



# Preventative Measures to COVID -19

Updated April 1, 2022

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## Intent

Lillooet Tribal Council (LTC) has implemented this policy effective April 1, 2022 to ensure the ongoing health and safety of its workplace and employees during the COVID-19 pandemic. This policy details measures to prevent the introduction and transmission of COVID-19 in the workplace. All LTC employees are required to follow this policy. This policy is in effect until amended or rescinded by the LTC Administrator.

## Limiting Access to the Office

The LTC facilities are open to clients and visitors who have appointments with staff. However, persons with one of the Risk Factors described below must not come to an LTC office. If you are making an appointment for an office visit with a client or visitor, please confirm with them at the time of booking the appointment that they do not have one of the Risk Factors described below. The LTC receptionist is not responsible for ensuring the health of LTC clients/visitors.

## Risk Factors

- COVID-19-like symptoms such as a sore throat, fever, sneezing, coughing, difficulty breathing, or flu-like symptoms<sup>1</sup>.
- Anyone who has been in close physical contact with a person who has tested positive for COVID 19 or who has been diagnosed as COVID positive.

Having either of the Risk Factors described above is to be treated under the Sick provisions of the LTC HR Manual. Employees with a Risk Factor should follow the procedures for notifying their immediate supervisor as described in section 4.6 of the LTC HR Manual.

Some staff have as a condition of employment to work from their homes. Otherwise, staff are provided an office and are expected to work from the office unless there is a valid reason to work from home, such as being sick or having a Risk Factor.

Any person who has a Risk Factor is requested to not enter an LTC facility for a minimum of 5 days from the onset of the Risk Factor. Having a Risk Factors does not mean employees cannot work. It does mean you are not allowed into the LTC offices for a minimum of five (5) days or until you no longer have any Covid-19 like symptoms. Employees working from home (WFH) are

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<sup>1</sup> Flu-like symptoms could include chills, loss of smell, headache, muscle aches, fatigue, and loss of appetite.

expected to check in each morning with their immediate supervisor and have a clear workplan for their time.

### **Travel and Meetings**

Travel for business is permitted under the policies described in the LTC HR Manual.

### **Office Etiquette:**

All persons in the LTC facilities are expected to wear protective masks when entering and moving about the facility. However, masks in offices and boardrooms are optional as long as physical distancing can be maintained and room capacity limits (as posted on each room) are observed. All persons are expected to follow COVID hygiene best practices such as using hand sanitizer and observing social distancing.

### **LTC Events**

LTC events are expected to follow the following safety practices:

- The number of participants is calculated based on 40 sq feet per person for outdoor activities and 60 square feet person for indoor activities.
- Persons who have had a Risk Factors five (5) days prior to the event are not allowed to participate in the event.
- All participants are expected to follow COVID hygiene best practices such as using hand sanitizer, wearing a mask, and observing social distancing.

**Please read the Preventative Measures to COVID 19 Policy carefully** to ensure you understand the policy before signing this document.

I have read and been informed about the content, requirements, and expectations of the LTC Preventative Measures to COVID 19 Policy. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at the Lillooet Tribal Council.

I understand that if I have questions, at any time, regarding the Preventative Measures to COVID 19 Policy, I will consult with my immediate supervisor or the LTC Administrator.

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt By: \_\_\_\_\_