PANDEMIC PLANNING FOR THE CONSTRUCTION INDUSTRY

Addendum #1

Created by: The Calgary Construction Association

Calgary
Construction
Association

PANDEMIC PLANNING FOR THE CONSTRUCTION INDUSTRY 4.0** - ADDENDUM #1

COVID-19 -   MANAGING SITE PERSONNEL

             TRACKING ON SITE CASES

             PROTOCOLS FOR THE OFFICE

***PLEASE NOTE THAT THE ORIGINAL DOCUMENT CAN BE DOWNLOADED FROM THE CCA WEBITE HERE**

As we approach the 12 month anniversary of COVID-19 many of us are weary and our people feel likewise. All the more reason to be sure that we do not relax the measures that have kept our people safe up to this point and have ensured that we can keep working.

From the early days of the crisis we have been privileged to be able to rely of a group of Construction Industry leaders who answered the call and attended our first call on March 17th. Initially meting online 3 times a week as we came to terms with the implications and began compiling our first Pandemic Planning Document, this group of over 25 members representing a broad cross section of the industry has continued to meet regularly and were behind this addendum.

In our conversations with people in the industry many have asked recently about some of the lessons learned and, in particular, some of the methods being used to track and document relative to COVID.

Various methods are being used across the industry, with reasonable consistency, to track site personnel from day to day and then to also record and track any presumptive or actual cases that may arise. The following information is based on content shared by a number of construction companies that have both implemented and seen the benefit of having this level of rigour in place.

From the perspective of tracking attendance on site - QR codes have emerged as the most common and effective method of tracking site and, in some cases, office personnel. Temperature readings are also being used on some sites to monitor those entering the project daily. Proper forms and processes have also been implemented to thoroughly and consistently document cases.

On larger sites where, at times, case numbers have been spiked these measure have satisfied AHS and those investigating the volume that the protocols were sufficient. Based on the quality of the documentation, they have acknowledged in one major case that the correct procedures were in place and they were satisfied that proper protocols and due diligence was being maintained to their standards.

The following information is collected from companies that have both implemented and seen the benefit of having this level of rigour in place.

We have included 2 Protocol approaches to site cases as well as examples of tracking format and methods.

We have also included a specific document that deals with protocols for the office environment. While the principles are very similar in many ways between site and office, there are some specifics that are worthwhile considering so we have included that in this addendum for added information.

Our industry can be extremely proud of how we responded to this crisis and adapted to the new challenges in such a highly proactive manner. It is a tribute to the organizations that make up our great industry along with the safety professionals, their expertise and is an unprecedented example of cross-industry collaboration that has served us well.

Hopefully the information attached will provide more information and potential tools that can assist us all to maintain diligence over the next few months until this can be put behind us.

If you have any questions or suggestions that will continue to improve this information and ensure we are collaborating towards the highest safety standards for our people and our industry, we want to hear from you.

We continue to wish you all a safe and successful 2021 and remain available to assist you further in any way we can.

Bill Black, B.Sc., CEC, LEED AP
President & COO
Calgary Construction Association

(403) 830 7477
billblack@cgyca.com

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Actual Pandemic measures utilized are the sole responsibility of each organization and this document is shared **for guidance purposes only**.

Protocol 1 - Presumptive / Confirmed Case Response

1. Identify the company and person being mindful of right to privacy.
   a. Get contact information of worker / trade / supervisor so we can follow up on their health
2. Identify "why" the case is presumptive
   a. Reason for the case being presumptive?
      i. Exhibiting signs and symptoms
      ii. Close association with another presumptive or confirmed case
      iii. Other
3. Notify HSE Manger / Manager
4. Identify current status of person
   a. Going to doctor
   b. Awaiting test results
   c. In hospital
   d. Self-isolation
   e. Confirm last day worked on site
6. Determine with the Employer who the person had *close contact* with at the project in the last 5 days
7. Identify the work areas and common areas occupied by that worker in the last 5 days
8. Notify client / facility – Project Manager to coordinate with Regional Leadership Team
9. Notify trades / other workers of the presumptive case with a *Notification of Incident.*
10. Track event through *Subcontractor Tracker* or *Injury Management System* (confirmed case only)
11. Request update on workers condition and share updates through *Notification of Incident Update.*
12. Implement cleaning protocols and notify sub trades with a *Post Clean -up Report*
13. Follow procedures for return workers from isolation
14. Notify client / facility as required

Notification of Incident

A Notification of Incident provides a description of the incident and steps taken to prevent transmission. Provide *Notification to Incident* to Workplace Regulators and Public Health Authorities in accordance with the rules governing the jurisdiction of work and provide Notification of Incident to other contractors and post on Safety Noticeboard.

Post Clean-up Report

Areas that may have been contaminated must be identified and cleaned by a qualified and trained cleaning contractor. After they have been cleaned the Project Manager / Superintendent must visually inspect the cleaned areas to confirm they have been cleaned and prepare a *Post Clean-up Report* (refer to template on Connect). The report is shared with contractors and posted to the Safety Noticeboard.

Returning Workers from Isolation

Contractors (employers) are required to provide notification that their workers are fit for duty. That notification must include the following:

- Names of workers returning,
- State that workers have completed their self-isolation in accordance with Public Health Authority or Workplace Regulator (name the authority that has established isolation requirements) requirements,
- State that workers are not exhibiting symptoms for COVID-19 and are "fit for work".

Protocol 2 - Handling a confirmed case of COVID-19 on your site

The H&S Advisor or the Site Superintendent to notify leadership

A conference call will be organized by leadership with the Site Superintendent, the Project Manager, and the Health & Safety Manager to determine whether the site should be partially or fully shut down. The decision will be communicated to leadership.

The client, subcontractors, landlord and/or other building tenants should be notified. The timeline identified by the investigation team should be shared, as appropriate. Reach out to Legal and Communication departments.

Immediately begin executing the viral contamination cleanup protocol determined by the Emergency Response Team and coordinate with a 3rd party cleaning contractor if required.

Identify, working with trade partners PMs / Supervisors, the people and areas that the infected person passed through. Establish a timeline of the most recent dates and times the employee was on the site or in the office. Trace the infected employee's movements and activities up to 48 hours back. The team should:

- Identify the people who have been within 2 m of the contaminated person for more than 15 minutes, without PPE, over the past 48 hours,
- Review the likely locations the employee recently passed through or was known to frequent,
- Interview other employees in the person's crew or department, as well as employees close to the employee and, if possible, interview the affected individual.

Use a form based on those attached to conduct the investigation. As a preventive measure, it should be noted that you should use the same form for a potential case.

Two forms are provided as shared by General Contractors based on their protocols see Appendix

Based on all this, the assessment of where the infected employee has been and the areas the person has frequented, take the following steps:

- People who have been within 2 m of the contaminated person for more than 15 minutes in the last 48 hours without PPE (a single faceshield only is not considered as PPE), or anyone around the person while they were coughing or sneezing, should be considered high risk and must immediately contact the provincial public health authority to determine if they need to isolate.

- VERY IMPORTANT: the risk level of a contact is determined by Provincial Public Health Authorities. The Provincial public health will investigate the risk level of each contact of a positive case and then determine if isolation is required. We must fully cooperate and share information from our internal investigation if requested by Public Health. For return to work after isolation, see Section 3.2 of this plan, Return to Work Protocol).

- Compile a list of locations and surfaces at the site with which the infected employee may have come in contact. Sort these locations into three categories:

  1. High contact surfaces – Surfaces throughout the site that should be considered potentially contaminated due to either direct contact or secondary transmission and necessary to be included in the cleaning scope.
  2. Impacted non-high contact surfaces – Surfaces throughout the site known to have been or highly likely to have been directly impacted by the employee (e.g. touched, sneezed on, etc.). These areas should be included in the cleaning scope.
  3. Non-impacted, non-high contact surfaces – Non-high contact surfaces that are not suspected of being directly impacted by the employee and are considered lower risk. These areas are generally not included in the cleaning scope.

Share surface information with the delegate working with the cleaning crew on executing the viral contamination cleanup plan. Share at-risk employee information with management.

Refer to main office to organize communications to employees, subcontractors and, if needed, external parties. Templates for communication are available, and must be approved by the designated responsible from the Communications team.

The site, or the portion of the site that was shut down, will reopen when all measures are in place and the competent authority approves it.

Employees can return to work after getting approval from their manager.

Return to work protocol

Note that any employee returning to the office should be required to complete a Declaration of Return to Work Following Quarantine form upon their return.

- People in contact <u>without</u> risk (less than 2 meters, without PPE, 15 minutes and more) with a positive person and without symptoms can immediately return to work;
- Symptomatic people screened (without risk of contact with a positive person) must remain in isolation until the result is received. If negative, they can then return to work;
- People in contact at risk (less than 2 meters, without PPE, 15 minutes or more) with a positive person must remain in isolation for 14 days, regardless of the result of the screening.

APPENDIX 1 - TRACKING FORMS

Project #:	
Project name:	
Worker's name (COVID-19 case)	
Worker's direct Employer:	
Worker's trade:	
Type of case (confirmed / suspected):	
If suspected, has the worker been in close contact with a positive case?	
Date of worker's arrival on-site:	
Does the worker have any symptoms?	
Date of onset of symptom(s):	
Scheduled date of COVID-19 test (if applicable):	
Contagious period (48 hrs prior to symptoms appearing or positive COVID-19 test result):	
Date/time of start of quarantine:	
Job site areas the worker has frequented:	

☐ Check if it is a preventative withdrawal of an individual who has decided to be tested voluntarily (not ordered by public health)

Log of close contacts of the COVID-19 patient. Identify all close contacts (without PPE) for this Worker:				
First & Last name	Employer	Date of last contact	Date/time of start of quarantine	Symptomatic before departure (Yes/No)

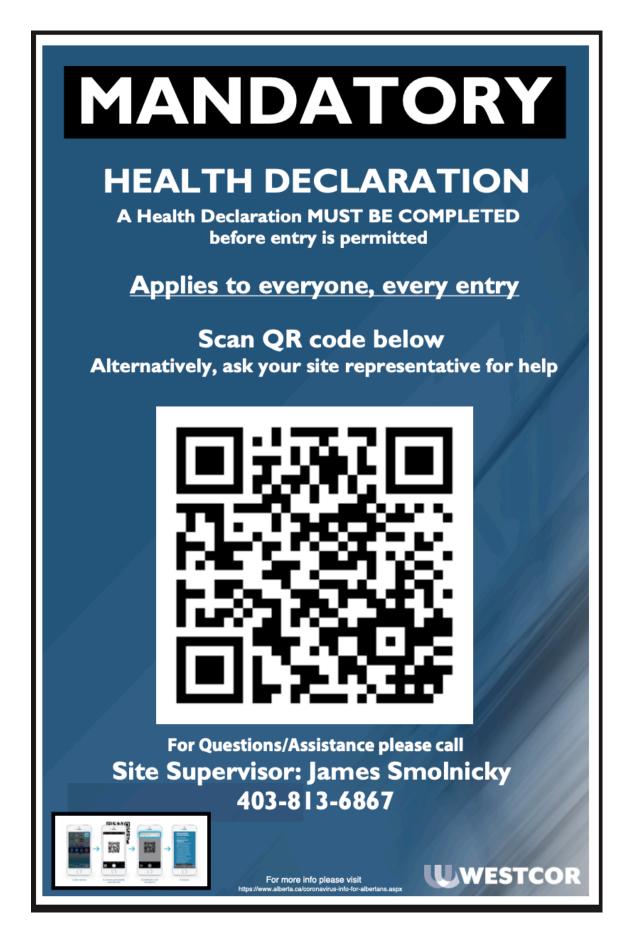**Close contact definition: An individual who had a high-risk exposure to a confirmed or probable case.**

1. Workers who have travelled with the identified symptomatic Worker (private vehicle, taxi, ride-share) in the last 48 hours before the onset of symptoms until the symptomatic Worker is recognized and isolated, within two metres of each other for more than 15 minutes cumulative.
2. Workers residing under the same roof as the identified symptomatic Worker (in the same household, not adequately separated at all times.
3. Workers unprotected by a physical barrier (adequate physical separator between workers) or without adequate personal protective equipment (facial covering / mask worn by **all Workers**) who have been within two metres of the identified symptomatic Worker for a cumulative period of 15 minutes or more in the 48 hours prior to the onset of symptoms of the identified symptomatic Worker.

   Workers unprotected by PPE, sharing the same locker / lunchroom area(s) for a cumulative period of 15 minutes or more in the 48 hours prior to the onset of symptoms of the identified symptomatic Worker.

	Completed by/Explanations:	Date
Explanation of COVID measures onsite:		

	Completed by:	Date
Communication with client:		
Communication with site supervisors and workers:		
Communication with		
Communication with		
Communication with responsible VP/Project Director/Regional H&S Manager:		
Reporting to provincial public health necessary? *Yes ☐ No ☐		

*In this case, the reporting to public health must be done by the Regional H&S Manager of the project along with the Project Director and the corporate H&S Director.

A	B	C	D	E	F	G	H
Reference Number	Project	Presumptive Case	Confirmed Case	Company/Trade	Date Identified	Description of Event (how was it identified)	Response Description (action taken)
001	XXX	0	1	XXX	25-Nov	Workers last day on site was Nov 25 and was identified by the temperature screeners as having symptoms similar to those of COVID. The worker was refused access to site and was sent home and asked to follow the direction of AHS. The worker went for a COVID test on Nov 25 and received a positive test result on Nov 29.	3 workers were identified as close contacts and have been removed from site. All potential touch points will be sanitized prior to additional workers being on site

I	J	K	L	M	N	O	P	R
Notes	Third Parties Involved (OH&S, WCB, OSHA, etc)	Workers Name	Earliest worker can return to site	Suspected transmission location	Investigation Findings, if any?	Close contacts	Results	Work area
None	None	John XXXX	09-Dec	Unknown	Investigation concluded no site transmission and no added corrective actions were identified or required	Ron XXX Michael XXX Andy XXX	Neg Pos Neg	Exterior work and lunch room

COVID-19 PANDEMIC RESPONSE PLAN FOR OFFICES

Calgary Construction Association

TABLE OF CONTENTS

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Actual Pandemic measures utilized are the sole responsibility of each organization and these are shared for guidance purposes only.

1. PREVENTION MEASURES AND RETURN TO WORK PROTOCOLS

The following are suggested prevention measures that would apply to all employees and visitors entering an office. Note that there may be office specific additional preventive measures that could apply to a certain location and offices are of varying sizes. In each case, an assessment should be performed based on that office, regional public health guidelines and clients' requirements in order to arrive as the most appropriate application of these and other protocols.

1.1. Basic rules from Health Canada

- Maintain safe distance of at least 2 meters (6 feet) between individuals at all times. This includes breaks, lunch hours and necessary in-person meetings.
- Wash your hands as frequently as possible for at least 20 seconds, use alcohol-based hand sanitizer if soap and water are not available or not possible.
- Avoid touching your eyes, nose and mouth.
- Cover your mouth and nose when you sneeze or cough into a tissue or the elbow of your arm.
- Avoid hugs and handshakes.
- The use of facial coverings is recommended for situation where 2 meters cannot be respected and mandatory in some provinces in all enclosed public spaces for situation where 2 meters cannot be respected. Please consult your provincial authorities.
- Do not share personal items or supplies such as phones, pens, notebooks, PPE, iPad, etc.
- Avoid using shared items such as coffee mugs, drinking glasses and kitchen utensils.
- Clean all objects and surfaces you handle regularly, such as doorknobs, keyboards, and phones.
- Avoid crowds or groups of people, as well as contact with people exhibiting flu-like symptoms such as sneezing and coughing.

1.2. Travel and self-isolation measures

Consider the following measures regarding future travel.

- **Travel restrictions**
  To limit the spread of COVID-19, the Government of Canada advises to avoid all nonessential travel outside of Canada until further notice.

- **Business travel**
  Consider cancelling all non-essential business travel until further notice. Business trips are considered essential when they are critical to business operations, e.g. flights to remote worksites. An approval from a manager should be required.

  If employees are currently travelling abroad and unless other measures are in place, such as in YYC, they should be required to work from home upon their return for a period of 14 days, and to monitor and report any symptoms of COVID-19 infection (fever, cough or shortness of breath).

- **Attendance at external education/training and events**
  Staff who were scheduled to take part in an external education/training or event to take place – as an attendee or speaker – should either cancel their participation or discuss that matter with a manager.

- **Personal/leisure travel**
  Staff who are returning from outside Canada, should complete the Preventive Measures - Coronavirus (COVID-19) Questionnaire regardless of where they have been. Unless other measures are in place they should be required to work from home for 14 days following their return to monitor and report any symptoms of COVID-19 infection (fever, cough or shortness of breath). If job function does not allow staff to work from home, the situation should be discussed with a manager.

1.3.Office Setup Logistics

As stated above each office is unique based on location and size etc and will need its own setup in an effort to assist with maintaining the 2-meter physical distancing requirements.

1.4.Compartmentalization of Office

- The office should be divided where possible in zones; otherwise other methods should be used to keep different individuals physically separated at all times. This promotes physical distancing and supports the containment of propagation should it arise.
- For fixed workstations where the 2 meter physical distance cannot be respected due to the proximity to another workstation, physical barriers should be added.
- Limits should be put on the number of people allowed in each zone such as washrooms, lunchrooms, elevators, conference rooms and reception waiting areas to allow for the recommended minimum physical distancing requirement. Signage should be posted to indicate the maximum number of people authorized in these areas.
- One-way hallways and staircases should be established wherever practical and applicable to minimize personal contact. If not, wearing a mask should be mandatory.
- When establishing phasing schedules, ensure that not all team members are in the same grouping.

Keep in mind that the property managements protocols should be respected in the event they are more stringent.

1.5.Other Office Requirements

Each office should ensure certain items are completed and verified by the completing a Daily Preventive Measures Checklist for offices.

Below is a list of items that should be arranged and ordered:

- Each office should provide disinfectant wipes to clean their workstation after use
- Each office should use a plexiglass shield at the front reception area
- The reception should keep an inventory of surgical masks and face covers for employees and visitors.
- Conference rooms should provide hand sanitizers and disinfectant wipes
- Increased office cleaning may be required and may be scheduled in addition to the property management end of day cleaning to ensure high-touch points are sanitized
- Signage posted to provide information and maintain awareness.
- If appropriate directional arrows should be placed on floors to direct the recommended flow of foot traffic
- Ensure all doors are left open where possible to limit touching of door handles while continuing to meet our security protocol criteria.

1.6.Signage/COVID-19 Supplies

Mandatory preventive COVID-19 signage should be added to ensure that the preventive measures are visual.

1.7.Daily Preventive Measures Checklist for Office

Larger offices may choose to utilize a COVID-19 office Daily Preventive Measures Checklist in order to ensure that the preventive measures are implemented and verified. The rigorous application of these measures aims to limit the risks of spreading COVID-19 and to protect the health of employees.

1.8.Progressive Return to Offices

- In larger organizations return to work in offices may be phased in. Guidelines may be adjusted depending on the evolution of the COVID-19 pandemic and associated Federal and Provincial guidelines.
- Each office is responsible for implementing an appropriate return strategy.
- Each office may set the number of employees and workdays per employee that will be working in the office each week.
- Alternating workdays may avoid extensive intermingling and is recommended in larger offices.
- If appropriate, create weekly schedules to provide for staggered arrival, lunch and departure times to minimize the number of people in close proximity to one another.

A satellite or remote office located separately from the construction site should be required to follow similar office protocols.

2. CLEANING GUIDELINES FOR OFFICE ACTIVITIES

1. Cleaning of High-touch Surfaces and Office Tools

Offices, workstations, common areas, and other facilities should be properly cleaned. The frequency of cleaning each work area and surface depends on the number of people who use it, the duration of use, and the presence of any objects which people might handle with their bare hands.

High-touch surfaces should be cleaned and disinfected frequently. Paper towel dispensers should be placed near them. Some examples of high-touch surfaces include:

- Doorknobs and push bars
- Coffee makers and water fountains
- Shared telephones
- Photocopiers
- Handrails
- Toilet flush handles
- Wash stations
- Refrigerator door handles
- Conference/meeting room surfaces (e.g. tabletops, chairs, PC cables, markers) and phones
- Elevator buttons; an alcohol-based hand sanitizer bottle is to be accessible inside the elevator in a company-owned elevator. Most property managers have specific elevator sanitizer dispensers so these should be used as regular protocol when entering and exiting. In the event these are not in place, wash or sanitize your hands as soon as possible when exiting elevators.
- Copiers and fax machines
- SmartUse screens; use a Clorox disinfecting wipe, together with a regular tissue paper (Kleenex) to avoid leaving too much fluid on the screen and wipe dry with a micro-fiber cloth.
- Personal keyboards, desks, heavy equipment controls, mobile phones, and small personal stationary supplies which are shared should be cleaned daily.

2. Washroom, Gym, Shower Facilities and Hand-washing Stations

- The posting of an effective hand-washing method, like the one recommended by the World Health Organization, is mandatory at all times near toilets.
- Soap, paper towel dispensers/hand dryers and hand-sanitizing stations should be checked frequently. Place additional temporary soap dispensers in locations where it often runs out, or where fixed dispensers don't work properly.
- Place a garbage bin near the toilet's exit doors to encourage people to use a paper towel to open the door. If necessary, set up a separate supply of paper towels near the exit door.
- Sanitary measures have been increased by property managers due to the COVID-19 Pandemic. This should be verified daily by reviewing the cleaning logs in place in washroom facilities.

3. Water Distributors and Coffee Machines

Since water distributors and coffee machines are a high contact piece of equipment, it is important to place hand-washing stations or disinfectant next to them, in order to facilitate the hand-washing procedure before use.

3. GUIDELINES FOR OFFICE

3.1.Access to the Office

Post the appropriate signage at the entrance of the office. A questionnaire may be required to be completed by all employees and visitors daily

Mandatory health check for all staff and visitors entering the office

In an effort to act preventatively and in conjunction with authorities consider implementing a mandatory health check for all employees and visitors.

1. **Objectives**

   - To ascertain the state of workers' and visitors' health before they arrive at the office;
   - To be notified immediately if access is to be denied (by email);
   - To be able to identify daily from a list, those workers with or without access to the office

2. **How does it work?**

   - All employees, visitors, clients, professionals, etc. (including deliveries) entering the office
   - Consider utilizing a digital version of the COVID 19 questionnaire to be used upon arrival such as QR code method.

Once the questionnaire has been completed, a digital platform will generate a message to allow or refuse access to the site. Access should be refused if the respondent has answered "yes" to the conditions set out in the questionnaire. In this case, they should contact their regional public health authorities and follow their guidelines. If they are asked to put staff in isolation and/or undergo screening tests, they should immediately contact their manager.

For employees coming to the office for the first time you may wish to provide an orientation video on the up-to-date COVID-19 protocol to coming to the office.

3.2.Deliveries

   - Access and delivery locations should be clearly identified.
   - Access is limited and restricted to entrances.
   - If a courier must enter the office, they should be required to answer the questionnaire described above.
   - All visitors and couriers should disinfect or wash their hands (posters and disinfectant bottles should be installed at the office entrances).
   - No contact or transfer of paper.
   - Couriers should be wearing gloves and a mask or face shield if they cannot respect physical distancing (2 m / 6 feet) at all times.
   - When packages or material are opened or moved to a different location, please be cautious and respect all the preventive measures, namely: wearing the proper PPE (i.e. gloves) and always washing your hands after unloading the materials.

3.3.Providing First Aid

This procedure was established to ensure that each employer is taking all reasonable precaution necessary when first aid is being provided. All first aiders should consider the following procedure when administering first aid during the COVID-19 pandemic.

RESPONSIBILITY

First aid Attendants

TOOLS AND EQUIPMENT REQUIRED

- Hand Sanitizer
- Waste bags
- Goggles
- Approved face mask or respirator
- Disposable nitrile gloves

PROCEDURE

1. Assess patient walk in or on the scene

1.1. When a patient arrives at first aid or First Aid Attendants arrive on the scene, direct others to step back and maintain a safe distance from the patient of 2 meters until hygiene steps below are completed.

1.2. Perform hand hygiene (wash hands with soap & water or rinse thoroughly with hand sanitizer) and don the following additional PPE (mentioned above) prior to treatment (nitrile gloves, approved face mask or respirator and goggles or face shield).

1.3. Only handle the equipment required during the treatment to reduce contamination.

1.4. Attendants should only provide first aid within the level of their training. Once medical aid arrives hand over care and follow any advice given by the paramedics.

2. Hygiene and disposal

This process is to be followed by every First Aid Attendant each time they render first aid treatment during a walk in or onsite call out.

2.1. The entire first aid room and all equipment touched are sanitized. All potentially contaminated equipment, first aid room and PPE should be cleaned and disinfected before it is used, or access is allowed.

2.2. Remove all PPE (nitrile gloves, mask) carefully to ensure no cross contamination and dispose of it along with any potentially contaminated wipes, rags, first aid disposable materials.

2.3. Wash hands thoroughly before doing any paperwork.

3.4. Work in Close Contact (within 2-meter distance)

If a two-metre distance between people cannot be respected, employees should wear a surgical or a cloth mask.

When using masks, employees should:

- Wash their hands, before putting on a mask.
- Follow the manufacturer's recommendations and make sure there is no gap between their face and the mask.
- Avoid touching the mask while wearing it. If they do touch the mask, they should wash their hands;
- Avoid touching their face, the eyes are a gateway for the virus.
- When removing the potentially contaminated mask, avoid touching the mask and only touch the strings holding it. They should then wash their hands.

When the task is completed, ensure the office tools and equipment that were used while in close contact are cleaned and disinfected.

3.5. Elevators

- It is recommended that two metres of physical distancing be maintained when using an elevator. All employees should also wear a mask in elevators.

3.6. Mealtimes

- Ensure thorough hand washing before and after the meal.
- Eating at personal workstations during the pandemic is strongly recommended to limit contact with others.
- Have employees eat in rooms large enough so that there is a distance of more than 2 meters between each of them.
- If no other room is available, modify the mealtimes to have a limited number of employees in the lunchroom at all times. Do not share food.
- Do not exchange cups, glasses, plates, utensils; wash dishes in hot water with soap.

3.7. Meetings

- The number of in-person meetings is to be minimized. Meetings should be held virtually, either via videoconference on Teams or Skype. or conference calls., whenever possible.
- If an in-person meeting is necessary:
    - Meetings should involve only necessary individuals.
    - A minimum physical distancing of 2 m (6 feet) should be maintained in the room, and meetings should be held in open spaces when possible. If the 2-meter distance can be respected, mask wearing isn't mandatory but is strongly recommended.
    - Signage indicating the maximum number of people authorized in the room at one time should be placed at the entrance of the room.
    - Be inclusive and considerate when holding meetings. Until all participants can attend in person, all participants should participate virtually.

3.8. Best Practices for Getting to/from Office

- Wearing facial coverings when using public transit when 2m distancing cannot be respected
- Use of hand sanitizing after touching parking gate/elevator buttons
- Facial covering when carpooling where 2m cannot be respected

4. RESPONSE MEASURES

4.1.Handling a Confirmed Case of COVID-19 in the Office

1. Senior management or the COVID designate for the office should be notified.
2. An analysis should be conducted to determine whether the office should be partially or fully shut down.
3. The client, Property manager, and/or other building tenants should be notified. The timeline identified by the investigation team should be shared, as appropriate.
4. Immediately begin executing the viral contamination cleanup protocol determined by the Emergency Response Team.
5. Identify where the employee was working and notify the building property managers of the areas that the infected person passed through, if applicable. Establish a timeline of the most recent dates and times the employee was in the office. Trace the infected employee's movements and activities up to 48 hours back.
6. The team should:

   - Identify the people who have been within 2 m of the contaminated person for more than 15 minutes, without mask, over the past 48 hours;
   - Review the likely locations the employee recently passed through or was known to frequent;
   - Interview other employees in the person's department, as well as employees close to the employee; and
   - If possible, interview the affected individual.

Use a form such as the following to conduct the investigation.

Project #:	
Project name:	
Worker's name (COVID-19 case)	
Worker's direct Employer:	
Worker's trade:	
Type of case (confirmed / suspected):	
If suspected, has the worker been in close contact with a positive case?	
Date of worker's arrival on-site:	
Does the worker have any symptoms?	
Date of onset of symptom(s):	
Scheduled date of COVID-19 test (if applicable):	
Contagious period (48 hrs prior to symptoms appearing or positive COVID-19 test result):	
Date/time of start of quarantine:	
Job site areas the worker has frequented:	

☐ Check if it is a preventative withdrawal of an individual who has decided to be tested voluntarily (not ordered by public health)

Log of close contacts of the COVID-19 patient. Identify all close contacts (without PPE) for this Worker:				
First & Last name	Employer	Date of last contact	Date/time of start of quarantine	Symptomatic before departure (Yes/No)

Close contact definition: An individual who had a high-risk exposure to a confirmed or probable case.

1. Workers who have travelled with the identified symptomatic Worker (private vehicle, taxi, ride-share) in the last 48 hours before the onset of symptoms until the symptomatic Worker is recognized and isolated, within two metres of each other for more than 15 minutes cumulative.
2. Workers residing under the same roof as the identified symptomatic Worker (in the same household, not adequately separated at all times.
3. Workers unprotected by a physical barrier (adequate physical separator between workers) or without adequate personal protective equipment (facial covering / mask worn by **all Workers**) who have been within two metres of the identified symptomatic Worker for a cumulative period of 15 minutes or more in the 48 hours prior to the onset of symptoms of the identified symptomatic Worker.

   Workers unprotected by PPE, sharing the same locker / lunchroom area(s) for a cumulative period of 15 minutes or more in the 48 hours prior to the onset of symptoms of the identified symptomatic Worker.

	Completed by/Explanations:	Date
Explanation of COVID measures onsite:		

	Completed by:	Date
Communication with client:		
Communication with site supervisors and workers:		
Communication with		
Communication with		
Communication with responsible VP/Project Director/Regional H&S Manager:		
Reporting to provincial public health necessary? *Yes ☐ No ☐		

*In this case, the reporting to public health must be done by the Regional H&S Manager of the project along with the Project Director and the corporate H&S Director.

7. Based on the assessment of where the infected employee has been and the areas the person has frequented, take the following steps:

- People who have been within 2 m of the contaminated person for more than 15 minutes without mask, over the past 48 hours, or anyone around the person while they were coughing or sneezing, should be considered high risk and should be asked to self-quarantine at home and get in contact with their personal health care provider.
- Compile a list of locations and surfaces at the site with which the infected employee may have come in contact. Sort these locations into these categories:

    1. High contact surfaces - Surfaces throughout the office that should be considered potentially contaminated due to either direct contact or secondary transmission and necessary to be included in the cleaning scope.

    2. Impacted non–high contact surfaces - Surfaces throughout the office known to have been or highly likely to have been directly impacted by the employee (e.g. touched, sneezed on, etc.). These areas should be included in the cleaning scope.

    3. Non–impacted, non–high contact surfaces - Non-high contact surfaces that are not suspected of being directly impacted by the employee and are considered lower risk. These areas are generally not included in the cleaning scope.

- Share surface information with the delegate working with the cleaning crew on executing the viral contamination cleanup plan. Share at-risk employee information with management.

- Communications can provide the right messaging to employees, subcontractors and, if needed, external parties. Basic communication should include:

    - Facts and timeline from investigation (if appropriate)
    - Details about decontamination efforts
    - Instructions to monitor their symptoms
    - Employee assistance program information
    - Reminder for prevention tips
    - Reminder to contact Leadership with questions
- The office or a section of the office that was shut down, can reopen when all measures are in place and the competent authority approves it.
- Employees can return to work after getting approval from their manager.

4.2. Return to work protocol

Note that any employee returning to the office should be required to complete a Declaration of Return to Work Following Quarantine form upon their return.

- People in contact without risk (less than 2 meters, without PPE, 15 minutes and more) with a positive person and without symptoms can immediately return to work;
- Symptomatic people screened (without risk of contact with a positive person) should remain in isolation until the result is received. If negative, they can then return to work;
- People in contact at risk (less than 2 meters, without PPE, 15 minutes or more) with a positive person should remain in isolation for 14 days, regardless of the result of the screening.