



## COVID-19 EXPOSURE CONTROL RESPONSIBILITIES AND EXPECTATIONS

# COVID-19 EXPOSURE CONTROL SELF-REPORTING DECLARATION FORM

### HAND WASHING

Hand washing is one of the best ways to minimize the risk of infection. Wash your hands as often as possible.

Wash your hands immediately:

- Before leaving a work area
- After handling materials that may be contaminated
- After using washroom
- Before eating, drinking, smoking, handling contact lenses or applying makeup:

### COUGH/SNEEZE ETIQUETTE

Cough/sneeze etiquette minimizes the transmission of diseases via droplet or airborne routes.

- Cover your mouth and nose with a sleeve or tissue when coughing or sneezing
- Use tissues to contain secretions, and dispose of them promptly in a waste container
- Turn your head away from others when coughing or sneezing

### PHYSICAL DISTANCING

Physical distancing means limiting close contact with others. When outside of your home, practicing social distancing by keeping two metres (six feet) away from one another to help stop the spread of COVID-19.

### PERSONAL PROTECTIVE EQUIPMENT (PPE)

If you arrive at training with personal protective equipment (PPE) and need to dispose, please do so appropriately. If you require PPE be provided for you please advise the CNA in advance of program start.

Citxw nłaka'pamux assembly (CNA) is following directions and controls as specified by the BC centre for disease control and the local health authority's medical health officer.

CNA is conducting pre-screening for potential risks of covid-19 with individuals entering training/events to support everyone's safety and well-being. if you fail to meet the pre-screening requirements for attending events, you will not be permitted on site and expected to seek medical advice.

I, \_\_\_\_\_, understand and agree:

\_\_\_\_\_ that I have not traveled outside of Canada in the last 14 days;

Initial

\_\_\_\_\_ that I am not currently ill or suffering from any COVID-19 like symptoms that include a cough, sneezing, fever, sore throat, difficulty breathing. Please refer to the BC Centre for Disease Control website for a full listing of COVID-19 like symptoms;

Initial

\_\_\_\_\_ that I have not been in close contact with someone who has been suffering from any of the above symptoms or someone who has a confirmed or probable case of COVID-19; and

Initial

\_\_\_\_\_ that if at any time in the future I develop any COVID-19 like symptoms or become exposed, I will not attend training/events with the CNA and will contact the CNA to withdraw from the training/event.

Initial

By signing your name below, you acknowledge you have understood and will abide by the Pandemic Exposure control responsibilities and expectations.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone