

Sample - COVID-19 Workplace Safety Plan

Last reviewed , 2020

The COVID-19 Workplace Safety Plan is intended to keep staff, contractors, and members safe while conducting co-op business. This plan is based on the [Government of Ontario's guidance](#) as well as resources from HR Downloads.

This plan is courtesy of Bain Co-operative Homes, Toronto and has been adapted by PHCHF as a sample for housing co-ops.

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

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Workplace Safety Measures

Action	Details
Screening for symptoms and infection risks	Every member of staff must self-screen daily and note the result on the Office Screening Log; the General Manager is responsible for ensuring this happens, staying alert to any infection risks, and following the <i>Process in Case of Exposure or Suspected Exposure</i> if symptoms present; members must answer screening questions when place a work order request; screening questions will be posted on the office door for members prior to interacting with staff; staff should screen contractors if working in close proximity
Contact tracing to notify potentially infected people in case of infection	Every member of staff must update their Contact Tracing Log when they interact with a member, contractor, or other person indoors or in close proximity outdoors; Contact Tracing Logs are to be kept for one month (<i>see Contact Tracing Log and Contractor Tracing Form</i>)
Increased cleaning of office surfaces	Cleaners to clean office daily rather than twice a week; every member of staff should regularly sanitize the surfaces they touch (keyboard, mouse, etc.)
Social distancing of at least 2 meters to minimize chance of transmission	All staff and contractors must socially distance in interactions with each other and with members
Wearing masks when indoors to minimize chance of transmission	All staff, contractors, and visitors must wear masks while in the office or in members' units; members must wear masks while using the laundromat or visiting the office
Review government guidance to ensure compliance	Operations Coordinator to check government websites for updates and make changes to plan as needed; all changes to the plan must be communicated to staff immediately
Working remotely where possible	Staff should work remotely whenever possible to limit potential for exposure
Limit member access to the office	Keep office door locked; only meet with members in person if absolutely necessary; if an in-person appointment is necessary, screen the member beforehand via phone call, meet them in the kitchen, and wipe down all surfaces after the meeting
Ensure stock of required safety materials	The Office must ensure sufficient stock of hand sanitizer, antibacterial wipes, masks and hand soap
Communicate safety plan to members and contractors	Members of staff are responsible for ensuring contractors and members they interact with are aware of this plan
Practice good hand hygiene, especially in common areas	Sanitize/wash hands prior to touching anything in the kitchen/meeting room communal area
Limit member interactions for On-Call Team	The On-Call Team are to avoid entering members' units wherever possible. They may only enter a members' unit for an emergency, such as flood, burst pipe, smell of gas, loss of electricity; if they do enter they must screen the member on the phone before entering (the screening questions are on their call log). They must wear a face mask, gloves, and goggles when entering and note it on their call log after.

Co-op Logo and Name

Notice of entry for works	Staff must provide at least two days' notice for entry to units, using the updated <i>Notice Template</i> with screening questions and asking members to inform us if they answer "yes" to any of the screening questions. Where possible, it is recommended that staff call the member prior to entering to double check for symptoms or potential exposure.
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Process in Case of Exposure or Suspected Exposure

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

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

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

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

Office Screening Log

Log for Week Commencing _____

Staff must self-screen every day upon arrival at the office, and initial the appropriate box in the table below **to confirm that they have answered “no” to all six questions below**. If staff answer “yes” to any of the questions, they must inform the General Manager immediately via phone. The *Process in Case of Exposure or Suspected Exposure* will be followed.

These screening questions should also be used prior to in-person meetings with contractors or members.

1. Are you experiencing difficulty breathing?
2. Are you experiencing a fever?
3. Are you experiencing any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.):
 - a. Coughing
 - b. Sneezing
 - c. Sore throat
4. Have you travelled outside Canada within the last 14 days?
5. Did you have close contact with a person with COVID-19 (probable or confirmed) while they were ill?
6. Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?

Member of Staff	Monday	Tuesday	Wednesday	Thursday	Friday

Co-op Logo and Name

Contact Tracing Log

Staff name: _____

Date log started: _____

First and Last Name	Screening Passed?	Phone Number	Unit or Company	Date
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			
	Yes / No			

Contractor Screening Form

Date	
Name	
Company	
Unit(s) attended	

Please answer the following questions with either “yes” or “no”:

1. Are you experiencing difficulty breathing? _____
2. Are you experiencing a fever? _____
3. Are you experiencing any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.):
 - a. Coughing _____
 - b. Sneezing _____
 - c. Sore throat _____
4. Have you travelled outside Canada within the last 14 days? _____
5. Have you had close contact with a person with COVID-19 (probable or confirmed) while they were ill? _____
6. Have you had close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?

Acknowledgement:

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

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

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

Signature

Work Order Requisition Form

Date	
Member's Name	
Unit	

Please describe the maintenance problem you are having:

Please answer the following questions with either “yes” or “no”:

1. Do you have pets (dog/cat)? _____
2. Are you, or is anyone in your household, experiencing a fever? _____
3. Are you, or is anyone in your household, experiencing any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.):
 - a. Coughing _____
 - b. Sneezing _____
 - c. Sore throat _____
 - d. Difficulty breathing _____
4. Has anyone in your household travelled outside Canada within the last 14 days? _____
5. Has anyone in your household had close contact with a person with COVID-19 (probable or confirmed) while they were ill within the last 14 days? _____
6. Has anyone in your household had close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)? _____

Please read and sign the other side of this form

Co-op Logo and Name

Note:

If you have answered “yes” to any of the questions above, the Maintenance Team will not enter your unit until it is confirmed to be safe to do so unless the matter requires immediate attention.

You may submit your Work Order Requisition Form in the mailbox located in the Laundromat.

You will be provided with written notice of the date the Maintenance Team will be accessing your unit to complete the necessary repairs, except in the case of urgent maintenance issues where Maintenance will contact you to coordinate entry.

Acknowledgement:

By my signature below I acknowledge that I am required to ensure the Co-op is able to access its units to complete maintenance and that such access is governed by the Co-op’s Occupancy By-law.

Signature

Notice of Entry

Members: Member(s) Name(s)
Unit: Unit
Date: Date

Please note that on **DATE** between **TIME**, **CONTRACTOR/MEMBER OF STAFF** will be entering your unit in order to complete the following works:

- **LIST OF WORKS**

Please ensure that you do the following prior to their entry:

1. Secure all pets
2. Ensure the Co-op has a copy of the key to your unit and all areas needed for access are accessible
3. Notify the office **immediately** if you answer yes to any of the following questions:
 - a. Are you, or is anyone in your household, experiencing a fever?
 - b. Are you, or is anyone in your household, experiencing any abnormal or unusual conditions (not associated with allergies, smokers cough, other known respiratory complaints, etc.), such as:
 - i. Coughing
 - ii. Sneezing
 - iii. Sore throat
 - iv. Difficulty breathing
 - c. Has anyone in your household travelled outside Canada within the last 14 days?
 - d. Has anyone in your household had close contact with a person with COVID-19 (probable or confirmed) while they were ill within the last 14 days?
 - e. Has anyone in your household had close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?

Should you have any questions regarding these works, please contact the office.

Thanks,

YOUR NAME _____
YOUR TITLE _____
YOUR CONTRACT INFORMATION _____

Staff Acknowledgement and Agreement

I, _____, confirm that I have read and understood _____ Co-operative’s COVID-19 Workplace Safety Plan. I agree to adhere to this plan and will ensure that employees working under my direction adhere to this plan.

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

- Self-screening every work day upon arrival at the office, and confirming that I have answered “no” to all screening questions by initialing the Office Screening Log;
- Notifying the General Manager immediately if I have symptoms of COVID-19 or suspect I may have been exposed to COVID-19, and following the *Process in Case of Exposure or Suspected Exposure*;
- Maintaining a distance of two metres between myself and all other members of staff, contractors, and members while carrying out my duties, including outdoors, in members’ units and in the office;
- Wearing a face mask while interacting indoors with contractors and members;
- Ensuring all contractors I am working with understand and abide by the Safety Plan;
- Updating the Contact Tracing Log to reflect all indoor contact with contractors and members, as well as contractors attending members’ units while I am not present, and screening all contractors and members prior to or at the beginning of any in-person interactions;
- Keeping completed Contact Tracing Logs for at least one month;
- Following proper hand washing measures throughout the work day;
- *For on-call team:* Only attending members’ units if absolutely necessary; screening the member prior to entering unit and noting this in the on-call log.

I understand that if I violate the measures set forth in this plan, I may face disciplinary action up to and including termination of employment.

Name: _____

Signature: _____

Date: _____