrons. The control methods at the top of the graphic are potentially more effective and protective than those at the bottom; when determining how to apply the hierarchy of controls to their business, employers should begin at the top in order to ensure greatest effectiveness.

1 ELIMINATION

Physically remove the hazard

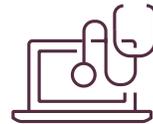


2 SUBSTITUTION

Replace the hazard

Elimination and Substitution

Considered to be the most effective means in the hierarchy of controls, but not often feasible or possible to implement.



3 ENGINEERING CONTROLS

Isolate people from the hazard

Aim at reducing the spread of germs and the contamination of surfaces and inanimate objects by isolating the hazard. Examples of this include physical distancing (2m), enhanced cleaning, and providing hand hygiene supplies in highly visible locations, and posting signs of safety measures.



4 ADMINISTRATIVE CONTROLS

Change the way people work

Measures to reduce the risk of transmission through the implementation of policies, procedures, training and education. This includes development of clear policies, ensuring an appropriate sick time policy is in place for staff, adequate staff-to-patient ratios, and staff training.



5 PERSONAL PROTECTIVE EQUIPMENT (PPE)

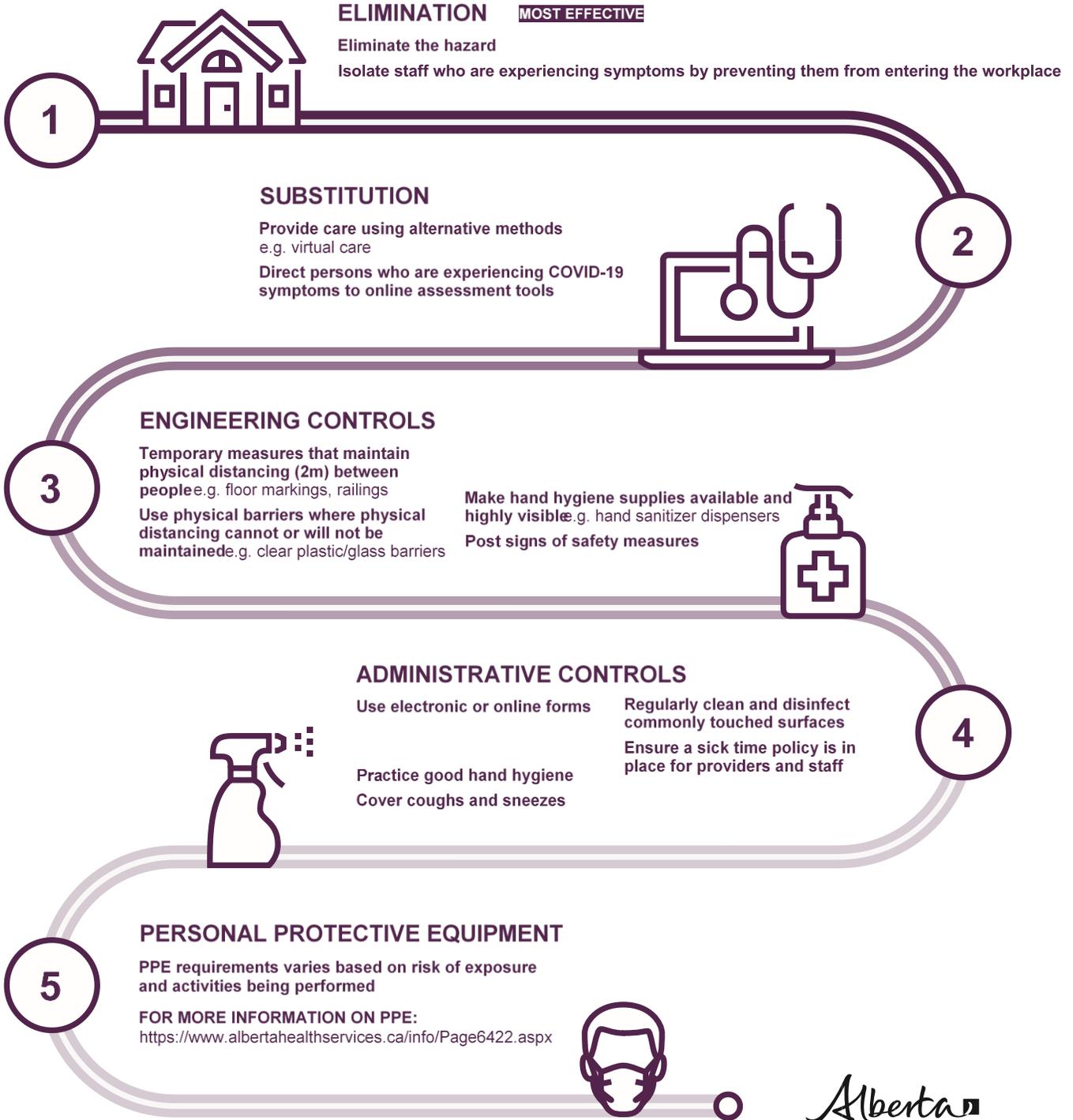
Protect the worker with personal protective equipment

Although the use of PPE controls are the most visible in the hierarchy of controls, PPE controls are the last tier in the hierarchy and should not be relied on as a stand-alone primary prevention program.

Examples of PPE barriers include gloves, gowns, face masks (including surgical masks and, in limited cases, NIOSH-N95 respirators) and/or eye protection (including safety glasses, face shields or masks).



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Appendix D: Relaunch Consideration - Template

To open your business/service, school, or place of worship to the public, it is recommended you complete a plan to reduce the risk of transmission of COVID-19 among the attendees of your location (e.g., workers, patrons, students or congregants). This template has been developed to support you in creating your plan. It is recommended this plan is posted where the public can see it, such as in your location or on a public-facing website.

The template includes considerations to help guide you as you plan to open. This should be completed using Alberta's [Workplace Guidance for Business Owners, which provides general guidance applicable to all sectors](#); as well as sector-specific guidelines available on [Alberta Biz Connect](#) and any additional requirements of your business or sector association.

Guidelines:

Distancing Measures – Refer to page 8

Considerations: How will you ensure people maintain 2 metres between each other? Do you need to maintain directional traffic flow? How would you limit congregating (e.g., in break rooms, communal spaces, rest areas, etc.)? How will you limit the overall number of people in your space? Refer to the Personal Protective Equipment (PPE) section to mitigate the risk of transmission when 2 metre distancing cannot be maintained.

Cleaning – Refer to pages 5-6

Considerations: How will cleaning on high touch surfaces be maintained in your location (e.g., bathroom, chairs, doorknobs, break rooms)? How will you train and ensure workers or volunteers keep equipment clean? If you are a business, how will work surfaces, order screens, debit machines and cash registers be cleaned?

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Screening for Symptoms - Refer to page 4

Considerations: How will you be aware of symptoms in staff, customers, congregants or volunteers, such as fever, sore throat, cough, runny nose or difficulty breathing? Have you provided education or communication of self-monitoring of symptoms? Have you identified a space where staff or volunteers can be separated from others if they develop symptoms? Have you considered what you would do if you see increased absenteeism due to illness or isolation requirements? Have you considered absenteeism policies that encourage staff members or volunteers to stay home when ill, in quarantine (self-isolation), or if they are taking care of children or someone who is ill? Are you maintaining a log of staff or volunteer attendance? What is your response plan for staff who come to work with symptoms?

Personal Protective Equipment (PPE) – Refer to pages 6-7, Appendix C

Considerations: How will you promote PPE use (e.g., masks or gloves) when people are unable to be 2 metres apart? If 2 metres cannot be maintained and PPE is necessary, where would you obtain it? Will customers or congregants require their own PPE such as masks or will you supply them? How will you inform people before entering your business or facility regarding your PPE requirements, if any?

Responsibilities

Considerations: Who will be responsible for ensuring staff, customers, congregants and volunteers are following your precautions? Have you updated contact information for staff and volunteers so that they can be notified in the event of a known exposure? What would your approach be if you had to manage a situation where there was apparent non-compliance with your plans/direction?

Owner/Manager/Religious leader: _____

Date: _____