

NWallace & Company

Main Office

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COVID 19 EXPOSURE CONTROL PLAN

HEALTH HAZARDS OF COVID-19

COVID-19 has been declared a global pandemic and a public health emergency in British Columbia. COVID-19 is a virus that can cause respiratory illness and can lead to hospitalization and death. The effects of COVID-19 are expected to be much more severe than for seasonal influenza because most people will not have any immunity to the virus. Seniors and people with underlying health issues (including heart disease, diabetes and lung disease) are at a higher risk of hospitalization and death, but young and healthy people are also at risk.

Symptoms

Symptoms of COVID-19 are likely to include fever, cough, Loss of taste and/or smell, Fatigue, Diarrhea, Loss of appetite, sneezing, sore throat and shortness of breath / difficulty breathing, Conjunctivitis, Discoloration of toes and fingers, skin rash, Muscle aches / soreness, sore throat, runny nose, Headache, abdominal pain, dizziness or confusion and loss of taste and / or smell.

Transmission

Exposure to COVID-19 can occur by:

- Breathing in droplets in the air that are generated when people cough or sneeze.
- Close contact with other people (e.g. shaking hands or hugging).
- Touching contaminated surfaces and then touching the face, mouth, or food. Note that touching a contaminated surface and then touching another surface may cause the virus to transfer from one surface to another.

COVID-19 can be transmitted even by people who are not displaying symptoms of the disease. People who may be infected with COVID-19 should not come to work.

This includes people who:

- Have or have had symptoms of COVID-19 in the past 10 days.
- Have travelled outside of Canada within the previous 14 days.
- Have been exposed to someone with COVID-19.
- Share a home with someone who has been exposed to COVID-19.

STATEMENT OF PURPOSE

n. Wallace & Company Ltd. (W&C) is committed to providing a safe and healthy workplace for all of our Employees, Visitors and Public. A combination of measures will be used to minimize worker exposure to COVID-19, including the most effective control technologies available. Our work procedures will protect not only our workers, but also other workers who enter our facilities. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to COVID-19.

RESPONSIBILITIES

Employer Responsibilities

W&C will:

- Ensure that the materials (for example, gloves, and washing facilities) and other resources (worker training materials, signage and site-specific training) required to implement and maintain the plan are readily available where and when they are required.
- Ensure that when possible workers will maintain physical distancing requirements, when this requirement is not practical masks are to be worn.
- Ensure that adequate PPE is available on all active worksites, including the office
- Select, implement, and document the appropriate site-specific control measures.
- Ensure that supervisors and workers are educated and trained to an acceptable level of competency.
- Ensure that workers use appropriate personal protective equipment (PPE) — gloves, eye protection, ect.
- Conduct a periodic review of the plan's effectiveness. This includes a review of the available control technologies to ensure that these are selected and used when practical.
- Maintain records of training and inspections.
- Ensure that a copy of the exposure control plan is available to workers.

Supervisor Responsibilities

Our supervisors will:

- Ensure that workers are adequately instructed on the controls for the hazards at the location.
- Ensure that workers use proper respirators where required, they have been fit tested, and the results are recorded.
- Ensure that physical distancing is maintained.
- Direct work in a manner that eliminates or minimizes the risk to workers.
- Ensure regular cleaning and sanitizing is maintained a minimum of 3 times daily to minimize risks of illness transmission

Worker and Visitor Responsibilities

Our workers and visitors will:

- Maintain social distance
- Wear the required PPE when social distancing can not be maintained, or in areas with poor ventilation; PPE includes but is not limited to face mask, face shield, and eye protection
- Know the hazards of workplace.
- Follow established work procedures as directed by the employer or supervisor.
- Clean and Sanitize shared tools and equipment prior to use and after use

- Report any unsafe conditions or acts to the supervisor.
- Know how and when to report exposure incidents, and report any exposure incidents to the site Supervisor

RISK IDENTIFICATION AND ASSESSMENT

Three primary routes of transmission are anticipated for COVID-19, all of which need to be controlled. These include droplet, contact and airborne transmission.

Breathing in droplets in the air

BCCDC advises that coronavirus is not transmitted through airborne transmission, however, if somebody coughs or sneezes, they do generate droplets which are airborne for at least a short period of time but do not float in the air and generally fall to the ground within one to two meters. Anybody who is near the individual may risk breathing in these droplets. Physical distancing (maintaining 2 meters of distance from other people at all time) will reduce the risk of this occurring.

Close contact

Close contact refers to physical contact with another person, for example shaking hands or hugging. When people cough or sneeze droplets may deposit on their skin or clothing, especially if they cough or sneeze into their hands. People who are carriers of COVID-19 may transfer the virus from their hands or clothing to others during close contact.

The Centers for Disease Control and Prevention (CDC) defines a “close contact” as anyone that was within 2 metres (6ft) of a positive case of Covid-19 for a total of 15 minutes or more.

Surface contact

Surfaces can become contaminated when droplets carrying COVID-19 deposit on them, or when they are touched by a person who is infected. Surface contact involves a worker touching a contaminated object such as a table, doorknob, telephone, or computer keyboard or tool, and then touching the eyes, nose, or mouth. Surface contact is important to consider because COVID-19 can persist for several days on surfaces.

The following risk assessment table is adapted from Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined that the risk level of our workers is low when they maintain physical distancing. Our workers work on a construction work site and have little contact with the general public

| Risk Assessment for COVID-19 | Low Risk | Moderate Risk | High Risk |
|------------------------------|--|---|---|
| | Workers who typically have no contact with people infected with COVID-19 | Workers who may be exposed to infected people in relatively large, well ventilated workspaces | Workers who may have contact with infected people in small, poorly ventilated workspaces |
| Hand Hygiene | Yes, washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant | Yes, washing with soap and water using alcohol-based hand rub or using hand wipes that contain effective disinfectant | Yes, washing with soap and water using alcohol-based hand rub or using hand wipes that contain effective disinfectant |
| Disposable Gloves | Not required | Not required unless handling contaminated objects | Yes when working directly with COVID-19 patients |

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|--|--|--|--|
| | | | |
| Aprons, Gowns, or similar body protection | Not required | Not required | Yes, when working directly with COVID-19 patients |
| Airway Protection; Masks / Respirators | Face mask required when social distancing is not practiced, in poor ventilation areas, on shared equipment | Face Mask required in all moderate risk situations | High Risk workers are those working in direct contact with a presumptive or confirmed case. Minimum N95 respirator or equivalent |

RISK CONTROL

The Regulation requires employers to implement infectious disease controls in the following order of preference:

1. Elimination
 - Elimination of face to face contact is preferred control, using services such as work from home where possible
2. Substitution
 - Use of social distancing, maintaining a distance of 2m (6ft) from others and a reduce the contact density and number of contacts
3. Engineering Controls
 - Examples may include negative pressure units, or physical barriers to maintain social distancing
4. Administrative Controls
 - Informational and directional signage
 - Hand Hygiene protocols, cough /sneeze etiquette
 - Allow a reasonable personal distance space to reduce human to human transmission
 - Increase in cleaning frequencies for shared work surfaces and equipment
 - Isolating workers who show symptoms of Covid19
5. Personal Protective Equipment
 - Safety Glasses and/or face shield
 - Masks
 - Gloves
 - Disposable gown

HAND WASHING

Hand washing is one of the best ways to minimize the risk of infection. Proper hand washing helps prevent the transfer of infectious material from the hands to other parts of the body—particularly the eyes, nose, and mouth - or to other surfaces that are touched.

Wash your hands immediately:

- Before entering the work area.
- Before leaving a work area.
- After handling materials that may be contaminated.

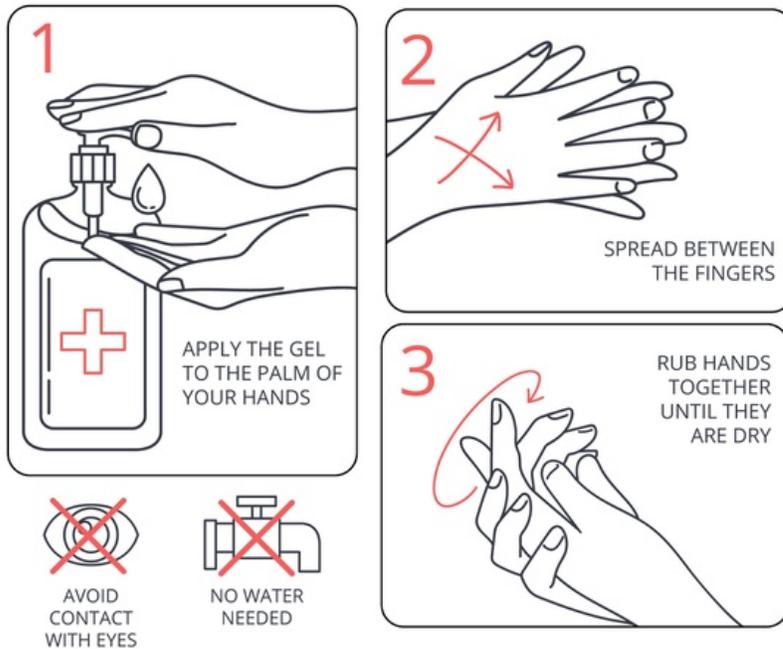
- Before eating, drinking, smoking, handling contact lenses, or applying makeup.

Hand washing procedure



Use soap and warm running water. (It doesn't have to be hot to do the job.) If water is unavailable, use a waterless hand cleanser that has at least 70% alcohol. Follow the manufacturer's instructions on how to use the cleanser.

HOW TO USE HAND SANITIZER



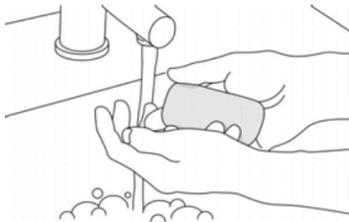
FACE MASK Differences

| Type | Protection | Appropriate for | Use Guidelines | Reuse | Fabrication |
|---|--|--|--|---|--|
|  <p>Homemade Cloth Mask</p> | May protect the wearer and those around them from large droplets coming from coughs or sneezes | For community members following use guidelines | Wearers should practice physical distancing, handwashing, and avoid touching their faces | Can be reused when properly cleaned.* | Can be easily made at home using breathable materials such as cotton or cotton blend |
|  <p>Clinical Mask</p> | Resistant to fluids and will filter small particles | For frontline health workers | Health workers should follow institutional protocol | Health workers should follow institutional protocol | Must be made using medical-grade polypropylene following fabrication guidelines |
|  <p>N95 Respirator</p> | Filters 95% of very small particles when tightly fitted | For frontline health workers. Community use is discouraged so more masks are available for healthcare workers. | Requires professional fit-testing to be fully effective | Extended use or reuse requires following CDC guidelines | Manufactured using specialized materials and processes |

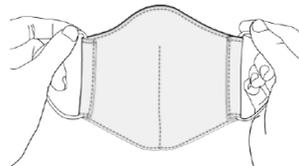
*Cleaning instructions for homemade cloth masks

- To wash, launder the mask often in your washing machine in HOT water using soap or detergent that leaves no residue.
- Dry on HOT in your dryer.

Putting on a mask



1. Ensure you are using a clean mask.
2. Wash hands with soap and water or alcohol-based hand sanitizer before touching mask.



3. Pick up mask by touching ear loops (or ties) only.
4. Avoid touching mask itself.



5. Hold both ear loops and place a loop around each ear.
6. Fit mask around mouth, nose, and chin.

COUGH & SNEEZE ETIQUETTE

Our workers are expected to follow cough & sneeze etiquette, which is a combination of measures that minimizes the transmission of diseases via droplet or airborne routes.

- Cough & sneeze etiquette includes the following components:

- Educate workers in control measures, including hand washing.
- Post signs at entry points to instruct everyone about control measures
- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing.
- Use tissues to contain secretions, and dispose of them promptly in a waste container. • Offer surgical masks to people who are coughing.
- Turn your head away from others when coughing or sneezing.
- Wash hands regularly.

CLEANING & DISINFECTING

Cleaning and disinfecting of shared and high traffic areas must be completed on a regular basis to ensure the risk of illness transmission remains low. Sanitization will be done onsite using a bleach water solution, the surface is to be wiped clean of visible mess and then sanitized with an antibacterial spray. To be effective in the sanitization process the disinfectant spray is to be left on the surface for the designated time dependent on the surface and/or conditions

Areas to be sanitized are lunch rooms/ kitchen, door knobs and light switches, bathrooms, hand washing stations, first aid room, shared equipment or tools and any other high traffic areas.

| Recommended bleach, water ratios, and cleaning times needed for COVID-19 disinfecting | High touch and heavily soiled areas | Food Contact Surfaces | All other Surfaces |
|---|--|---|---|
| Example Areas and Surfaces | Toilets, light switches, door knobs, hand washing stations, guardrails & handrails | Any surface or equipment that contacts food | Tables, counters, floors, chairs, first aid room, laundry washing facility, equipment and tools |
| Bleach concentration in ppm <small>(refers to the % ratio bleach to water)</small> | 1000ppm 0.1% (1:49) | 100ppm 0.01% (1:499) | 500ppm 0.05% (1:99) |
| Time to leave wet, rinsing and drying | Allow 1 minute then rinse with clean water | Allow to air dry, no rinse required | Allow 5 minutes, no rinse required, let air dry |
| Frequency | 3 times daily | After each use | 3 times daily |

Bleach Solution should be mixed daily to ensure maximum sanitization effectiveness, after 24 hours bleach and water solution starts to lose the effectiveness to kill the virus.

IF WORKERS SHOW SYMPTOMS OF COVID-19

If workers are ill with COVID-19, they should stay home. If they develop symptoms of COVID-19 while at work, they should notify the site Superintendent immediately while ensuring that they are maintaining social distancing and following mask usage policies, and leave the workplace. Workers should only return to the workplace once they have recovered from COVID-19 and the Health officials have deemed them safe to do so. Workers should inform their manager or supervisor if they are ill with COVID-19 no matter when the symptoms develop.

Workers who suspect they may have COVID-19 should use the BC Self-Assessment Tool:

<https://covid19.thrive.health> or call 811 for assistance.

Workers that experience symptoms identified as Covid-19 symptoms those workers are to leave site as soon as practical and will be expected to conduct a covid-19 test to confirm that the worker is in fact experiencing symptoms of COVID-19.

All worksites will follow the most current recommendation / orders from the CDC and public health minister as to what to do after a workplace exposure to Covid-19.

WORKER TRAINING

Our workers will receive training in the following:

- The risk of exposure to COVID-19, and the signs and symptoms of the disease.
- Safe work procedures to be followed, including hand washing, physical distancing and cough/sneeze etiquette.
- Location of washing facilities, including dispensing stations for alcohol-based hand rubs.
- How to seek first aid.
- How to report an exposure to or symptoms of COVID-19.

HEALTH MONITORING

Our workers will promptly report any symptoms of COVID-19 to their manager or supervisor and the first aid attendant.

Daily Health Checks are to be completed regularly for all workers and visitors onsite

The Site Superintendent and / or Site Safety Representative will review and approve access to site based on the workers Health Check. If a worker reports any COVID 19 symptoms they will be directed to go to a testing facility and follow the health guidelines in place as per the CDC or provincial health orders. If a worker reports international travel this worker will be directed to go home and quarantine as per the Health Orders in place (14 days)

RECORD KEEPING

Our company will keep records of instruction and training provided to workers regarding COVID-19, as well as exposure reports, daily checklists and first aid records.

ANNUAL REVIEW

We will review the exposure control plan every year and update it as necessary, in consultation with our Joint Health and Safety Committee or worker health and safety representative.