



Grande Prairie
Volunteer
Services Bureau

WEEKLY SANE-ITIZER



Helpful information for Not-for-Profits,
Individuals and Businesses during the COVID-19 Pandemic.



The Employer's Kitchen – *creating ideas just for you!*



If you're feeling tired and stressed, you're not alone. For those who haven't kept up to date on immediate earthly matter we are immersed in a pressure cooker year with a baked in danger- danger environment. "Have I been...?" "Will I be...?" and "Do I have?" the virus is a continual running theme in the back of most peoples minds, even if you don't believe there is a public health crisis. Despite relaunch, we are in a crisis cycle with no clear exit, mostly stuck at fear and fatigue.

Living under constant threat (danger-danger) and in isolation has serious health consequences. Fear weakens our immune system, it can cause cardiovascular damage ("he died of fright") it can quicken the aging process, upset and exacerbate gastrointestinal problems and cause our hair to fall out. Fear can cause damage to the hippocampus part of our brains which then makes it more difficult to regulate fear and leaves us even more

anxious. It messes with our memory formation, creates havoc with our emotions and zaps our impulse controls. Then it gets worse.

Stepping back from fear, understanding how it works and recognizing the side effects of what we have all been living through over the past three months (yes, it has only been three months here in Canada) can help our employees and ourselves to plan for and make it through these next few phases of the relaunch. To do that lets look at the crisis cycle and why we are so tired at this point.

From the University of Copenhagen, Dr. Merete Wedell-Wedellsborgthe teaches that the crisis cycle can be roughly divided into three components: emergency, regression and recovery. In the initial first weeks - **Emergency** phase, energy rises, leaders lead and team performance is highly productive. Things get done, decisions are rapid and the pace is hectic with a strong sense of purpose. For many the sense of managing the crisis feels extremely meaningful and energizing.

Then the energy fizzles, problems look insurmountable, fatigue, boredom and monotony become the norm. Also known as combat –fatigue, the **Regression** phase, people lose their sense of purpose (and time) they start fretting and fighting about the small stuff and forget to do basic things like eat and drink or eat and drink too much. It's the mind's way of coping and defending itself from confusion and insecurity. We retreat to an emotional comfort zone and it can be more stressful than combat – go figure. It is infectious, real and 'hits you like a hammer from one day to the next'. It is also unavoidable as well as necessary to get to the next phase.

Getting through this phase however, may be challenging. First step is to identify how deep you and your team are in the regression phase. Clues to look for within your employee team include a low energy, lack of or slow decision making, confusion and conflict about small stuff, unavailability, blabbering and/or silence. Indicators for yourself as the employer/leader include a faded sense of conviction, tiredness both mentally and physically, urges to withdraw and temper flares. Hoo boy...!



RECOVERY

Continued on next page.

Second step is to pull your employees and yourself out of the regressive phase by implementing three essential realignments.

1. Set a new beginning: reset your team structure, assign new responsibilities to capable team members, cut red tape and rigid role definitions, carve out space and time for yourself to gain perspective and spend planning time on major issues the company is facing.
2. Recognize and validate emotions: foster an environment where it is safe and legitimate for staff to be honest about their state of mind so that the team can begin to move forward. This goes for yourself as well, you want to be alert and ready to act, not trigger-happy or manic or feeling like you are mentally and physically hungover. There are a number of different ways and means to accomplish this realignment. In most cases sharing where you're at can start the conversation and establish the support needed to get moving.
3. Look at the bigger picture: change the dynamics from "how can we handle the crisis?" to 'how do we move out of the crisis?' This starts the reorientation that leads to the Recovery phase. Reorientation starts with changing the focus of your team from the short-term risks of survival of your organization to being more. Shift the focus to highlight how your organization is contributing to the resolution of a 'complex health, social and economic event.' Plan with your team, look ahead and talk about next steps, and set the vision. This will help you to make everyone feel reunited, energized and challenged and ready to eventually move well into the **Recovery** phase.

An important element of Recovery is ensuring that your employees, team, staff, are able to move past being in a constant state of fear and take charge of their health and wellbeing. This may take a long time and not be fully achievable until a vaccine is found and made available however, in the meantime there are a few strategies you can use that may have value.

Fear is normal – use it. It is a universal human response to a perceived threat. Focusing on what needs to be done keeps fear from turning into panic when logical functioning is awry.

- Make sure your staff know what to do, have solid safety policies in place and use them.
- Reconfigure workspaces to allow more distance between employees
- Put in physical barriers – sneeze guards, protective screens or even a table to reduce the close up and personal interaction between your employees and the public at large.
- Recognize the emotional carnage your employee may be carrying and be flexible. Promote the idea of not coming to work if one is sick.
- Involve everyone in the process of creating a safe work environment. There is no control 'out there' let everyone have control when & where he or she can.
- Encourage communication – open communication for concerns and results.
- Look for or train your managers and supervisors to recognize the early warning signs of depression and anxiety in employees who may be suffering. Stress can look different for everyone; building and having strong relationships will make a difference in being able to approach and support your employees.
- Encourage daily check-ins and focus more on how your employees are doing. The steady stream of bad news and home/work challenges may have some employees struggling. Employees may be reluctant to raise concerns, learn how to ask.
- Some employees may be at higher risk or perceive themselves to be of higher risk for complications if they contract the virus. Be prepared to make special accommodations for them such as a modified work schedule or workspace.
- Encourage employees to take advantage of your EAP program if you have one. A good EAP is worth every cent. – just saying 😊 Depression and anxiety are expected outcomes of the current pandemic, so be prepared to handle them before they become life-threatening.
- And finally, look after yourself.

“I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid, but he who conquers that fear.”
- Nelson Mandela

Amidst the pandemic, protests, and weather the year 2020 is shaping up to be one forever etched in the collective memory of the world. And it's a leap year to boot Stay safe and Happy Relaunch. CAP

<https://www.theatlantic.com/ideas/archive/2020/05/quarantine-fatigue-real-and-shaming-people-wont-help/611482/>
<https://meretewedell.dk/en/>
<https://www.takingcharge.csh.umn.edu/how-work-threats>



CORONAVIRUS DISEASE (COVID-19) CLEANING AND DISINFECTING PUBLIC SPACES

This document provides guidance on cleaning and disinfecting of public settings, including schools, universities, public libraries, museums, public transit, commur residences and workplaces.



WHAT YOU SHOULD KNOW

- ▶ Surfaces frequently touched with hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, countertops and electronics.
- ▶ It is not yet known how long the virus causing COVID-19 lives on surfaces, however, early evidence suggests it can live on objects and surfaces from a few hours to days.

CHOOSE A PRODUCT THAT CLEANS AND DISINFECTS

- ▶ When cleaning public spaces, choose products that clean **and** disinfect all at once (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available).
 - **Cleaning products** remove germs, dirt, and impurities from surfaces by using soap (or detergent) and water. Cleaning does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
 - **Disinfecting products** kill germs on surfaces using chemicals.
- ▶ Use only **approved hard-surface disinfectants** that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada.

CREATE A CLEANING PROCEDURE

- ▶ Operators of community settings should develop or review protocols and procedures for cleaning public spaces. This will help determine where improvements or additional cleaning may be needed.
- ▶ Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (e.g. wear gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used).
- ▶ Wash hands with soap and water or use alcohol-based hand sanitizer after removing gloves.

- ▶ Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air.
- ▶ Contaminated disposable cleaning items (e.g. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C). Clean and disinfect surfaces that people touch often
- ▶ In addition to routine cleaning, surfaces that are frequently touched with hands should be cleaned and disinfected more often, as well as when visibly dirty.
- ▶ Shared spaces such as kitchens and bathrooms should also be cleaned more often.



WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION, VISIT

[Canada.ca/coronavirus](https://www.canada.ca/coronavirus)
or contact
1-833-784-4397



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html>

Managing and Identifying Risk in a Pandemic

Chancie Cook, Occupational Health and Safety Specialist

As we move into the re-entry phase of this pandemic you may have found yourself internally gauging the risks presented by each phase and each activity and how that fits with your own tolerance & what might be comfortable or uncomfortable for you to do or participate in.

The perception of risk is very personal, the way each individual perceives the risks associated with an activity or situation is shaped through their own lived experiences, surroundings and personal tolerance levels. Risk perception can be impacted by several factors including cultural beliefs, family structure, biology (such as your sex), social structures, experience with a risk impact in the past, or an absence of experience with risk impact.

Another aspect of risk perception is risk tolerance. Risk tolerance is an individual or group's willingness to take on risk. As human beings, everything we do in a given day has some risk associated with it, it's our willingness to take on that risk that guides us through the decisions we make and the activities we participate in. This further complicates our ability to accurately perceive a risk because we build up tolerance to these risky behaviours and no longer see them as a threat. For example, someone who routinely works at heights may be more willing to participate in an activity at heights than an individual that has not had any exposure to that risk or an individual that has a fear of heights.

So how does this translate into the risks associated with re-entry and re-opening of businesses and activities? When making decisions around what kinds of risk we are prepared or not prepared to take on, try to assess the risk from a variety of factors, including:

How likely is it that I will be impacted by this risk?

In this case, how likely is it you may come into contact with an infected individual or surface? Are you in a high traffic area? What steps has the business or event organizers put in place to reduce risk (barriers, cleaning, distancing, requiring PPE etc.)? What are other people doing or plan to do? Are they wearing masks and distancing? Will food be served? How will that be done? These are all things you might want to consider when determining the likelihood of a risk impact.

How often will I be exposed to this risk?

This is another factor that comes into play when determining the true risk of an activity or condition. The lower the frequency of exposure is, the less likely you are to suffer an impact. A trip to the grocery store every week will have less of an exposure risk than a half dozen trips here and there throughout the week. Similarly, someone who is strictly isolating but makes an exception to go out for a special occasion may have a lower exposure risk than someone who is out in the community seeing several people daily.

How severe will the impact be if I'm exposed to the risk? This can be a tricky question to consider for many people because of issues like undiagnosed conditions as well as our evolving understanding of the virus and how it affects those who are infected with it, so you must answer this question with the information you have available at the time. Things you may want to consider include your personal health and conditions that may increase your risk (asthma, being immunocompromised etc.), whether you have access to sick time or sick leave, how you might manage isolation, the impacts of infecting others in your household and workplace, how you might deal with childcare if you are unwell, how an illness may impact you financially etc.

What steps can I take to mitigate the risk?

There are some things you can do to lower the risk associated with a particular activity by making small changes like visiting stores at low-traffic times, getting items delivered, wearing PPE or only making contact with those that have taken similar precautions.

Additionally, you can also look for studies, guidance from medical professionals, health authorities and other types of advice to further gauge how you might rate an individual risk. Reference charts such as this one created by a team of experts may also help you to further assess the risks associated with these re-entry phases.

COVID-19 RISK LEVELS		tinyurl.com/c19risk
9	• Bars	• Big concerts
8	• Sports stadiums • Gyms • Amusement parks	• Churches • Buffets
7	• Playing basketball • Public pools	• Schools
6	• Casinos • Restaurants – indoor • Playgrounds	• Hair salons, barbershops • Pontoon boat rides • Movie theaters
5	• Home dinner parties • Airplanes • Backyard barbecues	• Malls • Beaches • Bowling
4	• Dentist offices • Walking in busy downtown • Offices	• Doctor waiting rooms • Restaurants – outdoor
3	• Grocery stores • Camping • Hotels	• Golfing • Libraries, museums
2	• Walk, run, or bike with others	• Get car gasoline
1	• Restaurants – takeout	• Tennis

Dr Matthew Sims, Dr Dennis Cunningham, Dr Mimi Emig, Dr Nasir Husain. Based on risk factors including inside/outside, nearness to others, exposure time, compliance likelihood, and personal risk.

See <https://tinyurl.com/c19risk> for a detailed explanation for each risk level.

By taking this comprehensive look at the risk posed by our every day activities, as well as our own biases, we can be better prepared to take on those risks safely.

Is Canada ready for the second wave of COVID-19?

By Lauren Vogel

[Source: <https://www.cmaj.ca/content/192/24/E664>]



Canada is past the worst of the first wave of coronavirus disease 2019 (COVID-19) cases, but according to Prime Minister Justin Trudeau and provincial health

officials, a second wave is inevitable. Some provinces appear to be more prepared than others. Meanwhile, the global race to develop and secure access to a successful vaccine is heating up. To put these developments in perspective, *CMAJ* reached out to infectious disease specialists Dr. Srinivas Murthy of BC Children's Hospital and the University of British Columbia in Vancouver, Dr. Matthew Oughton of the Jewish General Hospital and McGill University in Montreal, and Dr. Alon Vaisman of the University Health Network in Toronto.

CMAJ: What have been the most important developments in Canada's pandemic response over the past few weeks?

Vaisman: What's interesting is that we've seen a diverse trajectory of the pandemic in different provinces. In Alberta, British Columbia and other provinces, there seems to be good control and cases dropping off, versus in Ontario and Quebec [where daily case counts have held steady or increased], especially in Toronto and Montreal.

Oughton: There is an understandable tension between the desire to resume some social and commercial activities and the need to maintain tight control on transmission in populations that are still largely susceptible to disease. In Quebec, the relaxation of restrictions within Montreal has been slower than in other regions, in keeping with the continued high number of cases and ongoing disease transmission there.

Murthy: The variation in reopening schedules and what that implies about provinces' capacity to respond to increasing cases... that's the most compelling development. You have provinces like Ontario & Quebec announcing openings and then closing things down again, while schools in British Columbia [reopened June 1]. What happens over the coming days and weeks will be crucial to define what we do over the next year or two.

CMAJ: As pandemic restrictions ease, it's increasingly up to individuals to weigh for themselves the risks of resuming activities. What should people consider when differentiating between higher-risk and lower-risk activities?

Murthy: There are a lot of messages out there, and it's important to listen to the reputable ones... namely, high-risk situations being where people are in close contact [with each other] indoors for a long time, and lower-risk situations being outside where appropriate

distancing can be maintained. Governments are taking the approach that they will provide a baseline level of protection, and beyond that individuals must decide what level of risk they're comfortable with.

Oughton: This is made more complicated in the absence of solid data on many aspects of this disease and complicated even further as provincial directives change. As physicians, we are well-placed to counsel our patients on risks and benefits pertinent to their individual circumstances, but we require accurate and timely information on local virus activity, as well as information on access to testing and to hospital facilities, in order to best help our patients.

Vaisman: Probably the easiest way to approach that question is to think about your own risk level. Like an older person or someone who is immune compromised compared to someone who is young and healthy, they will have different risks and different risk thresholds. Plus, there are economic considerations. If you're somebody who will be excluded from work and financially set back if you get sick, then you're probably going to have a lower risk threshold than somebody who can work from home, who has a little bit more flexibility.

CMAJ: How prepared is Canada for a second wave of COVID-19 cases?

Oughton: Canada should be somewhat better prepared for the second wave, given what we have learned in the first wave about COVID-19 epidemiology, transmission, diagnostics, and therapeutics. Our laboratories are certainly better prepared to perform large-scale testing for SARS-CoV-2 [severe acute respiratory syndrome coronavirus 2], although the maximal capacity for daily testing in some provinces has consistently exceeded actual testing performance...

The current situation in Montreal is complicated. Many hospitals have emergency departments that are near, at or even over maximal capacity, which is concerning given that some mitigation measures are simultaneously being relaxed. In addition, many hospitals remain busy with patients from long-term care facilities and return of recovered inpatients back to these facilities is often complicated by criteria that often vary between different facilities.

Murthy: It depends on what we mean by ready and the scale of the second wave... Most hospitals have scaled down enough [that they can handle at least as many cases as during the first wave]. At the level of testing, we're not doing as many tests as we are able, so hopefully we're ready in that regard. In terms of contact tracing and the ability to isolate people quickly, we can do it on a scale of 10 to 30 new cases a day. If we see hundreds of new cases a day, we may not be ready.

Vaisman: Most public health professionals tend to say we are unprepared and one of the most important things behind that is our ability to trace contacts. There is a lot of anecdotal evidence that [contact tracing] is not being done in a rapid fashion. And hospital capacity really hasn't changed.

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CMAJ: Long-term care environments continue to be risky for the spread of SARS-CoV-2. What needs to happen going forward to prevent further outbreaks in care settings?

Oughton: Prior to the first wave of COVID-19, we prepared our hospitals relatively well to handle an influx of patients, but our long-term care facilities often lacked in facilities, training, and access to proper PPE. We need to address these deficiencies before a second wave arrives. Testing for COVID-19 should occur regularly for residents in facilities both with and without confirmed cases, as well as when new residents or new staff arrive.

Murthy: We can improve policies for workers to make sure people don't work in as many facilities, that they have rights to stay home [when they're sick] and they have access to appropriate care and testing.

Vaisman: In acute care, we learned from SARS that having infection prevention and control is extremely important, and that's part of the accreditation standards for acute care sites across Canada. The same standards don't exist in long-term care facilities and they had basically nothing in terms of education, protective equipment and preventive strategies. Most of what they have now are band-aid solutions; for example, in the Greater Toronto Area, many hospital infection prevention and control departments were assigned long-term care facilities to look after, but that's not a long-term solution. You need something permanent.

CMAJ: The United States and other countries have been jockeying for first dibs on potential vaccines. What will this mean for equitable rollout of a successful vaccine?

Oughton: Unless the vaccine inventor emulates Dr. Jonas Salk [who did not patent his polio vaccine], poorer countries will be at significant disadvantage for early access to this vaccine. Canada's chances for securing early access rest largely on domestic contributions to its development, although with over 100 candidate vaccines currently in the pipeline worldwide, the chances for Canada seem limited.

Murthy: It's the first time the world has really grappled with something like this, where there is a scarce good that needs to be distributed for us all to succeed. Will nationalism trump equity? HIV medicines were available in the early 1990s, but it took a good 15 to 20 years before they became accessible in sub-Saharan Africa and in the meantime tens of millions of people without access to the medications died. The United States and other countries with property rights will likely enforce those. The rollout of remdesivir [which has been shown to reduce recovery time for patients with COVID-19] will give us an idea about whether rich countries have equity in mind.

Vaisman: Money will be the primary driver and whoever is funding the research is likely to be the primary beneficiary. I don't know how you interrupt that relationship. You would have to have a third party like the World Health Organization to provide the vaccine broadly, but first they must be properly funded. Intuitively, it makes sense that those who are most vulnerable should be given the vaccine first, as well as essential workers like front-line health workers and people who work in grocery stores.

SIX WAYS TO STAY SAFE & HELP SLOW THE SPREAD OF COVID-19 DURING RELAUNCH:



WASH YOUR HANDS FREQUENTLY WITH SOAP AND WARM WATER FOR 20 SECONDS OR USE A ALCOHOL-BASED HAND SANITIZER.



SNEEZE OR COUGH INTO YOUR BENT ELBOW OR A TISSUE. DISPOSE OF TISSUE IMMEDIATELY AND WASH YOUR HANDS.



AVOID TOUCHING YOUR FACE, PARTICULARLY YOUR EYES, NOSE AND MOUTH TO PREVENT THE VIRUS FROM ENTERING YOUR BODY.



PRACTICE PHYSICAL DISTANCING - STAY AT LEAST 2 METRES (6 FEET) FROM OTHERS IN PUBLIC SETTINGS



WEAR A FACE MASK OR COVER WHEN OUT IN PUBLIC & UNABLE TO PHYSICALLY DISTANCE FROM OTHERS



IF YOU FEEL UNWELL, STAY HOME & SELF ISOLATE. IF YOU HAVE A FEVER, COUGH & DIFFICULTY BREATHING, CALL 811 AND SEEK MEDICAL ATTENTION.

PREVENTING COVID-19 IN THE WORKPLACE: EMPLOYERS, EMPLOYEES AND ESSENTIAL SERVICE WORKERS



Across Canada, we are taking extraordinary steps to prevent the spread of COVID-19. For some workplaces, this may mean changing or limiting their hours of operation, or even closing for a period of time. Many employees have been told to stay at home, and others have been asked to work from home, while still others are asked to continue to go to work because their jobs are essential to keeping Canada functioning during this outbreak.

Essential workers are considered critical to preserving life, health and basic societal functioning. This includes, but is not limited to, first responders, health care workers, critical infrastructure workers, hydro and natural gas, and workers who are essential to supply society by critical goods such as food and medicines.

While all employees should continue to practice [physical distancing](#) and [hygiene](#) in their personal lives, we also need to take additional measures to protect important workplaces and employees, who are providing essential services. Employers and employees will need to work together to protect the health of employees and clients, and to keep the workplace delivering its essential services.

Employers should use the risk-informed decision-making [guidelines for workplaces/businesses](#) during the COVID-19 pandemic.

For all employees

All employees should ensure they understand and comply with the infection prevention policies and practices in place in their workplaces.

Keep your hands clean

- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Cough or sneeze into the bend of your arm.
- Avoid touching surfaces people touch often.
- Instead of a handshake, give a friendly wave or elbow bump.
- Use any necessary personal protective equipment, as directed.

Keep your distance

- Keep a distance of 2 metres between you, your coworkers, and customers.
- Increase distance between desks, tables and workstations.
- Reduce activities that require close physical proximity or contact with people, such as team meetings.
- Limit any contacts closer than 2 metres to the shortest time possible.

Keep your environment clean

- Use appropriate products to clean & disinfect items like your desk, work surface, phones, keyboards and electronics, cash registers, keypads, elevator buttons, customer service counters and restaurant tables more often, especially when visibly dirty.
- If they can withstand the use of liquids for disinfection, frequently touched electronics such as phones, computers & other devices may be disinfected with 70% alcohol (e.g. alcohol prep wipes).

If you have a symptom of COVID-19

- If you think you might have COVID-19, use our self-assessment tool to find out what to do.
- It is critical that, if you have one symptom of COVID-19 (fever, cough or difficulty breathing), or even mild symptoms, you should stay home to avoid spreading illness to others.
- If you develop even mild symptoms while at your workplace, separate yourself from others and go home, avoiding use of public transit (e.g. buses, train, taxi) if possible.
- Contact your local Public Health Authority and follow their advice.
- If you are concerned about your financial stability during this time, the Government of Canada is providing assistance.



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For all employers

Establish policies to reduce the spread of COVID-19 in the workplace and make sure these are communicated and understood by employees:

- Use the risk-informed decision-making guidelines for workplaces/businesses during the COVID-19 pandemic.
- Increase communication to staff and your customers about COVID-19 and measures you are taking for prevention.
- Post signs asking ill clients or customers to stay away from the workplace.
- Post signs encouraging good respiratory hygiene, hand hygiene, and other healthy practices
- Where feasible, adjust policies and procedures to reduce social contact, such as teleworking arrangements, flexible hours, staggering start times, use of email and teleconferencing.
- Cancel or postpone all non-essential meetings or travel.
- Evaluate the workplace for areas where people have frequent contact with each other and share spaces and objects, and increase the frequency of cleaning in these areas.
- Consider ways that employees can practice physical distancing, such as increasing distance between desks, people in line-ups and workstations.
- Consider minimizing interactions between customers and your employees, such as limiting the number of customers permitted in your establishment or serving customers over the phone. Ideally, a 2-metre separation should be maintained, unless there is a physical barrier (e.g. cubicle, Plexiglas window).

Work-related travel

- Non-essential travel should not occur at this time.
- Consider the risks and benefits related to any upcoming essential travel and evaluate other options, such as postponing, cancelling or participating virtually.
- Check the latest information on affected areas and any travel health notices.
- When you return from any travel outside Canada, you must self-isolate for 14 days.
- When you return from travel within Canada, monitor yourself for symptoms, such as a cough, fever or difficulty breathing for 14 days.
- If you develop even mild symptoms, such as cough, fever or difficulty breathing, isolate yourself at home and contact your local Public Health Authority for further instructions.

We can all do our part in preventing the spread of COVID-19.

For more information, visit [Canada.ca/coronavirus](https://www.canada.ca/en/public-health/services/publications/diseases-conditions/preventing-covid-19-workplace-employers-employees-essential-service-workers.html) or contact 1-833-784-4397.

Provide the necessary facilities and cleaning products to maintain a clean and safe workplace:

- Provide access to handwashing facilities and place hand sanitizing dispensers in prominent locations throughout the workplace.
- Ensure that high traffic work areas or frequently touched surfaces are cleaned and disinfected more often.
- Ensure that cleaning supplies are available for employees to clean and disinfect their workspaces.
- Provide employees with any personal protective equipment recommended by occupational health and safety guidelines, and training to ensure it is used correctly.

Make sure employees know what to do when they have symptoms:

- Consider relaxing sick leave policies for employees who are ill. This includes suspending the need for medical notes to return to work, as it reduces the burden on an already stressed health care system.
- If employees must use public transportation to come to work, consider flexible hours to allow them to avoid peak travel periods.
- Consider how employees will return home without using public transit if they develop symptoms at work.
- Prepare for increases in absenteeism due to illness among employees and their families or possible school closures.



Work-related travel for essential workers

Certain persons who cross the border regularly to ensure the continued flow of goods and essential services, or individuals who receive or provide other essential services to Canadians, are exempt from needing to quarantine (self-isolate) due to travel outside of Canada, as long as they are asymptomatic (do not have symptoms of COVID-19).

You must:

- practice physical (social) distancing
- self-monitor for symptoms
- stay in your place of residence as much as possible
- follow the instructions of your local public health authority if you feel sick



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/preventing-covid-19-workplace-employers-employees-essential-service-workers.html>