Workplace Sanitary Standards Guide for the Public and Private Eldercare Sector – COVID-19

OHS is everyone's business!

The purpose of this guide is to support public and private eldercare facilities for management of occupational health and safety (OHS) in their work environments. It seeks to guarantee that operations can resume or continue under the safest and healthiest possible conditions in the context of COVID-19.

In a crisis period, it is important that workers, employers and other players in the workplace collaborate to have healthy and safe work environments for all! Dialogue and cooperation are essential to achieve this.

Management of occupational health and safety

Management means implementing the necessary measures to honour the employer's legal obligations, namely identify, correct and control the risks and encourage the workers' participation in this preventive approach.

Good cooperation between the employer and the staff is essential to encourage management of OHS.

The employer must **proceed with identification of the risks of transmission of COVID-19 in the work environment**. If the risks of contamination cannot be eliminated, the employer must seek to reduce and control them. The employer must identify the tasks during which workers may be exposed to the virus. The suppliers, subcontractors, partners, visitors, caregivers and users have been informed of the preventive measures implemented in the facility to control the risks associated with COVID-19 and make them aware of the importance of complying with these measures.

The preventive measures that may be applied are based on the principles of exclusion of symptomatic persons (except patients) from the workplace, physical distancing, hand hygiene, respiratory etiquette and maintenance of hygiene measures for the tools, equipment and frequently touched surfaces.

Commission des normes, de l'équité, de la santé et de la sécurité du travail

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The COVID-19 context can be a major stress factor, whether for the employer or for the workers, suppliers, subcontractors, partners, visitors and users, due to the upheaval it causes in the different spheres of society. Special attention must therefore be paid to the psychosocial health of personnel.

Exclusion of symptomatic workers from the workplace

Persons exhibiting symptoms are part of the COVID-19 transmission chain in the workplace. Procedures accounting for the following factors can avoid transmission of the disease:

- Identification of workers with COVID-19 symptoms before they enter the workplace, by means such as:
  - the INSPQ's questionnaire,
  - self-evaluation by the workers;
- Posters are installed as reminders of the importance of hand hygiene, respiratory etiquette and physical distancing at key locations (entrance, rooms, washrooms, exterior doors, etc.);
- Access to the facility is prohibited for any staff member who exhibits symptoms associated with the disease (fever or cough or difficulty breathing or sudden loss of smell or taste, other symptoms according to the government website).
- Any person whose home contact exhibits symptoms of COVID-19 or who is under investigation and waiting for test results or who recently was diagnosed with COVID-19 must refer to the recommendations of the INSPQ;
- When symptoms associated with COVID-19 (fever or cough or difficulty breathing or other symptoms according to the government website) appear in a staff member, a visitor or a caregiver in a facility, this person must be **withdrawn immediately from the work environment**. The person affected or the people responsible in the facility must call 1-877-644-4545 to obtain instructions from the public health authorities.
- The isolation time required before reintegration into the facility of a staff member who has exhibited symptoms or who has tested positive for COVID-19 must be in compliance with the directives of the Direction générale de la santé publique.

Physical distancing

- Whenever possible, a minimum of 2 metres of distancing between people must be maintained at work, from arrival to departure;
- This distance must also be maintained during breaks and lunch hour;
- Handshakes and hugs must be avoided;
- The workstations and work methods are reviewed to comply with 2 metres of physical distancing whenever possible;
- Traffic and interactions between workers are limited.

Adjustments must be made to limit the risk of transmission when the principles of physical distancing cannot be respected:

- The use of technological means (telework, virtual meeting);
- If possible, physical barriers (e.g. full partitions) have been installed between the different workstations that are too close to each other or that cannot be spaced;
- If possible, the work schedules have been reorganized to avoid the simultaneous arrival and departure of several workers when this situation causes crowded conditions;
- If possible, the workers are assigned to only one workplace (a facility, and ideally a floor or a wing) to prevent proliferation of interactions;
- Organization of work. For example:
  - prefer teams that are as stable as possible (e.g. intervention with the same users),
  - reduce the number of workers and job rotations,
  - If applicable, do not hold meetings that require a physical gathering,
  - avoid sharing objects and equipment,
  - limit outings and trips to those strictly necessary;
- It is recommended to create cohorts of confirmed cases or isolation in the room, depending on the environment. Refer to the INSPQ COVID-19 fact sheet: *Mesures pour la gestion des cas et des contacts dans les centres d'hébergement et de soins de longue durée pour aînés*; (Measures for case and contact management in long-term and residential eldercare centres)
- The workers change on arrival to put on their uniform and remove it at the end of the day before leaving the facility.

Measures for workers from outside the facility, visitors and caregivers

- The suppliers, subcontractors, partners, delivery persons, visitors and caregivers are informed of the measures implemented in the care environment to control the risks associated with COVID-19, particularly the measure related to hand hygiene. They are made aware of the importance of complying with these measures and limiting their movements within the care environment as much as possible;
- Triage of the suppliers, subcontractors, partners, delivery persons, visitors and caregivers is done before they enter the facility to ensure that nobody exhibits respiratory infection symptoms;
- The handling operations are organized away from the eldercare centre's other areas of activity;
- Stable teams are in contact with the staff coming from outside the facility;
- The delivery persons deposit packages on a clean surface, respecting 2-metre distancing between individuals.

Measures for new workers in the facility

- Training on the preventive measures adopted in the facility is offered to new workers.

Protective measures for cold zones

For all workers, appropriate personal protective equipment for the level of risk is provided and worn for tasks that require workers to be within 2 metres of another person and in the absence of physical barriers:

- an ASTM Level 1 medical (procedure) mask;
- protective eyewear (safety goggles or visor that covers the face down to the chin).

Additional precautions for warm and hot zones

For all workers:

- appropriate personal protective equipment for the level of risk is provided and worn at all times:
  - N95 respiratory protective equipment (RPE) or RPE[1] that provides superior protection,
  - protective eyewear (safety goggles, visor that covers the face down to the chin or RPE with integrated eye protection),
  - non-sterile long-sleeved gown (single-use or washable) or a waterproof gown if there is a risk of contact with body fluids, such as vomit,
  - non-sterile single-use gloves that fit snugly and cover the wrists.

Workers who are required to perform tasks in this zone are adequately trained to use RPE[2] and a fit test is done before RPE is used.

To avoid contaminating areas adjacent to the user's room when removing personal protective equipment, it must be removed in accordance with the recommended procedure see the ASSTSAS document or PHAC document (pp. 188-189). Using the correct technique to remove equipment will also help the worker to avoid contaminating themselves.

Additional precautionary measure against airborne/contact transmission when entering the room during the performance of aerosol generating medical procedures (in warm and hot zones):

- In addition to the equipment already required for (protective eyewear, long-sleeved gown and gloves), a disposable N95 self-contained breathing apparatus (SCBA) or a SCBA offering superior protection is worn during performance of aerosol generating medical procedures (AGMP);

1 Exceptionally, an employer who shows they have supply difficulties that prevent them from providing RPE to their workers may temporarily provide, while they are waiting on the required RPE, medical masks (Level 2) to their workers.

2 If the employer can show that logistical difficulties are preventing them from offering fit tests to workers, the use of RPE by these workers without prior fit tests is a temporary measure pending the fit tests. In this case, the employer must plan fit tests for their staff. An inspector may require that the plan be sent to them.

- The worker who must perform these procedures is trained adequately for use of the SCBA, and a fit-test is performed before being able to use an SCBA;
- These procedures are limited to those absolutely essential. The care indications are reassessed as needed or an analysis is performed to see if another care solution is possible;
- Perform these procedures in an individual room and keep the door closed, limiting the number of people present during and immediately after the AGMP as much as possible;
- To perform an AGMP in a room with an N95 respirator, the room must have ventilation that provides at least six air changes per hour. If this level cannot be achieved, RPE that affords superior protection must be provided. In this case, refer to Figure 2 of CSA Standard Z94.4-18 to select the appropriate equipment for the type of ventilation;
- After an AGMP, the required waiting time must be respected depending on the ventilation features of the room (number of air changes per hour for a 99.9% elimination rate) before entering the room without the personal protective equipment required for this procedure. If the number of air changes is unknown, a wait time of around six hours is recommended;
- The protective equipment and the equipment intended to ensure hygiene are supplied by the employer and made available to the workers;
- Refer to the document produced by the Institut national de santé publique du Québec (INSPQ).

Additional information (definition):

A patient in a cold zone meets the following four criteria:

- The user is asymptomatic for COVID-19 after a diligent clinical assessment, which should be repeated for inpatients;
- The user has no documented exposure to a known case or facility where there is a COVID-19 outbreak (e.g., residential and long-term care centre – CHSLD; private seniors home – RPA) in the last 14 days;
- The user has not travelled outside Canada in the last 14 days;
- The user is admitted to a unit where no cases of COVID-19 have been diagnosed in the last 14 days (users and health care workers) or has recovered from COVID-19 within the last 3 months (according to recognized recovery criteria).

A patient in a warm zone[3] meets one of the following two criteria:

- The user presents a clinical picture compatible with COVID-19;
- The user is confirmed to have COVID-19 by a laboratory test or by an epidemiological link.

A patient in a hot zone[3] meets the following criterion:

- The user is confirmed to have COVID-19 by a laboratory test or by an epidemiological link.

3 A zone is defined as, at a minimum, a closed room or a radius of 2 metres around the suspected or confirmed user.

Hand hygiene

Frequent hand washing with lukewarm water and soap or with a hydroalcoholic solution with an alcohol concentration of at least 60% for at least 20 seconds limits the risks of transmission in the work environment, especially:

- before touching the face (eyes, nose, mouth);
- after coughing, sneezing or wiping the nose;
- upon entering and leaving the facility;
- before and after eating;
- after handling something that is frequently touched;
- before and after providing care to a user;
- before and after passing between floors or care unit;
- before wearing personal protective equipment and after its removal.

All staff members must have been made aware of hand hygiene.

Respiratory etiquette

Respecting respiratory etiquette consists of:

- covering your mouth and nose when you cough or sneeze, and using tissues or the crook of your elbow;
- using single-use tissues;
- immediately discarding used tissues in the trash can;
- performing hand hygiene frequently;
- not touching your mouth or eyes with your gloved or bare hands.

All staff members must have been made aware of respiratory etiquette.

Maintenance of hygiene measures for tools, equipment and frequently touched surfaces

Given that the virus responsible for COVID-19 can live on surfaces, application of hygiene measures is essential:

- Wear the required equipment as indicated at the entrance of the user's room (or care area) for daily housekeeping. After cleaning and disinfection, remove the equipment and proceed with hand hygiene;
- Clean and disinfect the sanitary facilities every shift;
- Clean and disinfect the meal areas. For example:
  - refrigerator door handle,
  - chair backs,

  - microwaves,
  - vending machines;
- Clean and disinfect the frequently touched surfaces at least every shift and when they are visibly soiled. For example:
  - tables,
  - counters,
  - doorknobs,
  - railings in the corridors,
  - faucets,
  - toilets,
  - telephones,
  - computer accessories;
- Clean and disinfect the equipment shared among users immediately after use; Ideally assign equipment specifically to each user to avoid sharing it;
- Use the appropriate cleaning or disinfection products for hospital use (see the manufacturer's recommendations and do not mix cleansers);
- Remove non-essential objects (cushions, magazines, newspapers and knickknacks) from the common areas;
- Discard waste according to the usual categories (general, biomedical, pharmaceutical, etc.).

Resources are available online for more information concerning cleaning of surfaces or the recommended disinfectants.

Ventilation measures

The ventilation systems must be in good working order and maintained according to the regulatory requirements for this type of facility. In the context of COVID-19, it is also recommended:

- to run the ventilation systems optimally during operating hours;
- to increase the outdoor fresh air intake to dilute the airborne suspended contaminants either by mechanical ventilation or by opening windows;
- if possible, increase filtration in the areas with more occupants or by evacuating the air outdoors;
- if necessary, encourage use of an air purification system in the rooms;
- if applicable, ensure that the air evacuation system of the washrooms is in good working order and runs optimally;
- if possible, use negative pressure ventilation in the hot (risky) zone to avoid contaminating the other locations in the facility.

Legal obligations

Legal obligations with respect to occupational health and safety, for both the employer and for workers, must be applied in the context of COVID-19. They are summarized below.

Employer

The employer has an obligation to protect the health, safety and physical well-being of their workers. *The Act respecting occupational health and safety* (AOHS) stipulates that the employer must take all the necessary measures to do so (section 51). This includes using methods to identify, correct and control risks.

In the context of COVID-19, the employer must ensure that the usual preventive measures are still appropriate. If not, they must modify them to protect workers against the risk of contamination.

The employer must also inform them about the risks associated with their work, including those associated with COVID-19. They must also provide workers with appropriate training, assistance and supervision so that everyone has the skill and knowledge required to safely perform the work assigned to them.

Worker

Every worker has an obligation to take the necessary measures to protect their health, safety or physical well-being and to ensure that they do not endanger the health, safety or physical well-being of other people in the workplace (section 49 of the AOHS). To do this, they must follow the rules and measures put in place in the context of COVID-19, just as they follow the other rules applied in the workplace. Workers must also participate in identifying and eliminating risks. If they see risks or have suggestions in this regard, they must inform the health and safety committee (if there is one), their superior or a representative of the employer.

For more information, the data sheets specific to infection prevention and control produced by the Institut national de santé publique may be consulted.

References of documents consulted

https://www.inspq.qc.ca/publications/2904-levee-isolement-travailleurs-covid19

https://www.inesss.qc.ca/covid-19/presentations-cliniques/personnes-immunosupprimees-mise-a-jour-completee-le-24-09-2020.html

https://www.inspq.qc.ca/publications/2914-protection-travailleurs-immunosupprimes-covid19

https://www.inspq.qc.ca/publications/2910-cas-contacts-chsld-covid19

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- Direction générale de la santé publique
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The guide and the kit result from a reflective process intended to support the work environments in management of occupational health and safety in the context of COVID-19. The project is scalable and will harmonize with the preventive measures ordered by the Direction de la santé publique (public health authorities).

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