

COVID-19 safety plan

Company details

Business name: The Falls Inn

Revision date: November 2020

Date completed: June 17th/20

Developed by: Meg and Dwayne Hallman

Division/group:

Others consulted: Grey Bruce Public Health

Date distributed:

1. How will you ensure all workers know how and are able to keep themselves safe from exposure to COVID-19?

Consider: What guidance will you need to provide? How will you share information? Do you need new or more frequent types of communication? Where will you update yourself on new COVID-19 guidance?

Example: Ensure our procedures are up to date by a daily review of Ministry of Health guidance.

Actions:

- Face coverings must be on inside our building. We have signs on our front doors as well as through out our Inn. Meg is responsible for re-ordering and ensuring staff are using correctly.
- Directional arrows are in place, so staff and customers are not crossing paths often.
- Gloves are provided in common areas for all staff in all departments to use. – Kitchen re-orders and housekeeping re-orders as required.
- Hand sanitizer is provided at our entrance to our building, on our front desk, at the staff sign in/out book, several areas of our kitchen and galley as well as hand washing sinks with soap, paper towels and signs reminding how to properly wash.

- Reduced contact check in has been implemented. A Welcome arrival letter is sent a few days in advance of a guests stay. This letter reviews arrival times, departures, pet and smoking policy, dining as well as when and how to wear your mask. We also ask the guest 3 questions prior to arrival and will only check them in if they answer True to all 3 questions. The are:
- I did not travel, or I isolated for 14 days after essential travel.
- I have not been with anyone that has tested positive for Covid 19 in the past 14 days.
- I am not feeling ill or showing symptoms of Covid-19.
- We have also adjusted our dining hours to be more efficient for workers and guests.
- We have re-designed our menu to accommodate a faster dining experience for the guest.

2. How will you screen for COVID-19?

Consider: How you will stay current about what symptoms to look for? Will you use a screening checklist? Who will do the screening? Who needs to be screened and how often?

Example: To find out if workers are well when they come to work, we will ask each worker basic questions about their physical health and symptoms using the provincial list of COVID-19 symptoms.

Actions:

- We have a sign on our front door asking staff and the public not to enter if they are experiencing any symptoms, traveled, etc.
- All our staff take and record their daily temp and it is reviewed to see if we notice any increase in staff temperature
- Staff are required to ask themselves prior to the start of their shift, how they are feeling. If they are feeling unwell, they are to contact Meg for a further discussion.
- Meg monitors our Grey Bruce Public Health website daily for updates from our Medical Officer of Health and reports as needed and updates.
- Any updates are shared with staff in person and via memo on any updates

3. How will you control the risk of transmission in your workplace?

Include how you will maximize distance and separation, reduce transmission from surfaces and objects, and support good hand and respiratory hygiene.

Consider: What [engineering and administrative controls](#) will you use? What changes will you make? Who needs to be in the workplace? How will you gather worker ideas about different ways of working?

Example: We have a new policy that limits time in the kitchen to 10 minutes, we have created a new outdoor break area in our parking lot and have changed how we schedule shifts and breaks.

Actions:

- For our kitchen, we have a small team, and they are all wearing masks or face shields. We are also able to space out our kitchen staff 6ft.
- We do not have a break area. We are asking our dining staff to eat their lunch in the private lounge space. Housekeeping is eating in a decommissioned guest room that we use for linen storage and the kitchen is eating in the lower unused banquet hall as needed.
- With having a small team, generally, there is only one server per shift and one housekeeper per shift. Where there is more than one, we have division of duty to make sure they are not on top of each other. When working, all team members are masked and or shielded and maintain their distance from one another.

4. What will you do if there is a potential case, or suspected exposure to, COVID-19 at your workplace?

Consider: What is the contact information for your local public health unit? What are your isolation procedures? How will you gather workplace contact information for public health contact tracing?

Example: We have designated a safe isolation area in the workplace and created a checklist with the procedures of what to do if some gets sick at work, including key contact numbers.

Actions:

- We have a direct line of communication to our Grey Bruce Public Health Unit and they are most responsive to our needs and concerns.
- If an employee is feeling unwell, they know to message Meg directly prior to their shift. From there, both employee and management will determine the best next steps for the staff member.
- If an employee is suddenly feeling unwell on the job, they know to contact Meg or Cathy and a conversation will happen as to their symptoms and if they should be sent home.
- We are using Open Table for all our dining guests for Public Health and contact tracing. We are taking phone numbers or emails based on how they booked with us. We also record the total guests at the table for Public Health.
- We have our RoomMaster program that has contact information for all our In-house guests that are staying with us for Public Health to contact them. We take a phone number and email for them.

5. How will you manage any new risks caused by changes to the way you operate your business?

Consider: With workers, review existing critical risks and whether work practice changes will affect your current risk management strategy. Are any new risks introduced due to changes in worker numbers or work practices? What new risk controls are required?

Example: We will establish regular check-ins with workers about how they are coping with the change to shift work.

Actions:

- Our staff sign in one at a time in our well spaced out office and we have a quick chat with them at the start of their shift to see how they are feeling.
- We have an open-door policy at our Inn, meaning at anytime, our staff can ask us any questions. Also, all staff either have both my direct email and or text for a fast response directly from Meg to employee.
- With covid rising in our area, we have implemented the wearing of mask and shield for all service staff on events. This covers Holiday parties as well as Weddings currently. Due to the close contact of serving, we are on the side of caution with this.
- Our Inn has a policy that if the wedding cake is unshielded or domed, we will not cut and plate the cake as we will not take it into our kitchen to help prevent the spread of germs.

6. How will you make sure your plan is working?

Consider: How often will you schedule a review of your plan? How will you get input and ideas from workers and clients? Who is responsible for evaluating how things are working and for adapting the plan as you find better/easier ways to do things? How will you communicate changes?

Example: We will set up a weekly meeting between the CEO and the health and safety representative.

Actions:

- With a small team, Meg and Dwayne have created this document and it has been reviewed by our Chef as well as Assistant for their valued input.
- As measures are implemented by our local Public Health unit, we evaluate this plan to see where it needs updating.

COVID-19 safety plan – snapshot

This snapshot can be posted in a place where it can be seen easily so your workers, clients and other people entering the workplace will know what actions are being taken.

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Measures we are taking

How we are ensuring workers know how to keep themselves safe from exposure to COVID-19

- Direct reference to public health.
- Proper hand washing and distance signs are located through the building in public and staff only spaces.
- Hand sanitizer is provided at the entrance and exit to our building as well as throughout the building for staff and guests to use.

How we are screening for COVID-19

- Asking the 3 questions upon entrance to our building as well as staff screening and recording.
- Signs are posted to the outside door as well as the inside door for guests to review the requirements.
- Advance arrival letter is being sent out to our over night guests to review prior to their arrival.

How we are controlling the risk of transmission in our workplace

Physical distancing and separation

- Floor stickers and arrows for directional movement of guests and staff throughout the building to follow.
- Dining room, lounge and event room tables are spaced out more than 2 meters chair to chair to highlight the importance of physical distancing.

- We are also able to provide our inhouse guests with in room dining if they are not comfortable joining us in the dining room currently.

Cleaning

- Lysol disinfectant cleaner is used on all dining room, lounge and event tables and chairs. We are also using paper towel currently to clean tables and not a reusable cloth. Paper towel is thrown out after each individual use, so we do not spread germs around to other surfaces.
- Lysol disinfectant spray is used on each guest room chair at the end of the night
- All common touch points are cleaned many times through out the day to help stop the spread.

Other

- [List your measures here.]

What we will do if there is a potential case, or suspected exposure to, COVID-19 at our workplace

- We will inform Public Health and go by their guidelines of proper protocols for resuming business.

How we are managing any new risks caused by the changes made to the way we operate our business

- As new risks are reviewed, changes are implemented according.

How we are making sure our plan is working

- Constant revaluation of our plan daily with information provided by Public Health