

Insurance Council

BRITISH COLUMBIA

Exposure Control Plan: Pandemic COVID-19 Virus

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SCOPE

This Exposure Control Plan (ECP) applies to Insurance Council of BC staff who could be exposed to the COVID-19 virus while doing their assigned work.

STATEMENT OF PURPOSE

The Insurance Council of BC is committed to providing a safe and healthy workplace for all of our staff. A combination of preventative measures will be used to minimize worker exposure to the COVID-19 virus, including the most effective control technologies available. Our work procedures will protect not only our employees, but also other workers and/or the public who enter our facilities. All employees must follow the procedures outlined in this ECP to prevent or reduce exposure to the COVID-19 virus.

The purpose of this ECP is to protect employees from harmful exposures to the COVID-19 virus, to reduce the risk of infection in the event of an exposure, and to comply with the WorkSafeBC Occupational Health and Safety Regulation 5.54 and 6.3, Exposure Control Plan.

The Insurance Council of BC is committed to finding ways to control or eliminate exposure to the COVID-19 virus by developing and implementing proper risk controls, establishing safe work practices, raising awareness, and providing education and training for its employees. The Insurance Council of BC will follow direction and controls as specified by the BC Centre for Disease Control, the Ministry of Health, and the Provincial Health Officer.

RESPONSIBILITIES

NOTE: These responsibilities may change as direction from the BC Centre for Disease Control, the Ministry of Health, and the Provincial Health Officer change.

Insurance Council of BC:

- Ensure that the materials (for example, gloves, alcohol-based hand rubs or soap, and washing facilities) and other resources (such as worker training materials required to implement and maintain the ECP) are readily available where and when they are required. If, due to supply chain disruption, the Insurance Council of BC becomes unable to obtain the necessary resources, the Insurance Council of BC will advise the appropriate emergency agency and re-evaluate this ECP.
- Select, implement, and document the appropriate site- or scenario-specific control measures.
- Ensure that Managers and employees are educated and trained to an acceptable level of competency.
- Ensure that employees use appropriate personal protective equipment – for example, gloves, gowns, eye protection, or masks when required.
- Conduct a periodic review of the ECP's effectiveness.
- Maintain records as necessary.
- Ensure that a copy of the ECP is available to managers, supervisors and employees.

- Through standard operating procedures and policies, modify service models and levels, using a risk-based approach, unless otherwise ordered by national, provincial or local health authority.
- Ensure Managers/Supervisors follow the direction of the Standard Operating Procedures and Policies.

Human Resources Manager:

- Ensure the ECP is reviewed monthly and updated as necessary.
- Ensure the development of supporting resources (such as e-learning, FAQ, Posters).
- Assist with the risk assessment process and consult on risk controls, as needed.
- Ensure a system for documenting instruction, training is in place.

Managers:

- Assess the risk(s) related to the COVID-19 virus for the positions under their management
- Ensure that awareness and information resources are shared with employees
- Ensure that training, safe workplaces, Personal Protective Equipment and other equipment are provided
- Ensure employees have been trained on the selection, care, maintenance and use of any Personal Protective Equipment
- Direct work in a manner that eliminates and if not possible, minimizes the risk to employees
- Ensure employees follow Safe Work Practices, use Personal Protective Equipment.
- Share information regarding worker concerns with the Health and Safety Committee.
- Remove employees from the workplace who are unwell or who do not follow the Safe Work Practices established by this ECP.

Staff:

- Read awareness and information resources, ask questions and follow-up with Manager to ensure understanding and adherence.
- Take part in training and instruction.
- Review and follow related Safe Work Practices.
- Report any violation of safe work practices
- Selection, care, maintenance and use any assigned PPE as trained and instructed.
- Rely on information from trusted sources including, but not limited to: Insurance Council of BC, B.C. Centre for Disease Control, Public Health Agency of Canada, and World Health Organization.
- Understand how exposure can occur and when and how to report exposure incidents.
- Contact 8-1-1 as appropriate and follow the directions of Vancouver Coastal Health and/or the Provincial Health Officer.

RISK IDENTIFICATION AND ASSESSMENT

About Coronaviruses

Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

COVID-19 is a new disease that has not been previously identified in humans. Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person to person through close contact.

As our understanding of COVID-19 is developing, please see the [Government of Canada's website](#) for up to date information on the virus, symptoms and treatment.

RISK ASSESSMENT

The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Guideline G6.34-6. Using this guideline as a reference, we have determined the risk level to our workers, depending on their potential exposure in the workplace.

See Appendix A for the level of risk and risk controls in place for these workers.

Table 1: Risk assessment for pandemic influenza

	Low Risk Workers who typically have no contact with people infected.	Moderate risk Workers who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces	High risk 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 an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable gloves	Not required	Not required, unless handling contaminated objects on a regular basis	Yes , in some cases, such as when working directly with infected people.
Aprons, gowns, or similar body protection	Not required	Not required	Yes , in some cases, such as when working directly with infected people.
Eye protection –	Not required	Not required	Yes , in some cases, such as when working directly infected people.

goggles or face shield			
Airway protection – respirators	Not required	Not required	Yes (minimum N95 respirator or equivalent).

RISK CONTROL

Section 6.34(1) of the OHS regulation requires the employer to implement infectious disease controls in the following order of preference:

Controls used to mitigate the risks of exposure include:

- Engineering Controls
- Administrative Controls
- Education and Training
- Safe Work Practices
- Personal Protective Equipment

Elimination of face-to-face contact is the best control possible. Controls would include distance control of 2 meters between each person, relying on phone, email or regular mail to answer public questions. If practicable, conduct financial transactions by electronic means rather than cash or cheque.

Engineering controls would be such examples of working from inside an enclosure when receiving fee payments. Additional examples may include physical barriers, which limit personal human contact.

Administrative controls include hand washing and cough/sneeze etiquette. Cover your mouth and nose with a sleeve or tissue when coughing or sneezing. Dispose of used tissues promptly. Allow a 2-meter distance to reduce human-to-human transmission. An increase in cleaning frequencies for shared work surfaces and equipment.

Personal Protective Equipment is the last resort of mitigation such as wearing of masks, respirators, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations, such as dealing with infectious people.

SAFE WORK PRACTICES

Hand Hygiene

Hand washing, proper coughing and sneezing etiquette, and not touching your face are the key to the prevention of transmission and therefore minimize the likelihood 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 “well” and “often” with soap and water for at least 20 seconds (the time it takes to hum the “Happy Birthday” song twice). If soap and water is not available, use an alcohol-based hand rub to clean your hands.

“Often” includes:

- upon arriving and when leaving work
- after coughing or sneezing
- after bathroom use
- when hands are visibly dirty
- before, during and after you prepare food
- before eating any food (including snacks)

“Well” means:

- wet hands and apply soap
- rub hands together vigorously for at least 20 seconds ensuring the lather covers all areas – palm to palm, back of hands, between fingers, back of fingers, thumbs, fingernails (using palm) and wrists
- rinse hand thoroughly with water
- dry your hands with paper towel (or a hand dryer), use the paper towel to turn off the tap and open the door, dispose of the paper towel

Additionally:

- Avoid touching your eyes, nose or mouth with unwashed hands
- Use utensils: consider using forks, spoons or toothpicks when eating and serving foods (especially snacks or “finger foods”)

See Appendix B for HANDWASHING and HAND HYGIENE TIPS – KITCHEN EDITION POSTERS

Cough/Sneeze Etiquette

All staff are expected to follow cough/sneeze etiquettes, which are a combination of preventative measures that minimizes the transmission of diseases via droplet or airborne routes. Cough/sneeze etiquette includes the following components:

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing to reduce the spread of germs
- Use tissues to contain secretions, and immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- Turn your head away from others when coughing or sneezing

Use of masks

The use of a mask is mandatory for all staff who are working in the office. Council will supply masks for all staff on site. Using masks helps limit the spread of COVID19 from coughing or sneezing. Some people may be asymptomatic and thus not have clear signs of COVID19 infection. This is why it is

important for everyone to adhere to using masks in the office. Per BC's provincial health officer, non-medical masks may be used to help prevent the spread of COVID-19.

A note on Masks: non-medical, N95, and double layer cloth masks are acceptable. The Insurance Council of B.C. does not permit bandanas, gaiters, or masks with exhalation valves to be worn in the workplace. A good mask has a double layer of washable, breathable fabric that helps keep the wearer from spreading potentially infected droplets into the air. A bandanna tied around the face does not work as well as a mask because it is open at the bottom. A gaiter (a tube of thin, stretchy knit fabric that can be worn around the neck and pulled up to cover the nose and mouth) is usually too thin to provide adequate protection. Likewise, masks with exhalation valves can allow your droplets to escape into the air.

Hygiene and Decontamination Procedure

See Appendix C - ABOUT CORONAVIRUS DISEASE (COVID-19)

First Aid Attendant Procedure and Hygiene and Decontamination Procedure

See [Occupational First Aid Attendant protocols during the COVID-19 pandemic: A guide for employers and occupational first aid attendants.](#)

Shared Work Spaces

Staff are instructed to maintain physical distancing of 2 meters at all times when using any shared space, such as the washrooms or kitchen facilities for example. Please limit your interaction to 2 people in the kitchen or washrooms at any one time. Shared items such as cutlery and plates must be placed in the dishwasher and the sanitization cycle used. Also, please disinfect any surface you believe others may have access to after you (IE photocopier).

If you do use a shared workstation, clean and disinfect it upon arrival (like you do at the gym). Similarly, when you leave for the day you are also asked to clean and disinfect it. Only one person should use a shared workstation per day in order to minimize the possibility of different staff accessing the same station.

EDUCATION AND TRAINING

In response to the COVID-19 virus, Insurance Council of BC has established the following means of sharing information across the organization:

- COVID-19 information link on the BambooHR dashboard page
- All Insurance Council of BC staff emails – sent on a regular basis
- Awareness, education and training materials are sent electronically

As COVID-19 is a public health matter, information noted above is intended for all staff.

Additionally, the Health and Safety Committee is working with all departments to create safe work practices and provide training as needed in collaboration with Managers.

HEALTH MONITORING

All staff who come into the office or arrive on-site for work must immediately check in via video call with a member of the administrative services team on their respective group in order to complete a Covid-19 Screen. The screen cannot be self-administered. A member of the administrative services team will be available from 7:30am Monday to Friday.

Staff concerned that they may have come into contact with someone who may be ill, are to take the following actions:

1. Report the incident to your Manager and Human Resources.
2. Call BC's HealthLink at 8-1-1 to share information regarding the incident and determine if any action needs to be taken.

Do not come to work if you:

- have COVID-19-like symptoms:
 - New or worsening cough, shortness of breath or difficulty breathing, temperature equal to or over 38°C, feeling feverish, chills, fatigue or weakness, muscle or body aches, new loss of smell or taste, headache, gastrointestinal symptoms (abdominal pain, diarrhea, vomiting), or are feeling very unwell
 - If you have any of the above symptoms, you must self-isolate at home for a minimum of 10 days from onset of symptoms and until your symptoms are completely resolved.
- have travelled internationally. In this case, you must remain away from the workplace for at least 14 days.
- live in the same household as a confirmed or clinical COVID-19 case who is self-isolating.
- Have been in contact with anyone who has Covid-19 or who has been asked to self-isolate.

If Staff report having COVID-19-like symptoms while at work:

- Notify a member of the Health and Safety Committee immediately.
- Send the staff member home to recover for the minimum 10-day self-isolation period and until their symptoms are completely resolved.
- Clean and disinfect their workstation and or the workplace/tools that they were using as part of their job.
- A member of the Health and Safety Committee will conduct contact tracing of who may have interacted with that staff member within our office.
- Follow any directions from public health officials.

If you are feeling stressed or worried, please remember that the [Employee Assistance Program \(EAP\)](#) is available for those who feel they need support. Contact the EAP confidentially at 1-877-630-6701. Additionally the Red Cross has information about [preparing emotionally for disaster and emergencies](#).

LIFE LICENCE QUALIFICATION PROGRAM (LLQP) EXAM

COVID-19 In-person Examination Protocols

Introduction

The Insurance Council of BC has restarted its offering of Life Licence Qualification Program (LLQP) exams beginning in June 2020. Prior to onset of the COVID-19 pandemic, several sittings of these exams were offered in BC every month, mostly in Vancouver and Surrey locations, though other major cities hosted exams on demand. Over 3000 people per year write the LLQP exam.

These exams are required in order for a life or accident and sickness insurance agent to obtain a licence to sell life insurance in Canada. They are not currently available in an online format anywhere in the country, though work is underway to implement this exam format. The offering of an online format, however, is still likely a few months away driving the need to offer an in-person exam as soon as possible.

Exam Format

The open-book, paper-based LLQP exam is timed and proctored. The exam consists of four modules that can be written on the same day or as four separate modules. Each exam day will consist of four sittings. The examinee is given 75 minutes to complete each module and a 30 – 45 minute break is provided between each module allowing time for proctors/staff to disinfect the exam materials, tables and chairs. There will be a one hour lunch break between the second and third sitting.

The reference material available to examinees during the exam is contained on a computer type tablet that is provided to examinees during their exam session. Examinees are also provided with a calculator, pencil, and eraser.

The Process

- Exams are hosted at a hotel ballroom.
- Hand sanitizer stations will be set up in waiting areas, the registration area and exam room.
- All table, chairs, plexiglass screens and exam materials will be sanitized before and after each use.
- Signage to be posted regarding COVID-19 symptom/advisory and social distancing signage in waiting areas, registration area and in the exam room.
- A maximum of 20 examinees, one proctor, and one administrative staff per exam room. Or one large ballroom of 40 examinees with an airwall dividing the group, two proctors, and two administrative staff.
- Examinees must wear facial masks covering their nose and mouth.
 - *A note on Masks:* non-medical, N95, and double layer cloth masks are acceptable. The Insurance Council of B.C. does not permit bandanas, gaiters, or masks with exhalation valves to be worn in exam sittings. A good mask has a double layer of washable,

breathable fabric that helps keep the wearer from spreading potentially infected droplets into the air. A bandanna tied around the face does not work as well as a mask because it is open at the bottom. A gaiter (a tube of thin, stretchy knit fabric that can be worn around the neck and pulled up to cover the nose and mouth) is usually too thin to provide adequate protection. Likewise, masks with exhalation valves can allow your droplets to escape into the air.

- Proctors and staff must wear disposable masks covering their nose and mouth and disposable gloves.
- Examinees will be asked to sign a liability waiver and assumption of risk form confirming they have not been exposed to someone with a confirmed case of COVID-19 in the last 14 days, have not been in contact with anyone who has come from out of the country in the last 14 days, and that they do not have any symptoms of COVID-19.
- Examinees who are unwell, appear unwell or exhibit symptoms of COVID 19 will not be allowed to enter and write the exams.
- There will be 1 examinee per exam table, and each examinee will be at least 2 meters/6 feet apart.
- 2 meters/6 feet markers will be placed on the floor in waiting areas, registration area and exam room.
- A plexiglass shield will separate staff from examinees during the on-site check-in and check-out process.
- Checking-in for the exam: The registration table will be 2 meters/6 feet from the start of the registration line.
- After an exam: Once an examinee is ready to hand in their exams, they will submit it through the plexiglass shield that is placed on the proctor table, then wait at the designated marked spot that is 2 meters/6 feet away from the proctor table. Proctor/staff to review exam and give examinee the approval to leave the exam room. Examinees will be instructed to exit the building immediately after they have completed their exams.

RECORD KEEPING

Records shall be kept as per Insurance Council of BC's already established health and safety processes, in our SharePoint Health and Safety Committee folder.

APPENDIX A: POSITION RISK CHART ASSESSMENT

POSITION	LEVEL OF RISK	CONTROL PROCEDURES
Front Counter Staff Positions - Reception	Low to Moderate	Regular and effective hand hygiene, Reception glass barrier, masks and gloves. Only 3 people will be allowed in the lobby at any time (by appointment only)
Regulatory Services Staff	Low	Regular and effective hand hygiene. Elimination of in-person walk-in meetings (move to video or phone calls instead).
First Aid Attendants	Moderate	Regular and effective hand hygiene, masks and gloves, eye protection, disposable apron, face-shield.
Examination Staff	Moderate	Regular and effective hand hygiene, Registration plexiglass barrier, masks and gloves worn by staff. Masks required for all examinees. Masks, gloves and face shields worn by Proctors. Disinfection protocols for equipment. Social distancing of examinees.
General Staff	Low	Regular and effective hand hygiene. Use of masks.

Hierarchy of controls

1. **Elimination or Substitution:** This involves removing the risk of exposure entirely from the workplace. This could involve postponing, re-organizing, or planning work in such a way that workers are not exposed to any risk. Having workers work remotely would be an example of eliminating the risk from the workplace.
2. **Engineering controls:** These are physical changes in the workplace, such as installing plexiglass barriers.
3. **Administrative controls:** This involves altering work practices to minimize exposure, such as minimizing the numbers of visitors to the office, staggering work shifts and lunch breaks, making virtual appointments, working from home etc.

4. **Personal protective equipment (PPE):** This last form of protection should only be considered after careful consideration of the previous control measures. Some workplaces have specific requirements for PPE, such as in health care settings.

APPENDIX B: HANDWASHING and HAND HYGIENE TIPS – KITCHEN EDITION POSTERS

How to Clean Your Hands with Soap and Water

Use soap and water if your hands are visibly soiled.
Use Alcohol Based Hand Rub if your hands are not visibly soiled.



Wet hands and apply soap. Cover all areas of your hands as shown below. Rinse hands and pat dry with disposable towel. Turn off tap with towel.



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© Island Health 2014

Clean hands C•A•R•E



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Hand hygiene tips:

To ensure your health and safety

Did you know? The precautions for COVID-19 (CORONAVIRUS) are the same as the flu.

Use utensils: consider using forks, spoons or tooth picks when eating and serving foods (especially snacks or “finger foods”)

Don't touch: avoid touching your face with unwashed hands – this includes your eyes, nose and mouth

Wash your hands often:

- upon arriving and when leaving work
- **before eating any food (including snacks)**
- **before, during and after you prepare food**
- after coughing or sneezing
- after washroom use
- when hands are visibly dirty

Wash your hands well:

- wet hands and apply soap
- rub hands together vigorously for at least 20 seconds ensuring the lather covers all areas – palm to palm, back of hands, between fingers, back of fingers, thumbs, fingernails (using palm) and wrists
- rinse hand thoroughly with water
- dry your hands with paper towel (or a hand dryer), use the paper towel to turn off the tap and open the door, dispose of the paper towel

Can't wash your hands? Use alcohol-based hand rub

Want more info? Refer to the World Health Organization, Public Health Agency of Canada, HealthLinkBC, BC Centre for Disease Control and Island Health

APPENDIX C: ABOUT CORONAVIRUS DISEASE (COVID-19)

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

HOW IT IS SPREAD

Coronaviruses are most commonly **SPREAD** from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have **symptoms** of COVID-19:

- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397

@canada.ca/coronavirus

SYMPTOMS

Symptoms may be very mild or more serious.

Symptoms may take up to 14 days to appear after exposure to the virus. The most common symptoms include:



FEVER



COUGH



DIFFICULTY BREATHING

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ wash your hands often with soap and water for at least 20 seconds
- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands
- ▶ avoid close contact with people who are sick
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you



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