

## Communicable disease prevention

A communicable disease is an illness caused by an infectious agent (such as a virus) that spreads from one person to another. Examples of communicable diseases that may spread in the workplace include COVID-19, RSV influenza, and norovirus.

The main goal of communicable disease prevention is to reduce the spread of disease.

Depending on the disease, the level of risk may vary based on things like:

- The season and the amount of spread in your region
- How close you are to other workers
- How often you share objects with other workers or touch common surfaces
- How often cleaning occurs

### Employer responsibilities

Your employer needs to have a communicable disease prevention plan in place. The plan should cover the following:

- Promoting good hand hygiene and providing hand-washing stations or hand sanitizer
- Supporting workers in getting vaccinated for COVID-19 and other vaccine-preventable conditions
- Maintaining a clean environment through regular cleaning that is appropriate for your workplace
- Putting in place a policy that supports workers who show symptoms of illness so they can stay home when they are sick
- Taking additional steps during times of higher risk,



depending on provincial health orders (for example, requiring masks and/or physical distancing, installing barriers)

- Making sure everyone understands the disease-prevention measures in place in the workplace

### Worker responsibilities

As a worker, you are responsible for following the parts of your employer's communicable disease prevention plan that apply to you. This may include:

- Not working when you are sick
- Washing your hands regularly and covering coughs and sneezes
- Wearing a mask if required
- Talking with your supervisor or employer if you have concerns about communicable diseases

**Workers Compensation Act Reference: [G-P2-21](#)**  
**[Communicable disease prevention](#)**

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:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Manager's remarks: .....

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Manager: .....

(Signature)

Supervisor: .....

(Signature)

For more information on health and safety requirements for crane operations in B.C., refer to the *Workers Compensation Act* and the OHS Regulation on [worksafebc.com](http://worksafebc.com).