GENERAL RELAUNCH GUIDANCE
—

Alberta

CONTENTS

—

OVERVIEW

—

COVID-19 remains a serious health threat, in particular for older adults, people with underlying heath conditions, and people with compromised immune systems.

It is important to note that this virus can lead to serious health outcomes; knowledge about the impacts of the virus continues to evolve. For example, a condition called multi-system inflammatory syndrome in children, or MIS-C, has been reported in a number of jurisdictions, and may be linked with COVID-19.

The Chief Medical Officer of Health (CMOH) has issued specific Orders regarding the COVID-19 (CMOH Orders). These CMOH Orders detail the restrictions and precautions necessary to prevent the spread of COVID-19, as well as the actions required to safely resume activities while still protecting Albertans.

On May 14, Alberta's Relaunch Strategy was implemented. To ensure the safety of Albertans and communities, the relaxing of restrictions on certain activities will follow a measured approach, in accordance with public health guidance from Alberta Health.

PURPOSE

—

This document provides a practical guide to support operators across various settings and services (excluding health care settings) to help reduce the spread of COVID-19. Operators should consider the guidance in this document when preparing their space for attendees. It is applicable to all operators, and should be used in addition to sector specific guidance that can be found on the Alberta Biz Connect webpage.

During Alberta's relaunch, it is expected that operators will make modifications to their operations and settings to reduce the risk of transmission of COVID-19. To the extent possible, operators should follow the guidance in this document.

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.

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.

Definitions

"Operators": for the purposes of this document, this includes the person responsible for the overall operation or leadership of the entity. This includes, but is not limited to:

- Business owners
- Public and private facility operators/managers
- School administrators
- Faith leaders and operators of places of worship
- Sport and recreation organizers
- Event organizers, including:
  - Commercial events
  - Not-for-profit or charity events
  - Informal and formal social gatherings, weddings, family reunions, celebrations, etc.

"Attendees": for the purposes of this document, this includes anyone who works at or goes to a site, facility, event or organization. This includes, but is not limited to:

- Staff, contractors, workers and volunteers
- Students
- Congregants, faith-community members
- Visitors, guests, participants, the general public
- Clients, patrons
- Organization members

Principles

The following principles are intended to help operators make decisions as they relaunch, or continue operations during COVID-19:

- The safety and wellbeing of attendees is the most important consideration.
- Relaunch plans include measures that reduce the risk of transmission of COVID-19 and comply with current CMOH Orders.
- Each operator is unique and appropriate relaunch plans will vary based on the characteristics of the operator's settings and services.
  - No single measure or action is effective in every situation. Use multiple actions whenever possible.
- Relaunch plans should be able to scale up or down depending on the evolving situation.

RELAUNCHING OPERATIONS

> **COVID-19 relaunch plan key points:**
>
> All operators must adhere to the requirements in the Orders from the Chief Medical Officer of Health.
>
> All operators should develop a COVID-19 Relaunch Plan and post information for attendees.

Under current Chief Medical Officer of Health Orders, businesses and entities are required to:

- implement practices to minimize the risk of transmission of infection among attendees;
- provide procedures for rapid response if an attendee develops symptoms of illness;
- ensure that attendees maintain high levels of sanitation and personal hygiene;
- comply, to the extent possible, with this guidance, and any other applicable Alberta Health guidance found at: https://www.alberta.ca/biz-connect.aspx.

The relaunch plan

The Alberta Government strongly recommends businesses and entities develop, implement, and publicly post Relaunch plans that address the above requirements. A Relaunch Plan Template (Appendix A) has been developed to support operators in developing and communicating their plan with attendees. Operators may also use the template as a guide and develop their own planning documents and to implement their plan.

Relaunch plans should consider the following:

- Communicating with attendees about COVID-19
- Mental health
- Quarantine and isolation
- Infection Prevention and Control Measures

    - Eliminating hazards
    - Substitution
    - Engineering controls: Isolating the hazard
    - Administrative controls: change the way you work

        » Physical Distancing
        » Cleaning and Disinfecting
        » Hand Hygiene and Respiratory Etiquette

    - Personal protective equipment

- Sector specific guidance
- Non-compliance

Sector specific guidance

Each operator will have unique needs to consider based on their settings and services. As operators develop their own relaunch plans, they should use guidance documents for different sectors also developed to supplement this document. Additional guidance documents are being developed as the relaunch progresses.

Full details on public health orders that affect different sectors, can be found here.

Additional considerations

1. Communication

Encourage and facilitate attendees staying up to date with developments related to COVID-19.

- Notify attendees of the steps being taken to prevent the risk of transmission, and the importance of their roles in these measures.
    - COVID-19 signage should be posted in highly visible locations:
        » "Help prevent the spread" posters are available.
        » When possible, provide necessary information in languages that are preferred by worker and volunteers.

- For operators of settings like workplaces and places of worship, discuss steps attendees can take to reduce the risk of transmission on their own, such as:
    - Commuting to and from various settings
    - In their homes and shared living accommodations
    - Other activities, such as recreation and social gatherings

2. Records management

To support public health contact tracing efforts in the event that an attendee tests positive, operators should collect the name and contact information of attendees.

- Information about attendees will only be requested by Alberta Health Services if a potential exposure occurs onsite.
- For businesses/workplaces, this includes staff, workers and volunteers on shift and patrons who make appointments for personal services and wellness services and those in attendance in group events.
- Records should be kept for up to 2 weeks
- If attendees do not wish to have their contact information collected, they should still be allowed to access the location.

3. Mental health

It is important to plan to support the psychological health and safety of attendees in addition to meeting public health requirements. Remind attendees of available mental health and social supports that are available and encourage them to use these resources.

• For staff, workers, volunteers, this may include resources available through workplace benefits.

4. Workplace sick leave policies

• 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.

• Prepare for increases in absenteeism due to illness among attendees or their families.

QUARANTINE AND ISOLATION

—

> ## Quarantine and isolation key points:
>
> CMOH Order 05-2020 has several legal requirements for quarantine and isolation.
>
> Operators must have a plan for how to isolate attendees if needed.

During Alberta's relaunch, it's important to remember the fundamental aspects of isolation and quarantine. CMOH Order 05-2020 has several legal requirements related to isolation and quarantine related to COVID-19.

Operators should:

- Be familiar with the different legal isolation and quarantine requirements for COVID-19; detailed requirements are in Appendix A.

Quarantine	Isolation
Required when people are not sick, but have been exposed.	Required when people are sick, to keep them from infecting others.
The quarantine period for COVID-19 is 14 days. 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.

- Develop a plan to provide isolation for an attendee if needed.
- To enable quick contact with workers, operators who are employers should maintain an up-to-date contact list for all workers and volunteers, including names, addresses and phone numbers.
- Consider using a log of attendees for the purposes of tracing close contacts.
- Prepare for increases in absenteeism due to illness among worker, volunteers and their families. This may include updating sick time policies where applicable. Refer to the temporary workplace rule changes.

If Alberta Health Services identifies a confirmed COVID-19 case, the operator will be expected to work cooperatively with Alberta Health Services to ensure anyone potentially exposed receives the correct guidance. At minimum, the operator should be able to provide:

- Names, addresses, phone numbers, roles and positions of staff, workers and volunteers who were potentially exposed to a case while they were infectious at that location.

INFECTION PREVENTION AND CONTROL

—

Infection prevention and control key points:

A combination of controls is the best way to reduce spread of communicable diseases like COVID-19.

Operators must still adhere to Occupational Health & Safety requirements.

Eliminating the risks and substituting for new ways of operating are the most effective controls.

When in-person attendance is required, operators should implement a variety of control measures.

Practice good hand hygiene and thorough cleaning and disinfecting.

Use Health Canada approved hard-surface disinfectants and hand sanitizers.

Encourage physical distancing through barriers, signage, floor markings and traffic flow controls, and limit the number of people in a space.

Use personal protective equipment and follow guidance to wear it properly.

The key to preventing the spread of COVID-19 it to reduce the risks as much as possible. All operators need to consider their specific settings and services to determine the best way to reduce risks for attendees.

Policies, procedures and practices that reduce the risk of spread of COVID-19 are referred to as "controls". The control methods listed here start with the most effective and protective. Controls should be used in combination to offer the best protection.

Elimination: screening for COVID-19

The operator can reduce the risk of exposing attendees to COVID-19 by following the isolation and quarantine requirements in Appendix A.

Operators should:

- Take measures to prevent anyone experiencing COVID-19 symptoms from accessing the location.
- Post signs that instruct who may have been exposed to the COVID-19 to not enter.
- Consider implementing active screening of patrons (where applicable, e.g. in personal and wellness services, funerals, places of worship) and staff for symptoms of fever, sore throat, cough, runny nose or difficulty breathing.
  - The Alberta Health Services COVID-19 Self-Assessment tool can be used by attendees.
  - Operators may choose to use daily checklist for workers and volunteers (Appendix C).

Substitution: alternate means of attending a location

Even with regular screening, operators may not entirely remove the risk of exposing attendees to COVID-19, however, settings and services can be replaced with lower risk alternative. Operators should consider where possible:

- Implementing contact-free modes of interaction. This might include:

  - Online services
  - Virtual meetings and celebrations
  - Curb-side pick up or contactless delivery
  - Drive-in or drive-through services

Engineering controls: barriers

When in-person attendance is necessary, operators should implement physical controls to support spacing of at least 2 metres or physical barriers to prevent direct contact between attendees. These types of controls reduce the opportunity for transmission. Operators should consider the following examples and implement appropriate controls for their settings and services:

- Placing barriers or partitions between attendees.
- Removing alternate seats from waiting areas, lunch rooms and dining areas.
- Re-arranging lockers and workspaces.
- Increasing ventilation, open windows where appropriate.
- Closing toilets or urinals that are less than 2 metres apart.
- Placing additional hands-free garbage bins with removable linings at all entrances and exits.

Administrative controls: distancing, disinfecting, hand hygiene and respiratory etiquette

Even with the best engineering controls, there are some settings and services where a physical barrier is not possible. Administrative controls change the way attendees interact based on policies, procedures, training and education. This includes policies about the use of non-medical face masks.

There are three main categories of administrative controls that operators should consider for their settings and services: physical distancing; cleaning and disinfecting; and hand hygiene and respiratory etiquette.

Physical distancing

Physical distancing means maintaining 2 metres distance between attendees as much as possible. Consider the following controls to encourage physical distancing between attendees:

- For gatherings, follow current restrictions set by the Alberta Government.
- For workplaces, places of worship, schools and similar entities, consider:
  - reducing the number of attendees at one time.
  - Directing traffic flow within a site. This can be accomplished with signs, ropes, floor decals, etc.
  - Reservations and staggered entry times.
  - Dedicated entry and exit points.
  - Developing appropriate attendee ratios (e.g., worker : patron), where applicable.
  - Remove all communal items that cannot be easily cleaned, such as newspapers, magazines, and stuffed toys.

- Develop strategies to minimize the handling of objects between multiple attendees and ensure frequent cleaning and disinfecting of these objects.

Cleaning and disinfecting

Cleaning and disinfecting is already part of standard practice for most operators. Many industries have specific standards they follow to ensure the safe operation of their settings and services. All operators should continue to follow their industry specific cleaning and disinfecting standards. For COVID-19, operators should consider the following guidelines when developing a relaunch plan for cleaning and disinfecting their settings and services:

- 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.

- Limit hours of operations to enable for frequent cleaning.
- Ensure disposable towels and spray cleaners, or disposable wipes, are available to workers, volunteers and (as necessary) patrons to regularly clean commonly used surfaces.

For operators that do not already have industry specific cleaning and disinfecting standards, the following protocols should be used:

- 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.

- Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label.

  - Preferably, use a product labeled as a disinfectant that has a Drug Identification Number (DIN)/ is Health Canada approved.

    » 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 (for hard-surface disinfectants) or NPN number (for hand sanitizer) of the product you are using or to find an approved product.
    » Make sure to follow instructions on the product label to disinfect effectively.

  - 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.

Hand hygiene and respiratory etiquette

Operators should promote and facilitate frequent and proper hand hygiene all attendees. Operators should consider the following:

- Enabling and instructing attendees 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).

  - Ensure there are stations available to maintain hand hygiene.
  - It is strongly encouraged that operators provide a means to sanitize hands at points of entry and locations throughout the site where attendees are known to handle objects.
  - Hand washing with soap and water is required if the attendee has visibly dirty hands.
  - The AHS Hand hygiene education webpage has more information, posters and videos about hand hygiene.

- Operators 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 highly visible posters that remind attendees to practice respiratory etiquette and hand hygiene is strongly encouraged (e.g., entrances, washrooms and staff rooms).

  - Posters are available here.

Personal protective equipment (PPE)

PPE controls are the last level of defense and should be used with other controls. PPE is dependent on type of activity and risk of exposure to a COVID-19. PPE is necessary when physical distancing of 2 metres or physical barriers cannot be maintained by administrative and engineering controls. Examples of PPE include gloves, eye protection (goggles or face shields), gowns, and face masks. Many industries have specific PPE standards they follow to ensure the safe operation of their settings and services Operators should consider the following:

- Conduct a hazard assessment to determine if PPE is necessary. If necessary, the operator should ensure that the PPE is appropriate for the hazard and fits the workers and volunteers effectively.

  - When the operator is an employer, the operator must follow 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.

- If a mask is deemed necessary follow guidance to wear masks properly.

  - Respirators (e.g. N95 masks) are only required when the work might cause large droplets containing COVID-19 to be aerosolized into tiny airborne particles. This is not common outside of health care settings. Most respirators must be sized and fit to the wearer to ensure appropriate protection.

- 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.
- PPE worn by workers and volunteers, is considered single use (if indicated in manufacturer's instruction) and should be discarded in a lined garbage bag in between client/patron.

  - 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.

- More details about the different types of PPE and its intent can be found in Appendix B.

Community protective equipment

Community protective equipment, such as non-medical mask, is worn as a community effort to prevent asymptomatic carriers of COVID-19 from spreading the virus.

A face covering or mask is recommended, while on the job when it is NOT feasible to maintain social distancing measures (i.e. at least 2 metres of separation between others) between coworkers, customers, and the public. See Appendix B.

NON-COMPLIANCE

—

Operators should develop additional policies and procedure that address how to respond to attendees who do not comply with the operators guidelines.

If an operator is concerned an individual is not following public health orders, the operator can:

- Remind the person that not following public health orders is against the law and puts people at risk.
- To report urgent matters that require an immediate response contact your local law enforcement agency. Do not call 911

If an organization/business/entity is not following public health orders:

- Submit a complaint to AHS public health inspectors online or leave a message at 1-833-415-9179.

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)
Email   hiahelpdesk@gov.ab.ca

Office of the Information and Privacy Commissioner
Privacy in a Pandemic

APPENDIX A:
RELAUNCH PLAN TEMPLATE

—

To open your service or setting 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 COVID-19 General Relaunch Guidance, 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

Screening for Symptoms – Refer to page 6

Considerations: How will you be aware of symptoms attendees, 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 attendees 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?

Distancing Measures – Refer to page 7

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 page 8

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?

Personal Protective Equipment (PPE) – Refer to pages 9, 10 and Appendix D

Considerations: How will you promote PPE use (e.g., masks) 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 attendees (who are not workers) 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 attendees 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?

APPENDIX B:
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
Required when people are not sick, but have been exposed	Required when people are sick, to keep them from infecting others
The quarantine period for COVID-19 is 14 days • 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.

APPENDIX C:
SCREENING CHECKLIST

If an individual answer yes to any of the questions, they must not be allowed to participate in the sport. Children and youth will need a parent to assist them to complete this screening tool.

		YES	NO
1.	Does the person attending the activity, have any of the below symptoms:		
	Fever		
	Cough		
	Shortness of Breath / Difficulty Breathing		
	Sore throat		
	Chills		
	Painful swallowing		
	Runny Nose / Nasal Congestion		
	Feeling unwell / Fatigued		
	Nausea / Vomiting / Diarrhea		
	Unexplained loss of appetite		
	Loss of sense of taste or smell		
	Muscle/ Joint aches		
	Headache		
	Conjunctivitis		
2.	Have you, or anyone in your household, travelled outside of Canada in the last 14 days?		
3.	Have you or your children attending the program had close unprotected* contact (face-to-face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever?		
4.	Have you or anyone in your household been in close unprotected contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?		

If you have answered "yes" to any of the above questions do not participate. Go home and use the AHS Online Assessment Tool to determine if testing is recommended

APPENDIX D:
INFECTION PREVENTION AND CONTROL MEASURES TO REDUCE RISK OF TRANSMISSION: HIERARCHY OF CONTROL

—

Operators should complete a hazard assessments to identify existing and potential hazards related to COVID-19. The hierarchy of hazard control is a framework that helps to manage risk related to the exposure to hazards, and can help operators determine how to protect attendees. 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 settings and services, operators should begin at the top in order to ensure greatest effectiveness.

1. ELIMINATION

Remove the risk of exposure

- Follow isolation and quarantine requirements.
- Isolate attendees who are experiencing symptoms.
- Consider implementing active daily screening of attendees for symptoms of fever, sore throat, cough, runny nose or difficulty breathing.
  - The Alberta Health Services COVID-19 Self-Assessment tool can be used by attendees.
  - Operators may choose to use daily checklist for workers and volunteers.
- Post signs that instruct who may have been exposed to the COVID-19 to not enter.

2. SUBSTITUTION

Replace settings and services can with lower risk alternative

- Implementing contact-free modes of interaction. This might include:
  - Online services
  - Virtual meetings and celebrations
  - Curb-side pick up or contactless delivery
  - Drive-in or drive-through services

3. ENGINEERING CONTROLS

Using physical barriers and physical controls

- Placing barriers or partitions between attendees.
- Removing seats from waiting areas, lunch rooms and dining areas.
- Re-arranging lockers and workspaces.
- Increasing ventilation.
- Closing toilets or urinals that are less than 2 metres apart
- Placing additional garbage bins with removable linings at all entrances and exits.

4. ADMINISTRATIVE CONTROLS

Change the way people work

- Change the way people interact based on policies, procedures, training and education.
  - This includes policies about the use of non-medical face masks.

- There are three categories of administrative controls
  - Physical distancing
  - Cleaning and disinfecting
  - Hand hygiene and respiratory etiquette.

5. PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE to protect when physical distancing and barriers cannot be used

- PPE controls are the last level of defense and should be used with other controls.
- PPE is dependent on type of activity and risk of exposure to a COVID-19.
- PPE is necessary when physical distancing of 2 metres or physical barriers cannot be maintained by administrative and engineering controls.
- Surgical/procedure mask:
  - Provides the wearer a barrier protection against large particle droplets, splashes or bodily fluid, such as saliva.

- Respirator (i.e. NIOSH-N95 mask)
  - Protect the wearer from exposure to biological aerosols that may contain viruses or bacteria or when other respiratory hazards exist for which a respirator is required to keep worker exposure under the Occupational Exposure Limit for a particular hazard.

- Gloves
  - Gloves protect against the transfer of infectious agents to one's hands during direct contact with patients with suspected/confirmed transmissible infections or their immediate environments.
  - The use of gloves does not replace the need for regular hand hygiene.
  - Hand hygiene should be performed before and after glove use.

- Gown
  - Protect against the transmission of infectious agents to the arms/clothes during contact with patients or their immediate environments. Protect against the transmission of infectious agents to the arms/clothes during contact with patients or their immediate environments

- Eye protection (i.e face shield/safety glasses)

  - Protect the eyes (and mouth/nose if using a facemask) of the wearer from contact with splashes, sprays and splatter of bodily fluids from other people.
  - Wearing a face shield without a face mask does not provide an adequate barrier around your nose and mouth and should not be used as a substitute for a face mask

6. COMMUNITY PROTECTIVE EQUIPMENT - FACE COVERINGS AND NON-MEDICAL FACE MASKS

A community effort to prevent asymptomatic carriers of COVID-19 from spreading the virus

  - During work activities requiring 2 or more people to come within 6 feet of one another and other controls are not in place
  - When you will interact with members of the general public where physical distancing is not feasible
  - Hand hygiene should be performed before putting on and after taking off the mask.