

EXPOSURE CONTROL PLAN – COVID-19

Coast Mountain College

2020

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SCOPE

This exposure control plan (ECP) applies to Coast Mountain College staff who could be exposed to the COVID-19 virus while doing their assigned work.

STATEMENT OF PURPOSE

Coast Mountain College is committed to providing a safe and healthy workplace for all of our staff. A combination of preventative measures will be used to minimize worker exposure to the COVID-19 virus, including the most effective control measures available. Our work procedures will protect not only our employees, but also other workers and/or the public who enter our facilities, including our students. Safety is a shared accountability and it requires everyone's participation in maintaining protocols to be effective. All employees must follow the procedures outlined in this plan to prevent or reduce exposure to the COVID-19 virus.

The purpose of this ECP is to protect employees from harmful exposures to the COVID-19 virus, to reduce the risk of infection in the event of an exposure, and to comply with the WorkSafeBC Occupational Health and Safety Regulation 5.54 and 6.3, Exposure Control Plan.

Coast Mountain College will strive to find ways to control or eliminate exposure to the COVID-19 virus by developing and implementing proper risk controls, establishing safe work practices, raising awareness, and providing education and training for our employees. Coast Mountain College will follow direction and controls as specified by the BC CDC (BC Centre for Disease Control), the BC Ministry of Health, and the Provincial or Northern Health Medical Health Officer while continuing to monitor and liaise with these authorities on changes that may impact the institution.

ACRONYMS

BC CDC – British Columbia Centre for Disease Control

ECP – Exposure Control Plan

MHO - Medical Health Officer

PHAC – Public Health Agency of Canada

PPE – Personal protective equipment

SWP – Safe work practice

WHO – World Health Organization

RESPONSIBILITIES

NOTE: These responsibilities may change as the situation evolves as directed by an assigned cross-functional team, which is active during the pandemic period.

Coast Mountain College:

- Ensure that the materials (gloves, alcohol-based hand rubs, and washing facilities) and other resources (such as worker training materials required to implement and maintain the plan) are readily available where and when they are required. If due to supply chain disruption, Coast Mountain College becomes unable to obtain the necessary resources, Coast Mountain College will advise the appropriate emergency agency and re-evaluate this plan and the ability to continue to conduct activities that rely on those supplies for safe operation.
- Select, implement and document the appropriate site or scenario-specific control measures.
- Ensure that supervisors and employees are educated and trained to an acceptable level of competency.
- Ensure that employees use appropriate personal protective equipment – for example, gloves, gowns, eye protection, masks or respirators when required.
- Conduct a monthly periodic review of the plan's effectiveness.
- Maintain records as necessary. Monthly meeting minutes transmitted to JOH&SC.
- Ensure that a copy of the exposure control plan is available to managers, supervisors and employees.
- Through the CMTN safety working group and Health and Safety, modify service models and levels, using a risk-based approach, unless otherwise ordered by national, provincial or local health authority.
- Ensure Managers/Supervisors follow the direction of the CMTN safety working group and Health and Safety.

Health and Safety:

- Ensure the exposure control plan is reviewed and updated as necessary.
- Support the development of supporting resources (such as Tool Box Talks, FAQs, posters, SWPs).
- Assist with the risk assessment process and consult on risk controls, as needed.
- Ensure a system for documenting instruction, training and fit testing is in place. (The OHS committee will identify, consult, make recommendations and advise. The system would need to be developed and sent to the committee to provide the above support.)

Managers:

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- Assess the risk(s) related to the COVID-19 virus for the positions under their management.
- Ensure that awareness and information resources are shared with employees.
- Ensure and provide training, SWPs, PPE and other equipment as necessary.(Ensure training is provided by respective area Manager/Supervisor, signed off on by employee and manager, documented properly and correctly stored in employee file/ registration for students)
- Ensure employees have been trained on the selection, care, maintenance and use of any PPE, including fit testing for those employees who may be issued a respirator.
- Direct work in a manner that eliminates and if not possible, minimizes the risk to employees.
- Ensure employees follow SWPs, use PPE.

Note: Importance of training: each employee will need training based on the risk assessment of their department. They will also need general training on the basics of COVID, how it transmits, risks involved etc. so in an unexpected situation they are able to complete a personal risk assessment and remove themselves from harm's way. WorksafeBC will be interested in the documentation and sign off of such training.

Workers:

- Review information resources; ask questions and follow-up with supervisor to ensure understanding and adherence.
- Take part in training and instruction.
- Review and follow related SWPs.
- Selection, care, maintenance and use any assigned PPE as trained and instructed.
- Take part in fit testing if issued a respirator.
- Rely on information from trusted sources including Coast Mountain College, Northern Health, BC CDC, PHAC and WHO.
- Do not visit campus if unwell, leave campus immediately if you become unwell.
- Understand how exposure can occur and when and how to report exposure incidents.
- For greater clarity, report COVID-19 symptoms to manager/instructor, complete BC Self-Assessment Tool, contact 8-1-1 as appropriate and follow the directions of Northern Health and/or the Provincial MHO.
- Manager/instructor may connect with HR or Student Services if there are concerns. Contact tracing and decisions pertaining to COVID remains with health authorities.

COVID-19 virus

The COVID-19 virus is transmitted via larger liquid **droplets** when a person coughs or sneezes. The virus can enter through these droplets through the eyes, nose or throat if an employee is in close contact with a person who carries the COVID-19 virus. The virus is not known to be airborne (e.g. transmitted through the particles floating in the air) and it is not something that comes in through the skin. The COVID-19 virus can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze.

Droplet Contact: Some diseases can be transferred by large infected droplets contacting surfaces of the eye, nose, or mouth. For example, large droplets that may be visible to the naked eye are generated when a person sneezes or coughs. These droplets typically spread only one to two metres and are too large to float in the air (i.e. airborne) and quickly fall to the ground. Influenza and SARS are two examples of diseases capable of being transmitted from droplet contact. **Currently, health experts believe that the COVID-19 virus can also be transmitted in this way.**

Airborne transmission: This occurs when much smaller evaporated droplets or dust particles containing the microorganism float in the air for long periods of time. Transmission occurs when others breathe the microorganism into their throat or lungs. **Currently, health experts believe that the COVID-19 virus cannot be transmitted through airborne transmission.**

Resources:

Please review the Public Health Agency of Canada poster below.

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

PREVENTION

The best way to prevent the spread of infections is to:



- ▶ wash your hands often with soap and water for at least 20 seconds



- ▶ avoid touching your eyes, nose or mouth, especially with unwashed hands



- ▶ avoid close contact with people who are sick



- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs



- immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards



- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs.



- ▶ stay home if you are sick to avoid spreading illness to others

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:



- ▶ stay home to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance



- ▶ call ahead before you visit a health care professional or call your local public health authority
 - tell them your symptoms and follow their instructions



- ▶ if you need immediate medical attention, call 911 and tell them your symptoms.

FOR MORE INFORMATION ON CORONAVIRUS:

☎ 1-833-784-4397

@ canada.ca/coronavirus

✉ phac.info.aspc@canada.ca

RISK ASSESSMENT

The following risk assessment table is adapted from WorkSafeBC Occupational Health and Safety Regulation Guideline G6.34-6. Using this guideline as a reference, we have determined the risk level to our workers, depending on their potential exposure in the workplace.

See Appendix A for the chart outlining the level of risk and controls for these workers.

Table 1: Risk assessment for pandemic influenza

	Low Risk Workers who typically have no contact with infected people.	Moderate risk Workers who may be exposed to infected people from time to time in relatively large, well-ventilated workspaces. Usually Healthcare.	High risk Workers who may have contact with infected patients or with infected people in small, poorly ventilated workspaces. Usually Healthcare.
Hand Hygiene	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)	Yes (washing with soap and water, using an alcohol-based hand rub, or using hand wipes that contain effective disinfectant)
Disposable gloves	Not required	Not required, unless handling contaminated objects on a regular basis	Yes , in some cases, such as when working directly with infected patients.
Aprons, gowns, or similar body protection	Not required	Not required	Yes , in some cases, such as when working directly with infected patients.
Eye protection – goggles or face shield	Not required	Not required	Yes , in some cases, such as when working directly with infected patients.
Airway protection – respirators	Not required	Not required	Yes (minimum N95 respirator or equivalent).

RISK CONTROL

The Regulation requires Coast Mountain College to implement infectious disease controls in the following order of preference:

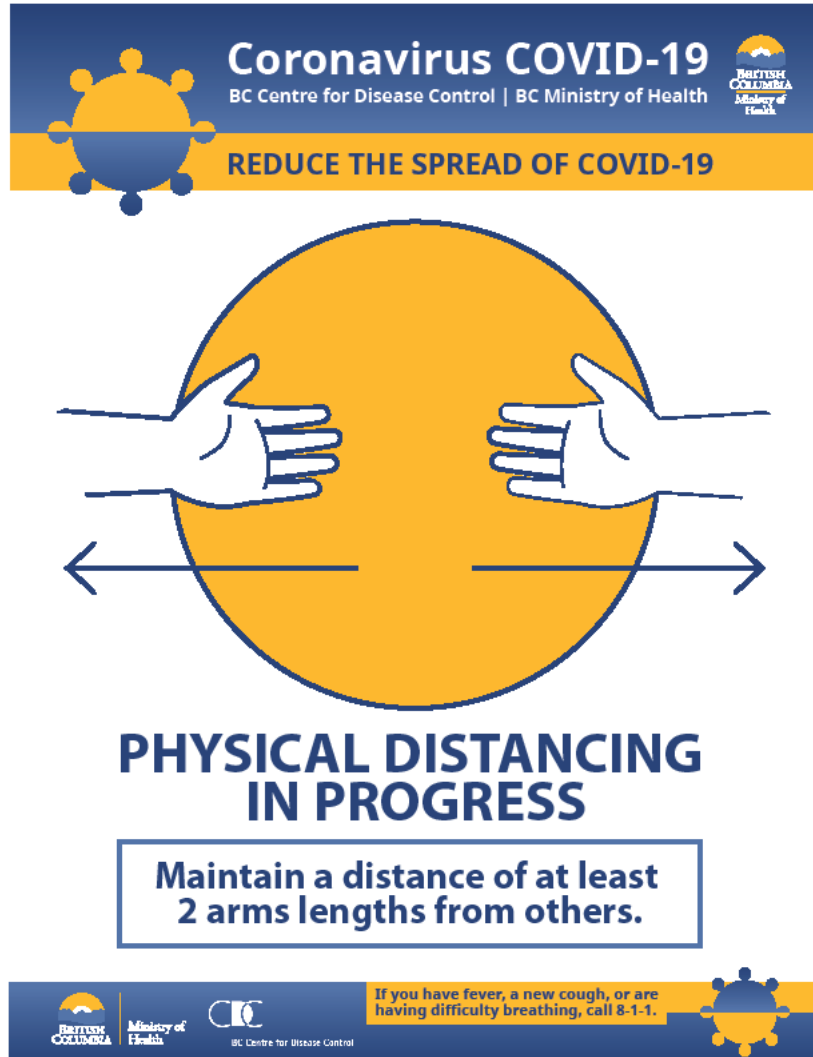
Controls used to mitigate the risks of exposure include:

- Elimination
- Engineering Controls
- Administrative Controls
- Education and Training
- Safe Work Practices
- Personal Protective Equipment

Elimination controls are those that remove the risk of contracting COVID-19 in the workplace. This includes eliminating face-to-face contact, by modifying service delivery to rely on video conferencing, phone, email or regular mail.

Engineering controls are those that alter the work environment to create a safe space. This would include distance controls (2 meters or greater) at reception counters or working inside an enclosure or behind a partition when helping customers or students. If practicable, conduct financial transactions by electronic means rather than cash or cheque. Additional examples may include physical barriers, which limit personal human contacts.

Resource: please see the Ministry of Health poster.



Administrative controls are procedures that can be implemented to reduce the risk of COVID-19 transmission, which include:

- Hand washing and cough/sneeze etiquette (cover your mouth and nose with a sleeve or tissue when coughing or sneezing).
- Allow a reasonable personal distance space to reduce human-to-human transmission.
- Increase cleaning frequencies for shared work surfaces and equipment and tools, including shared vehicles.
- Alternating schedules to reduce the number of people in an area.

Personal Protective Equipment is the last resort of mitigation strategy and includes using PPE for protection against transmission such, as wearing masks, respirators, gowns or aprons, gloves, goggles and/or face-shields. The use of PPE is required in high-risk situations, such as dealing with infectious people.

SAFE WORK PRACTICES

Safe Social Interactions

Physical distancing means limiting close contact with others by keeping two meters (six feet) away from one another. Showing mutual consideration means that even as you greet others, you can turn your face away, step over a few feet, walk in a different direction. Waves are the new handshake, meetings are brief or virtual, masks are stashed in bags when they are not in use or disposed of safely. Don't assume others are practicing safety the way you are. Share your preferences with others so that they can learn from your experience and so they know how to support you.

Be aware that each individual is facing their own challenges at home and work that are shaping their needs in different ways than yours. In the event that you feel another person's behaviour is putting your safety at risk, be respectful and understanding of others autonomy. Seek advice, remove yourself from situations that don't meet your needs, and do so in ways that are respectful and preserve relationships.

Hand Hygiene

Hand washing, proper coughing and sneezing etiquette, and not touching your face are the key to the prevention of transmission and therefore minimize the likelihood of infection. Proper hand washing helps prevent the transfer of infectious material from the hands to other parts of the body – particularly the eyes, nose, and mouth – or to other surfaces that are touched.

Wash your hands "well" and "often" with soap and water for at least 20 seconds (the time it takes to hum the "Happy Birthday" song twice). If soap and water is not available, use an alcohol-based hand rub to clean your hands.

"Often" includes:

- upon arriving and when leaving work
- after coughing or sneezing
- after bathroom use
- when hands are visibly dirty
- before, during and after you prepare food
- before eating any food (including snacks)
- before using shared equipment

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“Well” means:

- wet hands and apply soap
- rub hands together vigorously for at least 20 seconds ensuring the lather covers all areas – palm to palm, back of hands, between fingers, back of fingers, thumbs, fingernails (using palm) and wrists
- rinse hand thoroughly with water
- dry your hands with paper towel (or a hand dryer), use the paper towel to turn off the tap and open the door, dispose of the paper towel

Additionally:

- Avoid touching your eyes, nose or mouth with unwashed hands
- Use utensils: consider using forks, spoons or tooth picks when eating and serving foods (especially snacks or “finger foods”)

Resource: BC CDC Hand Hygiene poster

Coronavirus COVID-19
BC Centre for Disease Control | BC Ministry of Health



Hand Hygiene

**SOAP OR ALCOHOL-BASED
HAND RUB: Which is best?**



Either will clean your hands:
use soap and water if hands
are visibly soiled.



Remove hand and wrist jewellery

HOW TO HAND WASH



1 Wet hands with warm (not hot or cold) running water



2 Apply liquid or foam soap



3 Lather soap covering all surfaces of hands for 20-30 seconds



4 Rinse thoroughly under running water



5 Pat hands dry thoroughly with paper towel



6 Use paper towel to turn off the tap

HOW TO USE HAND RUB







1 Ensure hands are visibly clean (if soiled, follow hand washing steps)



2 Apply about a loonie-sized amount to your hands



3 Rub all surfaces of your hand and wrist until completely dry (15-20 seconds)

COVID-19_HA_001

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



Cough and Sneeze Etiquette

All staff are expected to follow cough/sneeze etiquette, which are a combination of preventative measures that minimizes the transmission of diseases via droplet or airborne routes. Cough and sneeze etiquette includes the following components:

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing to reduce the spread of germs
- Use tissues to contain secretions, and immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- Turn your head away from others when coughing or sneezing

Use of masks

The [BC CDC](#) recommends that masks can be worn to keep others safe. Masks should be worn by sick people to prevent transmission to other people, and by those who are caring for those who are ill. A mask will help keep a person's droplets in.

Masks are likely to increase the number of times a person will touch their own face (e.g., to adjust the mask). Any use of masks must also be done in conjunction with proper hand washing and physical distancing. **Any mask, no matter how efficient at filtration or how good the seal, will have minimal effect if it is not used together with other preventive measures, such as frequent hand washing and physical distancing.**

Medical masks and N95 respirators should be reserved for healthcare workers. Some people can spread the virus when they have very mild symptoms or may be unaware they are infected. In this case, wearing a [non-medical mask](#) can help in containing a person's own droplets and protect others but it will not protect the wearer from COVID-19.

Use of N95 Respirators

The N95 mask is typically worn by workers directly involved in an **aerosol** generating medical procedure (as defined by Health Canada). An N95 mask is a protective barrier that is worn on the face, covers at least the nose and mouth, and is used to contain large droplets generated during coughing and sneezing. N95s help minimize the spread of potentially infectious material. **N95 masks must be fit tested.** Medical masks and N95 respirators should be reserved for healthcare workers.

How to Put on a Non-medical Mask or Face Covering

1. Ensure the face covering is clean and dry.
2. Wash your hands with warm water and soap for at least 20 seconds before touching the mask.
 - If none is available, use hand sanitizer with a minimum 60% alcohol base.
3. Ensure your hair is away from your face.
4. Place the face covering over your nose and mouth and secure to your head or ears with its ties or elastics.
 - Adjust if needed to ensure nose and mouth are fully covered.
 - The mask should fit snugly to the cheeks and there should not be any gaps.
5. Repeat Step 2.

While wearing a non-medical mask or face covering, it is important to avoid touching your face. If you do touch your mask or face, you should immediately wash your hands with warm water and soap for at least 20 seconds. You can also use hand sanitizer with a minimum 60% alcohol base.

How to Remove Non-medical Mask or Face Covering

1. Wash your hands with warm water and soap for at least 20 seconds.
 - If none is available, use hand sanitizer with a minimum 60% alcohol base.
2. Remove the face covering by un-tying it or removing the loops from your ears.
 - Avoid touching the front of the mask when removing it.
 - It can be placed in a plastic bag temporarily if you are not at home.
 - Make sure you close or zip seal the bag while storing it.
3. After removing the face covering, repeat Step 1.

Cleaning and Disposing of Non-medical Mask or Face Covering

If you plan to reuse the mask, wash it before wearing it again. Change your cloth mask as soon as it gets damp or soiled by:

- putting it directly into the washing machine
- washing it with other items using a hot cycle, and then dry thoroughly

Non-medical masks that cannot be washed should be discarded and replaced as soon as they get damp, soiled or crumpled. After use:

- dispose of masks properly in a lined garbage bin
- do **not** leave discarded masks on the ground

Activity and Industry Specific Safe Work Practices

Provincial authorities are providing guidelines to guide specific activities and industry considerations that Coast Mountain College will access. This includes accommodation, gyms and fitness centers, parks, camping and tourism, performing arts, retail, and restaurants.

Additional Safe Work Practices

Additional safe work practices are being developed as Coast Mountain College responds as part of the COVID-19 response. These practices are department specific and are highly dependent on the type of work being done.

EDUCATION AND TRAINING

Coast Mountain College in response to the COVID-19 virus has established the following means of sharing information across the organization:

- COVID-19 information button on Coast Mountain College main webpage
- COVID-19 information page on my.Coastmountaincollege.ca
- Coast Mountain College staff emails – sent on a regular basis

As COVID-19 is a public health matter, information noted above is intended for all staff.

Joint Occupational Health and Safety is working with various departments to create safe work procedures and provide training as needed in collaboration with the Supervisors and Managers. OHS must advise, review and consult and make recommendations. Each manager/supervisor will provide appropriate training based on the risk assessment in their specific work environment.

HEALTH MONITORING

During the COVID-19 pandemic all workers are required to monitor their health actively on a daily basis. Identifying COVID-19 is difficult, and it is important that anyone unwell stays home and access all the supports available.

Those unwell or required to self-isolate and are not permitted to attend face-to-face activities. If this applies to any worker, they are required to:

1. Advise their supervisor by phone if they must leave, be absent and/or there are WorksafeBC requirements;
2. Complete the [BC Self-Assessment tool](#), call 8-1-1 for advice, and follow all directions provided by health care professionals;

3. Work with their supervisor to navigate any impacts on work in accordance with established policies and procedures.

Identifying COVID-19 is difficult, and it is important that anyone unwell stays home and access all the supports available. A medical diagnosis is not required by CMTN; when an employee chooses to share their diagnosis, it will remain confidential. Experiencing illness is normal, learn about the [stigma associated with COVID-19](#).

Employees are invited to contact HR in the event they wish confidential support; please reach out to Jennifer Farrow, Director Organizational Development or Stephanie Pellegrino, HR Advisor.

The HR and Health & Safety teams understand that this is a time of tremendous uncertainty and that it is very normal to experience a wide range of emotional reactions, including an increase in anxiety. Coast Mountain College's EAP provider [FSEAP](#) is available to assist you and your family 24/7/365 should you have any questions and concerns regarding COVID-19. Students have access to services to support their [health and wellness](#).

The Red Cross also has information about [preparing emotionally for disaster and emergencies](#).

CONFIRMED CASES

With no known vaccine or treatment currently available for COVID-19, reopened campuses could experience confirmed cases of the virus.

Protocols for confirmed cases, including testing, contact tracing, isolation, and monitoring are outlined by the BC Center for Disease Control and supported through the health authorities. Coast Mountain College will support any requests from provincial authorities as required, but does not undertake any activities related to managing confirmed cases directly.

If an employee, student, or participant of CMTN receives a confirmed positive diagnosis of COVID-19 they should follow the steps outlined under health monitoring.

Coast Mountain College will communicate on the advice and guidance of provincial authorities and in accordance with established protocols.

RECORD KEEPING

Records shall be kept as per Coast Mountain College's already established processes. Record of reported cases at HR for staff and registration for students; departments are accountable for records pertaining to others such as contractors and visitors.

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APPENDIX A: CMTN POSITION-SPECIFIC RISK ASSESSMENT CHART

POSITION	LEVEL OF RISK	CONTROL PROCEDURES
Front Counter Staff	Low to Moderate	Regular and effective hand hygiene, physical distancing
Instructors (Clinical) – on campus	Low to Moderate	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment
Instructors (Clinical) – during clinical placements at non-Coast Mountain College healthcare facilities	High	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment- Note: Staff and Students will not be placed on COVID-19 designated wards or work with COVID-19 affected patients.
Instructors (Trades)	Low to Moderate	Regular and effective hand hygiene, alternate course delivery models, physical distancing, increased sanitization processes, personal protective equipment as outlined in Operating Guideline
Instructors (other)	Low	Regular and effective hand hygiene, alternate course delivery models, working from home. Regular and effective hand hygiene, or as outlined in Operating Guideline
Facilities and Grounds workers	Low	Regular and effective hand hygiene, physical distancing. Regular and effective hand hygiene
Managers	Low	Regular and effective hand hygiene, physical distancing, working from home where possible
General Administrative Staff	Low	Regular and effective hand hygiene, physical distancing, working from home where possible
First Aid Attendants	Moderate to High	Regular and effective hand hygiene, physical distancing where possible, personal protective equipment
Tool Room Attendants	Moderate	Regular and effective hand hygiene, personal protective equipment
Food Services Staff	Low	Regular and effective hand hygiene, physical distancing, increased

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		sanitization processes, personal protective equipment
Custodial (Instructional and general areas)	Low to Moderate	Regular and effective hand hygiene, physical distancing, increased sanitization processes, personal protective equipment
Custodial (Housing)	Low to Moderate	Regular and effective hand hygiene, physical distancing, increased sanitization processes, personal protective equipment
Instructors (Labs) – Healthcare programs – during lab courses	High	Regular and effective hand hygiene, physical distancing where possible, increased sanitization processes, full healthcare personal protective equipment where required.
Instructors (Labs) – Sciences – during lab courses	Low to moderate	Regular and effective hand hygiene, physical distancing, increased sanitization processes.
Instructors - field schools and field trips	Moderate to High	Alternate course delivery models. Regular and effective hand hygiene, physical distancing, increased sanitization processes.
Information Technology (IT) staff	Low to moderate	Regular and effective hand hygiene, physical distancing, increased sanitization processes. , personal protective equipment when unable to maintain physical distancing and/or when working on equipment that cannot be sanitized.
Campus Store staff	Low to moderate	Regular and effective hand hygiene, physical distancing, increased sanitization processes.

APPENDIX B: CLEANING FREQUENCY AT COAST MOUNTAIN COLLEGE

These recommendations are based on the BC CDC standards and in collaboration with BCNET.

Shared equipment during face-to-face class:

Frequency: In between students as determined by each program/class

Examples: As determined by each program/class

Responsible: Instructors and students (students to wipe their desks and chairs before and after class using spray and paper towels provided disposing spent towels in container). Trades, Nursing, Food Services and other specialized areas-check specific area guidelines.

Frequently-touched surfaces:

Frequency: At least twice per day

Examples: *door knobs, light switches, bathrooms, handrails, taps, telephones, keyboards, mice, pens, cell phones, toys*

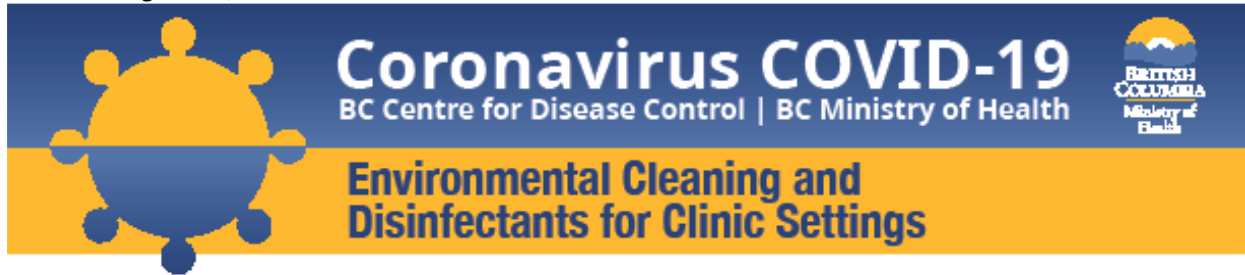
Responsible: *Custodial/Staff/Students*

General cleaning of classrooms, shops, labs with face-to-face instruction:

Frequency: Once per day

Examples: Chairs, tables, *floors*, to be determined based on type of activity.

Responsible: *Custodial/ Staff/Students*



Cleaning: the physical removal of visible soiling (e.g., dust, soil, blood, mucus). Cleaning removes, rather than kills, viruses and bacteria. It is done with water, detergents, and steady friction from cleaning cloth.

Disinfection: the killing of viruses and bacteria. A disinfectant is only applied to objects; never on the human body.

All visibly soiled surfaces should be cleaned before disinfection.

Environmental cleaning for COVID-19 virus is the same as for other common viruses. Cleaning products and disinfectants that are regularly used in hospitals and health care settings are strong enough to deactivate coronaviruses and prevent their spread. Cleaning of visibly soiled surfaces followed by disinfection is recommended for prevention of COVID-19 and other viral respiratory illnesses.

Suggested cleaning and disinfecting frequencies for clinic settings:

Type of surface	Frequency
1. Shared equipment Examples: stethoscopes, blood pressure cuffs, otoscopes, baby scales, table and exam beds	IN BETWEEN PATIENTS
2. Frequently-touched surfaces Examples: medical equipment, door knobs, light switches, telephones, keyboards, mice, pens, charts, cell phones, toys, bathrooms	AT LEAST TWICE A DAY
3. General cleaning of procedure / exam rooms Examples: chairs, tables, floors	AT LEAST TWICE A DAY

For electronic equipment please comply with manufacturer's instructions to not void the warranty.

