**COVID-19 Operational Plan Template**

This template outlines the general COVID-19 specific policies and procedures that businesses and services must have in place to operate. More information can be found in the province’s COVID-19 Recovery Guidance Document at <https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/COVID19_recovery_phase-1_guidance_document-e.pdf>.

Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Manager Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Social Distancing**

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| --- | --- |
| Measures used to maintain social distancing | Steps taken to ensure minimal interaction of people. (2 metres separation) |
| Between employees | e.g. – assigned workstations that are separated by 2 metres |
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| Between clients | e.g. – directional signs on floor to avoid meeting in aisles |
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| Between employees and clients | e.g. – barrier in place between cashier and customer |
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1. **Policy for Exclusion of Employees Requiring Self-Isolation**

SAMPLE: Prior to beginning work each day, every employee must sign and date the designated form with the following statement:

*“I declare by signing this sheet/form that I have not been outside of New Brunswick within the last 14 days and am not required to self-isolate.”*

1. **Illness/Exclusion Policy**

Management will clearly communicate to all staff the exclusion policy in place for any employee displaying symptoms of COVID-19.

SAMPLE:

* All staff must self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or possible symptoms.
* Any staff member developing symptoms of COVID-19 at work must immediately perform hand hygiene, report to manager, avoid contact with staff and leave as soon as it is safe to do so. Please call 811 to arrange testing.
* Symptomatic staff will be required to self-isolate until tested for COVID-19 and the results are confirmed.
* If the test results are negative for COVID-19 but the staff member remains ill and/or symptomatic, they should remain on sick leave.

*Symptoms of COVID-19 include:*

* fever/feverish - Fever above 38 degrees Celsius
* cough - a new cough, or worsening chronic cough
* sore throat
* headache
* runny nose
* a new onset of fatigue
* a new onset of muscle pain
* diarrhea
* loss of sense of taste
* loss of sense of smell
* in children, purple markings on the fingers and toes

1. **Enhanced Cleaning and Disinfection of Shared Areas and Surfaces**

Cleaning products will remove visible soil and/or dirt from surfaces. Disinfecting products are used to destroy bacteria and viruses.

|  |  |
| --- | --- |
| **Cleaning product** |  |
| **Mixing instructions** |  |
| **Disinfecting product** |  |
| **Mixing instructions** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cleaning – Location** | **Frequency** |  | **Disinfecting - Location** | **Frequency** |
| e.g. - floors | at closing |  | e.g. – POS terminal | after each use |
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1. **Hand Washing /Sanitizer Stations**

We all have to do our part to prevent the spread of illness. We know that practicing good hygiene is an essential part of preventing the spread of COVID-19. To protect yourself and others from getting sick, take the following precautions:

* wash your hands often (in addition to routine times such as after using the washroom, before eating, when handling food for the public),
* cough/sneeze into your elbow or tissue and throw away,
* avoid touching your eyes, nose and mouth with your hands,
* use alcohol-based hand sanitizer if soap and water are not readily available.

|  |  |
| --- | --- |
| **Hand Washing Stations** | **Location** |
| **Staff** | e.g. – lunch room, washrooms, |
| **Public** | e.g. – portable(s) located at store entry |
|  |  |
| **Hand Sanitizer Stations** | **Location** |
| **Staff** | e.g. – behind cash |
| **Public** | e.g. – at entry (with signage) |

**Note:** This template has been developed as a guide to help businesses develop a COVID-19 specific operational plan as required by the Government of New Brunswick. It encompasses the criteria that must be part of the required plan. This template may be adopted by many simple businesses, but is not intended to fit all operations. Industries and associations are encouraged and expected to develop plans relevant to their industry. All businesses must maintain a copy of their plan on site for an inspector to review at any time the business is in operation.

**Appendix A: Pre-Screening Checklist for Businesses**

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| Operators should review the following documents: |  |  |  |
| COVID-19 Daily Self-Assessment Questionnaire (Appendix B) |  |  |  |
| [Self-Monitor Poster](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/Self-Monitor.pdf) |  |  |  |
| [Self-Isolation Poster](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/Self-Isolate.pdf) |  |  |  |
| The following communication materials, supplies and recommendations are available: |  |  |  |
| [Hand Washing Poster](https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/coronavirus/covid-19-handwashing/covid-19-handwashing-eng.pdf) |  |  |  |
| [Hand Sanitization Poster](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/SanitizerDesinfectant.pdf) |  |  |  |
| [Protect Yourself and Others from Getting Sick Poster](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/CDC/PosterBW.pdf) |  |  |  |
| Non-Medical Masts or Face Coverings |  |  |  |
| Disposable Gloves |  |  |  |
| Hygiene Supplies – soap, water, hand sanitizer, towels, toilet paper |  |  |  |
| [Physical Distancing Poster](https://www.canada.ca/content/dam/phac-aspc/images/services/publications/diseases-conditions/physical-distancing/physical-distancing-en.pdf) – 2 meter rule |  |  |  |
| Facilitate physical distancing   * Arrange furniture positions to allow for 2 meter rule * Provide visual cues (i.e. ensure 2 meter markings on floor, directional movement for patrons, etc.) * Physical barriers such as partitions or plexiglass |  |  |  |
| The following cleaning and disinfecting communication and supplies are available at the self-isolation unit: |  |  |  |
| Cleaning and Disinfecting Procedures |  |  |  |
| [Cleaning and Disinfection Info Sheet](https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/CDCOVIDE.pdf) |  |  |  |
| Cleaning supplies – cleaners, disinfectants, cloths |  |  |  |
| House Cleaning and Disinfecting Log |  |  |  |

**Appendix B: Screening Questionnaire for COVID-19**

PLEASE DO NOT ENTER THE FACILITY WITHOUT ANSWERING THE FOLLOWING QUESTIONS

1. Do you have any of following symptoms:

* fever/feverish - Fever above 38 degrees Celsius
* cough - a new cough, or worsening chronic cough
* sore throat
* headache
* runny nose
* a new onset of fatigue
* a new onset of muscle pain
* diarrhea
* loss of sense of taste
* loss of sense of smell
* in children, purple markings on the fingers and toes

If you answered YES, and have only one symptom, then stay home and do not return until you are fully recovered.

If you answered YES, and have 2 or more of the symptoms, then self-isolate at home, and call 811.

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2. If you have entered YES to any of the following below, then you must stay home and self-isolate for 14 days. If you develop symptoms, please refer to the self- assessment link on the [Government of New Brunswick webpage](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html).

a. Have you had close contact within the last 14 days with a confirmed case of COVID19?

b. Have you had close contact within the last 14 days with a person being tested for COVID-19?

c. You have been diagnosed with COVID-19 or are waiting to hear the results of a lab test for COVID-19.

d. Have you returned from travel outside of New Brunswick within the last 14 days?

e. You have been told by public health that you may have been exposed to COVID-19.