

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.

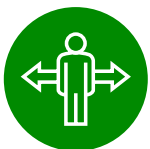
The COVID-19 context can be a major stress factor, whether for the employer or for the workers, suppliers, subcontractors, partners, visitors and users, due to the upheaval it causes in the different spheres of society. Special attention must therefore be paid to the psychosocial health of personnel.



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 – User at low risk for COVID-19

- Personal protective equipment adapted to the risk level is provided for all workers, who must wear it for tasks requiring that they be less than 2 metres away from another person without a physical barrier:
 - ASTM F2100 level 1 medical (procedural) mask;
 - eye protection (safety glasses or face shield covering the face down to the chin).

Additional measures for warm and hot zones – Users with moderately suspected, highly suspected or confirmed COVID-19

- Personal protective equipment adapted to the risk level is provided for all workers (medical staff, maintenance staff, security), who must wear it when working less than 2 metres away from a user with moderately suspected, highly suspected or confirmed COVID-19, usually located in warm or hot zones:
 - N95 air-purifying respirator (APR) or APR¹ offering superior protection;
 - eye protection (safety glasses, face shield covering the face down to the chin or APR with integrated eye protection);
 - non-sterile long-sleeved gown² (single use or washable);
 - single-use non-sterile gloves that are well adjusted and cover the wrists.
- Workers working with this personal protective equipment must be properly trained in the use of the APR, and undergo a fit test³ before using the APR.
- To avoid contaminating the work environment, workers must remove the personal protective equipment using the recommended procedure [see [ASSTSAS](#) or [PHAC](#) (p. 188-189) document]. Using the proper technique when removing personal protective equipment also allows workers to avoid contaminating themselves.
- A [decision support tool](#) is available to help workers identify the risk level of each user.

¹ If the employer can demonstrate that supply issues prevent it from providing workers working less than 2 metres away from users with moderately suspected, highly suspected or confirmed COVID-19 with an APR, workers may use ASTM F2100 level 2 medical masks as a temporary measure while awaiting the required APR.

² Fluid-repellent gowns should be used if there is a risk of contact with biological fluids such as vomit.

³ If the employer can demonstrate that logistical issues prevent it from giving workers fit tests, workers may use an APR that has not been fitted as a temporary measure while awaiting the fit test. In this case, the employer must schedule fit tests for its staff. An inspector may ask to see the schedule.

Additional precautions against airborne or contact transmission when entering a room to carry out aerosol-generating medical procedures (in warm and hot zones – Users with moderately suspected, highly suspected or confirmed COVID-19)

- In addition to the usual personal protective equipment (eye protection, long-sleeved gown and gloves) workers must wear an N95 air-purifying respirator or an APR offering superior protection when entering a room where aerosol-generating medical procedures (AGMP) are carried out.
- Workers carrying out these procedures must be properly trained in the use of the APR, and undergo a fit test before using the APR.
- Only absolutely essential AGMP are to be carried out. Indications for care must be reassessed as needed, or a medical analysis must be done to determine whether another care solution is possible.
- These procedures must be carried out in a room with the door closed and as few people as possible in the room during the AGMP and immediately afterwards.
- Additional measures to temporarily improve ventilation, such as opening a window, activating the bathroom exhaust fan or adding a high efficiency air purifier, must be considered.
- Following an AGMP, workers must respect the required wait time depending on the ventilation in the room (number of air changes per hour for a 99.9% elimination rate) before entering without the necessary personal protective equipment, even if the user has left the room. If the number of air changes is unknown, it is recommended that workers wait approximately six hours.
- For more information, see the document produced by the [Institut national de santé publique du Québec](#).
- A [decision support tool](#) is available to help workers identify the risk level of each 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-immunosupprimees-covid19>

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

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- Alliance du personnel professionnel et technique de la santé et des services sociaux
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- Centrale des syndicats du Québec
- Comité patronal de négociation du secteur de la santé et des services sociaux
- Confédération des syndicats nationaux
- Direction générale de la santé publique
- Fédération de la santé et des services sociaux
- Fédération des professionnelles de la CSN
- Fédération interprofessionnelle de la santé du Québec
- Institut national de santé publique du Québec
- Ministère de la Santé et des Services sociaux
- Syndicat canadien de la fonction publique
- Syndicat québécois des employées et employés de service
- Institut de recherche Robert-Sauvé en santé et en sécurité du travail

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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