

APPENDIX C3 – Public Safety: Appropriate health and safety control measures for infectious diseases (including COVID-19)

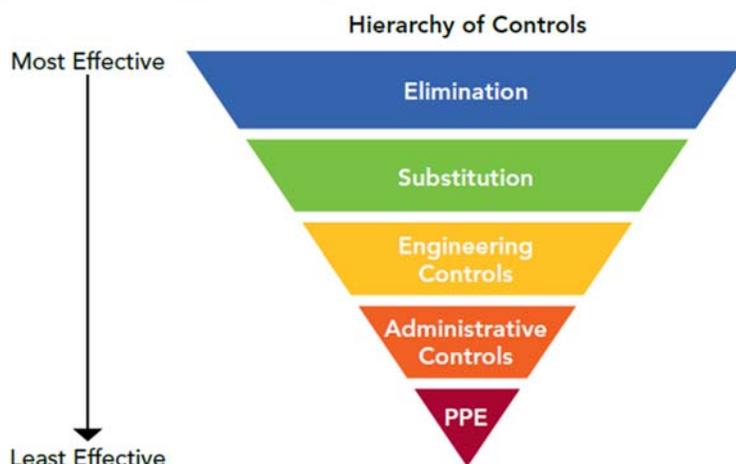
Organizational Risk Assessments in all settings must be updated to ensure worker protection including measures that mitigate transmission of COVID-19. Effective hazard prevention and control includes using a standard occupational health and safety hierarchy of controls framework that consists of engineering, administrative controls, and if required personal protective equipment (PPE). The levels of the hierarchy of controls are arranged from the most to least effective measures. This not only supports the worker’s rights to a safe and healthy environment but also promotes appropriate and consistent PPE conservation and stewardship efforts.

Policies, procedures, measures and training for the protection of workers are be developed, consultation with the joint health and safety committee and/or health care representatives is often beneficial.

Hierarchy of controls

Controlling worker exposures to occupational hazards is a requirement of the *Occupational Health and Safety Act* and its regulations. As shown below, the best controls are those that eliminate the risk of exposure in the workplace. Control measures that aim to minimize the risk of exposure (e.g. PPE) are considered less reliable as they do not eliminate the hazard. The effectiveness of such controls decrease as you move down the hierarchy.

To prevent the transmission of infectious diseases, it is important that workplaces use multiple control strategies, implemented at the same time or one after another, to keep workers as safe as possible. This is particularly important since elimination (physically removing the hazard) and substitution (replacing the hazard) are not feasible options. Applying a combination of controls can provide an additional degree of protection, even if one intervention fails or is not available.



Examples of Engineering, Administrative and PPE controls Infectious Diseases including COVID-19
The following examples are not an exhaustive list and the employer must identify controls that would be specific to their own needs. The controls below should be implemented prior to moving to additional conservation measures for PPE.

Adapted from [CDC Conventional Capacity Strategies: Coronavirus checklist](#) and Chapter 5 of the [Ontario Health Plan for Influenza Pandemic](#).

Engineering Controls	
	<p>Facility</p> <ul style="list-style-type: none"> ▪ Design facilities to provide natural barriers to worker and client separations. ▪ Utilize facility design to reduce exposure.
	<p>Room Design</p> <ul style="list-style-type: none"> ▪ Design rooms to meet specific standards to reduce exposure. ▪ Utilize closed/sealed material for flooring and furniture to ensure ease of cleaning and reduce the possibility of cross contamination.
	<p>Ventilation System</p> <ul style="list-style-type: none"> ▪ Ensure ventilation systems are maintained to provide air movement according to standards. Open windows and doors to let fresh air in when possible. ▪ Design building ventilation systems to meet specific standards.
	<p>Human Traffic Patterns</p> <ul style="list-style-type: none"> ▪ Design buildings to facilitate traffic patterns that enhance physical distancing, and reduce exposure. Alter the flow of travel by moving furniture or using cues such as tape on the floor to enhance physical distancing.
	<p>Positioning of Cleaning Stations</p> <ul style="list-style-type: none"> ▪ Provide easy access to soap and water (ways to properly clean hands) or alcohol-based hand sanitizer if soap and water are not available. Locations might include building entry and exit points, near elevators, or at reception desks. ▪ Establish decontamination and cleaning stations for clothing and equipment post call.
	<p>Barriers to Separate</p> <ul style="list-style-type: none"> ▪ Where feasible, install sneeze guards and physical partitions (e.g. plexi-glass or plastic screens) where it is difficult to remain 2 meters apart (e.g. worker have close interaction such as during counselling, registration, reception, cash registers, lab benches, public service counters, busing, public workstations, office areas, between bathroom sinks and dormitories.

Administrative Controls	
	<p>Establish an Infectious Disease Preparedness and Response Plan.</p> <ul style="list-style-type: none"> ▪ Conduct RACE (Recognize, Assess, Control and Evaluate) analysis to determine any additional controls that may be applicable. ▪ Review continuity plans regularly and update them as necessary. Ensure that process are developed for partial closures, full closures, and recovery plans.

Administrative Controls	
	<ul style="list-style-type: none"> ▪ Ensure continuity plans address operational and administrative requirements of your organization.
	<p>Visitor Policies</p> <ul style="list-style-type: none"> ▪ Limit contact and entry of outside service provider, visitors and members of the public where possible.
	<p>Screening</p> <ul style="list-style-type: none"> ▪ Update and communicate screening policies to include passive or active screening measures. ▪ Post posters to screen for illness at entrances and receptions areas. ▪ Provide information and links to screening questionnaires for completion prior to site arrival. ▪ Advise anyone with symptoms to stay home. ▪ Screen for symptoms on arrival to site and deny entry to anyone who is exhibiting symptoms.
	<p>Establish a Written Infection Control Program</p> <ul style="list-style-type: none"> ▪ Appoint a Designated Officer to ensure 24/7 access for members. ▪ Provide training for staff regarding screening before transporting individuals and where possible at the beginning of an interaction when required to be closer than 2 metres. ▪ Establish an active screening system for client/patient contact that limits the number of exposed workers at a scene. This could include limiting the number of individuals entering a dwelling or being closer than 2 metres. ▪ Provide information and links to screening questionnaires for completion prior to site arrival. ▪ Advise anyone with symptoms to stay home. ▪ Screen for symptoms on arrival to site and deny entry to anyone who is exhibiting symptoms. ▪ Consider limiting the number of users that share vehicles, limiting the occupancy and spacing riders in every other seat or in a way to create 2 meter distancing.
	<p>Communication</p> <ul style="list-style-type: none"> ▪ Implement a system for communication to internal and external clients. ▪ External clients could include provincial ministries, Public Health Units or other emergency services within your region. ▪ Internal communications will facilitate the current and accurate flow of information to all areas of the organization. ▪ Use technology for communications (text messaging and mobile phone) rather than in-person conversations
	<p>Illness Reporting Policies</p> <ul style="list-style-type: none"> ▪ Implement flexible sick leave policies and coverage for workers who may be self-isolating or are un-well.

Administrative Controls	
	<ul style="list-style-type: none"> ▪ Efforts should be made to only require essential staff to enter the workplace as part of adjusting routine activities to reduce potential exposures. ▪ Have a system for reporting probable and confirmed cases to the local Public Health unit. Communication about who will take responsibility, ensuring proper documentation, and implementing any advice given by the Public Health unit is critical for containing the spread of COVID-19. ▪ Anyone who begins to feel unwell (fever, new cough or difficulty breathing) should notify their supervisor, return home and self-isolate immediately and follow the guidance from public health on self-isolation. ▪ Due to the latency period of COVID-19, it is important to track where workers have worked, where possible. If a worker tests positive for COVID-19, the local public health unit will contact the Designated Officer who will determine who within their organization may have been exposed.
	<p>Mental Health Support Policies</p> <ul style="list-style-type: none"> ▪ Develop or update policies to provide effective leadership, mental health supports, counselling, and resource options. ▪ Promote Benefit Plan options that support mental health.
	<p>Promotion of Immunization</p> <ul style="list-style-type: none"> ▪ Update policies to include any immunization requirements for the job. ▪ Influenza or future corona virus immunization should be strongly encouraged and supported by workplace tracking measures and evidence-based measures and procedures to promote uptake
	<p>Promotion of Hand Hygiene and Sneeze/Cough Etiquette</p> <ul style="list-style-type: none"> ▪ Promote good hygiene within your organization ▪ Encourage individuals to frequently clean their hands (alcohol-based hand rub, or soap and water), limit touching of their face and follow coughing technique.
	<p>Environmental Cleaning</p> <ul style="list-style-type: none"> ▪ Develop and Implement regular cleaning and disinfection practices according to the latest public health information ▪ Increased cleaning of frequently touched surfaces in the vehicles and buildings. ▪ Institute post incident cleaning and disinfection that considers location, type of surface, type of contamination and nature of the task or procedure. ▪ Increase supplies and supervision of cleaning of shared and personal use equipment such as tools, telephones, radios and keyboards ▪ Add a reusable, cleanable barrier to shared items such as mattress, pillows, and furniture. ▪ Develop protocols for staff who share vehicles to ensure appropriate cleaning procedures.
	<p>Training and Education</p> <ul style="list-style-type: none"> ▪ Provide training on employer COVID-19 related policies and procedures to workers.

Administrative Controls	
	<ul style="list-style-type: none"> ▪ Provide specific workplace training as required (e.g. Respiratory Fit Testing for workers who require N95, doffing and donning gloves or mask/face coverings).
	<p>Change Instructional Delivery or Service Delivery</p> <ul style="list-style-type: none"> ▪ Offer distance learning or consider hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes. ▪ Provide adequate distance between individuals engaged in experiential learning opportunities. ▪ Do not allow sharing of objects by staff, for example sharing sports water bottles, phones, tools and equipment or ensure cleaning between users. ▪ Offer online virtual tours and interactive education experiences
	<p>Physical Distancing</p> <ul style="list-style-type: none"> ▪ Restrict facilities to essential staff only ▪ Maintain physical distancing of at least 2 metres (6 feet) or more between persons, including clients and co-workers. ▪ Non-essential face-to-face activities should be postponed or converted to virtual appointments or telephone consultations. ▪ Consider staggering start times and lunch breaks. ▪ Limit the total number of people at the workplace and where possible reassign work locations to facilitate distancing. ▪ Restrict and limit interactions and entry into the workplace to essential personnel. ▪ Stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 2 metres apart and clean and disinfect between users. ▪ Design strategies to avoid food distribution. Consider options such as “grab-and-go” bagged lunches or meal delivery. ▪ Convert dorm rooms to single occupancy rooms. ▪ Reduce number of staff using shared bathrooms or facilities. ▪ Limit number of users that share vehicles. ▪ Limit vehicle occupancy and space riders in every other seat or in a way to create 2 meter distancing. If feasible consider vehicle partition between riders

Personal Protective Equipment:	
	<p>PPE Program</p> <ul style="list-style-type: none"> ▪ The Personal Protective Equipment Program (PPE Program) elements should include: Job Risk Assessment, selection, type, procurement, training, use, maintenance, cleaning, storage, and disposal. ▪ Develop or update Respiratory Protection Program if a respirator is required for the job. Workplace parties may refer to the Canadian Standards Association CSA Standard Z94.4 -18 Selection, Use and Care of Respirators ▪ Consider having staff wear surgical/procedure masks if tasks require close contact with others less than 2 meters. If aerosol generating procedures are performed ensure that staff use a N95 respirator or alternate respirator that provides equivalent or greater level of protection. Ensure those using N95 respirators are

	<p>screened, trained and fit tested. Where appropriate use gown, face shields and gloves to reducing exposures.</p>
	<p>Type of PPE</p> <ul style="list-style-type: none"> ▪ PPE selection should be based on a job risk assessment, Public Health, Regulatory and other standards as part of the employer’s Personal Protective Equipment program. ▪ Emergency Services should follow Ontario Public Health’s Evidence Brief “Infection Prevention and Control for First Responders Providing Direct Care for Suspected or Confirmed COVID-19 Patients” and may include surgical/procedures mask, N95 respirator, face shield, goggles, protective clothing and/or gloves.

*N99 – Filters at least 99% of airborne particles. Not resistant to oil.
N100 – Filters at least 99.97% of airborne particles. Not resistant to oil.
R95 – Filters at least 95% of airborne particles. Somewhat resistant to oil.
P95 – Filters at least 95% of airborne particles. Strongly resistant to oil.
P99 – Filters at least 99% of airborne particles. Strongly resistant to oil.
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