

# SAFETY TALK

March 25, 2020

## Novel Coronavirus (COVID – 19)

### Understand How Novel Coronavirus Spreads

When a person infected with COVID-19 sneezes, coughs or exhales, they release droplets of infected fluid, which can fall on nearby objects and surfaces. A person can become infected if they are standing close to an infected person and breathe in these droplets or touch a contaminated object or surface and then touch their eyes, nose or mouth before washing their hands.

### Help Prevent Spreading: Practice Good Hygiene

- Wash your hands regularly using soap and water. If soap and water are not available, use an alcohol-based hand sanitizer if your hands are not visibly dirty.
- Cover your mouth and nose when you cough or sneeze. Dispose of any tissues used and wash your hands immediately.
- Maintain at least a 2 metre (6 feet) distance between yourself and anyone who is coughing or sneezing.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wipe down frequently used objects - phones, keyboards, etc.

### Protect Others from Infection

- Stay at home if you are experiencing flu-like symptoms.
- If you have recently traveled to a confirmed area, or you have been in contact with those who have:
  - Call your Supervisor to discuss working from home.
  - Seek medical attention promptly if you develop a fever, cough and difficulty breathing. Remain off work until your doctor confirms you are well enough to return to work.

### Plan Travel Accordingly

- Refer to CDC's Information for Travel for travel advice and avoid nonessential travel to confirmed areas.

### For additional information regarding the coronavirus disease, visit:

- [World Health Organization - Coronavirus disease \(COVID-19\) outbreak](#)
- [World Health Organization - When and how to use masks](#)
- [Centers for Disease Control and Prevention - Coronavirus Disease 2019](#)
- [Government of Canada - Coronavirus disease: Outbreak update](#)
- [John Hopkins Global Coronavirus COVID-19 Map](#)

THINK SAFETY  
WORK SAFELY



Project: \_\_\_\_\_ Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_  
 Number in Crew: \_\_\_\_\_ Number Attending: \_\_\_\_\_

**Other safety concerns or suggestions:**

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**Record of those attending:**

Name: (please print)	Signature:	Company:
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Manager's remarks: \_\_\_\_\_

Manager: \_\_\_\_\_ (signature) Supervisor: \_\_\_\_\_ (signature)