

Workplace Self-Assessment Checklist for Covid-19



The Workplace Self-assessment Checklist below is a tool to guide and support workplaces in adopting actions/practices to promote health and safety while operating under COVID-19 restrictions, and reduce both the spread and negative effects of COVID-19 in workplaces.

The checklist is organized under the following areas of assessment and presents some general principles to guide employers.

1. Assess the risk

2. Control the risk

- Prevent COVID-19 from Entering the Workplace
- Make Physical Changes to the Workplace to Prevent Transmission
- Change the Way People Work
- Use of Protective Personal Equipment (PPE) and Non-Medical Masks/Cloth Face Coverings

As workplaces work through the checklist, they are encouraged to review the reference material provided at the end.

Workplace information

Date of assessment _____

Person conducting the assessment _____

Facility/Business name _____

Facility location(s) _____

Facility point of contact (s) Name: _____ Position: _____

Phone: _____ Email: _____

Specify types and numbers of employees and noteworthy workplace description / lay-out (e.g. shifts; number of sites; approximate distribution of employees).

* If multiple sites, please do a separate assessment for work environments where appropriate e.g. risk level or site layout differs markedly.

Assess the risk

Risk to Workers in the Workplace

- Certain environments inherently pose a greater risk to workers than others.
- Some workers are more vulnerable than others.
- Employers are encouraged to do a hazard assessment to determine if some aspects of the workplace work involves particular risk, and to develop plans to remove the risk, where possible.
- Reorganizing or deferring work can reduce risk in the workplace.
- Employers/business owners should consult with available public health guidance when conducting a risk assessment.

Assessment criteria	Assessment outcome (Y or N) use N/A if appropriate	Notes / Actions taken
<p>Are you able to defer some non-urgent work and set it aside for the short term, particularly work that:</p> <p>1) requires workers to be in close proximity?</p> <p>2) increases the risk of introduction of COVID-19 into the workplace</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Are you able to alter work in ways to decrease the risk of COVID-19 transmission on-site?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Is your workplace considered a high-risk setting?</p> <p>E.g. sites not able to accommodate two-metre distancing; workers in close proximity; sites where workers must share equipment; poor ventilation; daycares)</p> <p>If yes, describe how it is high-risk:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

<p>Do you employ vulnerable workers?</p> <p>(E.g. those with compromised immune systems; those with pre-existing medical conditions; older adults; those with limited language or communication skills)</p> <p>If yes, describe types of vulnerable workers:</p> <p>If yes, please circle the number beside any of the following steps you have undertaken to ensure their safety.</p> <ol style="list-style-type: none"> 1. Provided capacity to work from home 2. Provided additional space for social distancing 3. Changed the activities workers do so they are less at risk 4. Provided personal protective equipment 5. Other – please list 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>Have you identified a process for workers to self-identify if they are vulnerable, or if they have frequent contact with vulnerable people while offering assurances of confidentiality in the workplace? (e.g. those who are immunocompromised; those with chronic conditions; older adults etc.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Control the risk in the workplace

Where feasible and practical, businesses are encouraged to take steps to control the risk of COVID-19 spreading in the workplace. Consider the range of controls starting with the most effective strategies before moving on to others. The controls are listed below in order of effectiveness (1 to 4)

1. Prevent COVID-19 from Entering the Workplace

Focus:

- How to minimize number of people/interactions
- How to prevent sick/symptomatic people from entering the workplace

Assessment criteria	Assessment outcome (Y or N) use N/A if appropriate	Notes / Actions taken
Are you considering whether work-related travel is necessary and adjusting or limiting worker travel where practicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have you considered or put in place remote work options?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are entrances - including where lines may form - regulated to prevent congestion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you refuse to accept visitors in some areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Do you impose customer limits based on per square metre requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there workplace requirements around health checks/screening at the workplace? Does your health screening for workers ask about 1) all travel history 2) exposure to a confirmed case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Have all workers been told how to access / use sick time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have workers been told details of the notification process to follow if they develop symptoms while at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have employees been informed of how and when to inform their supervisor if they have a sick family member at home with COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

2. Make Physical Changes to the Workplace to Prevent Transmission

Focus:

- Implement engineering controls, which are physical changes made to the workplace to prevent transmission, such as sustained social distancing, barriers, and increased ventilation.

Assessment criteria	Assessment outcome (Y or N) use N/A if appropriate	Notes / Actions taken
Have you implemented plexiglass barriers, floor markers and/or curtains in use to separate employees from visitors or customers, and from each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have you introduced distancing measures and use of barriers that have been communicated/posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have you put a no-contact delivery policy in place (e.g., deliveries are left in a designated location away from workers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the workplace able to reduce staff proximity for urgent and necessary work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are staggered schedules posted in relation to the use of common areas (e.g. lunchrooms) and the usage of those areas monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Are staggered schedules for work shifts in place and posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are groups of workers kept in regular work groups - with same members - as much as possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are areas/equipment that cannot be adequately sanitized (e.g. water fountains, coffee areas) closed/removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a plan should an employee become ill at work, including a location where they can self-isolate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

3. Change the Way People Work (Administrative Controls)

Focus:

- Policies and protocols are established expectations for behavior of workers and others in the workplace, written by the employer - e.g. newly required hygiene measures/practices or tools.
- They must be communicated regularly with frequent reminders.
- Any potential language barrier issues should be addressed in communication of policies/protocols (e.g. use of posters/graphics)

Assessment criteria	Assessment outcome (Y or N) use N/A if appropriate	Notes / Actions taken
Have the protocol/expectations for workers who become sick while at work been communicated clearly and frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a process in place for tracking visitors (e.g. numbers, visit length)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there is a process to track contractors/vendors who enter the work site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there workplace COVID-19 awareness resources posted in various locations and on shared equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is access to common areas restricted and monitored (e.g. lunchroom)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<p>Have COVID-19 messages on the following topics been communicated to staff:</p> <ul style="list-style-type: none"> • physical distancing • avoiding touching face/eyes/nose/mouth • respiratory etiquette (regarding coughing, sneezing, tissue use and disposal) • using proper hand hygiene • staying home when ill (even mildly ill) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Have you considered and accounted for any specific communication needs of workers (e.g. use of multiple languages; visuals such as posters)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Are hygiene protocols visible in multiple locations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Are no-touch practices in place, including:</p> <ul style="list-style-type: none"> • no touching/shaking hands • no sharing of paper documents or other objects 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Do workers have their own equipment whenever possible?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Is a handwashing policy in place (with frequent reminders) and visible to visitors and workers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Is there access to washrooms for frequent handwashing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Are additional handwashing stations provided?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Are hand sanitizer stations provided?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Are washrooms and other high-traffic areas disinfected frequently?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<p>Is there a schedule for routine sanitization of all common use and high touch areas (e.g. washrooms, doorknobs, railings, elevator buttons, barriers, common areas, equipment and tools)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Is there an enhanced cleaning protocol for use in areas where someone has tested positive ensuring all areas are identified (e.g. locker, lunchroom, washrooms, doors etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have janitorial services been provided with guidance, such as: <ul style="list-style-type: none"> • materials to be used for cleaning • process for cleaning • disposal of garbage including protective personal equipment (PPE) after use if applicable • handwashing protocols • wearing of any required PPE 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has training been done on all sanitization protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Has emergency contact information for all employees been confirmed/updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

4. Use of Protective Personal Equipment (PPE) and Non-medical Masks/ Cloth Face Coverings

Focus:

- Most businesses will not require PPE above what was required before the COVID-19 pandemic (e.g. masks, gloves, face shields).
- The use of PPE as a category of control should be a last resort. PPE or non-medical masks/cloth face coverings should be for use in high-risk situations (e.g. work with a confirmed/suspected COVID-19 case; when working within two-metre proximity to another person is required).

Assessment criteria	Assessment outcome (Y or N) use N/A if appropriate	Notes / Actions taken
Have you identified a requirement for PPE within your workplace? If yes, describe what type of PPE.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Who wears it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If visitor use of PPE is required, is it clearly outlined in visitor protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are all staff requiring PPE fully trained in its use - including when it should be used, how to put it on and take it off, and how to clean, store and dispose of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Reference Information for Manitoba Businesses

General workplace guidance:

Restart MB Roadmap for Recovery

www.manitoba.ca/asset_library/en/proactive/2020_2021/restoring-safe-services.pdf

Covid19 Restoring Safe Services - Workplace Guidance

www.manitoba.ca/covid19/restoring/guidance

Responsibilities of Employees, Managers and Employers

www.manitoba.ca/asset_library/en/coronavirus/workplace_responsibilities.pdf

CND Ctr for Occupational Health and Safety Coronavirus Info

www.ccohs.ca/oshanswers/diseases/coronavirus

Public health orders/enforcement information:

www.manitoba.ca/covid19/protection/soe.html#ppho

Links to specific information on the following:

Ensuring Safe/Healthy Workplaces www.manitoba.ca/covid19/protection/workplaces.html

- Routine Precautions
- Rights of Employers
- Rights to Refuse Dangerous Work
- Workplace Guidance for Business Owners

Additional Workplace Resources www.manitoba.ca/covid19/protection/workplaces.html

- Posters
- Fact Sheets
- Other languages
- Workplaces FAQ
- Workplaces Facemasks

Workplace Cleaning for COVID 19 AIHA Guidance https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Workplace-Cleaning-for-COVID-19-Guidance-Documents_FINAL.pdf

Government of Canada: Travel advice <https://travel.gc.ca/travelling/advisories>

Industry specific guidance:

Safe Work MB Industry-specific COVID-19 Information

www.safemanitoba.com/COVID-19/Pages/Industry-specific-COVID-19-Information.aspx