

Sample Exposure Control Plan COVID-19

To limit exposure to COVID-19, all employers are required to develop and implement an exposure control plan for their workplace. Part 6-22 of the Government of Saskatchewan's [Occupational Health and Safety Regulations 2020](#) specifies the informational elements that must be included in your exposure control plan. This is a template for an exposure control plan that the home operator can use.

Sections in yellow need to be added to/changed for each home operator

1. Identification of workers who may be exposed to COVID-19

In this section, identify the positions of workers who could potentially be exposed to COVID-19 if a resident were to test positive for COVID-19.

2. Identification of tasks/procedures that may put a worker at risk of exposure.

In this section, identify tasks or procedures that may put workers at risk of exposure to COVID-19 if a resident were to test positive for COVID-19.

Examples:

Conducting personal care e.g., assisting someone with activities of daily living, provide medical treatment, programing, or other activities etc.

Do your residents have aerosol generating medical procedures e.g., CPAP, nebulizers
[CV-19 G0071 COVID-19 AGMP List Stratification Algorithm \(saskhealthauthority.ca\)](#)

3. Description of the way in which COVID-19 can enter the body of a worker, and risks associated with entry*

Coronaviruses are a large family of viruses. They can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). Some cause illness in people, while others circulate among animals. Some coronaviruses transmit easily from person to person while others do not.

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a new virus that has not been previously identified. SARS-CoV-2 is the cause of COVID-19, which causes mild to moderately severe symptoms and some deaths. The virus spreads through close person-to-person contact. As with new viruses, further details will be available as we learn more.

The virus spreads through respiratory droplets that occur through coughing and sneezing and more (droplet transmission). The droplets can also be spread by touching surfaces with the virus on it and then touching your mouth, nose or eyes before washing your hands. While it is not yet known exactly how long the virus lives on surfaces, preliminary evidence suggests it can live on objects and surfaces from a few hours to several days. Therefore, isolation at home or hospital is important to prevent transmission.

While the primary driver of COVID-19 transmission is by people who are symptomatic, there is evidence that some COVID-19 infected people who never develop symptoms, or are not yet sick, are able to transmit the virus. Sometimes the symptoms are so mild that people don't pay attention to them.

It is recommended to maintain a physical distance of two metres whenever possible.

*Taken from the Government of Saskatchewan's website <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/about-covid-19>

4. Description of signs and symptoms of COVID-19*

Symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. Symptoms may include one or more of the following:

- fever
- cough
- headache
- muscle and/or joint aches and pains
- sore throat
- chills
- runny nose
- nasal congestion
- conjunctivitis
- dizziness
- fatigue
- nausea/vomiting
- diarrhea
- loss of appetite (difficulty feeding for children)
- altered sense of taste or smell
- shortness of breath
- difficulty breathing

These may be unexplained new or worsening symptoms, and may vary. Some people experience mild symptoms or no symptoms at all. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Older people or those with chronic illnesses are at higher risk for a more severe form of the disease. **Older adults may present differently than others with signs of delirium and lack of oxygen, fast heart rate or fast breathing.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7211267/>

5. Description of control measures to be used

Provide a description of the control measures to be used in your personal care/group/residential home in the table below

Examples: hand hygiene, personal protective equipment, isolation procedures for residents, cohorting of sick residents, staff and resident screening prior to work.

Sample documents that can support these controls Include:

Point of Care Risk assessment - [CV-19 A0020 Point of Care Risk Assessment Algorithm \(saskhealthauthority.ca\)](#); [CV-19 G0031 Guideline Point of Care Risk Assessment \(saskhealthauthority.ca\)](#)

Link to [Prevention](#) strategies

Topic	Link
Hand hygiene – training and practices	GS Handwashing Poster BW Aug 2020 (saskhealthauthority.ca) GS Santizing Poster BW (saskhealthauthority.ca) Hand Hygiene for Health Care with Germ Smart - YouTube https://youtu.be/iWC3jiYksXI
Home Operator Plan:	
Cleaning practices	CV-19 G0067 IPAC Cleaning and Disinfectant Products During Supply Challenges (saskhealthauthority.ca) Environmental cleaning and disinfection Infection prevention and control for COVID-19: Interim guidance for long term care homes (Government of Canada)
Home Operator Plan:	

Topic	Link
Personal protective Equipment – training and use	<p>COVID-19 Appropriate Use of PPE for Employers (saskhealthauthority.ca)</p> <p>PPE 13 min video (internapcdn.net)</p> <p>CV-19 G0061 Routine Practices</p> <p>If you require support with PPE training for donning/doffing or if you require fit testing of N95 masks, please contact info@saswh.ca.</p>
Home Operator Plan:	
Isolation of sick residents	<p>Suspected COVID-19 Case</p> <p>The Public Health Agency of Canada has drafted Instructions for Isolating a Case in the Home or Co-Living Setting.</p>
Home Operator Plan:	

Topic	Link
Screening processes for staff	<p>Personal Care Homes – follow the requirements of the Public Health Order including continuous masking, staff screening and temperature checks, staff cohorting and visitor restrictions. A staff screening questionnaire is available: COVID-19 Staff Screening Tool.</p> <p>Group Homes, Assisted Living Facilities and Approved Homes - as a precaution you may wish to conduct daily COVID-19 health screening for all staff and, if possible, for residents and visitors (as applicable). For more information see COVID-19 Information for Health Care Providers.</p>
Home Operator Plan:	
Staff or Resident sick	COVID-19-HCW-Risk-Classification.pdf (saskhealthauthority.ca) Suspected COVID-19 Case
Home Operator Plan:	

Topic	Link
Visitors policy	<p>Family Presence. Where applicable, The Saskatchewan Health Authority policies/guidelines/restrictions for long term care facilities should also be followed by personal care homes. Please refer to information about Family Presence and Visitation at Family Presence During COVID-19 FAQs (Feb.18, 2021);</p> <p>download the at-a-glance summary</p> <p>Visitation Guidelines for Community Living Service Delivery (CLSD) Group Homes (Ministry of Social Services)2020</p>
Home Operator Plan:	
Admission screening	<p>CV-19 G0044 Recommendations for COVID-19 Testing - Long Term Care and Personal Care Homes</p> <p>CV-19 WS0018 COVID-19 Resident Move-Ins/Transfers - Infection Control Practices for Belongings (July 8, 2020)</p>
Home Operator Plan:	

Topic	Link
Outbreak Management	Preventing the spread of illness Outbreak Preparedness & Management (saswh.ca)
Home Operator Plan:	

6. Identify the limitations of the infection control measures described in Section 5.

Example: if the setup of the home does not allow for isolation of residents e.g., shared rooms; staffing levels

7. Identify procedures to be followed if a worker has been exposed or if a worker believes they have been exposed.

If a worker has been exposed or believes they have been exposed, refer to the SHA Exposure Risk Matrix Assessment Tool.

See exposure package - [General Information for All Health Care Providers \(saskhealthauthority.ca\)](https://www.saskhealthauthority.ca/General-Information-for-All-Health-Care-Providers)

8. Describe methods of cleaning or disinfecting PPE or other equipment that may be contaminated and identify who is responsible for carrying out these activities.

Although disposable personal protective equipment should be disposed of after each use, if supplies are limited please refer to the following link [CV-19 G0054 COVID-19 IPAC Guidelines - Continuing Care \(saskhealthauthority.ca\)](https://www.saskhealthauthority.ca/COVID-19-G0054-COVID-19-IPAC-Guidelines-Continuing-Care).

[CV-19 G0067 COVID-19 IPAC Recommendations for Cleaning and Disinfectant Products during Supply Challenges](https://www.saskhealthauthority.ca/COVID-19-G0067-COVID-19-IPAC-Recommendations-for-Cleaning-and-Disinfectant-Products-during-Supply-Challenges)

[Hard-surface disinfectants and hand sanitizers \(COVID-19\): List of disinfectants with evidence for use against COVID-19 - Canada.ca](https://www.canada.ca/en/public-health/services/diseases/2019-nCoV/disinfectants.html)

e.g., Identify what products will be used for routine cleaning and who will carry out these tasks.

9. Investigation and documentation

If an employee is exposed to COVID -19 the employer is required to investigate to determine the route of exposure and implement measures to prevent further infection.

If Public Health contacts the Employer to indicate there was a potential workplace exposure, the Employer will:

- Track who is coming and going on the day(s) the employee worked – visitors, contractors, deliveries, physicians and staff. Use screening lists which should include contact phone numbers.
- Refer to exposure package (see # 7 above) to help determine if there was a PPE breach – ex. damaged or unsuitable PPE, no PPE, cloth vs. medical grade masks

Measures to mitigate risk:

- Training ex. Using PPE correctly
- Resolve supply issues
- Initiate enhanced cleaning
- Isolating residents and sending sick staff home
- Cohorting staff – so staff do not cross over between sick residents and well residents
- Review staff break rooms – reduce cross contamination and staff utilize physical distancing

Checklist

Training & Resources re: proper hand hygiene, PPE use and what is needed for an exposure control plan.

Employees should be trained in donning and doffing PPE as well as proper hand hygiene. If an aerosol generating medical procedure (AGMP) is being performed by staff on a COVID-19 positive resident, they need to be fit tested for an appropriate N95 respirator, and trained on the procedures to follow for cleaning and disinfecting. Reg 88 OH&S. (4)

(4) Where respiratory protective devices are used only for emergency purposes, an employer or contractor shall ensure that a worker who may be required to use a respiratory protective device is given semi-annual refresher training in its safe use

- ☐ We have a training plan for new and existing staff in this exposure control plan and appropriate reviews as required.
- ☐ We have trained employees in routine practices, which includes, point of care risk assessment hand hygiene, proper PPE use and cleaning & disinfecting and more [CV-19 G0061 Routine Practices](#)
- ☐ We understand the limitations that PPE has in providing protection and how they need to be used in combination with other control measures
- ☐ We are familiar with the Risk Matrix and staff know how to prevent becoming a close contact [COVID-19-HCW-Risk-Classification.pdf \(saskhealthauthority.ca\)](#)

Checklist

Screening protocols

- ☐ We screen all staff and visitors that enter the home [COVID-19 Staff Screening Tool](#)
- ☐ **Our policies prohibit anyone who is required to self-isolate from entering the workplace.**
- ☐ **Our workplace policies ensure that workers and others showing symptoms of COVID-19 are prohibited from entering the workplace.**
- ☐ Our policies address visitors coming to the workplace
- ☐ Our workplace has policies around what to do if workers believe that they have been [exposed to COVID-19.](#)
- ☐ Directions for sick workers to report even mild symptoms
- ☐ Directions for sick workers to go straight home and call the Saskatchewan Healthline at 811 for further guidance. If the worker is severely ill, call 911

Checklist

Cleaning protocols

- ☐ Clean and disinfect any surfaces that an ill worker or resident has come into contact with.
- ☐ Implement enhanced cleaning. High touch surfaces (light switches, doorknobs, bathroom fixtures, remote controls, etc.) should be cleaned and disinfected at least twice daily.

Other resources

Information for Residential Homes - Personal Care Homes (PCHs), Group Homes and Assisted Living Facilities

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-information-for-businesses-and-workers/residential-homes>

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare (2017) - [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings - Canada.ca](#)

Guidance for Residential Supports for People with Intellectual Disabilities

[COVID-19 Guidelines for Group Homes](#)

[Residential Homes | COVID-19 Information for Businesses and Workers | Government of Saskatchewan](#)

[Managing through COVID-19 | Alzheimer Society of Canada](#)