***COVID-19 Measures Assessment***

*Edmonton Zone Food Processors & Manufacturers*

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***The main purpose of these visits is to assess if there are sufficient measures put in place by food processors and manufacturers facilities in response to Covid-19. This includes obtaining information for disease control investigators in the event there is an outbreak or a positive case of an employee.***

***Ensure the operator is aware of this and re-assure that AHS is there to provide support and guidance.***

***This meeting with the facility also provides a good opportunity to review information contained in the info packages to be given and address any questions/concerns before starting the assessment.***

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| **Facility Name** |   |
| **Facility Address** |  |
| **Regulator (CFIA, AF, AHS)** |  |
| **Agencies Present****(contact info for each)** |  |
| **Commodity** | **EHO/PHI** | **Assessment Date** |
|  |  | **Year** | **Month** | **Day** |
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| **Facility Main Contact** | **Name & Title:****Phone number:****Email address:** |  |

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| **Facility Details*****- Hours and days of operation******- Foods processed/manufactured*** ***- Productions volume (low,med,high)******- Delivery: own or 3rd party******- Number of buildings***  |  |  |

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| **1.0** | **STAFF** |
|  | **Information to collect:****- Total number of staff on payroll****- Total number of staff during production periods****- For larger facilities, breakdown number of staff in to the specific areas they work****- Number of different shifts per day****- Length of shifts** |

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| **2.0** | **CASE RESPONSE** |
|  | **Inquire if facility has the ability to identify other staff members who may have been in close contact with a symptomatic employee. If ability exists, describe how.***Questions to ask:**Can a staff member be identified by what shift they are on and what position they work?* *Can the facility identify possible close contacts of a staff member experiencing symptoms during a shift on a given day?**Is there a response plan in place in the event of confirmed positive case of an employee?*Recommendations:- Maintain a running list of all employees, clients, and essential visitors (eg. contractors, delivery persons, regulatory agencies) who have entered the facility. |

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| **3.0** | **STAFF CAR POOLING & COHORT LIVING RISKS** |
|  | **Inquire if management knows if their employees carpool to work and aware of staff members who are roommates. Roommate situations can provide self-isolation challenges if one person is sick.***Questions to ask:**Do employees carpool or rideshare to work?**Are some employees roommates?**Do you employ temporary foreign workers?**Do you provide temporary housing for these workers? Are there plans in place for self-isolation measures at these facilities?*Recommendations:- Discourage carpooling of employees from different householdsResources to review with operator:*Recommendations to Prepare for COVID Cases in a Workplace* (if applicable) |

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| **4.0** | **STAFF COMMUNICATION** |
|  | **Find out how important information is being conveyed to staff.***Questions to ask:**What messaging is being provided to employees?* *How is this done?**Do language barriers exist when messaging is communicated to staff?**Does operator have the necessary information and resources to provide staff?*Recommendations:- Encourage employees to stay informed through the AHS website, or by calling 811.- Provide quick huddles on a daily basis at the beginning of the day or before each shift.- Provide direct communication to staff. Supplement with printed material.- Increase signage throughout facility.**Provide operator any resources as needed to assist with this.** |

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| **5.0** | **3rd PARTY CONTRACTED STAFF** |
|  | **Information to collect:****- 3rd party contractor company info****- Examples include cleaners, maintenance, security, delivery (outgoing), etc…..** |

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| **6.0** | **SITE SCREENING** |
|  | **Information to collect:****- location where screening is done (Self screening by employee or screening station at facility)****- Describe what measures are currently in place, if any.***Questions to ask (if screening is implemented):**- Are temperature checks being used for screening? Is the thermometer used for screening appropriate?**- Who conducts the screening? eg. security guard, staff member, health professional**- Are screeners aware of what other symptoms to look for and to deny admittance if* ***1 symptom*** *is observed after passing temperature check?**- Is this being asked and assessed to every person during the screening process?**- What is the reporting mechanism to management if someone is denied entry?*Recommendations:- Reduce or prohibit visitors.- Keep a daily log of all employees, contractors and visitors who enter the facility. - Screen anyone who enters the facility including management, contractors, and visitors.- If there is a bottle neck in the screening area during busy periods (ie. shift change), consider staggered start times or set up a second screening station.- Encourage employees to conduct self-checks if there is no screening station.- Increase measures for hand hygiene when entering and exiting building. |

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| **7.0** | **PPE & HAND HYGEINE** |
|  | **Information to collect:****- The type of PPE being worn by employees. This may differ depending on the areas and tasks performed by an employee in each facility.***Questions to ask:**Do you have enough PPE in stock to maintain a safe working environment for employees?**Have staff been trained how to don and doff all PPE correctly?**Have staff been fit-tested for PPE that requires fit testing?**Does employer provide any clothing items? (ie. lab coats, coveralls)? If so, who is responsible for cleaning?**Has facility provided further measures to provide staff the opportunity to practice frequent hand hygiene in the facility?**Does the facility have enough supply of hand washing supplies and hand sanitizer to safely operate?*Recommendations:- Avoid communal shared PPE.- If PPE is re-usable, ensure that it is cleaned and sanitized as per manufacturer (or see below resource).- Increase measures for hand hygiene when entering and exiting the building and processing areas.- Provide extra opportunities for staff to practice hand hygiene |

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| **8.0** | **PHYSICAL DISTANCING MEASURES** |
|  | **Assess the following areas to ensure there is adequate social distancing in place****- Main entry** **- Screening area****- Office spaces****- Change rooms/locker rooms****- Lunch rooms****- Processing areas (including work stations within areas)****- Packaging area****- Shipping/receiving area****- Warehouses****- Hallways****- Stairwells****- Conference rooms****- Any ‘common area’ (eg. lobby, atrium)**Recommendations:- Install physical barriers such as plexiglass or sheet plastic at workstations or office spaces.- Use retractable dividers or rope to control line-ups- Use tape on the ground to outline physical distancing spacing where applicable, divide a hallway or stairwell, or to provide arrows on ground to direct traffic.- Boot rooms/wash room – remove every other station.- Remove or shut down communal staff items available to staff on shift such as vending machines, ice machines, water coolers, water fountains.- If meals are provided, offer ‘grab-and-go’ instead of buffet style.- For larger facilities, consider staggering shifts to ease numbers in screening area, lunch room, change rooms.- Establish zones whereby employees are not permitted to move freely across the entire facility- If there are 2 stairwells per floor, designate each solely to go up or down - Cease business travel.- Conduct meetings or business with clients by web conference, video chat, or telephone.- Cancel staff group events.- If possible, work from home. |

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| **9.0** | **CLEANING/DISINFECTION PROCEDURES** |
|  | **Information to collect:****- Describe implemented enhanced cleaning measures, if any.****- Sanitizer/Disinfectant name. Some facilities may have multiple products.****- Virucidal claim?****- DIN #****- Contact time required for chemical***Questions to ask:**Has the facility implemented enhanced cleaning measures?**Are staff aware of the required contact time for the disinfectant? (Ask staff if needed)**If chemical is to be mixed or diluted, how is concentration being verified?*Recommendations:- If disinfectant is NOT pre-packaged, assign designated people to prepare mixture and verify concentration.- Switch to another chemical if no virucidal claim on bottle or DIN#.- Disinfect eating areas after each seating or break period.- Increase cleaning frequency on high touch items, equipment, and surfaces.- Increase measures to sanitize shared tools and workspaces at shift changes.**If sufficient enhanced cleaning procedures are NOT in place, assist operator in implementing some measures.** |

*PHI Comments:*