

COVID-19 (Coronavirus)

Return to Work Recommendations for Business Operations in Bermuda



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GOVERNMENT OF BERMUDA
Ministry of Health

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1.0 INTRODUCTION

COVID-19 has brought about unprecedented changes to communities around the world and Bermuda has not been excluded. In light of these changes, business owners and managers have several questions on what business operations should look like in the post COVID-19 environment. In addition to preserving business operations to ensure economic viability, the protection of employee health and safety is paramount. Legal obligations under Bermuda's Occupational Safety & Health legislation require this of every employer.

In light of this, the following recommendations are provided to assist employers in establishing workplace protocols to protect employee health and safety when returning to work after COVID-19.

2.0 INFORMATION ON COVID-19

Corona viruses are a large family of viruses that may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infection ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The novel coronavirus disease (COVID-19) is part of this family of viruses and is caused by the SARS-CoV-2 virus.

SARS-CoV-2 has been known to cause a wide range of symptoms in affected individuals, ranging from mild symptoms to severe illness. Symptoms typically appear within 2 – 14 days after exposure to SARS-CoV-2, and generally cause:

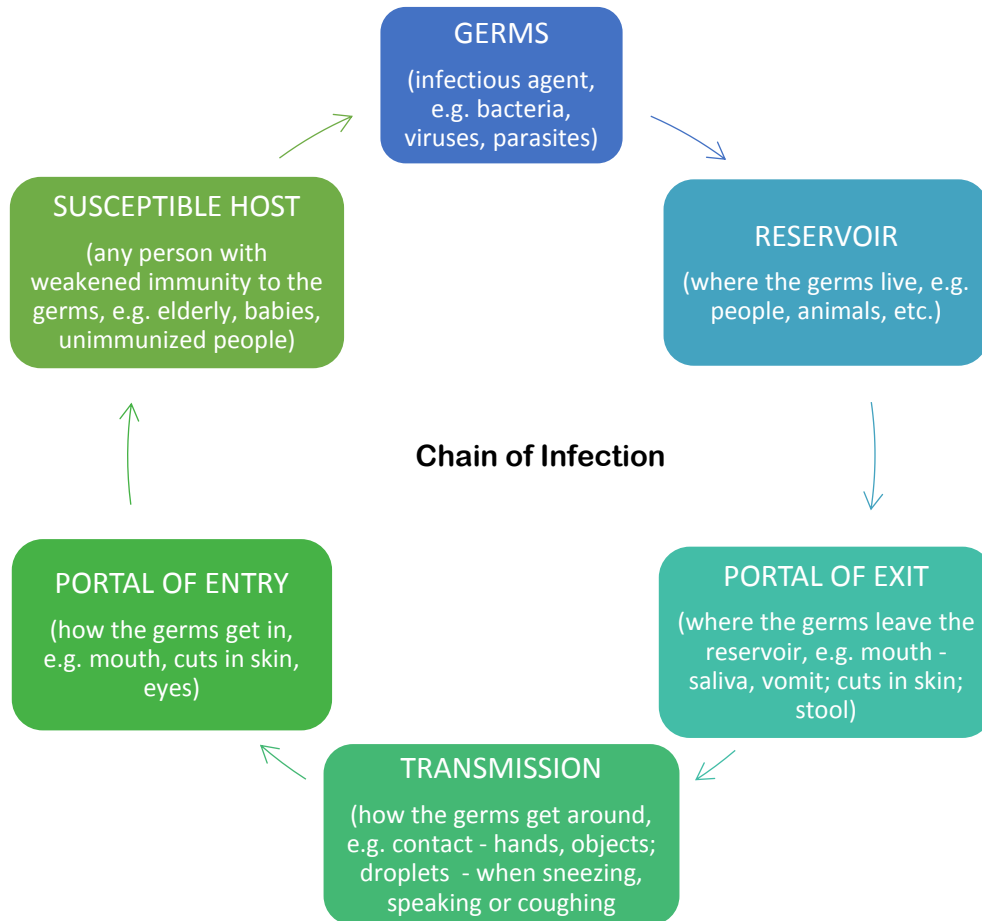
- Dry cough, and
- Shortness of breath or difficulty breathing.

Some persons exposed to SARS-CoV-2 may also experience at least two of the following: fever, muscle aches and pains, chills, nasal congestions, runny nose, sore throat, headaches or diarrhea.

People catch COVID-19 from exposure to the SARS-CoV-2 virus. Typically this is through close person to person contact with an infected person. In order for spread of the virus to occur, an uninfected person must be exposed to the respiratory droplets of an infected person when the infected person coughs, sneezes or exhales. Respiratory droplets can also land on objects and surfaces that an infected person has touched or been around when coughing or sneezing.

3.0 INFECTION PREVENTION & CONTROL MEASURES

General measures to prevent and control the spread of infection are critical in combating COVID-19 and preventing its spread. In order for infection to spread the following chain of infection must exist:



In order to prevent the spread of infection, any link in the chain of infection noted above must be eliminated. This can occur through any of the practical steps noted below:

1. Minimize contact with Reservoirs in the Community by,
 - ensuring all sick individuals stay at home and avoid close physical contact with others
2. Eliminate the Portal of Exit OR Portal of Entry by,
 - not coughing or sneezing into your hands
 - coughing or sneezing into a tissue or the end of your arm
 - disposing of any used tissues as soon as possible into a lined and covered waste basket and washing your hands afterwards
 - wear non-medical coverings over your nose and mouth when in public
 - avoid touching your eyes, nose and mouth (especially with unwashed hands)
3. Eliminate Transmission

- maintain a physical distance of 2 meters or 6 feet with others, especially with those who are ill
 - avoid touching objects that have not been properly cleaned and disinfected
 - ensure proper cleaning and disinfection of all frequently touched surfaces and flat surfaces
 - ensure proper hand hygiene, meaning wash hands often with soap and water for at least 20 seconds. If hands are not visibly soiled, and soap and water are not available, an alcohol based hand sanitizer can be used.
4. Protect Susceptible Hosts
- ensure shielding of immunocompromised individuals

Training should be provided for all employees and management on Infection Prevention & Control. As a result the Department of Health, has produced the following mandatory training course: <https://www.gov.bm/infection-prevention-and-control-training>

Each of the following steps above can be incorporated into your business operations. However this may look different from business to business. See Section 7.0 on practical recommendations on how these practices can be incorporated into various business operations.

4.0 RETURN TO WORK CONSIDERATIONS

Now that the shelter in place restrictions are being phased out in Bermuda, business leaders must do their due diligence to ensure that employees are adequately protected when returning to work. Specifically, protocols must be in place to protect workers if select employees display symptoms of COVID-19, have been identified as a known or suspected COVID-19 case, or have been on close physical contact with a known or suspected COVID-19 case.

4.1 Screening Protocols for returning employees

We recommend that screening protocols be in place before employees return to work. Employee screening will help ensure that any symptomatic individuals are identified before coming to the facility and to prevent the potential spread of infection.

Screening protocols must be practical for your business operations, and should document the following information:

- Whether or not any employees have developed new symptoms of infection,
- Whether or not any employees have been in close physical contact with someone who is known or suspected to have COVID-19,
- Whether or not employees have recorded temperatures within a healthy range (i.e. between 98.6°F [37°C] and 99°F [37.2°C])

See Appendix A for a sample questionnaire that can be used to screen employees who are returning to work.

4.2 Employee Monitoring

In addition to employee screening, once employees arrive to work it is advisable that clear reporting procedures be developed and communicated to all staff. These procedures must inform staff of what to do if they were to develop respiratory symptoms. These procedures may already be established by your HR Department, however it is recommended that a reminder be communicated to all employees.

5.0 OCCUPATIONAL RISK ASSESSMENT

Conducting an assessment of employee occupational risk of exposure to SARS-CoV-2, the virus that causes COVID-19, will be crucial in determining what steps are needed upon re-opening your business. Occupational risk will vary from very high, high, medium or lower risk, as shown in the occupational risk pyramid below¹. The level of risk will depend on several factors, including:

- industry type and job responsibilities;
- the need for close contact (i.e. within a 2 meter/6 foot distance) with persons who are known or suspected to be infected with COVID-19;
- the need for close contact with the general public;
- the need for repeated or extended contact with the general public; and
- employee susceptibility to infectious diseases.

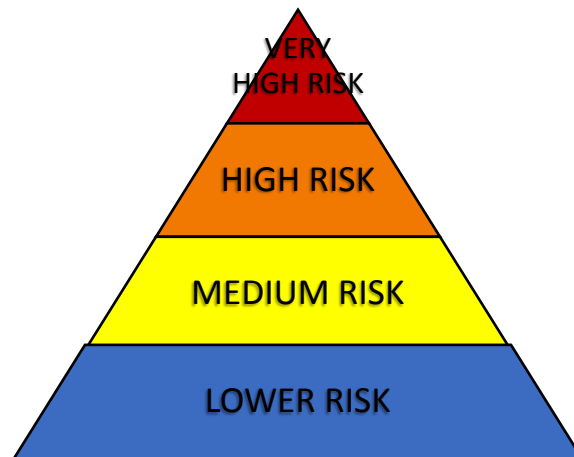


Figure 1. Occupational Risk Pyramid for COVID-19

RISK RATINGS	
VERY HIGH RISK	These are jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem or laboratory procedures that generate aerosols. <i>Examples include: doctors, nurses, dentists, paramedics, emergency medical technicians performing aerosol-generating procedures on known or suspected COVID-19 patients.</i>
HIGH RISK	These are jobs with high potential for exposure to known or suspected sources of COVID-19.

	<i>Examples include: healthcare delivery and support staff, medical transport workers, mortuary workers involved in preparing persons who were known or suspected to have COVID-19 at the time of their death.</i>
MEDIUM RISK	<p>These are jobs that require frequent and/or close contact with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 cases.</p> <p><i>Examples include: any job requiring frequent contact with the general public and/or with high volumes of persons in a public setting, e.g. salon technicians, teachers, bus drivers, high-volume retail settings; personnel working in restaurants, couriers, etc.</i></p>
LOWER RISK	<p>These are jobs that do not require contact or have limited contact with people known to be or suspected of being infected with SARS-CoV-2.</p> <p><i>Examples include: any job with minimal occupational contact with the general public and/or other coworkers, e.g. administration staff, office workers.</i></p>

¹US Occupational Safety & Health Administration 3990-03 2020, Guidance on Preparing Workplaces for COVID-19

Using the above Risk Rating as a guide, it is essential to determine which occupational risk category your employees fall into. In doing so you must consider that different groups of employees may be exposed to different risk levels. You must also take into consideration whether or not you have any vulnerable employees in your workplace, i.e. those with pre-existing medical conditions, solid organ transplant recipients, employees with severe respiratory conditions or those with immunodeficiencies, pregnant employees, those with severe obesity. This information will determine the types of controls that may be needed in your workplace, in addition to the general infection prevention and control measures outlined in Section 3.0 above.

For workplaces with ten (10) or more employees, your safety and health committee will be useful in helping you to determine the occupational risk category of your employees and which workplace controls are practical at your business. Thus, we recommend making use of your safety and health committee to perform an occupational risk assessment.

See Appendix B for a sample risk assessment template that can be used by your health and safety committee when conducting an occupational risk assessment.

6.0 SITE CLEANING & DISINFECTION PROTOCOLS

Before employees return to work we recommend that thorough cleaning and disinfection of the work facility be conducted. Such cleaning and disinfection must be in compliance with the DOH Cleaning and Disinfection Guidance provided [here](#). Disinfection should focus on frequently touched and flat surfaces throughout the facility and must be done multiple times daily with EPA-approved disinfectants or a bleach solution only.

Examples of frequently touched surfaces, include:

- Door handles and push bars

- Coffee makers and water fountains (a means of cleaning and disinfecting between users is recommended)
- Telephones and other shared work equipment
- Toilet flush handles
- Refrigerator and microwave door handles (a means of cleaning and disinfecting between users is recommended)
- Conference/meeting room surfaces and touch points (a means of cleaning and disinfecting between users is recommended)
- Elevator buttons and photocopying machines (an alcohol-based hand sanitizer bottle or wipes can be placed inside the elevator(s) and near copy/machines so employees have the option of sanitizing before and/or after use)
- PIN pads, public use pens and cash drawers (in retail, banking, and other customer facing operations)

Personnel keyboards, desks, mobile phones, laptops and small personal tools that are frequently used only by one or two people can be disinfected less often. Individuals should be made responsible for cleaning and disinfecting their own workstations.

Where external cleaning services are provided, such companies must confirm that their cleaning and disinfection procedures are in compliance with DOH Guidelines, as a minimum. Additionally, such companies must confirm in writing that their employees have been adequately trained on the following topics (as a minimum):

- infection prevention and control;
- appropriate cleaning and disinfection procedures; and
- proper use, handling, storage of and PPE requirements for cleaning and disinfection chemicals.

Please note that much of this information for chemicals is contained in a chemical's safety data sheet (SDS). A copy of the SDS for all cleaning and disinfection chemicals must also be easily accessible for all cleaning personnel.

7.0 SITE OPERATIONS

We recognize that each business has its own unique operations and associated work hazards. In light of this it would be reasonable to expect that the infection prevention and control (IPC) measures will look slightly different in each workplace scenario. The recommendations below are intended to provide various industries with practical advice on how the IPC methods above can be implemented in each workplace scenario. As an employer, you are required to perform your due diligence to ensure all reasonable precautions are taken in each circumstance to protect the safety and health of your workers and visitors to your workplace.

7.1 Offices and banking services

Maintaining the office and physical distancing during phased re-opening

- Where possible increase ventilation rates within the office to recirculate fresh air into the workspace.
- Create buffer zones around individual work desks and cubicles to ensure increased physical separation between workers.
- Ensure multiple hand sanitization stations are placed throughout the office. At a minimum there should be one on each floor and, depending on the size of the office space, one for each work area or department.
- Where practicable ensure that all office meetings are held virtually. Where this is not possible ensure that a physical distance of at least 2 meters (6 feet) are maintained between attendees. This may necessitate the need for larger meeting spaces or the use of multiple conference rooms to facilitate a meeting. In such cases, no more than 10 people should be in a given meeting space at a time.
- Where located in a multi-office building, identify a designated entry and exit points, where possible, to minimize worker contact while moving through the worksite. Businesses can also consider implementing staggered work times, where practicable, to minimize excessive intermingling of workers
- Soft or porous items are moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and upholstered seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them.

Customer service areas (including lobbies, banking halls and special service areas)

- Erect a clearly visible sign informing customers and staff of the number of people allowed on site at a given time. Customers should be asked to not enter the building if they feel sick or exhibit any signs of illness.
- Customers must wear face masks within the banking areas and while waiting outside in the line.
- Six-foot social distancing measures must be followed and we recommend placing floor markers to assist customers in maintaining the distance while inside of the bank and while waiting in the line outside of the entrance.
- No more than 10 people must line up for services at a single teller, while maintaining a 6-foot spacing between each person. When a line of ten is decreased by one, another customer, from the waiting line outside of the entrance, can be allowed to enter the bank and join that line.
- If a lobby becomes crowded and social distancing guidelines cannot be met, customers must be asked to wait outside until others complete their banking, or a staff member can schedule an appointment.
- “Snake” or twisting lines for services with a teller should be altered to allow customers on both sides of the rope to be at least 6 feet apart.
- Plexiglas shields should be put up for tellers, receptionists, and customer service representatives. Employees may also wear face masks.
- Hand sanitizers should be made available at each teller window and on the desks of customer service representatives and receptionists.
- All public restrooms, ATMs, and drive-up canisters, and all high traffic areas should be thoroughly cleaned and disinfected frequently throughout the day.

- Reusable pens should not be provided, unless they are sanitized between each customer. Where this is not feasible, customers should take the bank pens used during their visit.

7.2 Construction, mechanical & landscaping

Site flow and use of work spaces

- No person (worker, contractor, subcontractor, architect, surveyor, delivery persons, etc.) displaying respiratory symptoms shall be allowed on site. Such persons must ensure proper hand hygiene and respiratory etiquette upon entry to the site and while working on site.
- Where possible, segregate the construction site into separate zones to ensure different crews/trades/subcontractors are physically separated at all times.
- Establish limits on the number of persons allowed in a work zone at a given time and plan work tasks to ensure that physical distancing can be maintained within a given work zone.
- Where feasible, split work crews and stagger work start, end and break times to minimize the number of people in close physical contact and excessive intermingling of workers when entering and exiting the worksite and while on rest breaks.
- Ensure all lunch rooms and break areas are not enclosed. Where covered break areas are required due to inclement weather, ensure that adequate ventilation is maintained.
- All employee safety talks and site orientations should take place outdoors and physical distancing should be enforced.
- Designate one-way staircases, where available, to minimize worker contact while moving through the worksite.
- Identify delivery zones at each worksite and ensure that delivery personnel are restricted to these zones only. Deliveries should be unloaded by designated site receivers only using appropriate PPE, while delivery personnel remain in their vehicles.
- Physical distancing will be difficult to maintain in close quarters of a project office or trailer. Thus, project offices and trailers should be off limits to all personnel that do not belong in them. Where practicable, meetings should be held outside.
- Physical distancing must also be maintained in the bike/bar parking lot. Workers must maintain a minimum 2 meter/6 foot distance from the adjacent vehicle.
- Where physical distancing cannot be maintained during a work activity additional PPE should be provided, e.g. appropriate face mask, face shield, etc. PPE chosen should be based on a risk assessment for the given task.

Materials handling and other work equipment

- Where possible materials handling equipment should be operated by a single user. Where this is not possible, ensure adequate cleaning and disinfection between users at all times.

Cleaning, Disinfection and Limiting internal touch points

- Where shared, all hand tools and other work equipment must be cleaned and disinfected between each use. Disinfecting wipes must be strategically and safety located at designated points through the work site.
- Where there are multiple floors on the construction site, disinfecting materials must be made available on each floor. All employees must be informed of cleaning and disinfecting procedures and the location of cleaning and disinfection supplies.

- Eliminate the use of a single pen for sign-in sheet for entry to the construction site
- Remove all doors and door handles, where possible. Where this is not possible a means of cleaning and disinfecting between users and/or the use of gloves is recommended. The use of gloves is never a substitute for proper hand hygiene. Workers must not touch their face when wearing gloves or with unwashed hands.
- Install additional sinks and sinks with physical separation between users where feasible
- Consider installing hands-free taps, paper towel dispensers and garbage cans

Maintaining a clean company vehicle (delivery personnel)

- Delivery drivers must get into the habit of cleaning and disinfecting the interior of their vehicle daily to minimize the risk of contamination. Frequently touched surfaces within the cab must be thoroughly cleaned and disinfected, including: steering wheels, gear shift, dashboard, all gauges, windows and door handles.
- Surfaces most frequently touched (i.e. steering wheel, gear shift, door handles) can be disinfected, using an appropriate disinfecting wipe, each time the driver gets into the vehicle.
- We encourage workers to have a small garbage bag or covered waste basket in the cab. This will ensure trash can be easily removed while cleaning the inside of the truck and will help eliminate odours.
- While driving, we encourage workers to increase ventilation in the cab by lowering windows. Where multiple persons are in the vehicle where social distancing is not possible, each employee must wear an appropriate face covering.
- Drivers should maintain proper hand hygiene in between deliveries with the use of hand sanitizer, where hands are not visibly soiled.

7.3 Warehouses

Maintaining physical distancing

- Where possible, segregate the warehouse into separate zones to ensure employees are physically separated at all times.
- Establish limits on the number of persons allowed in a work zone at a given time and strategically plan work tasks to ensure that physical distancing can be maintained within a given work zone.
- Split work crews and stagger work start, end and break times to minimize the number of people in close physical contact when entering and exiting the worksite and while on rest breaks.
- Ensure adequate ventilation is maintained throughout the facility and in break rooms.
- Encourage physical distancing between workers while on lunch and other breaks. This may include limited the number of persons in the lunchroom at a given time and creating additional spaces for employees to take a lunch break (including outdoor spaces).
- No person (worker, contractor, delivery persons, etc.) displaying respiratory symptoms shall be allowed on site. All workers and visitors must ensure proper hand hygiene and respiratory etiquette upon entry to the site and while on working site.
- Physical distancing must also be maintained in the bike/bar parking lot. Workers must maintain a minimum 2 meter/6 foot distance from the adjacent vehicle.

Materials handling and other work equipment

- Where possible materials handling equipment (i.e. forklifts, pallet jacks, etc.) should be operated by a single user. Where this is not possible, ensure adequate cleaning and disinfection of all equipment touch points between users at all times.
- Where shared, all hand tools and other work equipment must be cleaned and disinfected between each use. Disinfecting wipes must be strategically and safely located at designated points through the work site.
- Where there are multiple floors on the construction site, disinfecting materials must be made available on each floor. All employees must be informed of cleaning and disinfecting procedures and the location of cleaning and disinfection supplies.

Maintaining a clean vehicle (delivery personnel)

- Delivery drivers must get into the habit of cleaning and disinfecting the interior of their vehicle daily to minimize the risk of contamination. Frequently touched surfaces within the cab must be thoroughly cleaned and disinfected, including: steering wheels, gear shift, dashboard, all gauges, windows and door handles.
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- While driving, we encourage workers to increase ventilation in the cab by lowering windows. Where multiple persons are in the vehicle where social distancing is not possible, each employee must wear an appropriate face covering.
- Drivers should maintain proper hand hygiene in between deliveries with the use of hand sanitizer, where hands are not visibly soiled.

7.4 Auto Dealers

Maintaining physical distancing

- Consider limiting entry points, using floor markings to identify distances to be kept apart by customers.
- Install Plexiglas barriers (sneeze guards) between customers and customer facing employees.
- If service bays are fairly close together, you can consider using every other service bay or restrict the number of persons in the shop at a given time.
- Consider strategic job planning to ensure that workers are in different parts of the shop at a given time and the need to interact is minimized.
- Physical distancing must also be maintained in the bike/bar parking lot. Workers must maintain a minimum 2 meter/6 foot distance from the adjacent vehicle.

Mechanical shop and work equipment

- Ensure adequate ventilation with the shop and, where possible, increase ventilation rates throughout the facility
- Before a vehicle is worked on, mechanics must ensure that all touch points are disinfected including, keys, door handles, steering wheels, gear stick, and all controls. Vehicle touch points must also be disinfected before and after test driving.
- Eliminate sharing of work tools and equipment between mechanics. Where this is not possible, touch points on work tools and equipment should be disinfected before and after use. Adequate disinfecting supplies must be provided and all mechanics must be informed of where they are stored. Designated waste bins must also be provided.
- Adequate PPE must be provided to all mechanics. PPE is only effective if worn correctly. Ensure PPE training outlines proper fit, use, care, putting and taking off, maintenance, cleaning and limitations of the PPE. When handling chemicals all safety precautions as outlined in the safety data sheet (SDS) must be followed.

7.5 Retail Operations

Maintaining physical distancing (during Phase 2 Operations)

- Where possible continue to provide online ordering, delivery or curbside pickup to reduce the need for customers to enter your store
- Manage entry to the store allowing only a limited number of customers at a given time. The number of customers allowed into your business will depend on the size of your store and the ability of persons to maintain a physical distance of 2 meters/6 feet where possible while shopping.
- Erect signage throughout your store to remind customers to follow the physical distancing requirement.
- Consider establishing permanent measures to manage traffic flow throughout your store, such as floor markings and barriers.
- Erect Plexiglas barriers between customers and your employees upon checkout.
- Consider rescheduling unnecessary visits from supply chain partners, vendors, delivery personnel or other non-essential personnel to a later time.
- Physical distancing must also be maintained in the bike/bar parking lot. Workers must maintain a minimum 2 meter/6 foot distance from the adjacent vehicle.

8.0 RISK MANAGEMENT

Once your business re-opens it is essential that protocols are in place to outline what employees must do if they develop respiratory or flu-like symptoms when at work. These protocols must outline, as a minimum, who employees must report to, what information is reported and who maintains this information. We recommend that the person(s) in charge of maintaining accident/dangerous occurrence reports and other occupational safety and health issues at your business should be responsible for this.

We also recommend that a specific location be designated for employees who develop respiratory or flu-like symptoms at work, to ensure that they are adequately isolated from the rest of the workforce. This location must be communicated to all employees so that they can report to this area, as needed. All areas where these employees have been must be cordoned off and appropriately cleaned and disinfected.

Should first aid be required for someone displaying respiratory or flu-like symptoms, first aid attendants must take additional precautions to protect themselves, such as wearing an N95 or equivalent respirator, face shield and nitrile gloves when treating a worker.

Likewise, if such employees require healthcare treatment, this must be reported to the Occupational Safety & Health (OSH) Office within the Department of Health, on the OSH 1 Form. This form can be found [here](#) and must be submitted to the OSH Office within seven (7) days of the worker taking sick.

APPENDICES

APPENDIX A

Sample Screening Questionnaire for employees returning to work after the shelter in place due to COVID-19

Business Name	
Employee Name:	Department:
Immediate Supervisor/Manager:	
Question 1. Have you had any of the following new symptoms: fever, chills, cough (either new or different than your usual cough), sore throat, shortness of breath, or any other flu-like symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question 2. Have you been in close contact (less than 2 meters/6 feet), or prolonged contact (more than 2-3 minutes) with someone who is known or suspected to have COVID-19, without using infection prevention and control precautions described in the above guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Note:</p> <p><i>Individuals who answer YES to ANY of the above questions OR have a temperature greater than 100.4°F (38°C) must stay at home, follow the Guidance of the Department of Health and self-isolate for the period required. Notify your immediate supervisor and/or OSH representative.</i></p> <p><i>If at any time a physician confirms the cause of an employee's fever or other symptoms are not a result of COVID-19 and approve them to return to work, the employee can return with a written authorization from their physician.</i></p>	

APPENDIX B

Occupational Safety & Health Risk Assessment Template

Business Name:				Risk Assessment Conducted by:		
Date of next review:				Date of Risk Assessment:		
What are the hazards ¹ in BUSINESS NAME?	Who might be harmed and how?	What are we already doing to control the risks?	What further action do we need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Date of completion

¹Note: A hazard is defined as anything in your workplace that could potentially cause injury to your employees or make your employees sick. This could be a result of the tasks your employees are performing or the environment in which they're performing the task. Hazards can be classified as any one of the following:

- **Chemical hazard** – any chemical or chemical mixture that can be harmful to health (e.g. toluene, paint thinners, acetone).
- **Musculoskeletal hazard** – anything that could impact or cause injury to the musculoskeletal system of a worker. This could be a result of sustained awkward postures when working (e.g. working in a crouched position), highly repetitive tasks (e.g. excessive and prolonged typing), and tasks requiring large forces to complete (e.g. manually handling a heavy object).
- **Health hazard** – any biological organism or product of a biological organism that can make a worker sick (e.g. bacteria, viruses, mold)
- **Physical hazard** – any extreme form of energy that could negatively impact a worker (e.g. noise, extreme heat, extreme cold, radiation)
- **Psychosocial hazard** – anything that could impact a worker mentally and impair their ability to work (e.g. violence, harassment, stress, fatigue)
- **Safety hazard** – anything in the workplace environment that could cause injury to a worker (e.g. a machine with no guard, slippery floors, trip hazards, working above 6 feet)

APPENDIX C

COVID-19: Safety & Health Measures Taken to Ensure the Continuity of Activities and Services Provided by Allied Health Professionals

These actions refer to clinical staff such as phlebotomists, diagnostic staff (e.g., cardiographers), radiographers, physiotherapists, occupational therapists, speech-language pathologists, optometrists and other CAHP-registered staff where it is not possible to achieve physical distancing of at least 2 meters / 6 feet because the nature of the service requires body contact or close proximity. This advice refers to clinical services provided in hospitals, primary care, workplaces, schools and other settings.

1. Make patient safety the highest priority when considering the provision of allied health services, items and procedures during the COVID-19 pandemic.
2. Consider making changes to workflow and complying with the host facility's current infection control protocols, such as frequent hand washing / use of hand sanitizer, and wearing face coverings.
3. Consider whether to provide the service at this time for staff and client safety, particularly if the client is elderly or has pre-existing medical conditions.
4. Think about how the service can be modified to reduce the risk and review frequency and length of face-to-face visits, potentially providing fewer, shorter visits.
5. Explore telehealth service delivery options, such as video conferencing, as the preferred approach, including technology to provide clinics / services where appropriate to substitute a face-to-face consultation.
 - a. In response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available.
 - b. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting, Webex, and others.
 - Free versions of these applications (i.e., non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.
6. Avoid working if **NOT** well.
7. Do not provide the service to someone who has flu-like symptoms, is feverish, has travelled overseas or been in contact with a confirmed case of coronavirus (COVID-19) in the last 14 days.
8. Keep doors and windows open where possible.
9. Display a clear sign for patients/clients to read on entry or provide information handouts about how you are going to protect their safety and your own.
10. While clients are waiting ensure separation of at least 2 meters / 6 feet.
11. Consider the setup of the therapy room and the placement of the activities. For small groups, set up the activity only at each end of a 6-foot long table.
12. Implement the practice of all clients washing their hands with soap and water or use of hand sanitizer upon arrival at the facility / clinical room.
13. Always use a hand sanitizer before and after providing the service, or wash hands with soap and water.
14. If you can, wear a facial mask and eye goggles (if not available, use wide-rimmed glasses) for face-to-face sessions.
15. Use a new mask for each client. Clean your goggles/glasses each time, if they are reusable.
16. Clean and disinfect any equipment that was used.

17. Clean and disinfect all materials to be used with all clients before and again, when the materials are returned to the AHP.
18. Dispose of tissues and masks in a sealed plastic bag and put in the general waste.
19. Clean and disinfect surfaces before the first session of the day and those touched by the client immediately after the service has been provided.
20. Use a well-ventilated room or clinical space at the host facility / school.

Additional Actions for Residential Aged Care Facilities / Nursing Homes

These conditions apply to all visitors regardless of age, including essential staff, visiting service providers – including people providing care and support and end of life support.

1. Assessments and clinical activities will be postponed, if doing so does not have adverse impacts on the health of the resident.
2. AHPs will be directed to visit only the resident.
3. AHPs will be directed to wear personal protective equipment, such as face masks.
4. AHPs will perform hand hygiene before entering and after leaving the resident's room.
5. Visits / sessions will be conducted in a resident's room or outdoors, not in communal areas.
6. AHPs will practice physical distancing where possible, including maintaining a distance of at least 2 meters / 6 feet.
7. AHPs must be able to recognize the early signs and symptoms of coronavirus (COVID-19) in themselves and their clients.
8. Hand sanitizer will be provided in prominent places around the facility (particularly entry points or high use areas such as reception desks, change rooms, or toilets). The dispensers will be regularly refilled.
9. Family members will be informed of the actions the AHP is taking.

APPENDIX D

Additional Resources – The following resources are provided to assist your business return to work efforts. Where mentioned, the legislative references do not apply in Bermuda. Consult Bermuda’s Occupational Safety & Health Act 1982 and Occupational Safety & Health Regulations 2009 for legislative requirements that apply in Bermuda.

Source	Resource	URL
CONSTRUCTION		
Infrastructure Health & Safety Association	Guidance on Construction Facility Hygiene during COVID-19	https://www.ihsa.ca/pdfs/alerts/COVID19/guidance-on-construction-facility-hygiene-during-covid-19.pdf
	Best Practices for the Employer- Responding to a Suspected COVID-19 Exposure	https://www.ihsa.ca/pdfs/alerts/COVID19/best-practices-workplace-responsibilities-employer-in-construction-industry.pdf
	Guidance on Tool Sharing (Hand Tools) Constructor/Employer Procedure During COVID-19	https://www.ihsa.ca/pdfs/alerts/COVID19/guidance-on-tool-sharing-constructor-employer-procedure-during-covid-19.pdf
Calgary Construction Association	Pandemic Planning for the Construction Industry – A Guide	https://www.ihsa.ca/pdfs/alerts/COVID19/guidance-on-tool-sharing-constructor-employer-procedure-during-covid-19.pdf
Utilities		
Infrastructure Health & Safety Association	Guidance on Performing Powerline Technician (PLT) Tasks During COVID-19	https://www.ihsa.ca/pdfs/alerts/COVID19/guidance-on-performing-powerline-technician-plt-tasks-during-covid-19.pdf
RETAIL		
Workplace Safety & Prevention Services	Guidance on Health and Safety for the Retail General Labour Employees during COVID-19	https://www.wsps.ca/WSPS/media/Site/Resources/Downloads/covid-19-retail-labour-employees-health-and-safety-guidance.pdf?ext=.pdf
HOSPITALITY		
Workplace Safety & Prevention Services	COVID-19 Health and Safety Guidance for Tourism and Hospitality Sector	https://www.wsps.ca/WSPS/media/Site/Resources/Downloads/covid-19-tourism-health-and-safety-guidance.pdf?ext=.pdf
GENERAL		
Health & Safety Executive	Social Distancing in the workplace during coronavirus (COVID-19): Sector guidance	https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance
	Sample Risk Assessments	Offices - https://www.hse.gov.uk/risk/casestudies/pdf/office.pdf Food Preparation Service - https://www.hse.gov.uk/risk/casestudies/pdf/foodprep.pdf Motor Vehicle Repair Shops - https://www.hse.gov.uk/risk/casestudies/pdf/mvr.pdf Warehouse - https://www.hse.gov.uk/risk/casestudies/pdf/warehouse.pdf

