



COVID-19 WATERFRONT INDUSTRY PROTOCOLS

March 31, 2020

This is a guidance document and is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are without prejudice, advisory in nature, informational in content, and are intended to assist BCMEA members in providing a safe and healthy workplace. Members should integrate these recommendations into their normal terminal protocols for developing their standard operating procedures.

We thank the many safety and operations professionals who work on the waterfront who provided feedback for this document. We are united in the fight against COVID-19.

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Introduction

To reduce the spread and impact of the COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all members to plan now for COVID-19. For members who have already planned for influenza pandemics, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2, which will be hereafter called COVID-19.

Members less prepared for pandemic events should prepare themselves and their workers now for potentially worsening outbreak conditions. A lack of continuity planning can result in a cascade of failures as members attempt to address challenges of COVID-19, with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

This COVID-19 planning guidance is based on traditional infection prevention and industrial hygiene practices. It focuses on the need for members to implement engineering, administrative, work practice controls and personal protective equipment (PPE), as well as the considerations for doing so.

This guidance is intended for planning purposes. Members and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be required as new information becomes available regarding the COVID-19 outbreak conditions, including new information about the virus, transmission, and impacts.

Section 1 - About COVID-19

Symptoms of COVID-19

Infection from the COVID-19 virus can cause illness, ranging from mild to severe symptoms, and in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Some people, referred to as asymptomatic cases, have experienced no symptoms at all.

Symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected individuals are now spreading COVID-19 to other individuals.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another, and
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may also be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

Although Canada has implemented extraordinary public health measures to limit the spread of the virus, person-to-person transmission will continue to occur.

Section 2 - Classifying Worker Exposure

Worker risk of occupational exposure to COVID-19 may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 1-2m, contact with individuals suspected of being infected with COVID-19, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with COVID-19.

To help members determine appropriate precautions, job tasks can be divided into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most waterfront workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

High to Very High Exposure Risk

High and Very High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific workplace requirements. These are mainly health professionals and outside of the waterfront occupations.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close prolonged contact with people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings). Jobs in this risk profile are outside of the waterfront industry.

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19, nor frequent close prolonged contact with the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Section 3 - Steps All Members Can Take

This section describes basic steps that every employer can take to reduce the risk of worker exposure to COVID-19 in their workplace. Later sections of this guidance provide specific recommendations for members and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, provincial, local, indigenous, and/or other health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of COVID-19 might workers be exposed, including:
 - The general public, customers, and coworkers, and
 - Sick individuals or those at particularly high risk of infection (international travelers who have visited locations with widespread transmission, healthcare workers who have had unprotected exposures to people with COVID-19),
- Non-occupational risk factors at home and in community settings,
- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy),
- Controls necessary to address those risks,

Follow federal and provincial, local, indigenous, and/or other health agency recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures,
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services, and
- Interrupted supply chains or delayed deliveries. Plans should also consider and address the other steps that members can take to reduce the risk of worker exposure to COVID-19 in their workplace, described in the sections below.

Implement Basic Infection Prevention Measures

For most members, protecting workers will depend on emphasizing basic infection prevention measures. As appropriate, all members should implement good hygiene and infection control practices, including:

- Practice hand hygiene by regularly washing hands with soap and water for at least 20 seconds; or, if soap and water are not available, use an alcohol-based hand sanitizer,
- Avoid touching eyes, nose, and mouth with unwashed hands,
- Cover coughs and sneezes with a tissue, elbow, or sleeve,
- Report any COVID-19 symptoms,
- Maintain a distance of 2 meters from other people as much as possible and as short a term as possible:
 - <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/social-distancing.html>,
 - <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/preventing-covid-19-workplace-employers-employees-essential-service-workers.html>
- Recover at home if feeling unwell,
- Minimize workers working on site and maintain distance, and
- Not to report to work or dispatch if travelled outside of Canada on March 12th or later or meets the additional criteria specified in the **COVID-19 Industry Health Directions**.

The waterfront community in general has undertaken the following precautions:

- Restrictions on worker gatherings and business travel,
- Increased sanitization of high contact common areas,
- Provided extra hand sanitization stations,
- Provided messaging to our partners (e.g. contractors, agency staff, and visitors) regarding expectations for protecting our safety, and
- Preparing with further actions for localized or pandemic scenarios.

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People, where Appropriate

- Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.
- Members should inform and encourage workers to self-monitor for signs and symptoms of COVID-19.
- Members should develop policies and procedures for workers to report when they are sick or experiencing symptoms of COVID-19.
- Where appropriate, members should develop policies and procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them.

- Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be safely removed from the worksite.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated.
- If possible, isolate people suspected of having COVID-19 separately using either permanent (e.g., wall/different room) or temporary barrier (e.g., plastic sheeting).
- Restrict the number of personnel entering isolation areas.

Develop, Implement, and Communicate about Workplace Flexibilities and Protections

- Actively encourage sick workers to stay home regardless of illness.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that workers are aware of these policies.
- Talk with companies that provide your business with contract or temporary workers about the importance of sick workers staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for workers who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation.
- Maintain flexible policies that permit workers to stay home to care for a sick family member. Members should be aware that more workers may need to stay at home to care for sick children or other sick family members than is usual.
- Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE). Informed workers who feel safe at work are less likely to be unnecessarily absent.
- Work with insurance companies (e.g., those providing worker health benefits) and Federal and Provincial health agencies to provide information to workers and customers about medical care in the event of a COVID-19 outbreak.

Implement Workplace Controls

Occupational health and safety professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

During the COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are: engineering controls, administrative controls and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation,

effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to COVID-19.

Engineering Controls

Engineering controls involve isolating workers from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Where work must be performed from a facility rearrange work stations to eliminate shared spaces – ensure physical distance of at least 2 meters. If workers have to work within 2 meters they should do it for the shortest time possible.

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/preventing-covid-19-workplace-employers-employees-essential-service-workers.html>

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for COVID-19 include:

- Having sick workers stay at home,
- Posting handwashing signs in restrooms,
- Offering taxi vouchers to workers who take public transportation,
- In work settings that require prolonged close contact with others, make reasonable attempts to maintain a minimum physical distance of approximately two meters,
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible,
- Moving personnel to other work areas / buildings, not normally used Establishing alternating days or extra shifts that reduce the total number of workers in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week,
- Conveying key messages at pre-shift meetings via notice boards, email and company intranet or separate work areas while maintaining physical distance, for admin purposes, to again reduce volume of personnel at one location,
- Advising customers to remain in delivery vehicles while loading / unloading occurs,
- Developing an emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible,
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE), and

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered most effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Members should check the Public Health Agency of Canada website (See End Notes) regularly for updates about recommended PPE.

PPE required should be:

- Selected based upon the hazard to the worker,
- Regularly inspected, maintained, and replaced, as necessary,
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.
- Used with the appropriate training for workers who need to use protective clothing and equipment, on how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.
- Integrated into a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs, disinfectants, and disposable towels for workers to clean their work surfaces.
- Used with regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.

Members are obligated to provide their workers with the appropriate PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with COVID-19 while working and job tasks that may lead to exposure and requirements recommended by the Federal and Provincial Governments.

Risk Assessments

Members are required to comply with the Hazard Prevention Protocols (HPP) as outlined in the Canada Labour Code Part II, Section 19. The risk assessment provides a framework for potential exposure of workers to COVID-19 that will allow appropriate measures to be put in place to ensure minimal exposure. Provided below is a sample risk assessment developed to assist members in conducting the risk assessment with their Joint Health & Safety Committee as required by the Canada Labour Code.

COVID-19 in the Workplace Risk Assessment				
	Government Recommendation	Status	Comment	Corrective Action
Keep Your Hands Clean	Wash your hands often with soap and water for at least 20 seconds	Yellow		
	If soap and water are not available, use an alcohol-based hand sanitizer	Green		
	Avoid touching your eyes, nose and mouth	Green		
	Cough or sneeze into the bend of your arm	Green		
	Avoid touching surfaces people touch often	Yellow		
	Instead of a handshake, give a friendly wave or elbow bump	Green		
	Use any necessary personal protective equipment as directed	Green		
Keep Your Environment Clean	Use appropriate products to clean and disinfect items such as your desk, work surface, phones, keyboards and electronics, keypads and elevator buttons at least twice daily, and more often if they are visibly soiled	Green		
	If they can withstand the use of liquids for disinfection, frequently touched electronics such as phones, computers and other devices may be disinfected with alcohol based disinfectant	Green		
Keep Your Distance	Keep a distance of 2 meters between you, your coworkers, and customers, as much as possible	Green		
	Increase distance between desks, tables and workstations	Green		
	Reduce activities that required close physical proximity or contact with people such as team meetings	Green		
	Limit any contacts closer than 2 meters, as much as possible	Green		

COVID-19 in the Workplace Risk Assessment (continued)				
If you have a symptom of COVID-19	If you think you might have COVID-19, use the Public Health Authority's self-assessment tool to find out what to do	Green		
	It is critical that, if you have any symptom of COVID-19 (fever, cough or difficulty breathing), or even mild symptoms, you should stay home to avoid spreading illness to others	Yellow		
	If you develop even mild symptoms while at your workplace, separate yourself from others and go home, avoiding use of public transit (buses, trains, taxi) if possible	Yellow		
	Contact your local Public Health Authority and follow their advice	Yellow		
	If you are concerned about your financial stability during this time, the Government of Canada is providing assistance	Green		

Section 4 - Response Protocol

This protocol was developed as a guideline for BCMEA members to review and implement into their site standard operating protocols through their normal processes.

Dispatch Hold Registry

A central registry has been created to track the progress of COVID-19 infection in the longshore community, including individuals who have been held out from dispatch due to possible infection or who have returned to work following quarantine or self-isolation. Please contact Lindsay Familton, BCMEA Director of Workforce Operations at lfamilton@bcmea.com with any suspected (reported flu like symptoms) or known cases of COVID-19 for all of the Terminals where ILWU workers are employed.

Response Procedure - Confirmed COVID-19 Case

In the event that a longshore worker reports that they have tested positive for COVID-19, the response takes place at two levels:

1. **Communications**
2. **Operations**

Full communication and transparency are both critical elements of the process in order to maintain the health and safety of all workers in case of possible exposure.

Communications

Upon being informed of a positive COVID-19 test for a worker, the protocol for notifying all necessary parties will be based on company protocols but as a minimum should include:

Internal

1. Foremen
2. Terminal Management - Terminal Management notifies safety committee
3. First Aid Attendant
4. Terminal Joint Health & Safety Committee
5. Designated Terminal lead

External

1. BCMEA LR (24 /7) – LR notifies dispatch for required restriction, BCMEA Management
2. Local Public Health Authority, 8-1-1
3. Foreman Union
4. ILWU Local and ILWU Canada
5. Transport Canada
6. ESDC

Operations

Once all parties have been informed of the positive diagnosis, the designate terminal lead undertakes the following operational responses:

1. **Affected Area shutdown**
 - a. Isolate individual's work area
2. **JHSC investigation**
 - a. Who is the individual?
 - b. Where have they been and when?
 - c. Who were they in close prolonged contact with?
3. **Cleaning of individual's work area**
 - a. Verification that cleaning has been completed
4. **Restart operations**
 - a. Communication with terminal staff
 - b. Crew talks
 - c. Potential for further work refusal

Response Scenarios

SCENARIO 1: Worker sick or unwell but no risk factors
i.e. no travel, no close contact with infected person, no COVID symptoms Response: • Held out of service at dispatch until 100% recovered and fitness to work confirmed
SCENARIO 2: Worker not symptomatic but quarantined due to risk factors
i.e. travel, contact with infected person Response: • Held out of dispatch until 14 day quarantine period ends and fitness to work has been confirmed
SCENARIO 3: Worker symptomatic with COVID and risk but not diagnosed
i.e. travel, contact with infected person Response: • Held out of service at dispatch until 100% recovered and fitness to work confirmed • Isolate workers's work area and clean • Investigation of possible contact with other workers
SCENARIO 4: Worker non symptomatic with COVID and risk
i.e. travel, contact with infected person Response: • Held out of service at dispatch until 14 day quarantine and fitness to work confirmed • Isolate workers's work area and clean • Investigation of possible contact with other workers
SCENARIO 5: Confirmed Diagnosis
Response: • Held out of service at dispatch until medical clearance is obtained • Isolate work area and clean • Determine common areas for cleaning • Investigation of possible contacts and self-isolate those as potenjtail effected

NOTE: In all scenarios, the worker's dispatch will be restricted pending application of protocol to confirm safe to return to work.

COVID-19 Investigation Protocol

In the case that a longshore worker reports that they have tested positive for COVID-19, the Joint Health & Safety Committee will conduct an investigation to determine the worker's recent work locations, activities, and contacts.

There are three phases to the investigation process:

1. Investigation
2. Notification
3. Disinfection

1. Investigation

When a longshore worker tests positive for COVID-19:

- Any worker who tests positive for COVID-19 will immediately be held out from dispatch list by the BCMEA and will not be permitted to return to work until the worker's health care provider has provided a written note clearing the worker to return to work. If obtaining such medical clearance is not possible, the worker should communicate this to the applicable Longshore Local and BCMEA and clearance to return to work will be determined on a case by case basis.
- By interviewing the worker by telephone if possible, and by using dispatch, BCMEA payroll and terminal records, the following information should be determined with as much accuracy as possible:
 - When the worker first showed symptoms,
 - The specific terminals to which the worker was dispatched, and the date and time range when they were last at the dispatch hall,
 - The specific terminal and areas of the terminal or vessel where the worker was located, the date and shift they worked, their job, the equipment they used, any common areas they visited, such as lunch rooms, elevators or washrooms, and their gang or partner, and
 - Any BCMEA facility such as head office or the Waterfront Training Centre where the worker was located, the date and time range when they were at the facility, their activities at the facility, and any trainers or fellow trainers with whom they had contact.
- The relevant employers, the BCMEA, and ILWU Local will use any information acquired to coordinate their response.

2. Notification

Individual

- Based on the results of the investigation, any co-workers, terminal staff, foremen, dispatch personnel or BCMEA staff who may have been in close prolonged contact (within 2 meters for 10 minutes or longer) to a worker testing positive for COVID-19 in the previous 14 days will be notified immediately by telephone,
- http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%203%20-%20IC/InfectionControl_GF_IC_In_Physician_Office.pdf

- All personnel in close prolonged contact will be required to self-isolate for up to 14 days and monitor their health for COVID-19 symptoms. They will immediately be held out from dispatch pending medical clearance,
- Any workers identified as having maintained social distance, should be advised that there is a low risk but requested to monitor their symptoms. Workers should complete the self-assessment tool <https://covid19.thrive.health/> or contact their health professional to seek further guidance, and an email should be sent to all staff in the affected locations, explaining the steps taken to date.

Location

- Immediately upon learning that an individual has tested positive for COVID-19 and within the past days has occupied a facility, the party with control over the facility will have the potentially affected areas quarantined and decontaminated,
- The affected areas will be evacuated and operations at them will cease until decontamination is complete and if it is identified that an infected person used a certain piece of equipment or vehicle:
 - If possible isolate machine or vehicle,
 - Delineate machine or vehicle with cones and tape to ensure it is not used, and
 - Tag out of Service.

COVID-19 CHECKLIST

Worker Name:		Work #.
Illness reported to:		Phone #.
Date:	Time:	Incident #:

<input type="checkbox"/> Worker has symptoms	Date Symptoms showed:
<input type="checkbox"/> Worker has received a confirmed positive test result	Date of Result:
<input type="checkbox"/> Worker is self-isolating	Self-Isolation Start Date:

Location/Site:	Date Worker was last on site:
Movements while on site: (offices/rooms visited, buildings etc.)	
List of workers with whom they came into close prolonged contact:	
List of workers contacted and recommended to self isolate:	
Machinery or Vehicles used:	

CLEANING

Cleaning Company Called:	
Date & Time called:	Scheduled Cleaning Date:

LABOUR RELATIONS

<input type="checkbox"/> Notify workers who had close prolonged contact with infected worker to self-isolate for 14 days.
<input type="checkbox"/> Communicate with infected worker to ensure they are following appropriate guidelines.

Foremen: Procedure for Managing Worker Displaying Possible COVID-19 Symptoms

STEP 1	Is the worker experiencing any of the following COVID-19 symptoms on site? YES or NO
<p>Is the worker experiencing any of the following COVID-19 symptoms?</p> <ul style="list-style-type: none"> ● Fever ● Persistent dry cough ● Shortness of breath ● Sore throat <p>* If the worker has not yet reported to First Aid, it is not necessary to get a First Aid assessment. You can make the decision to send a worker home immediately if they are displaying symptoms.</p> <p>** For your own safety, always maintain a safe distance of minimum 2 m if a worker indicates they are experiencing COVID-19 symptoms. Maintain privacy by avoiding radio communication</p> <p>If “No” the workers can return to work if they feel they are fit to do so.</p> <p>If “Yes” immediately notify your Superintendent and follow the checklist below.</p>	
STEP 2	Can the worker drive home or seek medical attention? YES or NO
<p>If “Yes” worker can drive home.</p> <ul style="list-style-type: none"> ● Collect the following information: <ul style="list-style-type: none"> ○ Worker’s name and employee number ○ Worker’s symptoms (including severity and duration of each symptom) ○ Where the worker was working during their shift ○ Any other locations on site where the worker was in direct contact with other workers (i.e. in a van, working within 2 metres of other workers, car pooled, lunchroom, washroom etc.) ● Contact your Superintendent about the situation and provide the information collected above. ● Escort worker to remove belongings from their locker (if required) and off site <u>while maintaining minimum 2m separation</u>. DO NOT put a potential COVID-19 infected worker in a terminal vehicle for transport. ● Instruct the worker to self-isolate for 14 days, monitor their symptoms and seek medical attention if necessary. <p>If “No” worker cannot drive home</p> <ul style="list-style-type: none"> ● Call the First Aid Attendant to inform them a worker has reported COVID-19 symptoms, is unable to drive home, and requires First Aid assessment. ● Escort worker by walking a minimum 2m apart to First Aid Office or maintain a minimum 2m separation until the First Aid Attendant arrives at the location if worker is unable to walk. ● DO NOT put a potential COVID-19 infected worker in a terminal vehicle unless it is an emergency situation. ● If the worker is being picked up by a family member, cab or by ridesharing, instruct the worker to pick up a mask at the First Aid Office. Notify the First Aid Attendant that a worker is picking up a mask which will be placed outside the First Aid Office. 	
STEP 3	Isolating the work area
<ul style="list-style-type: none"> ● Clear workers from the areas where the potentially infected person was working. ● The potentially infected worker’s immediate work area must be locked out/barricaded with a “DO NOT USE” tag until cleaned, including any vehicle the worker travelled in that shift. ● The potentially infected worker’s locker must be barricaded with a “DO NOT USE” tag until cleaned. ● The Superintendent will coordinate the disinfection process. 	

Superintendents: Procedure for Managing Worker Displaying Possible COVID-19 Symptoms

STEP 1	Information gathering
<p>It is assumed that this procedure follows notification of a potentially infected worker by a Foreman. If this is an initial contact from a potentially infected worker, follow preceding Foremen Procedure for steps 1, 2, & 3.</p> <ol style="list-style-type: none"> 1) Document information gathered by Foreman: <ul style="list-style-type: none"> • Worker name and employee number • Worker’s symptoms (including severity and duration of each symptom) • Where the worker was working during their shift • Any other locations on site where the worker was in direct contact with other workers (i.e. in a van, working within 2 metres of other workers, car pooled, lunchroom, washroom etc.) • Action taken <ul style="list-style-type: none"> ▪ If worker drove home what are their isolation, care & monitoring plans ▪ If ambulance was called was a personal contact or Business Agent notified ○ Confirmation that work area, locker, and any vehicles used have been tagged “DO NOT USE” 2) Email information gathered to Site Operations Manager, VP Operations, VP Health & Safety 	
STEP 2	Notification
<ul style="list-style-type: none"> • Contact Site Operations Manager or VP of Operations by phone 24/7 to receive direction regarding containment scope (ie: area/equipment shut downs) and determine disinfection/decontamination requirements. • Contact Business Agent to advise regarding potentially infected worker. Provide Business Agent with list of all workers who came in to contact with the potentially infected worker. Business Agent will follow up with workers who came in to contact based on status updates received from the potentially infected worker. • Email BCMEA Lindsay Familton at lfamilton@bcmea.com to advise potentially infected worker is to be restricted from dispatch, as well as names of potentially impacted workers who came in contact. 	
STEP 3	Containment
<ul style="list-style-type: none"> • Advise Foreman on site to commence containment instructions provided by Site Operations Manager or VP Operations. • Superintendent attends site to monitor and coordinate containment activities. 	
STEP 4	Disinfection
<ul style="list-style-type: none"> • Unless a worker is determined by a health care expert to be a presumptive or confirmed COVID-19 case, disinfection will be done by existing ILWU disinfectant crew. • All areas tagged “DO NOT USE” must be thoroughly cleaned with disinfectant before they will be returned to service. 	
<p>Note: a separate decontamination procedure for presumptive or confirmed COVID-19 cases follows.</p>	

Section 5 - First Aid Protocols

This protocol is developed as a guideline for BCMEA members to review and implement into their site standard operating protocols through their normal processes.

First Aid Notification

It is important to protect the health of First Aid Attendants and the cleanliness of First Aid Stations (both dock and ship). Whenever possible, First Aid assessments for workers with COVID-19 symptoms should take place outside while maintaining a 2m distance between the sick worker and the First Aid Attendant. If not possible to take place outside, conduct in a designated area where physical distancing can be maintained.

If a worker reports to their Foreman with COVID-19 symptoms, the Foreman should follow these steps:

- Contact the First Aid Attendant if a worker reports COVID-19 symptoms and requires a first aid assessment (i.e. fever, cough, aches and pain, shortness of breath). If the symptoms are obvious do not take the worker to first aid and safely remove them from site,
- For dock First Aid services, direct the worker to wait for the First Aid Attendant by the ambulance parking area outside the First Aid Station,
- For ship First Aid services, direct the worker to wait for the First Aid Attendant on the deck of the vessel, and
- Communicate with the First Aid Attendant as to the location where the worker will be waiting for an assessment.

Assessment for a Worker Experiencing COVID-19 Symptoms:

The purpose of the following guideline is to reduce the risk of First Aid Attendants contracting COVID-19 while assessing a worker experiencing symptoms.

The following steps are to be taken when a worker reports COVID-19 symptoms while at the terminal:

1. Worker reports to their Foreman with COVID-19 symptoms,
2. If the symptoms are obvious do not take the worker to first aid and remove them from site,
3. Foreman contacts first aid and advises a worker with COVID-19 symptoms requires assessment and will be waiting outside the First Aid Room by the ambulance parking area,
4. Foreman directs the worker to wait for the First Aid Attendant outside First Aid by the ambulance parking area,
5. First Aid Attendant meets worker outside the First Aid Office by the ambulance parking area and maintains a two-meter distance
6. First Aid Attendant completes the First Aid Form and First Aid COVID-19 Symptom Checklist,
7. First Aid Attendant contacts shift manager and advises of a worker booking off,
8. Shift manager collects the First Aid Report and the First Aid COVID-19 Symptom Checklist and submits to the appropriate department,
9. First Aid Attendant advises worker to seek medical attention, and
10. Worker contacts supervision and books-off. BCMEA dispatch is to be notified per protocols outlined in section Waterfront Industry COVID-19 Booking Off and Returning to Work Protocol.

Note: If the First Aid Attendant is working aboard a ship the same procedure applies however; the assessment will occur on deck.

First Aid COVID-19 Symptom Checklist

Purpose: The following checklist has been developed to assist First Aid Attendants determine if a worker’s symptoms are related to COVID-19.

Instructions to the First Aid Attendant: Ask the worker if they are experiencing any of the identified symptoms. Check the boxes in for each symptom the worker is experiencing. If the worker has symptoms common with COVID-19, advise the worker to contact their Foreman, book off and seek medical aid.

SYMPTOM	CHECK	COMMON COLD	FLU	CORONAVIRUS
Fever	<input type="checkbox"/>	RARE	COMMON	COMMON
Fatigue	<input type="checkbox"/>	SOMETIMES	COMMON	COMMON
Chest discomfort - Cough	<input type="checkbox"/>	SOMETIMES	COMMON	COMMON Dry Cough
Sneezing	<input type="checkbox"/>	COMMON	NO	NO
Aches and Pain	<input type="checkbox"/>	SOMETIMES	COMMON	SOMETIMES
Runny/Stuffy Nose	<input type="checkbox"/>	COMMON	SOMETIMES	RARE
Sore Throat	<input type="checkbox"/>	COMMON	SOMETIMES	SOMETIMES
Headaches	<input type="checkbox"/>	RARE	COMMON	SOMETIMES
Short of Breath	<input type="checkbox"/>	NO	NO	COMMON

Source: Centre for Disease Control (CDC) & World Health Organization (WHO)

If the worker has symptoms common with the flu or Coronavirus, ask them the following questions:

1.	Have you experienced a loss of sense of taste or smell?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2.	Have you travelled to any countries outside of Canada (Including the United States) within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3.	Did you provide care of or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4.	Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing or sore throat)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5.	Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Upon completion

First Aid Attendants: If the answer is yes to any of the above questions notify the Foreman and Shift Manager/ Superintendent on shift.

SAFETY BULLETIN
REPORTING TO FIRST AID WITH FLU LIKE
SYMPTOMS

KNOCK FIRST

If you are experiencing Flu like symptoms, please knock and wait for the First Aid Attendant outside of the First Aid Room.

Please maintain at least 2 meters distance between yourself and others.

Section 6 - Enhanced Surface Cleaning & Disinfection

What You Should Know

- During the COVID-19 Public Health Emergency, enhanced cleaning and disinfection must be used on worksites to reduce the risk of disease transmission.
- Surfaces frequently touched with hands are most likely to be contaminated.
- It is not yet known how long the virus causing COVID-19 lives on surfaces; however, early evidence suggests it can live on objects and surfaces from a few hours to days. The amount of virus decreases rapidly on different surfaces over varying time periods, as per the half-life column in the chart below.

DURATION OF VIRUS STABILITY ON VARIOUS SURFACES		
Surface	Stability on surface	Half-life of virus on surface
Copper	4 hours	~1 hour
Cardboard	24 hours	~3.5 hours
Plastic	72 hours	6.8 hours
Steel	72 hours	5.6 hours

https://www.nejm.org/doi/full/10.1056/NEJMc2004973?query=featured_home

NOTE: in the event a confirmed case of COVID-19 is present on site, cleaners should be contacted for professional disinfection and decontamination.

Cleaning & Disinfecting Surfaces

Clean and disinfect all frequently touched surfaces. This includes but is not limited to:

- Table tops
- Control panels
- Computer/keyboard/mouse
- Door knobs
- Light switches
- Handles
- Steering wheels
- Bathrooms
- Eating areas
- Pens
- Hoist gates
- Phones
- Stair railings
- First Aid
- Turn off Drinking fountains

Where possible choose products that both clean and disinfect (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available).

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove all germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Other Products Used to Disinfect

- Household or commercial disinfection products (follow manufacturer's instructions for disinfection), or a bleach solution (1 part bleach and 9 parts water).
- Do not mix bleach with ammonia or any other cleaning products.

Guideline for Cleaning and Disinfecting

- Individual workers are responsible for basic cleaning of their own workspace or equipment.
- Cleaning and disinfection should be done as often as needed during the shift.
- Disinfect any shared items before sharing.
- Soiled surfaces should be cleaned before disinfection.
- Regular janitorial practices should be maintained in addition to enhanced surface cleaning/disinfection.
- Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (e.g. wear gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used).
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air. This does not apply to normal cleaning of workspaces.
- In addition to routine cleaning, surfaces that are frequently touched with hands should be cleaned and disinfected more often, as well as when visibly dirty.
- Shared spaces such as kitchens and bathrooms should also be cleaned more often.

After Cleaning/Disinfection:

- Wash hands with soap and water or use alcohol-based hand sanitizer after removing gloves.
- Used disposable cleaning items (e.g. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste.
- Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).
- Clean and disinfect surfaces that people touch often.

Shared Space Cleaning

Cleaning and sanitizing of both public spaces and work spaces should be stepped up and performed regularly. From door knobs and handles, elevator buttons, and handrails, armrests, tables, chairs, light and air controls, to washrooms, and countertops. And any other touch point surfaces, furniture and technical equipment.

Physical distancing for workers who work in jobs that requires them to be in proximity of each other. Consider the following recommendations:

- For shared work stations (shifts) provide keyboard covers, disinfectant, nitrile gloves. Each shift on leaving their station removes these and disinfects, next shift coming on console disinfects again, then places a new keyboard cover, etc., and
- In some instances, where keyboard covers are not available, a saran wrap sheet has been placed over their keyboard and sealed to the desk.

Additional Guidelines For On Site Work

Preventative Supplies

- Hand sanitizer/Hand wash stations,
- Disinfectant spray and rags – replenish regularly, and
- Gloves.

Frequent Deep Cleaning Through Expanded Janitorial Services

- Enhanced daily cleaning protocols, which includes cleaning “high-touch” points and hard services throughout the site.

Tractors, Trucks, Forklift, and Other Equipment Cleaning

- Make available sprays, wipes, or rags to sanitize workspaces including desks, trucks and other equipment cabs, and radios, and
- Conduct regular cleaning on active equipment by either labour or a third party.

HVAC

- Increased the frequency of HVAC filter replacements to ensure maximum air quality in facilities.

Disinfection for Positive or Presumptive Cases

- A specific area disinfection by cleaners, following all Public Health Agency of Canada guidelines (as listed below) should occur at any site that has a positive or presumptive instance of COVID-19, and
- Workers must be asked to leave the specific area, and only return once an investigation has been completed and disinfection has been completed.

Public Health Agency of Canada COVID-19 guidelines for cleaning and disinfecting public spaces (COVID-19)

What you should know

- Surfaces frequently touched with hands are most likely to be contaminated. These include doorknobs, handrails, elevator buttons, light switches, cabinet handles, faucet handles, tables, countertops and electronics, and
- It is not yet known how long the virus causing COVID-19 lives on surfaces, however, early evidence suggests it can live on objects and surfaces from a few hours to days.

Choose a product that cleans and disinfects

- When cleaning public spaces, choose products that clean and disinfect all at once (e.g. premixed store-bought disinfectant cleaning solutions and/or wipes when available),
- Cleaning products remove germs, dirt, and impurities from surfaces by using soap (or detergent) and water. Cleaning does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection,
- Disinfecting products kill germs on surfaces using chemicals,

- Use only approved hard-surface disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms the disinfectant product is approved and safe for use in Canada. For a full list of hard-surface disinfectants that meet Health Canada's requirements, visit:
<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

Create a cleaning procedure

- Members should develop or review protocols and procedures for cleaning spaces. This will help determine where improvements or additional cleaning may be needed,
- Read and follow manufacturer's instructions for safe use of cleaning and disinfection products (e.g. wear gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used),
- Provide access to a video that shows the proper way to put on and remove gloves,
 - <https://www.youtube.com/watch?v=dyLEd9cng5U>
- Wash hands with soap and water or use alcohol-based hand sanitizer after removing gloves,
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets into the air. This does not apply to normal cleaning of workspaces,
- Used disposable cleaning items (e.g. mop heads, cloths) should be placed in a lined garbage bin before disposing of them with regular waste,
- Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C),
- Clean and disinfect surfaces that people touch often,
- In addition to routine cleaning, surfaces that are frequently touched with hands should be cleaned and disinfected more often, as well as when visibly dirty, and
- Shared spaces such as kitchens and bathrooms should also be cleaned more often.

General recommendations for cleaning and disinfection of equipment after a person is suspected/confirmed to have COVID-19:

Wait as long as practicable after use by an ill, infected/suspected case before cleaning and disinfecting high-touch surfaces:

- Isolate machine/room,
- Use soap and water, and
- Use disinfectant.

Section 7 - Book Off and RTW Protocol

Purpose: The following suggested checklist has been developed to assist Union representatives, BCMEA Labour Relations, and terminal Managers or Supervisors to determine if a worker’s symptoms are related to COVID-19 before they book off and when they return to work. This is a guideline to be implemented at each terminal as per terminal process for procedural development.

Book off Assessment

Instructions to the assessing individual: Ask the worker if they are experiencing any of the identified symptoms. Check the boxes for each symptom the worker is experiencing. If the worker has symptoms common with COVID-19, advise the worker to book off and seek medical aid. Dispatch is to be notified as per Industry Wide Protocols to be held out.

SYMPTOM	CHECK	COMMON COLD	FLU	CORONAVIRUS
Fever	<input type="checkbox"/>	RARE	COMMON	COMMON
Fatigue	<input type="checkbox"/>	SOMETIMES	COMMON	COMMON
Chest discomfort - Cough	<input type="checkbox"/>	SOMETIMES	COMMON	COMMON Dry Cough
Sneezing	<input type="checkbox"/>	COMMON	NO	NO
Aches and Pain	<input type="checkbox"/>	SOMETIMES	COMMON	SOMETIMES
Runny/Stuffy Nose	<input type="checkbox"/>	COMMON	SOMETIMES	RARE
Sore Throat	<input type="checkbox"/>	COMMON	SOMETIMES	SOMETIMES
Headaches	<input type="checkbox"/>	RARE	COMMON	SOMETIMES
Short of Breath	<input type="checkbox"/>	NO	NO	COMMON

Source: Centre for Disease Control (CDC) & World Health Organization (WHO)

If the worker has symptoms common with the flu or Coronavirus, ask them the following questions. If yes to any question they must book off for a minimum of 14 days:

1.	Have you experienced a loss of sense of taste or smell?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2.	Have you travelled to any countries outside of Canada (Including the United States) within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3.	Did you provide care to or have close contact with any person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

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4.	Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing or sore throat)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5.	Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Return to work procedures for workers coming out of isolation

All workers returning to work from quarantine or isolation must follow these procedures in order to have any dispatch restrictions removed:

- The worker must notify their Union representative, BCMEA Labour Relations, and/or a terminal Manager or Supervisor as appropriate that they have completed their quarantine or isolation period and are in good health and ready to return to work,
- A meeting will be scheduled, and the worker will report to a designated Workplace Manager (or designate) and/or Union representative for assessment,
- The Workplace Manager (or designate) and/or Union representative will assess worker visually from a minimum distance of 2 m (6'), and
- The worker will be examined for any sign of fever, flushed skin, coughing, or other flu-like symptoms.

The Workplace Manager and Union representative will also question the worker using the following checklists:

SYMPTOM	CHECK	COMMON COLD	FLU	CORONAVIRUS
Fever	<input type="checkbox"/>	RARE	COMMON	COMMON
Fatigue	<input type="checkbox"/>	SOMETIMES	COMMON	COMMON
Chest discomfort - Cough	<input type="checkbox"/>	SOMETIMES	COMMON	COMMON Dry Cough
Sneezing	<input type="checkbox"/>	COMMON	NO	NO
Aches and Pain	<input type="checkbox"/>	SOMETIMES	COMMON	SOMETIMES
Runny/Stuffy Nose	<input type="checkbox"/>	COMMON	SOMETIMES	RARE
Sore Throat	<input type="checkbox"/>	COMMON	SOMETIMES	SOMETIMES
Headaches	<input type="checkbox"/>	RARE	COMMON	SOMETIMES
Short of Breath	<input type="checkbox"/>	NO	NO	COMMON

COVID-19 WATERFRONT INDUSTRY PROTOCOLS

1.	Have you experienced a loss of sense of taste or smell?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2.	Have you travelled to any countries outside of Canada (including the United States) within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3.	Did you provide care to or have close contact with any person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4.	Have you had close contact with any person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing or sore throat)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5.	Have you or anyone in your home had contact with any person who is being tested for COVID-19 or who has been diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
6.	What symptoms did you initially report that you were suffering from?		
7.	When was the last time you exhibited any flu like symptoms?		

If the Workplace Manager or Union representative recognize any flu-like symptoms or worker has responded YES to any of the checklist questions, the worker must continue to remain off work and provide a Physician's note to return to work.

If no signs or symptoms are identified and the worker successfully answers the checklist questions, they should be allowed to return to work.

Once the return to work decision is made, BCMEA LR, where applicable, or the local dispatch must be notified to either have the worker remain on DO NOT DISPATCH or to change them to RETURN TO WORK status.

Section 8 - Procedures for Ship's Crew

This list was compiled by consulting with BCMEA's carrier class and is intended to be used as a list of recommendations based on responses regarding what ship owners are doing to protect crew from the transmission of COVID-19. The BCMEA was specifically interested in learning about carrier procedures in relation to cleaning and social distancing. The recommendations below are common responses and themes on how to protect ship's crew against COVID-19. Respondents included OOCL, Evergreen Shipping, Hapag-Lloyd, ACGI, Pacific Basin, Saga Welco, Westwood Shipping lines and others.

Recommended Requirements

Protective Measures for Ship's Crew

- Frequent hand washing by crew and passengers using soap and water or alcohol-based sanitizers. Hand washing hygiene should take place for 20 seconds,
- Avoid touching face including nose, mouth and eyes with unwashed hands after touching surfaces which maybe contaminated with virus,
- If tissue is not available, cough or sneeze into a flexed elbow,
- All tissues should be disposed of promptly in a waste bin,
- Crew members should practice social distancing by keeping two metres away from other people, particularly those that cough, sneeze or have a fever. If not possible to maintain 2 meters keep it as short as possible ,
- Restrict shore access at COVID-19 affected countries, and
- Crew members need to inform Master if they have visited an area where COVID-19 has been reported in the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to a place with COVID-19.

Port of Call

- Many countries are now imposing strict prevention and control measures to vessels arriving from ports with known case of infections,
- Check with local agents in advance for latest updates and procedures in place by local authorities managing ship's port of call and ship/shore interaction,
- Agree in advance with all parties as to procedure to be followed for prevention,
- Master shall advise agent in advance regarding control measures by vessel including access to visitors, shore personnel and stevedores,
- It is recommended to restrict crew shore leave at all ports unless absolutely essential, and
- Practice social distancing as a preventative measure to help mitigate transmission of COVID-19.

After departing each port

- Measure and record all crew's temperature three times a day,
- If any crew member has symptoms or fever, inform company immediately and provide detailed information such as last port of call, personnel in contact with the patient, actions in place to isolate patient and other relevant information relating to crew,
- Common symptoms include respiratory issues, fever, cough, shortness of breath, sore throat, fatigue

Suspected case of COVID-19 on-board

- If possible, seek medical advice,
- Inform health authorities and crew on-board,
- Report suspected illness to next port of call for medical evacuation, quarantine or special arrangements for disembarkation,
- Keep patient's cabin doors closed and self-isolate, if patient is not in hospital, keep in medical isolation on board,
- Practice social distancing and keep two metres away from other people,
- Maintain list of every crew member who enters cabin or isolation area,
- Anyone who enters cabin must wear appropriate PPE, including face mask,
- Limit movement and transport of patient. If transport is required, patient must wear a surgical mask,
- Start investigation immediately and wear proper PPE when interviewing patient,
- Identify the patient's close contacts and ask them to do passive self-monitoring of any symptoms, and
- Report if they have been in close contact with someone with respiratory issues within the past 14 days.

Cleaning and Waste Disposal for Suspected COVID-19 cases

- Practice and maintain high-level cleaning and disinfecting measures during on board case management,
- Cabins with suspected cases need to be cleaned thoroughly with hot water, detergent and the application of common disinfectants (i.e. sodium hypochlorite),
- Once patient has left ship, the isolation cabin will be thoroughly cleaned and disinfected by staff using PPE or by crew who are trained to clean surfaces contaminated with infectious agents,
- Waste related to COVID-19 prevention shall be either incinerated or safely disposed of ashore,

Handling Food and Eating

- Wash your hands between handling raw and cooked food,
- Cutlery must be disinfected before use either by using the dishwasher or sterilization by boiling water,
- Crew members divide into 4 groups and take turns eating, and
- Ship's crew will not serve food or drinks to anyone that does not belong to the crew.

Supplies and Equipment: Recommended Quantities

Master shall ensure that stores for preventing COVID-19 are provided on board. The quantities mentioned are for guidance and can be increased depending on the duration of the port stay. Please note, these may not be available in some ports due to supply shortage. Ships that are not able to procure stores locally shall inform company for making alternate arrangements.

Items that should be on hand

- Portable infrared forehead clinical thermometer
- Disinfecting liquid
- Hand Sanitizer – 100ml
- Disposable surgical mask
- Disinfecting liquid Bleach, Sodium Hypochlorite (>5%)
- Bio Hazard Bags
- Disposable coveralls with hood
- Medical grade atex disposable gloves
- Plastic Safety Goggles
- Ensure medical inventory is maintained as per HKG scale and additionally purchase extra 200 pcs of Paracetamol in addition to Scale A1 maintained on board (500 pc).

Section 9 - Transport Canada Protocols

Canada's ports play a key role in the economy and international trade. The marine transportation sectors on the Pacific, Atlantic and Arctic coasts are prepared for the heightened risk posed by COVID-19. Here's how the marine community keeps you safe at work, while moving goods safely and efficiently through our ports:

SHIPPING LINES

Even before entering Canadian waters, companies are taking precautions to keep crews and port workers safe. For example, crews are being screened prior to boarding, crew changes may no longer be occurring in high risk countries, and crews are doing extra onboard cleaning according to health guidelines from the International Marine Organization and the World Health Organization.

TRANSPORT CANADA

All ships from foreign countries must report to Transport Canada 96-hours before entering Canadian waters. Once Transport Canada receives the report, they confirm the health status of the crew with the master. Reports are shared with the Public Health Agency of Canada for immediate action. If needed, directions are given to the ship and to stakeholders like port operators and pilots. Transport Canada is also working with other government partners like the Canada Border Services Agency and the Canadian Coast Guard.

MASTERS AND CREW:

Any time after the 96-hour pre-arrival inspection report, the ship master must immediately report any changes in crew health to Transport Canada.

PUBLIC HEALTH AGENCY OF CANADA

If symptoms are reported, a Public Health Agency of Canada Quarantine Officer will speak to the master and crew, to assess symptoms and may order actions. For example, the crew may be asked to isolate themselves, use extra protective equipment, or seek medical care.

The Public Health Agency of Canada will report back to Transport Canada.

PORT AUTHORITIES AND TERMINAL OPERATORS

Operators and front line workers are equipped and trained in occupational health and safety procedures and follow health guidelines from public health authorities and workplace safety experts.

End Notes

World Health Organization - Coronavirus disease (COVID-19) outbreak

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Government of Canada - Community-based measures

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>

Health Canada - Coronavirus disease (COVID-19)

<https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Public health Agency of Canada - Coronavirus disease (COVID-19): Outbreak update

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html#a1>

Transport Canada - COVID-19 measures, updates, and guidance issued by Transport Canada

<https://www.tc.gc.ca/en/initiatives/covid-19-measures-updates-guidance-tc.html>

BC Government - COVID-19 BC Support App and Self-Assessment Tool

<https://bc.thrive.health/>

BC Centre for Disease Control - COVID-19 bulletins

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19>

US Centre For Disease Control - Coronavirus (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

BCMEA - Industry COVID-19 bulletins

<http://www.bcmea.com/resources/covid-19-information/>