***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 households  Resources 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:*