



COVID-19 and Droplet Borne Virus Risk Identification and Exposure Control Plan Fort Nelson Natural Resource District

1. Purpose

This document provides recommendations for local staff to minimize the occupational exposure risk to COVID-19 and other droplet-transmitted viruses. In addition to risk identification, assessment, and selection of control measures (Part 1), this document provides a District-Specific Exposure Control Plan (ECP, or simply 'the Plan') for COVID-19 (Part 2).

This document is intended to be used in conjunction with the Joint BCGEU/BCPSA resource document entitled [*"Guide to Prevention and Control of Infectious Diseases in the Workplace"*](#).

2. Definitions

COVID-19 (novel corona virus): A viral infection easily transmitted by direct contact with an infected individual, through airborne droplets in coughs and sneezes, or by contact with contaminated surfaces and materials. Common symptoms are fever, tiredness and a dry cough, with some patients also having aches and pains, nasal congestion, runny nose, sore throat or vomiting and diarrhea. These symptoms are usually mild, begin gradually and may take up to 14 days to appear. Generally symptoms are more severe in the elderly and immunocompromised individuals; severe symptoms can include breathing difficulties potentially requiring hospitalization for greater than 2 weeks. In Fort Nelson, a patient exhibiting severe symptoms would almost certainly be medevac'd to a regional center, such as Fort St John or Prince George.

Exposure Control Plan: comprehensive safe work procedures and measures that address the risk of exposure and integrate multiple measures to control and prevent exposure. Measures can include elimination of occupational exposure risk (e.g. working from home), engineering controls (e.g. installation of plexiglass barriers), administrative controls (e.g. truck use policies), and personal protective equipment (e.g. gloves for handling mail).

Infection: the entry and development or multiplication of a pathogen in the body of a living organism and multiplies at a rate sufficient to maintain its numbers with or without disease in the host.

Infectious disease control: a process to eliminate or minimize the exposure and transmission of pathogens to prevent infection.

Occupational exposure: is the reasonably anticipated harmful contact with potentially infectious/ bio-hazardous material or blood that may result from the performance of an employee's duties.

Safe work procedures: methods of controlling exposure that do not require specialized equipment. Example: Standard Precautions including Cough and Sneeze Etiquette and Hand Washing to control exposure to a droplet carried virus like COVID-19 or the flu.

Standard Precautions: a group of infection-prevention practices that applies to all workers, regardless of suspected or confirmed. The Standard Precautions for COVID-19 or any flu like illness include cough and sneeze etiquette, hand washing, and physical distancing.

N95 Mask (aka N95 Respirator): a manufactured, synthetic polymer face piece that meets a specific NIOSH standard of mechanical air filtration, meaning that it filters at least 95% of airborne particulate (excluding oil, gases and vapours). N95-equivalent masks certified in other jurisdictions may have reduced efficiency due to the use of different materials, test agents, flow rates and permissible pressure drops during the manufacturing, certification and quality control processes.

Surgical and Non-surgical Masks: A surgical mask is a loose-fitting face covering that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. If worn properly, these masks can limit the transmission of large-particle airborne particulates (i.e. saliva droplets from breathing, sneezing, and coughing). By design, these masks do not block very small particles, but can be used in combination to extend the life of an N95 mask.

Non-surgical masks may include simple manufactured and home-made face coverings of various designs that are not tested against any specific filtration standard.

At this time, the BC Centre for Disease Control has not issued a general recommendation for everyone to wear Personal Protective Equipment (PPE) such as surgical masks and N95 respirators

3. Part 1 – Risk Identification

3.1. Reliance on Credible Sources Only

COVID-19 is a novel virus, as such information on the nature of the pandemic is rapidly evolving and being released frequently (i.e., almost hourly). Consequently, the Exposure Control Plan must be re-evaluated within the context of new information, as it becomes available. Be sure to use credible information sources, such as:

- [MyHR content](#)
 - COVID-19 and the Workplace
 - COVID-19 Supervisor FAQs
- [BC Centre for Disease Control](#)
- [HealthLink BC](#)
- [WorkSafeBC](#)
- [Public Health Agency of Canada](#)

3.2. Signs and Symptoms of COVID-19

Common symptoms are fever, tiredness and a dry cough, with some patients also having aches and pains, nasal congestion, runny nose, sore throat or vomiting and diarrhea. These symptoms are usually mild, begin gradually and may take up to 14 days to appear. A worker with COVID-19 or Flu symptoms should not be at the workplace. Before returning to work after sickness, the employee and supervisor should consult COVID-19 FAQs on MyHR for the latest PSA direction.

3.3. Mode of COVID-19 Transmission

COVID 19 is transmitted by large droplets which may be generated when an infected person coughs or sneezes. Droplets travel a short distance through the air (approximately 2 meters) and can be deposited on inanimate surfaces or in the eyes, nose, or mouth. Scenarios with an increased risk include a person who has:

- Any close contact (within 2 metres) of an active COVID-19 carrier (symptomatic or asymptomatic);
- Exposure to an area recently occupied by an infected individual (research suggests that contaminated particulate can remain airborne for up to 8 minutes); and
- Contact with contaminated surfaces, materials and objects.

This includes contamination from Blood and Bodily Fluids (BBF) - follow your workplace specific BBF protocols for clean-up (calling 1-877-222-3112 WSI or CBRE usual the process for larger spill/messes). A low risk of contracting COVID-19 from exposure to feces has been established.

3.4. Risk Identification and Assessment

A “risk” is the *chance* of injury or occupational disease occurring. “Risk identification” is the process of analyzing the *condition* which could create a chance for injury or disease. A risk assessment takes into account:

- The chance of the occupational disease occurring;
- Who is at risk of exposure;
- The severity of the disease or injury; and,
- Control measure to minimize the risk – safe work procedures.

Risk identification and assessment begins with an understanding of how droplet borne viruses are transmitted (described above). When identifying and assessing risks, some factors to consider are:

- What work methods, procedure or activities may result in exposure?
- Which workers have a higher risk of exposure because of the clients with whom they may have contact?

The WorkSafeBC *Occupational Health and Safety Regulation* (OHSR), Section 5.54 requires that employers eliminate or control occupational exposure to infectious disease. The **Standard Precautions** indicated in this document apply to all workers at all workplaces. With increased risk, i.e. moderate and high, additional controls may be necessary.

Standard Precautions are a group of infection-prevention practices that apply to all workers. Standard Precautions for COVID-19 or any flu like illness include Handwashing, Cough & Sneeze Etiquette, staying at home when sick and [self-isolation if required or directed to do so](#).

3.4.1. Identify the Risks and Routes of Exposure

Certain job activities and tasks may have a higher potential exposure risk to COVID-19 than others. Table 1 provides some examples to clarify the workplace risk assessment process, but is not an exhaustive list.

Table 1: Risk Assessment Matrix for Potential Occupational Exposure to COVID-19

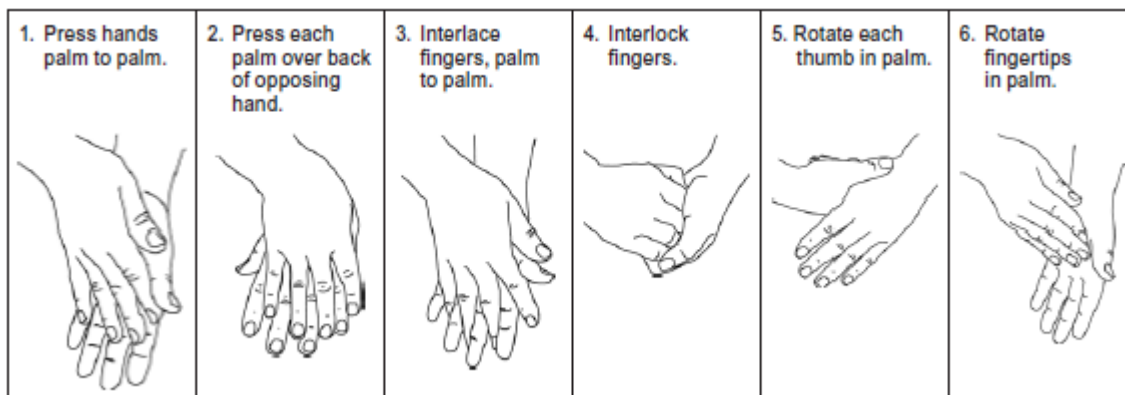
	Low Risk	Moderate Risk	High Risk
Worksite Description	Workplace exposure unlikely Typically have no contact with potentially infectious people e.g. in a worksite with restricted or minimal public access	Workplace exposure possible May be exposed to potentially infectious people in the workplace from time to time, i.e. meeting involving clients/public	Have direct close contact with infectious people or may have exposure to a known population that has an elevated risk
Typical Tasks / Activities	No or very limited face-to-face interaction with the public in the workplace. Occasional, momentary visitors to the office (e.g. couriers)	Work in an office with limited admittance to the public but some co-workers do interact and work with the public on a regular basis	Work with the large number of the public for long durations on a daily basis as part of your regular duties
	Have few face-to-face interactions with team members	Occasional travel to face-to-face meetings	Unavoidable close proximity with a client displaying symptoms.
		Co-located with another Ministry that has workers that work directly with the public	Work in one of the following: social services setting, health clinic, outreach program, enforcement, social work, education, care homes
	Limited or no travel outside of the office. May visit other low risk offices on occasion.	Interviewing several clients/public in your office each day	Work closely with at risk clients in their homes or at work providing direct care or assistance with some or all of activities of daily living. e.g. infants, homeless, immune suppressed, institutionalized
		Occasional use of Fleet Vehicles	Rendering first aid services to asymptomatic workers
Local Examples	All office-based positions when building is closed to the public, restricted to local staff only, and staff follow standard protocols (i.e., 2m physical distancing and hand washing).	Positions requiring contact with small groups of contractors, clients and/or the public at field sites, where a minimum of 2m physical distance can be maintained. Administrative staff who occasionally meet with clients / public or runs office errands.	Positions requiring contact with larger groups of contractors, clients, stakeholders, and/or the public at field sites or meetings, where a minimum of 2m physical distance may be impractical. Resumption of public access to the office reception area and hosting of larger meetings in the boardrooms.
* This list is not exhaustive. Various mitigation measures can be implemented to reduce the risk of exposure.			

3.4.2. Control Measures

These planned control measures should be applied progressively as risk increases. For example, control measures for a high risk of exposure would include all low and moderate risk of exposure control as well.

*Low Risk Control Measures (also known as **Standard Precautions**):*

- Effective communication of new information to workers, where relevant and as soon as practical. This includes work place posters such as: [MyHR – About Coronavirus Disease \(COVID-19\)](#), [CCOHS – Prevent the Spread](#), and [CCOHS – Get the Upper Hand on Germs](#);
- Work from home, if practical;
- Staying home if exhibiting any symptoms, and [self-isolation if required](#).
- Physical distancing (>2m) maintained between staff by cancelling non-essential activities or meetings, and minimising use of shared spaces (e.g. frequency, duration), where practical;
- Personal Space Etiquette (e.g. cover mouth and nose when coughing / sneezing);
- Enhanced cleaning of common area high-touch surfaces and employee workspaces using domestic cleaners (available in the kitchen) or a ~2% - 10% bleach solution;
- Avoid unnecessary hand contact with eyes, nose and mouth; and,
- Enhanced frequency of hand washing (with soap and for at least 20 seconds, as shown in the image below) and hand-sanitization. Alcohol-based hand sanitizers are provided at workplace access points and in the kitchen, if readily available.¹



At this time, the BC Centre for Disease Control has not issued a general recommendation for everyone to wear Personal Protective Equipment (PPE) such as surgical masks and N95 respirators. Refer to Covid-19 FAQs on MyHR for more information.

Moderate / High Risk Control Measures (e.g., potential exposure to external contractors and clients):

- Implement fleet vehicle sanitization protocols, and a prohibition on passengers (i.e., a driver only);
- Eliminate face-to-face interactions by using remote communication methods where practicable; and,
- Create a physical barrier (such as a glass/acrylic glass partition) between the employee and the public areas prior to reopening the office.

¹ Also see Health Link BC File #85: [Hand Washing: Help Stop the Spread of Germs](#); WorkSafe BC Video: [Disease Prevention: It's in Your Hands](#)

Suspected or Confirmed Exposure:

- Possible short-term closure of the office to all staff to facilitate additional focused cleaning of the entire building by the janitorial contractor;
- [Self-assessment](#) to evaluate symptoms and personal likelihood of exposure;
- Self-monitoring / self-isolation of asymptomatic workers potentially in contact with the individual or contaminated surfaces, for a period as recommended by a physician on a case-by-case basis; and,
- Self-isolation of symptomatic workers for a period of at least 14 days, or as recommended by a physician on a case-by-case basis (i.e., *stay home if sick*). Also consult COVID-19 MyHR FAQs for more information.

3.4.3. [Document Local Risk Assessment, Train Staff and Implement Control Measures](#)

The activities (and associated risks) of specific workers who may be potentially exposed, and the appropriate control measures must be identified. Consultation with staff and the local OHSC will ensure such risks and control measures are reasonably documented. Staff will be trained in the identified control measures and any supplies necessary to implement the control measures will be purchased.

Table 2: Exposure Control Measures Based on Risk Level

Control Measures	Low Risk	Moderate Risk	High Risk
	<i>Workplace exposure unlikely</i> Typically have no contact with potentially infectious people (e.g. in a worksite with restricted or minimal public access)	<i>Workplace exposure possible</i> May be exposed to potentially infectious people in the workplace from time to time. (e.g. working with large number of general public or clients)	<i>Increased risk of workplace exposure</i> May have direct close contact with infectious people or may have exposure to a known population that has an elevated risk (e.g. working in a health care facility)
Standard Precautions	Yes	Yes	Yes
Hand sanitizer	When washing facilities are not available	When washing facilities are not available	When washing facilities are not available
Clean hard surfaces	Cleaning of personal workspace by the employee using regular domestic cleaners	Cleaning of common area by wiping horizontal and commonly touched surfaces with house hold cleaner or disinfectant.	Clean surfaces between clients and any time after uncovered sneezing coughing with disinfectant.
Pre-Screen Clients	N/A	If dealing with clients who are at elevated risk of infection, then meet away from main area or alternate service delivery	Yes, equip clients with masks if symptomatic or alternate service delivery as and when available
Clients isolated from main office, where 2m distance can be maintained	N/A	Yes	Yes or alternate service
Alternate service delivery to avoid contact with clients/public where possible	N/A	Possibly, if dealing with clients who are at elevated risk	Possibly. Avoid direct face to face client contact
Use of disposable Gloves	No	No	Possibly Consult with BCPSA Safety Specialist
Use of disposable clothing	No	No	
Use of masks	No	No	

Increasing Precautionary Measures

4. Part 2 – District of Fort Nelson Exposure Control Plan

4.1. Statement of Purpose

The Fort Nelson Natural Resource District is committed to providing a safe and healthy workplace for all of our staff. A combination of measures will be utilized to minimize worker exposure to COVID-19 and droplet transmitted viruses, including the most effective control technologies available. Our work procedures will protect not only our workers, but also other workers or public who enter our facilities. All employees must follow the procedures and practices outlined in this plan to mitigate potential exposure to COVID-19 and other viruses.

4.2. Responsibilities

4.2.1. As the **Employer**, the Fort Nelson Natural Resource District is responsible for:

- Ensuring that a written Exposure Control Plan is available and communicated to employees;
- Ensuring that suitable control measures are established, and effectively implemented to mitigate potential exposure to all communicable diseases;
- Ensuring that the materials and resources, required to implement and maintain this ECP, are provided where and when they are required; and,
- Maintaining required records and documentation relevant to Covid-19 Response.

4.2.2. The Occupational Health and Safety Committee (OHSC) is responsible for:

- Providing recommendations on local implementation of exposure control measures; and,
- Reviewing this ECP as new information becomes available, or at least every 3 months during the current phase of the COVID-19 pandemic.

4.2.3. Front Counter BC is responsible for:

- Providing recommendations on local implementation of exposure control measures associated with public and client engagement; and,
- Monitoring public/client interactions for unanticipated pathways of potential exposure, and communicating with the OHSC on additional measures or ECP revisions, as appropriate.

4.2.4. The **Supervisor** is responsible for:

- Ensuring that all staff understand this ECP and how to mitigate their personal exposure risk; and,
- Assigning work and directing staff in a manner that mitigates potential exposure risk.

4.2.5. The **Employee** is responsible for:

- Practicing good personal hygiene (e.g. cough/sneeze etiquette, regular hand washing)
- Participating in occupational exposure assessments, and awareness training;
- Developing a general awareness of the ECP and knowledge of local exposure control measures;
- Following established work procedures as directed by the employer or supervisor; and,
- Reporting any potential exposures, or any suspicious symptoms.

4.3. Local Risk Assessment

At this time, non-BCWS employees based out of the Fort Nelson District office are considered to have low (office-centric roles) and low-moderate (field-centric roles) exposure risk, as per Table 1 of this document.

When the office reopens to the public, the exposure risk for all employees will increase; thus additional exposure control measures will be necessary (refer to Appendix 1). Although the pathways of exposure from the general public / clients (transmission to staff) is distinct from potential exposure between staff, this ECP is intended to provide workplace exposure control guidance regardless of the exposure pathway.

Local BCWS employees have a higher risk of exposure due to an inherently greater number of physical encounters between people; however, it is understood that BCWS has their own exposure control protocols and thus consideration of BCWS risks is beyond the scope of this ECP.

4.4. Adapting to a New Normal (Broad Strategies)

FLNRORD is currently in the early stages of adapting to a 'new normal'. To ensure a consistent approach to identifying and controlling hazards in the longer term, the following principles have been developed provincially, and will be implemented locally:

- All staff coming into the office will be healthy:
 - Self-assessment/screening prior to entering the workspace; and
 - Those who believe they may be sick or potentially exposed must stay home.
- All staff will be consulted regarding their needs and preferences in terms of a gradual and rotating return to the office workspace schedule.
- Physical and psychological health and safety is important regardless of where you are working:
 - Remote workers will complete / implement safety competency assessments, and ergonomic self-assessments;
 - Remote workers will understand the Work Alone Policy and participate in regular check-ins with their supervisors; and
 - A system to coordinate coverage of First Aid Attendants within the office (on any given day) will be established and communicated to staff.
- Communication and awareness training is critical:
 - All employees will receive regular email updates;
 - Appropriate health and safety training will be offered (e.g. donning / doffing PPE); and
 - Clear signage throughout the office with instructions, directions, spacing, etc.
- Eliminate potential exposures to Covid-19 to the extent possible, by:
 - Suspending non-essential work/tasks;
 - Changing the way work/tasks are done to eliminate physical contact (i.e., service focus shifting to phone, online);
 - If service is essential and physical distancing cannot be consistently maintained, the implementation of engineered and administrative controls can be considered;
 - Personal Protective Equipment (PPE) such as gloves and masks, are a last line of defense and will not be relied on as the only control measure; and
 - Recognizing the hierarchy of controls in order of effectiveness, as shown below:



4.5. Local Control Measures (Currently in Place or Being Planned)

Based on the broad provincial measures described above, the Fort Nelson District has implemented or is planning to implement the following control measures.

4.5.1. Elimination

The following control measures are intended to eliminate the potential for person-to-person transmission:

- Establishing a hold period for incoming mail, to eliminate regular staff contact with delivery person(s), by using the black pelican case as a temporary exterior mailbox;
- Placement of a table and document tray in the front vestibule for simple drop-offs, to eliminate the need for some members of the public to enter the reception area;
- Dedicated vehicle assignment for field staff on a case-by-case basis to minimize cross-contamination and a prohibiting passengers during non-local travel or fieldwork;
- Restricting non-essential business travel – e.g. out-of-town meetings and training courses cancelled, virtual meetings are now routine;
- Encouraging staff to work-from-home, if feasible; and
- Mandating staff to stay home, if symptomatic, or exposed to a person with a confirmed or suspected case of Covid-19.

4.5.2. Substitution

The following control measures do not completely eliminate potential exposure hazards, but are intended to change the nature of work tasks to reduce the risk:

- Limiting staff movement between office and warehouse (as BCWS are at higher risk of exposure);
- Cancelling and postponing staff social functions (i.e., no potlucks, stagger breaks);
- Fleet Vehicle sanitization kits and cleaning protocols;
- Removal of surplus boardroom chairs, and removal chairs from public reception area – to minimize # of chairs needing regular sanitization and discourage unnecessary exposure;
- Removal unnecessary ‘clutter’ from reception area, to improve cleaning efficiency;
- Moved visitor log behind counter (now to be filled in by FCBC staff only);
- Providing disposable or ‘take home’ pens if needed for client use;
- Exploring new payment methods (e.g. e-transfer, online banking, etc.), request submitted for a tap enabled POS unit, and plans to create a transparent cover on the POS unit for ease of cleaning; and
- Consideration of curbside service (for ID verification, pickup of documents, etc.) to eliminate need for clients to enter the office building.

4.5.3. Engineering Controls

These control measures are intended to physically alter the work environment to isolate staff from potential exposure pathways:

- Creation of visual obstructions and installation of physical distance floor marker to encourage single point of service at reception counter;
- Moved the Point-of-Sale unit to the single point of service;
- Installation of a wall-mounted hand sanitizer dispenser in the front vestibule, to encourage pre-sanitization of clients prior to staff engagement;
- Use of portable transparent shield (short term solution) at the single point of service;
- Installation of a full counter-length tempered glass barrier (long term solution); and
- Removal or replacement of counter gate with full length door (long term solution).

4.5.4. Administrative Controls

- Encouraging awareness of cough / sneeze etiquette;
- Encouraging personal and work space hygiene - wash hands / sanitize regularly;
- Encouraging >2m physical distancing, where practical;
- FCBC to start asking if clients wish to schedule an appointment (making clients aware of alternatives);
- FCBC to monitor for any unanticipated exposure pathways (e.g. clients lingering at brochure wall) which may need to be mitigated by control measures added to future revisions to this ECP;
- Signage for boardrooms, including placards to identify that the space has been sanitized, markers as visual reminder to physical distance, and signage with maximum capacity;
- Stricter adherence to booking rooms in SOSS, and communicating awareness of room capacity rating and expectation that chairpersons are responsible for re-sanitizing the space after use;
- Non-local staff (e.g. Recreation Sites & Trails, Conservation Officers) need to pre-arrange local use of space (may be restricted to warehouse only on a case-by-case basis);
- *At this time, DFN boardrooms will not be available for booking to non-local staff (including BCWS); and*

- Enhanced office cleaning - janitorial contracts have been modified, and staff wiping down reception daily and boardrooms sanitized after meetings.

4.5.5. Personal Protective Equipment (and Supplies)

A cache of PPE is located in the drawers under the staff mailboxes. This PPE is available for staff use as needed, including:

- Disposable gloves for handling mail, cash and other items handled by public, as well as for cleaning;
- Hand-sanitizers and cleaning supplies; and
- Non-surgical masks to facilitate aerial fieldwork, or (at staff discretion) in meetings or shuttling vehicles when physical distancing may not be assured.

4.6. Documentation and Records

The Fort Nelson District will keep records of employee awareness sessions, work-from-home assessments, potential exposures, and exposure incident reports. If formal Covid-19 testing occurs, the records are considered confidential and will be retained by Public Health and BCPSA Occupational Health Programs.

4.7. Approval and Revisions

This ECP has been developed by the local OHSC and is intended to be an evolving document, reflecting the unfamiliar and dynamic nature of the current pandemic. The initial version (May 20, 2020) was reviewed and approved by Chris Cooper, Fort Nelson District Manager. Subsequent revisions will occur as needed, and are described below. It is understood that as control measures may evolve rapidly with new information or awareness, additional control measures can be implemented immediately (in consultation with the OHSC on an informal basis) before this ECP is formally revised.

Local Release Date	Description of Revisions
<i>May 20, 2020</i>	<i>Initial release of ECP</i>

4.8. Appendices

Appendix 1 – Fort Nelson Covid-19 Exposure and Control Matrix

Tasks/Activity	Risk Level	Applies to:	Examples of Current <i>and</i> Proposed Control Measures	Training / Awareness Documentation
Office and administrative tasks with no public contact (i.e., while office is closed)	Low	All staff	<p>Standard Precautions and Local Control Measures:</p> <ul style="list-style-type: none">▪ Enhanced office cleaning▪ Encouraging personal hygiene - wash hands / sanitize regularly▪ Maintain >2m physical distancing, where practical▪ Hold period for incoming mail▪ No staff social functions (i.e., no pot lucks, stagger breaks)▪ Regional / corporate travel restrictions▪ Limiting staff movement between buildings▪ Encouraging awareness of cough / sneeze etiquette▪ Stay home, if sick▪ Work remotely, if feasible▪ Physical distance marker on boardroom table (>2m)▪ Remove surplus boardroom chairs▪ Non-local boardroom bookings restricted	Communicated to all-staff by various emails and discussed at multiple meetings (recorded in minutes); saved in the Safety / Covid-19 folder .
Office Staff and Professionals, as office reopens to the Public	Low – Moderate (with control measures)	Office Staff	<p>Additional measures anticipated to re-open the office:</p> <ul style="list-style-type: none">▪ Daily cleaning of high-touch surfaces in reception area▪ Reception re-configured for single point-of-service and portable shield (with full length engineered barrier in the long term)▪ Hand sanitizing station and drop-off basket in front vestibule▪ Gloves for receiving mail, cash, etc. handled by public▪ FCBC staff to now fill in visitor log behind counter▪ Boardroom signage: capacity limits posted, sanitization placards▪ Disposable pens for client use▪ Potential changes to service delivery - reduced FCBC hours, curbside pickup, a process for booking client appointments, etc.	Local, regional and provincial exposure control strategies will be confirmed and communicated to all staff prior to re-opening the office.
Vehicle Use	Moderate	Field staff, and office staff travelling for meetings	<p>Additional Measures when using vehicles:</p> <ul style="list-style-type: none">▪ Prohibition on passengers (i.e., only 1 person per vehicle permitted)▪ Staff should sanitize immediately after fueling▪ Post-Trip Sanitization, as per Provincial Protocol (April 30, 2020)▪ Use of Physical Sanitization placards on dashboards▪ Updated Local Inspection Checklist, as a reminder▪ Longer-Term Dedicated Vehicle Assignment, on a case-by-case basis	Communicated to all staff as noted above; sanitization is now documented on vehicle pre-post trip inspection checklist & passenger prohibition is indirectly documented on field itineraries. Dedicated vehicle assignments are documented by email and meeting minutes.
Fieldwork	Low	Field Staff	<p>Additional measures while in the field:</p> <ul style="list-style-type: none">▪ Avoid physical contact with clients / contractors (i.e., no handshakes)▪ Maintain >2m physical distancing, whenever practical▪ Limit fieldwork to operationally essential activities▪ Sanitize hands regularly	Field staff should be aware of control measures from general staff communications and supervisors should confirm the Covid-19 risks / mitigation measures are noted on field itineraries.
Aerial Fieldwork (Charter Aircraft)	Moderate	Field Staff	<p>Additional measures for aerial fieldwork:</p> <ul style="list-style-type: none">▪ Passenger and Pilot self-screening▪ Wash / sanitize hands, whenever practical▪ Wear a non-surgical facemask, available from office cache or local operator▪ Follow Covid-19 flight standards of local operators▪ Follow direction contained on SMS site▪ Consider RED direction on vehicle usage, as some aspects may also apply to aerial fieldwork	Specific exposure control measures should be fully documented in flight itineraries, and attached to the hardcopies submitted for supervisor review.