

# MODIFIED POLICIES, PROCEDURES AND PRACTICES

## FOR MANAGERS IN THE CORE PUBLIC ADMINISTRATION OF CANADA'S FEDERAL PUBLIC SERVICE

### STAY INFORMED

- Please visit [Information for Managers](#) for further information and guidance.

### GENERAL

- COVID-19** recovery activities will be gradual and phased in order to allow for **physical distancing**; note that a return to full building/worksite occupancy will not be possible at this time.
- Consult with departmental Occupational Health and Safety (OHS) committees and Real Property units on the general layout of the workplace to maximize physical distancing between workspaces, where possible.
- Consider working remotely with clients via phone or online, and avoid unnecessary visitors in the workplace.
- Consider using digital documents and eliminating paper documentation as much as possible.
- Assign employees and teams to the same workstations and equipment for as long as possible.
- Encourage online, credit or debit card payments.
- Clean payment keypads and touch screens between each client use, and if handling cash, remind employees to use alcohol-based hand sanitizer or wash hands with soap and water afterwards.
- Consider assigning a single driver/operator per fleet vehicle, with no additional passengers.
- Clean fleet vehicles between users (keys, steering wheel, gearshift, controls, vents, belts, seats, interior and exterior door handles, etc.).
- Facilitate, implement, communicate and reinforce a clean workspace policy (console, lab table, kiosk, counter, desk, etc.), as well as **cleaning and disinfecting protocols** for surfaces and tools after usage.

### COMMUNICATION

- Communicate with staff regularly about **COVID-19** and its impact on the organization, sharing direct, timely and accurate information, including how to prevent transmission in an accessible format.
- Communicate any policy changes, such as site access or required equipment, to all staff and clients prior to their return.
- Regularly update and communicate policies on sickness, hours of work, expectations, roles, confidentiality of information, expenses, etc.
- Promote clear understanding about how workplace productivity may be impacted.
- Keep up-to-date emergency contact information for all employees should they need medical assistance.
- Communicate corporate information electronically.
- Develop communications tools about general health and safety, as well as special **cleaning and disinfection** measures that will be implemented in the workplace.



## ENTRY INTO THE BUILDING

- Consider using a mechanism to track employee attendance upon building arrival (and exit), in the event of a positive **COVID-19** case being reported, or in case of an emergency or evacuation. Be sure to consult with your departmental Privacy Office to ensure that the mechanisms chosen respect employees' privacy rights.
- Consider the use of spacing aids such as taped visual cues. For example, mark the floor with 2-metre (6-foot) distances to promote **physical distancing** at counters, in high traffic locations, etc. Ensure all signage and way finding markers are accessible for all needs.
- Control site movement and designate travel paths to minimize areas where employees and/or clients/visitors may have to pass by each other closely (e.g., one set of stairs for up, another for down).
- Limit the number of access points to a facility (e.g., have a separate access for employees) and allow only essential visitors.
- Provide a waiting area outdoors for visitors with markers to designate safe distances, if it is safe to do so.
- Establish a Workplace Visitors' Guideline, e.g., the number of visitors allowed in the workplace at one time to ensure that physical distancing measures can still be adhered to.

## MEETINGS

- Collaborate by phone, email, or video conferencing, and be sure to consider the accessibility needs of all employees. If meeting in person, allow for **physical distancing** of at least 2 metres between people, and try to limit the length of meetings.
- Stay in touch with direct reports, supervisors and colleagues by phone, instant messaging or video chat.
- Remove unnecessary chairs between participants in meeting rooms.
- If required, convert conference rooms into desk areas to increase physical distancing.
- Doors to rooms should remain open to encourage air circulation and avoid creating a high-touch surface whenever possible, considering security as well as OHS elements such as building and fire safety requirements.

## COMMON AREAS AND CONFERENCE ROOMS

- Maintain a distance of 2 metres from other people when possible and when meeting someone in the corridors or in a common area (making eye contact with the other person, announcing oneself on arrival, agreeing to wait one's turn before moving on, etc.).
- Use signage in accessible formats to ensure workers are aware of the maximum number of people allowed in common areas and conference/break rooms. Respect this limit by removing excess chairs, and call out in areas where the presence of others may be difficult to determine (e.g., washrooms).
- Restrict the use of enclosed rooms for lunches and physical training.

## LUNCH ROOMS AND CAFETERIAS

- Where possible, consult with OHS committees and Real Property units to configure the layout of the lunchroom or cafeteria to respect the 2-metre distance during breaks and lunch. If the space is limited, encourage employees to eat at their workstations, if possible.
- Suspend access to common items (e.g., coffee machines, kettles) as well as dishes and cutlery in the lunchroom or cafeteria. Encourage employees to bring their lunches and beverages from home, as well as their own tableware and utensils.
- Encourage the use of ice packs in lunch boxes to limit the use of common refrigerators.
- To avoid travel and queues, consider distributing additional microwaves throughout the building (proportionate to the size of the workforce on the floor).
- Limit sale of foods in cafeteria to pre-packaged containers to reduce handling of food items. Remind employees to clean their spots after lunch with provided cleaning products.

## WASHROOMS

- Where possible, place entry and exit signage and guidance in accessible formats to indicate how employees should enter and exit washrooms.
- Consider installing touchless automatic soap dispensers and faucets where feasible (or alternate solutions).
- Post guidance regarding proper **hand washing** techniques in prominent locations.

## ELEVATORS/STAIRWELLS

- Prepare and communicate building procedures for elevator and stairwell etiquette (e.g., keep 2 metres apart from others and limit number of people per elevator).
- Respect **physical distancing** in building elevators whenever possible. The size of elevator and number of storeys in a given building should influence usage guidance.
- Prioritize elevator use for persons with reduced mobility and the transport of equipment.
- Consider designating elevators and stairwells to go in one direction, if possible.
- Remind employees and clients to respect physical distancing at all times. A best practice is to maintain the maximum distance from others in the elevator.

## SIGNAGE

- Post signage to remind employees and clients to alert an appropriate contact person (e.g., manager, supervisor, building commissioner, co-worker) immediately if they experience any **symptoms**.
- Prevent the entry of individuals who are feeling sick or have any symptoms of COVID-19 (e.g., signage at entrance to workplace and reminder when booking appointment). See the "Screening" section below.
- Identify an isolation room for employees/visitors who become sick in the workplace. Select a room that maintains the privacy of the individual.
- Clearly communicate to clients any new practices and policies that will affect their service experiences before they arrive (e.g., notices within the service area, by email or by phone).
- Post a sign on meeting room doors to identify the new maximum capacity.
- Place a poster inside and outside meeting rooms to reiterate proper meeting protocols (no handshakes, etc.).
- Place signage to limit number of people in bathrooms/elevators/at turnstiles at any given time.
- Place large "stand here" floor stickers or tape off specific spaces to limit the number of people in the elevator, and where they should stand, to respect **physical distancing**.
- Ensure all signage is accessible for diverse needs.

## TRAINING

- Where relevant, work with your Human Resources and OHS committees to:
  - ▶ Provide employees with training regarding culturally safe screening of clients, written infection prevention and control protocols, and how to change work schedules and breaks to stagger employee presence on-site.
  - ▶ Ensure proper training and directions are provided to managers and employees on health and safety, duty to accommodate and accessibility.
  - ▶ Provide training on **COVID-19** related policies and procedures, and inform employees about the organization's recovery plan and resources available.
  - ▶ Document training of employees.
- Managers can reach out to their **Employee Assistance Program** (EAP) to explore options for psychosocial training for their teams. If needed, Health Canada's **Specialized Organizational Services** (SOS) can also provide psychosocial training, including customized virtual workshops/presentations to build psychological resilience and soft skills to support organizations, teams, and individuals.

## SCREENING

- Clients should be screened for symptoms or exposure to **COVID-19** prior to entering the workplace, through passive screening (signage) and active screening (asking questions).

## PASSIVE

- Passive screening refers to broadcasting announcements or posting signage at building/workplace entrances giving employees and visitors direction about not entering if they have **symptoms** or any possible exposure to COVID-19.
- Encourage employees to **self-assess for symptoms**.
- See Annex A for an example of passive screening signage.

## ACTIVE

- Active screening refers to asking employees and visitors questions about their symptoms and exposure history upon arrival at the building/workplace.
- In limited and very specific situations, active screening may include checking the temperature of individuals (e.g., Correctional Services Canada).
- Active screening should only be considered in consultation with departmental OHS policy committees.

## EMPLOYEE SCHEDULING

- Conduct an assessment to determine which employees are required to be in the workplace, and which employees can continue to **work remotely** from home considering occupational and accessibility requirements of the employees.
- Minimize the number of workers on-site at one time. Stagger employees and their work locations, meetings and orientations, if possible.
- Stagger meal and break times, if possible.
- Consider establishing multiple shifts to help stagger the number of employees at the worksite in order to maintain distance between workers.
- Evaluate work rotations and schedules to limit worker interaction using workload management planning, including defining/expanding options for working from home.

- ❑ Consider job rotations to reduce the number of people doing tasks in the same place at the same time (e.g., if workstations are too close, use every other workstation).
- ❑ Managers should consider an assigned seating arrangement that respects the 2-metre distance between occupied workstations. Managers should only allow certain workstations to be used in order to ensure **physical distancing** between seats – whether assigned seats or not.
- ❑ Instruct clients to maintain a distance of at least 2 metres from staff members where possible and operationally relevant.
- ❑ Implement a system for accessible virtual and/or telephone/video consultations when and where possible.
- ❑ Postpone non-essential face-to-face appointments or convert to virtual/video appointments.
- ❑ Suspend all group activities and gatherings.
- ❑ Avoid non-essential business **travel**, including conference attendance, until travel recommendations change. Ensure employees follow any mandatory quarantine requirements after travel.

## NON-MEDICAL MASKS/CLOTH FACE COVERINGS

- ❑ In the workplace, protecting employees and clients starts with **physical distancing** of 2 metres from others (general public, clients and co-workers) when possible (including during breaks and meals), implementing physical barriers (see Tip Sheet #2), and modifying work flows/processes (see other sections of this Tip Sheet #3).
- ❑ In some workplaces, it is difficult to consistently maintain a 2-metre distance between colleagues as well as clients. In these cases, employees should discuss with their managers to determine the appropriate steps to take to ensure their health and safety.
- ❑ When all other measures are exhausted, impractical or not feasible, **non-medical masks and/or** cloth face coverings are an additional measure that can be used to protect others around them. They are to be worn when physical distancing is not possible or is unpredictable. Benefits of use are greatest when the risk of viral transmission is higher (e.g., local community transmission, busy public settings where employees may not be able to control their contacts with others). Benefits are marginal when risk of viral transmission is lower (e.g., limited community transmission, private or work settings where employees are able to control physical distancing and limit their contact with others).
  - ▶ Recognizing the challenges in maintaining a 2-metre distance at all times, Departments/Agencies will provide non-medical masks and/or cloth face coverings and instructions about their appropriate use and disposal.
  - ▶ Non-medical masks or cloth face coverings alone will not prevent the spread of **COVID-19**. Remind employees to continue to practice the behaviours that are effective in preventing the transmission of COVID-19 such as **frequent hand washing**, staying home when sick, covering coughs and sneezes and physical distancing whenever possible.
  - ▶ Please note that non-medical masks and cloth face coverings are not **PPE**. They are an additional measure that people can take to protect others around them (see Tip Sheet #4).
  - ▶ Local public health advice regarding the wearing of non-medical masks or cloth face coverings may vary from jurisdiction to jurisdiction based on the local epidemiology.
  - ▶ Non-medical masks or cloth face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance, or young children under 2 years of age.
  - ▶ It is important that non-medical masks or cloth face coverings fit well and are worn safely and disposed of correctly. Be sure your employees read the guidance on **how to remove a non-medical mask or face covering, as well as cleaning and disposing of them**, or watch this **video**. If a non-medical mask or cloth face covering is to be reused, ensure employees temporarily place it in a clean paper bag or envelope between uses during the same work day and until able to have it machine-washed in hot water. Non-medical masks that cannot be washed should be discarded and replaced as soon as they get damp, soiled or crumpled. Remind employees to dispose of masks in a plastic lined garbage bin and do not leave discarded masks elsewhere in the workplace or fleet vehicles.
- ❑ When determining use of non-medical masks or cloth face coverings in the workplace, managers, in consultation with their OHS policy committees, must also consider carefully the occupational requirements of their employees and specific workplace configuration.
- ❑ Managers should mitigate against any possible physical and psychological injuries to employees and/or clients that might inadvertently be caused by wearing a non-medical mask or cloth face covering, for example:

- ▶ Physical injury – interfering with the ability to see or speak clearly or becoming accidentally lodged in equipment the wearer is operating.
- ▶ Psychological injury – offensive or inappropriate images or text on a cloth face covering.

## EMPLOYEE WELLBEING

- Take into consideration that employees' physical, social, mental and emotional health and wellbeing may be impacted. Support employees by connecting with them virtually or at a distance, and recommend accessing mental health support services and resources, such as the **Wellness Together Canada: Mental Health and Substance Use Support** portal.
- Take into consideration functional, operational and accessibility requirements while balancing employees' personal situations, including accommodating those with caregiving needs, while also considering the impacts of the increased workload and reduced workforce capacity for employees without children.
- Remind employees about the supports available to them, including the Department or Agency's **Employee Assistance Program (EAP)** if they are in distress or would like to set up an appointment for counselling with a mental health professional (also available in most Departments and Agencies for the immediate family members of employees).
- Be mindful of conflict or the potential for it to occur: there are tangible benefits to destigmatizing conflict and addressing situations proactively. For support in this area, speak with your HR department to find out what Informal Conflict Management services are available, and how to access them.
- Keep in mind that, if needed, Health Canada's **Specialized Organizational Services (SOS)** can provide psychosocial support including on-site/virtual psychosocial support, grief and loss support, and management consultation.

## INFORMING KEY STAKEHOLDERS

- Engage with other areas in your corporate Human Resources unit, including disability management, wellness and informal conflict resolution.
- Work with your OHS committee, in consultation with joint union/management OHS Policy and Workplace Committees, using a hazard prevention approach to analyze and mitigate risks and to validate the proposed measures and approaches. Be sure to inform the local union representatives of the measures that will be implemented for the building.
- Communicate in accessible formats with all employees in the building to inform them of the implementation of the measures and to ensure that they understand their roles and responsibilities in relation to the measures.
- Notify building occupants by email of the measures that will be implemented.
- Upon an employee's first day returning to the workplace, managers should ensure the employee is informed of the measures that have been put in place, and that any necessary the training is provided.
- To the extent possible, for buildings that have multiple tenant organizations, OHS committees in each organization should work closely together to come up with building location approaches.
- Consult with the OHS committee regularly to ensure that the measures put in place are adequate, and make corrections as required.

## WHEN AN EMPLOYEE IS SICK AT THE WORKPLACE

- If an employee has a fever, cough, difficulty breathing or other symptoms while at the workplace, require the sick employee to adhere to **respiratory etiquette** by keeping them away from others in a separate room. If a separate room is not available, the sick employee should cover their mouth and nose with a tissue, and maintain a physical distance of 2 metres from others (if a **non-medical mask** or cloth face covering is available, it may be offered).
- Send the employee home as soon as possible (avoiding the use of public transportation), and ask them to follow the advice of the local public health authorities.
- Keep track of where employees have worked. If an employee tests positive for **COVID-19**, the local public health unit will ask managers to provide information about where the employee worked, as well as the contact information of any other employee who may have been in close contact with the sick employee. Be sure to consult with your departmental Privacy Office to ensure that the mechanisms chosen respect employee privacy rights.
- Managers should follow departmental procedure, either through OHS committees or Real Property units, to ensure appropriate cleaning and reporting of suspected or confirmed cases of COVID-19. In order to respect privacy laws, employees should remain anonymous; manager names and general work area should be used for investigation and follow up in cooperation with local public health authorities.

## EMERGENCY EVACUATIONS

- In collaboration with the OHS committee, ensure that there are clear and accessible emergency instructions including provisions for employees requiring assistance during evacuations and other unforeseen events.
- In an evacuation, employees should be encouraged to leave the premises as quickly as possible, even if **physical distancing** cannot be maintained. When outside of the building, everyone should practice physical distancing.
- Contact your OHS committee for further advice and guidance.

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Public Health Information: [canada.ca/coronavirus](https://canada.ca/coronavirus)

Information for Federal Public Service Employees: [canada.ca/coronavirus-publicservice](https://canada.ca/coronavirus-publicservice)

Risk Mitigation Tool for Workplaces/Businesses Operating During the COVID-19 Pandemic: [canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html](https://canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/risk-informed-decision-making-workplaces-businesses-covid-19-pandemic.html)

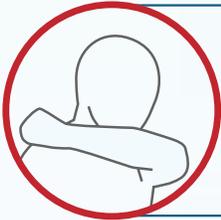
Mental Health and COVID-19 for Public Servants: [canada.ca/en/government/publicservice/covid-19/protect-mental-health.html](https://canada.ca/en/government/publicservice/covid-19/protect-mental-health.html)

**Health Canada Public Service Occupational Health Program (Updated 10 July 2020)**

## **ANNEX A – EXAMPLE OF PASSIVE SCREENING SIGNAGE**

# STOP!

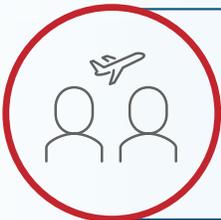
If you answer YES to any of the following questions, or are in doubt, **DO NOT ENTER THE WORKPLACE**, and contact your health care provider for advice.



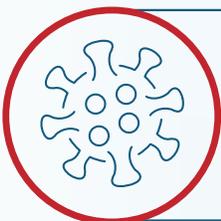
Do you have a **cough, fever, sore throat, difficulty breathing** or any other new or worsening symptoms?



Have you travelled **outside of Canada** in the past 14 days?



Have you had **close contact with a person with acute respiratory illness** who has travelled anywhere outside of Canada or is a confirmed or probable case of COVID-19 within the last 14 days?



Have you been in **close contact with a confirmed or probable case of COVID-19** in the past 14 days?

Health Canada's Public Service Occupational Health Program, July 2020



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