Protection for Workers from the COVID-19 Virus

Employers Must Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, employers must develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19. This must be done in consultation with the workplace health and safety committee or worker safety representative. The consultation process should allow for the exchange of ideas to come to an agreed and executable plan.

The workplace parties should stay informed of direction and guidance from federal, provincial, territorial, regional and local health agencies, and consider how to incorporate those recommendations and resources into their workplace-specific response plans.

COVID-19 response plans should take into account and address the levels of risk associated with various worksites and job tasks workers perform at those sites. Considerations for the risk assessments should in-clude:

> Where might workers be exposed?
> How might workers be exposed?
> What are the sources of COVID-19 exposure?

Workers can be occupationally exposed to COVID-19 from:

- customers

- co-workers

- the general public

- contaminated surfaces

- airborne contaminated aerosols

Particular attention should include a response plan for:

- already sick individuals

- those at particularly high risk of infection through age or compromised immunity

- pregnant workers

- international travelers

- healthcare workers

There are also numerous non-occupational risk factors at home and in public or community settings. The workplace is certainly not the only potential source for exposure to COVID-19.

Hazard Control Measures

The best way to control any hazard is to systematically eliminate or remove it from the workplace, rather than relying on workers to reduce their personal exposure. Obviously the best way to stop the spread of COVID-19 is to not be exposed to it in the first place through elimination or removal. This means that although the virus cannot be eliminated, it can be removed from the workplace by ensuring that vectors of transmission (namely people) stay home. During this COVID-19 outbreak, when it may not be possible to eliminate the hazard, the traditional protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and lastly PPE (Personal Protective Equipment). This is known as using the **hierarchy of controls.**

https://www.cdc.gov/niosh/topics/hierarchy/default.html
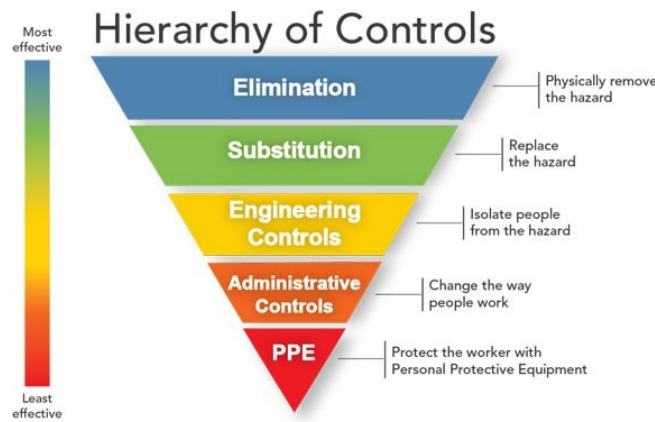
As long as the physical presence of employees is necessary in the workplace, then elimination of the hazard is not a feasible option. The control of substitution is also not applicable. Let's continue down the triangle and review the following potential protection measures…

Engineering controls (reduce worker exposure to hazards without relying on worker behaviour)

- Use high efficiency particulate air (HEPA) filtration units in workplaces

- Increase ventilation rates in the work environment

- Install physical barriers, such as clear plastic sneeze guards or curtains to isolate workers from the hazard

- Install a drive-through window for customer service

- Use isolation wards, self-contained areas and negative pressure rooms to reduce exposure when COVID -19 cases are suspected

- Establish separate entrances and exits as well as triage areas in health care workplaces for those with suspected COVID-19 related symptoms

Administrative controls *(require action by the worker or employer)*

- Develop an exposure control plan before an outbreak occurs

- Encourage sick workers to stay home

- Adjust staffing levels to accommodate high rates of sick leave

- Minimize contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible

- Establish alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another

- Developing emergency communications plans

- Educate workers, who need to use protective clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties|

- Stock and manage the distribution of personal protective equipment (PPE)

- Provide resources and a work environment that promotes personal hygiene. Things such as providing tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.

- Require regular hand washing or using of alcohol-based hand rubs.

- Post handwashing signs throughout the workplace.

- Group infected patients in health care settings and limit worker exposure to infected patients

- Combine tasks to limit the number of workers entering areas with infected patients

- Implement effective environmental, sanitization, housekeeping and laundry protocols (where applicable) to reduce the spread of COVID-19

Personal protective equipment – PPE (should not take the place of other prevention strategies) Examples of PPE (when appropriate) include:

- gloves

- goggles

- face shields

- face masks

- respiratory protection

- gowns

- long sleeve aprons

> **PPE** specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19.
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> - All types of PPE must be:
>
> - Selected based upon the hazard to the worker
>
> - fitted and periodically refitted, as applicable (respirators)
>
> - Consistently and properly worn when required
>
> - Regularly inspected, maintained, and replaced, as necessary
>
> - Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Surgical Masks vs N95 Respirators

The use of surgical-type masks does not provide adequate protection from viral exposure. Minimal protection is usually granted by a N95 respirator. All workers who are fit-tested with N95 respirators need to receive training on all aspects of the PPE (puffing on, wearing, removal, disposal, etc.)

It should be noted that the surgical masks are primarily designed to protect the environment from the wearer, whereas the respirators are supposed to protect the wearer from the environment.

There are even more protective respirators than the N95 type. These more protective respirators include R/ P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR). Again, a proper risk assessment and training would be necessary in order to use these types of higher grade PPE devices.

Employers and their workplace health and safety committees all have a role to play in protecting workers in this age of COVID-19. An Infectious Disease Preparedness and Response Plan is a critical part of this challenge.

Sources

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