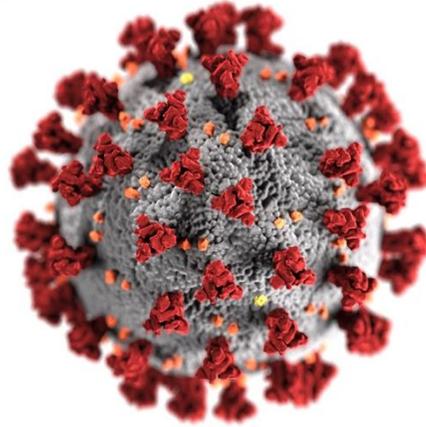


MANITOBA CONSTRUCTION INDUSTRY SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT



A JOINT INITIATIVE OF:



DEVELOPED BY/IN CONSULTATION WITH:



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MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

TABLE OF CONTENTS

1- INTRODUCTION	1
1-1 PREAMBLE	1
1-2 OBJECTIVES.....	1
1-3 LIMITATIONS	1
1-4 Qualified Person	2
2- BACKGROUND	4
2-1 BASIC VIRUS FACTS	4
2-2 HOW IS THE VIRUS SPREAD?.....	4
2-3 WHAT ARE THE SYMPTOMS?.....	5
2-4 RISK LEVEL CLASSIFICATIONS	6
3- GENERAL GUIDANCE	7
3-1 GENERAL GUIDANCE FOR EMPLOYERS	7
3-1.1 MANAGE PERCEPTIONS (AND POTENTIAL MISPERCEPTIONS).....	7
3-1.2 IMPLEMENT SAFE WORK POLICIES	7
3-1.3 ESTABLISH, IMPLEMENT WRITTEN SAFETY DOCUMENTS	8
3-1.4 ESTABLISH PROPER CLEANING/DISINFECTION PROGRAM	9
3-1.5 MANAGING EMPLOYEE ILLNESS	9
3-2 GENERAL GUIDANCE FOR EMPLOYEES.....	11
4- CLEANING & DISINFECTION, PERSONAL HYGIENE GUIDELINES	14
4-1 DEFINITIONS	14
4-2 PERSONAL HYGIENE SUPPLIES	14
4-3 CLEANING/DISINFECTING SURFACES, ITEMS, TOOLS, EQUIPMENT & MATERIALS.....	15
5- Guidance for PPE DECONTAMINATION, REMOVAL/DOFFING	17
5-1 PRECAUTIONS WHEN REMOVING PPE.....	17
5-2 SEQUENCE OF DECONTAMINATION, REMOVAL/DOFFING.....	17
6- References	19
A1-1 Workplace Configuration/Organization	1
A1-2 Workplace Hygiene	2
A1-3 PPE	3
A2-1 PRE-WORK CONSIDERATIONS	8
A2-2 WORKSITE ORGANIZATION, HYGIENE	10
A2-3 PPE	12

A3-1 GENERAL OFFICE GUIDELINES.....	18
A3-2 Office HYGIENE.....	20
A3-3 PPE.....	21
A4-1 Pre-Work Considerations.....	24
A4-2 HCF Worksite Considerations	24

APPENDICES

APPENDIX 1	Worksite-Specific Guidelines – Guidelines for New Construction Sites
APPENDIX 2	Worksite-Specific Guidelines – Existing Commercial, Office, Industrial, And Non-Healthcare Community Spaces
APPENDIX 3	Worksite-Specific Guidelines – Company Offices
APPENDIX 4	Worksite-Specific Guidelines – Work in Healthcare Facilities

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

1-INTRODUCTION

1-1 PREAMBLE

This Guidance Document outlines the recommended best practices for the Manitoba construction industry to protect and maintain the health and safety of their workers, their families and the community – and other individuals who may be impacted by their work – during the current SARS-CoV-2/COVID-19 pandemic.

It is imperative that all contractors undertake any and all available preventative and precautionary measures to prevent community transmission of the virus and to ensure consistent, safe and effective work.

This document has been jointly developed by:

- OHS Global Risk Solutions Ltd.
- Mechanical Contractors Association of Manitoba (MCAM).
- Manitoba Building Trades (MBT).
- Construction Labour Relations Association of Manitoba (CLRAM).

1-2 OBJECTIVES

The objectives of this Guidance Document are as follows:

1. Prioritize the health and safety of workers, other individuals, and the surrounding communities.
2. Provide stakeholders with recommended best practices from federal, provincial and municipal health authorities, and per prevailing/applicable industry-accepted standards, practices and guidelines.
3. Establish and maintain a robust SARS-CoV-2/COVID-19 work plan across multiple facilities.
4. Promote and foster a healthy and safe work environment for all involved individuals.

1-3 LIMITATIONS

The information contained in this document is:

- Intended for guidance only.
- Based on prevailing, applicable and available information as of the date of this publication.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Subject to, and mandatorily superseded by, any official government or public health orders or directives.
- Subject to change on an as-required basis.

The situation related to SARS-CoV-2/COVID-19 is changing rapidly. This Guidance Document will be updated on an as-required basis to reflect the latest broadly adopted measures.

This document shall not be used in place of regulatory-required safety documentation.

Each individual contractor who continues their business activities during the COVID-19 pandemic must develop their own regulatory-required safety documentation:

- Per prevailing, applicable Manitoba and/or Federal legislation, regulations, codes and/or other related laws;
- Per the recommendations of this Guidance Document and any other applicable, industry-accepted standards and best practices (at the sole discretion of the contractor); and
- With the assistance of a Qualified Person (see definition below), whether internally employed or externally retained.

Required documentation may include:

- Exposure Control Plan.
- Risk Assessments.
- Safe Work/Decontamination Procedures.
- Other related Programs and Plans (e.g. Respiratory Protection, Personal Protective Equipment (PPE), WHMIS, Lockout/Tagout, Working Alone/In Isolation).

Contractors must refer to the specific occupational health and safety regulations/codes for specific regulatory requirements.

1-4 QUALIFIED PERSON

With respect to SARS-CoV-2 and related hazards/risks, a Qualified Person must be a professional who:

- Has expertise and experience in the practice of industrial hygiene *and* infection prevention and control as it relates to biological hazard/infectious agent hazard management and control; and

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Is an infection prevention and control professional with demonstrated education, training, instruction, knowledge, experience, expertise, skills and competencies who advises on, and monitors, required infection prevention and control strategies, approaches, methods and measures.

Acceptable professional designations (provided the holder has demonstrable experience and expertise) may include:

Infection Prevention and Control Consultant	Canadian Registered Safety Professional (CRSP)
Certified Industrial Hygienist (CIH)	Certified Safety Professional (CSP)
Registered Occupational Hygienist (ROH)	Certified Infection Control Practitioner

Employers should:

- Thoroughly review and vet the qualifications of any Qualified Person they plan to retain *prior to engagement*; and
- Confer/check with Manitoba's prevailing safety/regulatory authority to verify acceptable qualifications.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

2-BACKGROUND

2-1 BASIC VIRUS FACTS

- SARS-CoV-2 (“Severe Acute Respiratory Syndrome-Coronavirus-2”) is the virus itself which causes disease (COVID-19).
- COVID-19 (Coronavirus Disease-2019) is the name of the disease.
- SARS-CoV-2 is part of the large family of coronaviruses, which are common and widespread in human and animal populations.
 - Most human coronaviruses cause mild, cold-like symptoms.
 - Some, like SARS or MERS (Middle East Respiratory Syndrome), can cause serious or fatal illness.
- Unlike other microorganisms (e.g. bacteria, mould/fungi) viruses cannot multiply or reproduce outside of their host (i.e. an infected person).

2-2 HOW IS THE VIRUS SPREAD?

Source: [Public Health Agency of Canada](#)

Common spread from infected persons (to uninfected individuals) occurs as follows:

- Respiratory droplets generated during coughing, sneezing, or similar exhalations;
 - Droplets can land in the mouths or noses of people who are nearby, or possibly be inhaled into the lungs.
- Close, prolonged personal contact (within approximately 2 metres (6 feet)) i.e. touching or shaking hands; and/or
- Touching something with the virus on it, then touching mouth, nose or eyes before washing hands.
 - The virus can persist on select surfaces for up to several days, depending on the type of surface and the ambient conditions.

Additionally, there is possible evidence of other transmission routes:

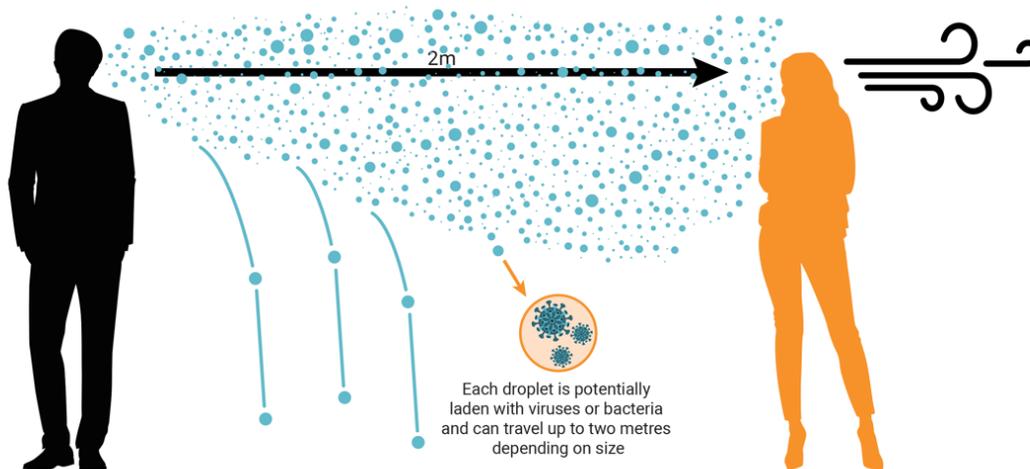
- Fecal-oral (possibly);
 - Therefore, assume all sanitary drains and sewage systems are potentially contaminated with the virus for at least the duration of the pandemic.
- Body fluids (possibly); and

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SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Zoonotic (from/via other animals) (possibly).

Current evidence suggests person-to-person spread is efficient when there is close contact. COVID-19 appears to be spreading easily and sustainably in the community (“community spread”) in many geographic regions. Community spread means people have been infected with the virus in an area, including some who are not sure how, when or where they became infected.



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2-3 WHAT ARE THE SYMPTOMS?

Sources: [World Health Organization](#), [Public Health Agency of Canada](#)

- Infected individuals may not display or experience obvious symptoms (“asymptomatic”); mild cases may appear similar to a cold or flu.
 - **NOTE: SARS-CoV-2/COVID-19 IS NOT THE FLU.**
- Symptoms may take up to 14 days to appear after initial exposure to the virus.
- Main symptoms of COVID-19 include (but may not be limited to):
 - Cough;
 - Fever;
 - Unusual tiredness;
 - Shortness of breath and/or breathing difficulties;
 - Pneumonia in both lungs; and/or
 - Loss of sense of smell/taste.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Anyone can contract COVID-19, and potentially, develop serious or life-threatening symptoms; the risk to Canadians has been upgraded to “high.”
- Recent evidence indicates that SARS-CoV-2 can be transmitted to others from individuals who:
- Recent evidence indicates that SARS-CoV-2 can be transmitted to others from individuals who:
 - Are *not yet* displaying or experiencing symptoms (“pre-symptomatic”); or
 - Remain asymptomatic.
- Therefore, **IT IS EXTREMELY IMPORTANT** to follow all proven, well-established preventative and precautionary measures.

2-4 RISK LEVEL CLASSIFICATIONS

Generally, and overall, workers in the construction industry are at lower risk of COVID-19 infection (provided that all available, appropriate preventative and precautionary measures are implemented and enforced) as compared to frontline healthcare providers and other workers who must interact directly with infected individuals.

However, while the relative risk may be lower, it is not zero, and there are a wide variety of factors which contribute to the actual risk level of each specific worksite, work environment, and/or work task/activity. For the purposes of this document, risk levels have been generally divided into lower-risk and higher-risk level categories, as follows:

Lower Risk:

- No suspected, presumptive or confirmed COVID-19 infected persons:
 - Currently present (in the specific building, facility, premises, area, or space).
 - Suspected to be present.
 - Present within the past 14 days.

NOTE: 14 days is a conservative time period given many unknowns about this virus. This time period should apply to all sites, unless the work space has been properly cleaned/disinfected, and has been verified/confirmed (by a Qualified Person) to be adequate for re-occupancy by unprotected individuals.

Higher Risk:

- Any worksite, environment, or task/activity that does not meet the above criteria for lower risk levels.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

3-GENERAL GUIDANCE

The following are general guidelines for all contractors and their employees, regardless of specific trade or workplace circumstance.

Refer to *APPENDIX 1* to *APPENDIX 4* for more detailed guidelines for specific types of workplaces or sites.

3-1 GENERAL GUIDANCE FOR EMPLOYERS

To ensure that contractors can continue to operate safely and effectively during this pandemic, proper planning, implementation and monitoring of effective policies and protocols is critical. The following guidelines are recommended:

3-1.1 MANAGE PERCEPTIONS (AND POTENTIAL MISPERCEPTIONS)

- Provide and share only thoroughly reviewed, vetted and confirmed facts, information and data.
- Communicate all implemented preventative and precautionary measures with all involved stakeholders, including but not limited to:
 - Subtrades;
 - General contractors;
 - Customers; and/or
 - Employees.
- Communicate via clear, simple and straightforward messages; ensure proper risk messaging and accuracy of provided facts, information and data.
- Update stakeholders regularly and as needed, as your work circumstances change.

3-1.2 IMPLEMENT SAFE WORK POLICIES

Implement, communicate, enforce and monitor effective, written safe work policies, including but not limited to:

- **Working from home (teleworking):**
 - Ensure employees can effectively perform their work remotely.
- **Travel:**
 - Prohibit all non-essential business travel.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Instruct any employee returning from travel outside Canada (or inter-provincially, if applicable) to self-isolate for 14 days, and to seek approval before returning to work (if unable to work from home).

NOTE: It is up to the individual Employer to determine if self-isolation is required where workers have travelled inter-provincially. A multifactorial risk analysis must be conducted to identify potential COVID-19 risks for employees who return home or back to work from another Province or Territory.

- **Physical distancing** (also see *Section 3-2* below):
 - Enforce physical distancing (minimum 2-3 metres (6-10 feet)) for all employees where practically possible.
 - If not possible, ensure appropriate PPE is worn amongst co-workers while in close proximity (refer to PPE guidelines for specific workplace categories in *APPENDIX 1* to *APPENDIX 4*).
 - Cancel all in-person meetings and conduct via phone or video conference where practically possible.
 - Where in-person meetings cannot be avoided (e.g. safety briefings, toolbox talks):
 - Limit attendance to no more than 10 people (or fewer if at all possible).
 - Conduct multiple, smaller meetings if more than 10 people need to attend.
 - Conduct meeting in a space large enough to ensure proper physical distance can be maintained.

3-1.3 IMPLEMENT SAFE WORK POLICIES

Implement personal hygiene and droplet control; see *Section 3-2* below for further information/details.

3-1.4 ESTABLISH, IMPLEMENT WRITTEN SAFETY DOCUMENTS

A Qualified Person is required to develop critical, key safety documents. Refer to *Section 1-4* above for guidance regarding who would be considered qualified to develop these documents.

Engage a Qualified Person to develop comprehensive, detailed, robust, written infection prevention and control plans, programs, assessments and procedures that address:

- Your specific working environments.
- Prevailing safety regulations, codes and standards.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Potential interactions with all individuals at the site, including your customers/clients..
- Proper PPE selection, inspection, use, care and maintenance.
- Proper decontamination/personal hygiene standards, requirements and protocols.

3-1.5 ESTABLISH PROPER CLEANING/DISINFECTION PROGRAM

Including developing, implementing quality assurance/control due diligence checklists and schedules for cleaning of common areas, hygiene facilities, and high-touch points/surfaces (refer to **Section 4** below for further information/details).

3-1.6 MANAGING EMPLOYEE ILLNESS

To reduce the spread of SARS-CoV-2/COVID-19, contractors need to implement the following regarding employee illnesses:

- Review, update as necessary, and clearly communicate the company's sick leave policies to all employees (and other stakeholders as appropriate).
- If not yet implemented, establish strict protocols regarding confidentiality of personal worker information (i.e. medical etc.), so that it is:
 - Not disclosed to any individual not authorized by the specific worker themselves.
 - Only accessed by select/authorized company personnel, and only if the worker provides written authorization/consent.
 - Never used as a condition of employment for any reason whatsoever, per prevailing/applicable labour laws.
- Ensure all employees fully understand and know COVID-19 symptom information.
 - Post clear signage in conspicuous locations (e.g. entrances/exits, washrooms, break areas, stairwells etc.) that:
 - Reminds employees of COVID-19 symptoms; and
 - Monitoring instructions etc.
- Instruct/require employees to stay home if they feel unwell, and to promptly communicate their status to their supervisor/foreman, site superintendent, manager, and/or human resources (HR) department (as applicable).
- If an employee starts to feel unwell or develops symptoms of COVID-19 while at work, they should immediately:
 - Stop their work.
 - Stay away from all other individuals.
 - Perform proper decontamination/personal hygiene, per implemented policies (Employer, Site Owner).

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Not interface directly with anyone; perform all communication remotely (by phone etc.).
 - Leave the workplace and go directly home without delay.
 - Workers should be instructed to avoid taking public transit when leaving work due to illness, if practically possible.
 - If a worker cannot drive their personal vehicle or safely walk home, their supervisor/foreman, site superintendent, manager, and/or HR department should assist them in arranging alternate safe transportation.
 - Communicate their status, and who they were in contact with, to their supervisor/foreman, site superintendent, manager, and/or HR department (as applicable).
 - Stay at home and self-isolate as directed/instructed.
 - If employees develop potential symptoms of COVID-19 specifically, then instruct them to:
 - Promptly contact Manitoba Health Links-Info Santé at 204-788-8200 or 1-888-315-9257 (toll free).
 - Alternatively, the employee can go to the [Government of Manitoba](#) website to perform a self-assessment via the available [COVID-19 Screening Tool](#).
 - Report their symptoms; and
 - Follow instructions provided by the specific agency representative.
 - Instruct/require employees who are self-isolating to remain at home and not return to work until they:
 - Have completed at least 14 days of isolation (from when their symptoms appeared), or they are no longer symptomatic and have recovered (whichever period is *longer*);
 - Take a COVID-19 detection test for which the result is confirmed negative (as required by the regional health authority); and
 - If possible, obtain written medical clearance that they can safely return to work.
- NOTE:** If an employee is tested for COVID-19, and subsequently refuses to provide the test results (whether positive or negative), or proof of the test results, to their Employer, then the Employer must decide, per their implemented policies, what actions must be undertaken in order to safely allow that employee to return to work.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

3-2 GENERAL GUIDANCE FOR EMPLOYEES

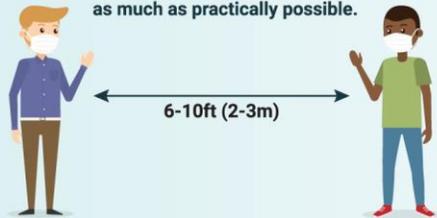
All individuals need to adhere to the following general preventative and precautionary measures at all times, both during work activities and outside work:

- Check the following websites regularly for updated information and directives:
 - [Public Health Agency of Canada \(PHAC\)](#).
 - [IPAC Canada](#).
 - [Government of Manitoba](#).
 - [Mechanical Contractors Association of Manitoba](#).
 - [Manitoba Building Trades](#).
 - Other trusted government sources (i.e. other provincial health agencies and centres for disease control).
- Maintain physical distancing protocols:
 - Remain a minimum of 2-3 metres (6-10 feet) from other people as much as practically possible.
 - If unable to maintain distancing, wear appropriate PPE (refer to PPE guidelines for specific workplace categories in **APPENDIX 1** to **APPENDIX 4**.) while in close proximity to other individuals.
NOTE: PPE must be selected based on the specific workplace conditions and required work tasks/activities, per prevailing/applicable safety regulations/code and each Employer's regulatory-required safety documentation.
 - Avoid physical contact with other people; no handshakes, fist or elbow bumps, etc.
 - Remain at home except for required work; telework where possible.
 - When performing site work, avoid (where practically possible):
 - Crowded (including public) areas.
 - Work areas with multiple individuals in a limited workspace.
 - Any other locations/areas where the ability to maintain physical distancing is, or may be, compromised.
 - Schedule any required movement through these areas for lower traffic or user periods (i.e. early or late in the day, or after business hours), where practically possible.
- Observe, understand and follow the preventative and precautionary measures and guidelines in the images below:

MANITOBA CONSTRUCTION INDUSTRY SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

PHYSICAL DISTANCING

Maintain physical ("social") distancing protocols as much as practically possible.



Avoid all physical contact with other people.



If unable to maintain distancing, wear appropriate PPE while in close proximity to others (refer to PPE guidelines for your specific workplace).



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GENERAL HYGIENE/DROPLET CONTROL



Wash hands frequently with soap and water for at least 20 seconds or use "approved" hand sanitizer or disinfectant wipes.

BEFORE



Eating, drinking or touching your face.

AFTER



Coughing, sneezing, blowing nose or using washroom.



Avoid touching face with unwashed hands or contaminated clothing/PPE.

Minimize unnecessary contact with items and surfaces, especially high touch surfaces at work (e.g. door handles, elevator call buttons, handrails, guard rails, countertops, etc.).



- Where practically possible, do not share tools, equipment, phones, pens etc.
- Where items must be shared, thoroughly and properly clean/disinfect before passing to another person, or returning to a shared storage space (e.g. tool cribs, kitchen cupboards etc.).



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SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

HAND WASHING GUIDELINES

1 Wet hands with warm water

2 Apply soap

3 For at least 20 seconds, make sure to wash:

- Palm and back of each hand
- Between fingers
- Under nails
- Thumbs

4 Rinse well

5 Dry hands well with paper towel

6 Turn off tap using paper towel

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VIRUS SYMPTOMS

TIREDNESS

FEVER

LOSS OF SENSE OF TASTE/SMELL

DRY COUGH

PNEUMONIA IN BOTH LUNGS

SHORTNESS OF BREATH

14 Symptoms may take up to 14 days to appear after initial exposure to the virus.

Infected individuals may not have obvious symptoms; mild cases may appear similar to a cold or flu.

If you develop symptoms consistent with COVID-19, you should:

- Promptly contact (remotely, i.e. phone, video/web consult, email etc.) your medical provider (e.g. physician) or call Manitoba Health Links-Info Santé at 204-788-8200 or 1-888-315-9257 (toll free)
- Alternatively, the employee can go to the Government of Manitoba website to perform a self-assessment via the available COVID-19 Screening Tool.
- Inform supervisor and/or human resources department of your status, and who you may have come into contact with.
- Do not enter into any walk-in clinic or healthcare facility (e.g. hospital), in order to minimize potential spread.

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MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

4-CLEANING & DISINFECTION, PERSONAL HYGIENE GUIDELINES

Proper cleaning/disinfection is a critical measure to prevent and minimize exposure to SARS-CoV-2/COVID-19.

4-1 DEFINITIONS

Cleaning:

- The physical removal of soiling, contamination (both visible and non-visible).
- Primarily removes, rather than destroys/deactivates, viruses.
- Accomplished with water, detergent or other cleaning solution, and friction/physical action from wipes, cloths, other cleaning tools, etc.

Disinfection:

- The destruction or deactivation of viruses (and other infectious agents) on a surface.
- Primarily achieved with chemical products (e.g. sodium hypochlorite, hydrogen peroxide, alcohols, quaternary ammonium compounds, ozone etc.)
- May also be achieved using short wavelength ultraviolet (UV) radiation or other means.
- Less effective when surfaces are not clean, as viruses may be hidden in/under or protected by soil/debris particles.

4-2 PERSONAL HYGIENE SUPPLIES

- Proper hand washing with soap and water (see *Section 3-2* above) should be the primary means of hand hygiene for all personnel.
- Use hand sanitizing solutions frequently between hand washing, when hand washing facilities or areas are unavailable or impractical.
 - Ensure proper “contact” or “dwell” time of sanitizing solutions on hands.
- Hand sanitizing solutions should be:
 - Minimum 70% alcohol, 0.5% to 5% hydrogen peroxide, or “approved” equivalent.

NOTE: Although select benzalkonium chloride-based products have been “approved” for use with, some research suggests they may be less consistently effective than alcohol- or hydrogen peroxide-based products.
- If hand sanitizing solutions are not available, “approved” disinfectant products (wipes or solutions) may be used instead, if safe to do so.

NOTES:

- It may not be safe to use select cleaning/disinfecting products on bare skin or near your eyes, nose, or mouth.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Always refer to the specific manufacturer specifications/instructions and the Safety Data Sheet (SDS) before using any “approved” disinfectant product for personal hygiene purposes.

4-3 CLEANING/DISINFECTING SURFACES, ITEMS, TOOLS, EQUIPMENT & MATERIALS

- Employers *must ensure all personnel* performing cleaning/disinfection are properly educated, trained, instructed and competent in proper methods, means, techniques.
- Remove (clean) visible soils, dust, debris, contamination from surfaces, items, tools, equipment and materials before disinfecting.
 - If available, use certified HEPA vacuum or use a vacuum equipped with a HEPA or “HEPA-like filter” (including a canister bag) to first remove any potentially contaminated dust or dry gross debris (if present) from all accessible parts of all tools/equipment.
 - Also consider using water, soap/detergent to remove other soils and visible contamination.
 - Perform secondary decontamination/cleaning:
 - Use “approved” disinfectant wipes or cloths soaked in “approved” disinfectant solution to thoroughly clean all accessible parts/surfaces of all tools/equipment.
 - If a HEPA vacuum of any type is not available to remove dust or dry gross debris, remove dust/gross debris using wipes/wet cloths, then repeat cleaning/disinfection step with second set of wipes/wet cloths.
 - Observe electrical safety precautions for electrically powered equipment.
 - Where possible (e.g. hand tools), place items directly in bucket of disinfectant solution to soak for appropriate contact time.
- Only use “approved” products listed in one of the following sources:
 - **Government of Canada, Health Canada:** [Hard-Surface Disinfectants and Hand Sanitizers \(COVID-19\): List of Hard-Surface Disinfectants.](#)
 - **US Environmental Protection Agency (EPA):** [List N: Disinfectants for Use Against SARS-CoV-2.](#)
- If commercial products per these sources are unavailable, the following may be used instead:
 - Sodium hypochlorite (bleach) solution, 5.25%.
 - Dilute 1:100 with water (makes ~500 parts per million (ppm) solution) for disinfecting most surfaces.
 - Dilute 1:50 for water (makes ~1,000 ppm solution) for disinfecting surfaces directly contaminated with bodily fluids/wastes.
 - Ensure surfaces to be disinfected are:
 - Thoroughly dampened.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Remain damp for at least 10 minutes after application (then perform cleaning).
 - Adjust dilutions accordingly if starting solution is of higher or lower concentration than 5.25%.
 - Prepare all diluted bleach solutions fresh and daily.
 - Only use on surfaces, items that will not be damaged/discoloured (or where discolouration is permissible).
- Follow all manufacturer specifications/instructions regarding safety, instructions for use and application, and the specific product's contact or "dwell" time.
- For soft/porous surfaces (e.g. carpets, upholstery, fabrics, coverings), use an "approved" hard surface disinfectant product appropriate for, and compatible with, the specific material, per the specific manufacturer's specifications/instructions.
- All tools, equipment, and reusable work items should be properly and thoroughly cleaned/disinfected:
 - At minimum, at the end of each shift they were used.
 - Before:
 - Removal from the work area/site.
 - Storage in a shared space (e.g. tool box/crib).
 - Transfer to another person (avoid this practice whenever practically possible).
- When cleaning/disinfecting tools/equipment:
 - Observe electrical safety precautions for electrically powered equipment.
 - Where possible (e.g. hand tools), place items directly in bucket of disinfectant solution to soak for appropriate contact/dwell time.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

5-GUIDANCE FOR PPE DECONTAMINATION, REMOVAL/DOFFING

5-1 PRECAUTIONS WHEN REMOVING PPE

- If available, use certified HEPA vacuum or use a vacuum equipped with a HEPA or “HEPA-like filter” (including a canister bag) to first remove any potentially contaminated dust or dry gross debris (if present) from suit (all potentially contaminated areas)..
- Remove any residual gross debris from clothing/PPE using “approved” disinfectant wipes or cloths soaked in “approved” disinfectant solution.
 - Alternatively, use misting bottle with “approved” disinfectant solution to mist PPE, and wipe with clean cloths.
- **FOLLOW** “Universal Precautions” for removing impermeable suits, gloves, booties etc.:
 - **ASSUME** all items are contaminated, specifically with biological agents (including SARS-CoV-2).
 - Avoid touching external surfaces with exposed skin or potentially contaminated PPE.
- **USE** inside-out removal methods for impermeable suits, gloves, booties:
 - Carefully turn items inside-out when removing, in order to keep potential contamination contained on external surfaces, to prevent cross-contamination.

NOTES:

- The techniques to properly and safely remove contaminated gloves is similar, but *is not quite the same* as for suits.
 - Employers must ensure workers receive proper education, training and instruction in selection, inspection, use, care and maintenance, including proper donning/doffing methods and techniques, before assigning and permitting use of any PPE.
- Clean/disinfect all external surfaces of respirator with “approved” disinfectant wipe.
 - **DISCARD** all non-reusable consumables; do not attempt to re-use.
NOTE: Once donned/used, items are assumed to be contaminated.
 - **PLACE** non-reusable consumables directly in sealable waste bag; do not place on any surface where cross-contamination may occur.

5-2 SEQUENCE OF DECONTAMINATION, REMOVAL/DOFFING

Decontamination, PPE removal, and required personal hygiene should be performed in the following order:

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

1. Tools, equipment etc. should be cleaned/disinfected first; PPE *should always* be the last items to be cleaned/disinfected (decontaminated) and removed.
2. Remove any gross dust, debris, other visible contamination from work clothing and PPE.
3. Remove any limb/body PPE being worn in the following order (following Universal Precautions and using inside-out methods):
 - a. Gloves.
 - b. Booties.
 - c. Impermeable suit and/or work coveralls (if worn).
4. Wash/sanitize hands and other exposed body parts.
5. Remove and clean/disinfect any protective eyewear worn.
6. If wearing a respirator:
 - a. Clean/disinfect exterior surfaces.
 - b. Filters:
 - i. If using hard case filters, completely cover/seal filter air inlets with duct/tuck tape, then remove from respirator.
 - ii. If using soft (“pancake”) filters:
 1. Don fresh pair of impermeable gloves.
 2. Carefully, without shaking or disturbing the filter as much as possible, remove filters from respirator.
 3. Place directly into proper waste container.
 - c. Remove respirator.
 - d. Re-wash or sanitize hands and any other exposed body parts.
 - e. Ensure removed filters (if reusing) are properly and completely sealed prior storing in clean sealable bag.
 - f. Clean/disinfect inside and outside of respirator (using separate wipes/cloths), allow to air dry, then store in clean, sealable bag separate from filters.

NOTES:

- Soft filters cannot be properly decontaminated (cleaned/disinfected) and sealed due to their design and the type of filtering media.
- If reuse of soft filters cannot be avoided, Employers must have a Qualified Person develop specific and necessary protocols/procedures regarding safe donning/doffing, sealing, and reuse, and any other additional required personal hygiene steps.

4. Remove gloves using Universal Precautions, re-wash/sanitize hands.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

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MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

APPENDIX 1: WORKSITE-SPECIFIC GUIDELINES – NEW CONSTRUCTION

A1-1 WORKPLACE CONFIGURATION/ORGANIZATION

- Place hand sanitizer stations at strategic points throughout the worksite:
 - Site entrances and exits.
 - High-traffic areas, such as but not limited to:
 - Stairway entrances/exits, landings.
 - Interior doorways/portals.
 - Elevator/hoist portals (including interior of cab).
 - Site trailer doorways.
 - Kitchens, break/lunch areas.
 - Field plan tables.
 - Tool boxes/cribs.
 - Potable water/drinking container stations.
 - Post signage clearly indicating sanitizer locations, and provide written instructions regarding the requirement for frequent use throughout site.

- Wherever practically possible, ensure all washrooms, break/lunch areas, kitchens and other washing facilities/areas are equipped with:
 - Hot and cold running water.
 - Soap.
 - Disposable paper towels.
 - Garbage/waste receptacles:
 - Immediately at sinks; and
 - Immediately at doorway/exits.

NOTE: Ensure, wherever possible, workers and all other individuals **DO NOT** use any air drying equipment to dry their hands after washing. Consider:

 - Removing air drying equipment, or at least de-energizing and locking out the equipment; and
 - Posting warning signage on the equipment, if not removed, indicating **“DO NOT USE TO DRY HANDS.”**

- Where it is not possible to avoid sharing common areas with multiple people (e.g. lunch/break rooms, safety briefing areas, site/area entrances and exits etc.):
 - Arrange/stagger schedules to minimize the number of people sharing, or passing through, shared spaces simultaneously.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Repurpose/designate additional areas to increase the available space for distancing.
- Mark out (with tape, spray paint, signage etc.) 2-3 metre (6-10 foot) separation areas for personnel.
- Remove, relocate chairs and tables to enforce distancing.

A1-2 WORKPLACE HYGIENE

- Develop a regular cleaning/disinfecting schedule, for example:
 - Daily (prior to shift start, multiple times in a given shift);
 - Weekly;
 - Monthly etc.
- Assign educated, trained, instructed and competent personnel to perform cleaning/disinfecting.
- Qualified/competent personnel thoroughly and properly clean/disinfect areas, including but not limited to:
 - High-traffic and shared spaces, e.g.:
 - Kitchens, lunch/break areas.
 - Meeting spaces (e.g. safety briefings, toolbox talks etc.).
 - Washrooms, portable toilets, and other hygiene facilities etc.
 - High touch/contact surfaces, for example:
 - Door handles.
 - Hand rails or guardrails, grab bars.
 - Light switches.
 - Coffee machines.
 - Microwave doors, handles.
 - Refrigerator doors, handles.
 - Hoist controls.
 - Elevator/lift buttons.
 - Vehicle, mobile equipment controls.
 - Vehicle fuel/lubricant caps.
 - Tool box/crib lids etc.
 - Personal office/work spaces.
- Create and post cleaning/disinfecting schedules and checklists; ensure and monitor use by all personnel.
 - Ensure written quality assurance/control due diligence checklists are in place to provide proof and assurance that regular cleaning/disinfecting is being performed.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

A1-3 PPE

Safety Eyewear:

- Where not already required, some acceptable/approved form of safety eyewear should be worn at all times at the workplace, which achieves the following:
 - Protects the eyes from potential airborne droplets containing the virus (or other biological hazards).
 - Prevents or minimizes touching of the eyes and/or face with potentially contaminated hands, clothing or PPE.
 - **NOTE:** While it is currently unclear whether it is possible to become infected by SARS-CoV-2 directly via exposure to the eyes and surrounding membranes, precautions should be taken to protect against this route of transmission *as a best practice*.
 - Protects the eyes from other, potential physical and/or chemical hazards that may be present.
- Safety eyewear must be selected based on the exposure hazards/risks identified for the specific work location and work tasks/activities being performed; acceptable examples include (but are not limited to):
 - At minimum:
 - Safety glasses or goggles.
 - For hot work tasks (welding, torching, cutting, grinding etc.):
 - UV-filtered welding glasses, goggles, or helmet.
 - Where sustained close contact/proximity (less than 2 metres (6 feet) for more than one (1) minute) with co-workers or other individuals is required:
 - Full face protection, for example:
 - Safety or welding glasses/goggles plus full-face shield.
 - Welding helmet.
 - Full facepiece air-purifying respirator (APR).
- Workers who require prescription eyewear must:
 - Be provided with appropriate/approved protective eyewear, that is either:
 - Prescription; or
 - Designed to safely and properly fit over regular prescription eyewear.
 - If using prescription protective eyewear, properly decontaminate (clean/disinfect) it before wearing it outside the work area, per the Employer's established policies, standards and practices.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

Respiratory Protection:

Non-approved respirators:

CRITICAL NOTES:

- Non-medical masks/personal respiratory coverings (“NMM/PRC”) **ARE NOT** “approved respirators.”
 - An “approved respirator” (regarding N95, P100 or similar respirator) is one that has undergone rigorous testing regarding the specific respirator’s (by brand, model) filtration efficiency.
 - Approved respirators must meet strict testing criteria and be certified, as required by various government agencies (e.g. US National Institute for Occupational Safety and Health (NIOSH)).
 - Additional, example resources regarding NIOSH-approved respirators can be found below (note the information present on these websites are up to date of this publication).
 - **Centers for Disease Control and Prevention: The National Personal Protective Technology Laboratory (NPPTL):**
 - Respirator Trusted-Source Information.
 - [NIOSH-Approved N95 Particulate Filtering Facepiece Respirators.](#)
- These types of masks or coverings have the following limitations:
 - **DOES NOT** meaningfully provide, and **IS NOT INTENDED** to provide, protection for the wearer from airborne droplets or any other chemical, biological or physical hazard.
 - Its only function is to **REDUCE** respiratory droplet spread from the wearer to nearby individuals and the surrounding work environment.
 - **MUST NOT** be relied on as the sole means of preventing the spread of contamination or infection.
 - Only functions effectively when used in conjunction with all other practically available preventative and precautionary measures, controls and means.
 - Is only as effective as the personal hygiene and donning/doffing protocols followed by the wearer.

Regarding use of NMM/PRCs:

- A recent (April 6, 2020) update from the Public Health Agency of Canada, based on ongoing research and evaluation of effective preventative and precautionary measures, now

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

recommends the wearing of an NMM/PRC as an additional means of minimizing the spread of SARS-CoV-2/COVID-19, under certain circumstances.

- While this is nonmandatory in Canada, the group has adopted this recommendation for all contractors and work sites.
 - As of the date of this publication, all persons (workers, visitors, consultants, vendors etc.) should wear an NMM/PRC at all times while present on any construction site, except when:
 - Wearing a higher level of respiratory protection (as required by their specific work tasks/activities and other known/anticipated respiratory hazards);
 - Eating and drinking;
 - Working alone in a non-shared office work space (i.e. private office); or
 - Otherwise required for overriding safety or medical reasons.
 - Working alone in a non-shared office work space (i.e. private office); or
 - Otherwise required for overriding safety or medical reasons.
- The size, shape, design, and construction of the NMM/PRC must:
 - Permit full coverage of the wearer's nose and mouth.
 - Be able to remain securely in place while the wearer conducts any required work tasks, without being held by the wearer's hands (e.g. by adjustable or elastic straps, or wrapping completely around the face and head).
 - Not pose a hazard to the wearer or other workers, e.g. entanglement, air flow restriction, etc.
 - Allow reasonably clear and effective verbal communication while worn.
 - Not be equipped with an exhalation valve.
 - Adhere to all legislative and regulatory requirements, and all Employer- and work site-specific policies, regarding appropriate appearance/decoration (i.e. no offensive images or wording).
- An NMM/PRC may be:
 - Home-made or commercially purchased.
 - Made of any suitable materials (e.g. cotton, linen, or other fabrics) which can meet the above requirements.
 - Washable, or disposable.
- Individuals wearing an NMM/PRC must:
 - Maintain it so that it is clean and does not pose a health risk to themselves (or others).
 - Follow all appropriate personal hygiene, donning and doffing protocols (use "Universal Precautions").
 - Dispose of it into a proper waste container after each use, if not re-usable or washable.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Continue to follow all other implemented preventative and precautionary measures, controls and means (i.e. physical distancing, hand washing, etc.)

Approved respirators:

- When specific work tasks, activities, or operations make prolonged close contact/proximity (i.e. less than 2 metres (6 feet), for more one (1) minute), workers should wear a half facepiece elastomeric air purifying respirator (APR) with P100 hard-case filters.
 - **NOTE:** Supplies of N95 respirators are limited, and urgently needed by frontline healthcare workers. Therefore, it is recommended, per industry-accepted standards and practices, to use alternate, equivalent (or higher) respirators (i.e. reusable elastomeric) wherever practically possible.
- Full facepiece elastomeric APR, or powered APR (PAPR) (tight-fitting full facepiece, helmet, or hood-type) with P100 hard-case filters may also be used if available.
 - **NOTE:** These respirator types cover the entire face, and would not require additional protective eyewear for protection from SARS-CoV-2 contaminated droplets.
- When selecting filters:
 - Where practically possible, hard-case type filters should be used, to minimize waste of respirator filter stocks.
 - Hard-case filters can be cleaned/decontaminated (on their exterior surfaces), sealed, and safely stored for re-use.
 - Soft-type (“pancake”) filters require additional, specific safe work practices and procedures for safe re-use, due to potential cross-contamination while handling after use.
 - Filtering facepiece (“dust mask”) respirators cannot be safely re-used at present.
 - Means, methods, protocols and technology to safely and reliably disinfect disposable respirators without compromising their filtration effectiveness, while currently under development, has not yet been approved for use or sale, as of the date of this publication.
 - P100-rated filters are preferred.
 - If P100 filters are not available, any particulate filter of at least N95 (approved) rating will also provide adequate protection from airborne droplets.
 - Where other non-particulate respiratory hazards may be present (e.g. organic vapours, acid gasses etc.), a combination filter/cartridge, with a P100 particulate filter and a chemical adsorbent media appropriate to the specific hazard, should be used.
 - Please refer to specific manufacturer’s guide for proper filter/cartridge selection; for example:
 - [North/Honeywell Cartridge and Filter Reference Chart](#)

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- [3M Cartridge and Filter Guide](#)
- Where other head/face protection (e.g. welding helmet, face shield etc.) may interfere with respirators, use appropriate accessories (e.g. “snorkel” attachment for respirator) to minimize interference.

Hand Protection:

- Impermeable nitrile gloves (minimum 5-mil thickness) should be worn whenever possible:
 - Over bare hands; and
 - Underneath any other required hand protection (leather work gloves, cut- or vibration-resistant gloves, welding gauntlets etc.) required for the specific tasks.

Other Limb/Body Protection:

- Other specific limb/body protection (for SARS-CoV-2) is not likely required for routine work tasks, activities and operations on new construction sites.
- Regular work clothing and boots may be worn when a higher level of protection (from other identified physical, chemical or biological hazards/risks) is not required.
- Workers should maintain their work clothing as clean as practically possible, and launder items regularly.
- When physical distancing cannot be maintained during work tasks/activities, workers should launder work clothing after each shift where practically possible.
- Regarding personal laundering of work clothing:
 - Ensure clean set of clothes and shoes is present on site to change into.
 - Follow proper decontamination/personal hygiene when removing work clothing.
 - **DO NOT** enter into vehicles or other transit areas with “dirty,” potentially contaminated work clothing.
 - Carefully place work clothing in sealable bag. Place work boots in separate bag.
 - If the bag is reusable and can be washed, it also should be laundered.
 - If the bag is not reusable, promptly discard into appropriate waste container after placing clothing in washing machine.
 - Regarding work boots, leave them outside your place of residence, if possible.
 - Keep sealed in bag.
 - Promptly take sealed bag with work clothing directly to washing machine.
 - Run a hot and/or sanitization cycle on the washing machine.
 - Subsequent to washing, place work clothing in dryer and run on highest heat/drying cycle.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

APPENDIX 2: WORKSITE-SPECIFIC GUIDELINES – EXISTING COMMERCIAL, OFFICE, INDUSTRIAL, AND NON-HEALTHCARE COMMUNITY SPACES

A2-1 PRE-WORK CONSIDERATIONS

It is critical to have a full understanding and comprehension of the hazards and risks at worksites at all times. This is especially important during the current pandemic; the risks regarding SARS-CoV-2/COVID-19 must be anticipated, identified, considered and determined prior to deploying to any customer location to perform any construction or contracting work.

Contractors should ask their clients multiple questions, such as but not limited to the following, prior to deploying to any worksite:

- Are there any individuals with presumed or confirmed COVID-19 present?
- Have there been any suspected or confirmed exposures to COVID-19 cases at the site?
- Where are/were these individuals in the building, and what measures were undertaken, or are being undertaken, regarding isolation, cleaning/disinfection, etc.?
- Where is the mechanical work to be performed in relation to these areas?
- Do you have any specific requirements, policies or protocols for contractors at this site, and if so, what are they?

Before starting work, contractors must conduct a risk assessment that considers the following:

- **WHERE** am I working?
 - Workplace, building, facility, premises
- **WHEN** do I need to work?
 - Regular day, night, weekends?
- **WHO** are the occupants?
 - Type(s) of occupants. Still present? Could be present? Could enter and be present?
- **WHAT** are the COVID-19 hazards/risks?
 - Anyone potentially infected with COVID-19?
- **WHAT** am I doing, need to do?
 - Clean/disinfect, perform my “regular” job.
- **HOW** will I do my work?
 - Means, methods, techniques, procedures, protocols.
- **WHAT** additional measures do I need to do my work safely?
 - Protective tools, equipment, materials.
- **HOW** will I decontaminate myself, others?

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Means, methods, techniques, procedures, protocols.
- Protective tools, equipment, materials.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

A2-2 WORKSITE ORGANIZATION, HYGIENE

- Ensure hand sanitizer solutions or other “approved for use” disinfectant products appropriate for personal hygiene are freely available to all workers.
 - Where possible, place hand sanitizer stations at strategic points throughout the worksite:
 - Site entrances and exits.
 - High-traffic areas, such as but not limited to:
 - Stairway entrances/exits, landings.
 - Interior doorways/portals.
 - Elevator/hoist portals (including interior of cab).
 - Site trailer doorways.
 - Kitchens, break/lunch areas.
 - Field plan tables.
 - Tool boxes/cribs.
 - Potable water/drinking container stations.
 - Post signage clearly indicating sanitizer locations, and provide written instructions regarding the requirement for frequent use throughout site.
 - Wherever practically possible, ensure all washrooms, break/lunch areas, kitchens and other washing facilities/areas are equipped with:
 - Hot and cold running water.
 - Soap.
 - Disposable paper towels.
 - Garbage/waste receptacles:
 - Immediately at sinks; and
 - Immediately at doorway/exits.
- NOTE:** Ensure, wherever possible, workers and all other individuals **DO NOT** use any air drying equipment to dry their hands after washing. Consider:
- Removing air drying equipment, or at least de-energizing and locking out the equipment; and
 - Posting warning signage on the equipment, if not removed, indicating **“DO NOT USE TO DRY HANDS.”**
- Where it is not possible to avoid sharing common areas with multiple people (e.g. lunch/break rooms, safety briefing areas, site/area entrances and exits etc.):
 - Arrange/stagger schedules to minimize the number of people sharing, or passing through, shared spaces simultaneously.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Repurpose/designate additional areas to increase the available space for distancing.
- Mark out (with tape, spray paint, signage etc.) 2-3 metre (6-10 foot) separation areas for personnel.
- Remove, relocate chairs and tables to enforce distancing.

- Clean/disinfect areas, surfaces before first use on each work shift, at least twice daily, or more frequently as required (i.e. after use):
 - High-traffic and shared spaces, for example:
 - Kitchens, lunch/break areas.
 - Meeting spaces/areas.
 - Washrooms, portable toilets, and/or other hygiene facilities.
 - High-touch surfaces, for example:
 - Door handles.
 - Hand rails or guardrails, grab bars.
 - Light switches.
 - Coffee machines.
 - Microwave doors, handles.
 - Refrigerator doors, handles.
 - Elevator/lift buttons.
 - Photocopiers and other shared electronics etc.
 - Personal office/work spaces.

- Instruct all office personnel to:
 - Properly clean/disinfect their personal work spaces before leaving work, at minimum.
 - Take all personal belongings, including electronics (cleaned/disinfected), home each day.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

A2-3 PPE

- Where not already required, some acceptable/approved form of safety eyewear should be worn at all times at the workplace, which achieves the following:
 - Protects the eyes from potential airborne droplets containing the virus (or other biological hazards).
 - Prevents or minimizes touching of the eyes and/or face with potentially contaminated hands, clothing or PPE.
 - **NOTE:** While it is currently unclear whether it is possible to become infected by SARS-CoV-2 directly via exposure to the eyes and surrounding membranes, precautions should be taken to protect against this route of transmission as a best practice.
 - Protects the eyes from other, potential physical and/or chemical hazards that may be present.
- Safety eyewear must be selected based on the exposure hazards/risks identified for the specific work location and work tasks/activities being performed; acceptable examples include (but are not limited to):
 - At minimum:
 - Safety glasses or goggles.
 - For hot work tasks (welding, torching, cutting, grinding etc.):
 - UV-filtered welding glasses, goggles, or helmet.
 - Where sustained close contact/proximity (less than 2 metres (6 feet) for more than 5 minutes consecutively) with co-workers or other individuals is required:
 - Full face protection, for example:
 - Safety or welding glasses/goggles plus full-face shield.
 - Welding helmet.
 - Full facepiece air-purifying respirator (APR).
- Workers who require prescription eyewear must:
 - Be provided with appropriate/approved protective eyewear, that is either:
 - Prescription; or
 - Designed to safely and properly fit over regular prescription eyewear.
 - If using prescription protective eyewear, properly decontaminate (clean/disinfect) it before wearing it outside the work area, per the Employer's established policies, standards and practices.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

Respiratory Protection:

Non-approved respirators:

CRITICAL NOTES:

- Non-medical masks/personal respiratory coverings (“NMM/PRC”) **ARE NOT** “approved respirators.”
 - An “approved respirator” (regarding N95, P100 or similar respirator) is one that has undergone rigorous testing regarding the specific respirator’s (by brand, model) filtration efficiency.
 - Approved respirators must meet strict testing criteria and be certified, as required by various government agencies (e.g. US National Institute for Occupational Safety and Health (NIOSH)).
 - Additional, example resources regarding NIOSH-approved respirators can be found below (note the information present on these websites are up to date of this publication).
 - **Centers for Disease Control and Prevention: The National Personal Protective Technology Laboratory (NPPTL):**
 - Respirator Trusted-Source Information.
 - [NIOSH-Approved N95 Particulate Filtering Facepiece Respirators.](#)
- These types of masks or coverings have the following limitations:
 - **DOES NOT** meaningfully provide, and **IS NOT INTENDED** to provide, protection for the wearer from airborne droplets or any other chemical, biological or physical hazard.
 - Its only function is to **REDUCE** respiratory droplet spread from the wearer to nearby individuals and the surrounding work environment.
 - **MUST NOT** be relied on as the sole means of preventing the spread of contamination or infection.
 - Only functions effectively when used in conjunction with all other practically available preventative and precautionary measures, controls and means.
 - Is only as effective as the personal hygiene and donning/doffing protocols followed by the wearer.

Regarding use of NMM/PRCs:

- A recent (April 6, 2020) update from the Public Health Agency of Canada, based on ongoing research and evaluation of effective preventative and precautionary measures, now

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

recommends the wearing of an NMM/PRC as an additional means of minimizing the spread of SARS-CoV-2/COVID-19, under certain circumstances.

- While this is nonmandatory in Canada, the group has adopted this recommendation for all contractors and work sites.
 - As of the date of this publication, all contractors should wear an NMM/PRC at all times when on worksites:
 - Located at/within an existing commercial, office, industrial, or non-healthcare public building or facility; or
 - Any other non-healthcare facility worksite that is not owned by, or under the direct control of, the contractor.
 - Contractors may only remove their NMM/PRC when:
 - Wearing a higher level of respiratory protection (as required by their specific work tasks/activities and other known/anticipated respiratory hazards);
 - Eating and drinking; or
 - Otherwise required for overriding safety or medical reasons.
- The size, shape, design, and construction of the NMM/PRC must:
 - Permit full coverage of the wearer's nose and mouth.
 - Be able to remain securely in place while the wearer conducts any required work tasks, without being held by the wearer's hands (e.g. by adjustable or elastic straps, or wrapping completely around the face and head).
 - Not pose a hazard to the wearer or other workers, e.g. entanglement, air flow restriction, etc.
 - Allow reasonably clear and effective verbal communication while worn.
 - Not be equipped with an exhalation valve.
 - Adhere to all legislative and regulatory requirements, and all Employer- and work site-specific policies, regarding appropriate appearance/decoration (i.e. no offensive images or wording).
- An NMM/PRC may be:
 - Home-made or commercially purchased.
 - Made of any suitable materials (e.g. cotton, linen, or other fabrics) which can meet the above requirements.
 - Washable, or disposable.
- Individuals wearing an NMM/PRC must:
 - Maintain it so that it is clean and does not pose a health risk to themselves (or others).
 - Follow all appropriate personal hygiene, donning and doffing protocols (use "Universal Precautions").
 - Dispose of it into a proper waste container after each use, if not re-usable or washable.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Continue to follow all other implemented preventative and precautionary measures, controls and means (i.e. physical distancing, hand washing, etc.)

Approved respirators:

- Workers must wear a higher level of respiratory protection whenever:
 - Physical/work distancing cannot be practically maintained; and/or
 - When working in higher risk areas.
- The recommended type of respiratory protection is a half facepiece elastomeric air purifying respirator (APR) with P100 hard-case filters.
 - **NOTE:** Supplies of N95 respirators are limited, and urgently needed by frontline healthcare workers. Therefore, it is recommended, per industry-accepted standards and practices, to use alternate, equivalent (or higher) respirators (i.e. reusable elastomeric) wherever practically possible.
- Full facepiece elastomeric APR, or powered APR (PAPR) (tight-fitting full facepiece, helmet, or hood-type) with P100 hard-case filters may also be used if available.
 - **NOTE:** These respirator types cover the entire face, and would not require additional protective eyewear for protection from SARS-CoV-2 contaminated droplets.
- When selecting filters:
 - Where practically possible, hard-case type filters should be used, to minimize waste of respirator filter stocks.
 - Hard-case filters can be cleaned/decontaminated (on their exterior surfaces), sealed, and safely stored for re-use.
 - Soft-type (“pancake”) filters require additional, specific safe work practices and procedures for safe re-use, due to potential cross-contamination while handling after use.
 - Filtering facepiece (“dust mask”) respirators cannot be safely re-used at present.
 - Means, methods, protocols and technology to safely and reliably disinfect disposable respirators without compromising their filtration effectiveness, while currently under development, has not yet been approved for use or sale, as of the date of this publication.
 - P100-rated filters are preferred.
 - If P100 filters are not available, any particulate filter of at least N95 rating will also provide adequate protection from airborne droplets.
 - Where other non-particulate respiratory hazards may be present (e.g. organic vapours, acid gasses etc.), a combination filter/cartridge, with a P100 particulate filter and a chemical adsorbent media appropriate to the specific hazard, should be used.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Please refer to specific manufacturer's guide for proper filter/cartridge selection; for example:
 - [North/Honeywell Cartridge and Filter Reference Chart](#)
 - [3M Cartridge and Filter Guide](#)
- Where other head/face protection (e.g. welding helmet, face shield etc.) may interfere with respirators, use appropriate accessories (e.g. "snorkel" attachment for respirator) to minimize interference.

Limb/Body Protection:

- Impermeable nitrile gloves (minimum 5-mil thickness) should be worn whenever possible:
 - Over bare hands; and
 - Underneath any other required hand protection (leather work gloves, cut- or vibration-resistant gloves, welding gauntlets etc.)
- Impermeable suits (e.g. fluopolymer or similar, equivalent material).
 - Don/wear when working in:
 - Higher risk areas;
 - The direct air pathway of HVAC- or other ventilation-related airflows (positive or negative pressure) to or from higher risk areas; or
 - Areas where there is risk of contact with sanitary materials (e.g. sewage).
 - Ensure suits are flame resistant (FR)-rated if conducting hot work tasks (e.g. welding, cutting, torching).
 - Alternatively, if required, FR coveralls and hood may be worn over impermeable suits.
 - Coveralls worn in these scenarios must be removed, placed in a sealable bag, and laundered with regular detergent and hot water between each use (wear impermeable gloves when handling soiled clothing) (see below laundering recommendations).
 - Ensure suits have hoodie where a risk of contaminated droplets, dust/debris falling onto head (e.g. from opened ceiling tile/hatch, HVAC duct interior etc.) is identified.
- Regular work clothing.
 - May be worn when:
 - Not working in the areas, or with the identified hazards/risks outlined above for impermeable suits; and
 - When a higher level of protection (from other identified physical, chemical or biological hazards/risks) *is not required*.
 - Workers should maintain their work clothing as clean as practically possible, and launder items regularly.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- When physical distancing cannot be maintained during work tasks/activities, workers should launder work clothing after each shift where practically possible.
- Regarding personal laundering of work clothing:
 - Ensure clean set of clothes and shoes is present on site to change into.
 - Follow proper decontamination/personal hygiene when removing work clothing.
 - **DO NOT** enter into vehicles or other transit areas with “dirty,” potentially contaminated work clothing.
 - Carefully place work clothing in sealable bag. Place work boots in separate bag.
 - If the bag is reusable and can be washed, it also should be laundered.
 - If the bag is not reusable, promptly discard into appropriate waste container after placing clothing in washing machine.
 - Regarding work boots, leave them outside your place of residence, if possible.
 - Keep sealed in bag.
 - Promptly take sealed bag with work clothing directly to washing machine.
 - Run a hot and/or sanitization cycle on the washing machine.
 - Subsequent to washing, place work clothing in dryer and run on highest heat/drying cycle.

Safety Footwear:

- Laceless rubber boots for work regarding sanitary systems.
- Regular safety boots with disposable booties for other areas.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

APPENDIX 3: WORKSITE-SPECIFIC GUIDELINES – COMPANY OFFICES

A3-1 GENERAL OFFICE GUIDELINES

All employees should work remotely (telework) whenever practically possible. When employees must be physically present in an office setting, the following should be adhered to:

- Minimize the number of people present at any one time.
 - Where possible, create rotating schedules or office hours.
 - Maintain physical/work distancing as much as practically possible.
 - Wear appropriate PPE (see **Section A3-2** below) when distancing cannot be maintained.
 - Place hand sanitizer stations at strategic points throughout the office, building, facility, or premises:
 - Entrances and exits.
 - High-traffic areas, such as but not limited to:
 - Stairway entrances/exits, landings.
 - Kitchens, break/lunch areas.
 - Elevators: outside and interior of cabs.
 - Lobbies/foyers.
 - Reception areas etc.
 - Post signage clearly indicating sanitizer locations, and provide written instructions regarding the requirement for frequent use throughout the premises.
 - Ensure all washrooms, break/lunch areas, kitchens are equipped with:
 - Hot and cold running water.
 - Soap.
 - Disposable paper towels.
 - Garbage/waste receptacles:
 - Immediately at sinks; and
 - Immediately at doorway/exits.
- NOTE: AVOID USING** any air drying equipment to dry your hands after washing.
- Where it is not possible to avoid sharing common areas with multiple people (e.g. lunch/break rooms, elevators, entrances and exits etc.):
 - Arrange/stagger schedules to minimize the number of people sharing, or passing through, shared spaces simultaneously.
 - Repurpose/designate additional areas to increase the available space for distancing.
 - Mark out (with tape, ropes/barriers, signage etc.) 2-3 metre (6-10 foot) separation areas for personnel.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Remove, relocate chairs and tables to enforce distancing.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

A3-2 OFFICE HYGIENE

- Clean/disinfect areas, surfaces before first use on each work shift, at least twice daily, or more frequently as required (i.e. after use):
 - High-traffic and shared spaces, for example”
 - Kitchens, lunch/break areas.
 - Meeting spaces.
 - Washrooms and other hygiene facilities.
 - High-touch surfaces, for example:
 - Door handles.
 - Hand rails or guardrails, grab bars.
 - Light switches.
 - Coffee machines.
 - Microwave doors, handles.
 - Refrigerator doors, handles.
 - Elevator/lift buttons.
 - Photocopiers and other shared electronics.
 - Personal office/work spaces.
- Create and post cleaning/disinfecting schedules and checklists; ensure and monitor use by all personnel.
 - Ensure written quality assurance/control due diligence checklists are in place to provide proof and assurance that regular cleaning/disinfecting is being performed
- Instruct all office personnel to:
 - Properly clean/disinfect their personal work spaces before leaving work, at minimum.
 - Take all personal belongings, including electronics (cleaned/disinfected), home each day.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

A3-3 PPE

Safety Eyewear:

- Safety eyewear is not required in a controlled office setting under most circumstances.
- Wearing of full-face shields should be considered for times when physical distancing cannot be practically maintained (e.g. unavoidable meetings where physical space is limited).

Respiratory Protection:

Non-approved respirators:

CRITICAL NOTES:

- Non-medical masks/personal respiratory coverings (“NMM/PRC”) **ARE NOT** “approved respirators.”
 - An “approved respirator” (regarding N95, P100 or similar respirator) is one that has undergone rigorous testing regarding the specific respirator’s (by brand, model) filtration efficiency.
 - Approved respirators must meet strict testing criteria and be certified, as required by various government agencies (e.g. US National Institute for Occupational Safety and Health (NIOSH)).
 - Additional, example resources regarding NIOSH-approved respirators can be found below (note the information present on these websites are up to date of this publication).
 - **Centers for Disease Control and Prevention: The National Personal Protective Technology Laboratory (NPPTL):**
 - Respirator Trusted-Source Information.
 - [NIOSH-Approved N95 Particulate Filtering Facepiece Respirators.](#)
- These types of masks or coverings have the following limitations:
 - **DOES NOT** meaningfully provide, and **IS NOT INTENDED** to provide, protection for the wearer from airborne droplets or any other chemical, biological or physical hazard.
 - Its only function is to **REDUCE** respiratory droplet spread from the wearer to nearby individuals and the surrounding work environment.
 - **MUST NOT** be relied on as the sole means of preventing the spread of contamination or infection.

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Only functions effectively when used in conjunction with all other practically available preventative and precautionary measures, controls and means.
- Is only as effective as the personal hygiene and donning/doffing protocols followed by the wearer.

Regarding use of NMM/PRCs:

- A recent (April 6, 2020) update from the Public Health Agency of Canada, based on ongoing research and evaluation of effective preventative and precautionary measures, now recommends the wearing of an NMM/PRC as an additional means of minimizing the spread of SARS-CoV-2/COVID-19, under certain circumstances.
- While this is nonmandatory in Canada, the group has adopted this recommendation for all contractors and work sites.
 - As of the date of this publication, all office workers are encouraged to wear an NMM/PRC in shared or public areas at work, except when:
 - Eating and drinking;
 - Working alone in a non-shared space (e.g. private office personal cubicle); or
 - Otherwise required for overriding safety or medical reasons.
- The size, shape, design, and construction of the NMM/PRC must:
 - Permit full coverage of the wearer's nose and mouth.
 - Be able to remain securely in place while the wearer conducts any required work tasks, without being held by the wearer's hands (e.g. by adjustable or elastic straps, or wrapping completely around the face and head).
 - Not pose a hazard to the wearer or other workers, e.g. entanglement, air flow restriction, etc.
 - Allow reasonably clear and effective verbal communication while worn.
 - Not be equipped with an exhalation valve.
 - Adhere to all legislative and regulatory requirements, and all Employer- and work site-specific policies, regarding appropriate appearance/decoration (i.e. no offensive images or wording).
- An NMM/PRC may be:
 - Home-made or commercially purchased.
 - Made of any suitable materials (e.g. cotton, linen, or other fabrics) which can meet the above requirements.
 - Washable, or disposable.
- Individuals wearing an NMM/PRC must:
 - Maintain it so that it is clean and does not pose a health risk to themselves (or others).

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

- Follow all appropriate personal hygiene, donning and doffing protocols (use “Universal Precautions”).
- Dispose of it into a proper waste container after each use, if not re-usable or washable.
- Continue to follow all other implemented preventative and precautionary measures, controls and means (i.e. physical distancing, hand washing, etc.)

MANITOBA CONSTRUCTION INDUSTRY

SARS-CoV-2/COVID-19 SAFETY GUIDANCE DOCUMENT

APPENDIX 4: WORKSITE-SPECIFIC GUIDELINES – HEALTHCARE FACILITIES (HCFs)

Contractors performing work in HCFs should follow all guidelines listed in *APPENDIX 2*, in addition to the HCF-specific guidelines listed below.

Note that unless specifically determined otherwise by a Qualified Person, all operating HCFs, and work areas within them, should be considered higher risk work areas, for the purposes of selecting/assigning appropriate PPE and all other preventative and precautionary measures, controls and means.

A4-1 PRE-WORK CONSIDERATIONS

Contractors must contact the specific HCF they will be working at, and confirm that HCF's specific policies and requirements for contractor work during the pandemic. Contractors *must follow all* HCF policies, standards, requirements, protocols, and directions, where they exceed the recommendations of this guidance document.

A4-2 HCF WORKSITE CONSIDERATIONS

Certified HEPA vacuums *must be used* to control dry dust, debris when working in HCFs, per the requirements of CSA Standard Z317.13-17 *Infection Control During Construction, Renovation or Maintenance of Health Care Facilities*.

Certified HEPA vacuums are specialized vacuum cleaners that:

- Contain a rated (as properly tested), effective HEPA filter;
- Are designed, constructed and sealed so that 100% of the potentially-contaminated exhaust air passes through the HEPA filter; and
- Are capable of being reliably, successfully, and repeatably performance leak tested using dioctyl phthalate (DOP) or polyalphaolefins (PAO).

HEPA vacuums *should not* be used:

- To clean tools, equipment, materials, PPE after working on/with sanitary systems.
- To clean or remove liquids, wet or damp debris.

HEPA vacuums used in HCFs must be DOP/PAO performance leak tested and certified within the last 12 months.