

COVID-19: Preparedness in a Pandemic

Workers Health
& Safety Centre



SEIU Healthcare

An Overview: Questions Answered

- What is the **precautionary principle**?
- What are workers' **three fundamental rights**?
- What does the **limited right to refuse** mean for workers?
- What **PPE** is required or recommended?
- What **sanitation protocols** are required during COVID-19?
- What is the difference between a **guidance** and a **directive**?
- What is the **hierarchy of controls**?
- What steps should you take if you are **exposed**?

Trainer: SEIU Healthcare Member

- SEIU member, Jen Harley-Newell, will share her experience in the workplace during COVID-19, such as best practices.
- She works as a Developmental Service Worker (DSW) in Burlington.
- She is a part of the pandemic committee and a SEIU Healthcare union steward.

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The Precautionary Principle: Defined

- Rooted in the environmental movement in the 1970s.
- “When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically,” (Wingspread Statement)
- Expressed over time as ‘first, do no harm,’ ‘better safe than sorry’, and ‘look before you leap’
- Example: Action is triggered through the signs of harm, not the scientific proof of harm.



The Precautionary Principle

SARS Outcome and Inquiry

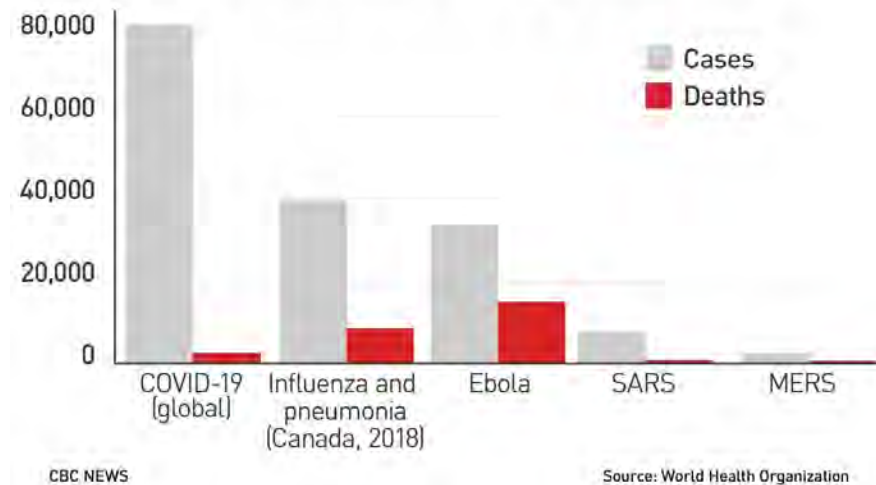
- During the SARS outbreak, 44 people were killed, including two nurses and a doctor
- 45% of Ontario's 375 SARS were healthcare workers – the single largest group to be affected
- After SARS, an investigative commission was headed by Justice Archie Campbell (2003)
- Campbell said: “If the Commission has one single take-home message it is the precautionary principle that safety comes first, that reasonable efforts to reduce risk need not await scientific proof. Ontario needs to enshrine this principle and to enforce it throughout our entire health system.”



Cautionary Tale?

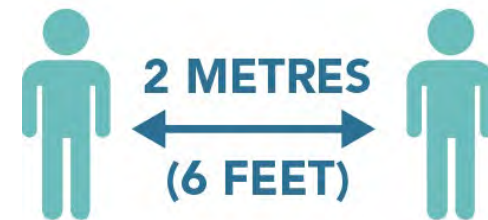
- One of the many debates during the SARS outbreak, was how the illness was transmitted, by large droplets or airborne particulate—a similar debate we’ve heard during the current COVID-19 crisis.
- “If we do not learn from SARS and we do not make the government fix the problems that remain, we will pay a terrible price in the next pandemic.”
– Justice Archie Campbell, 2003

Outbreaks: cases vs. deaths
as of Feb. 26

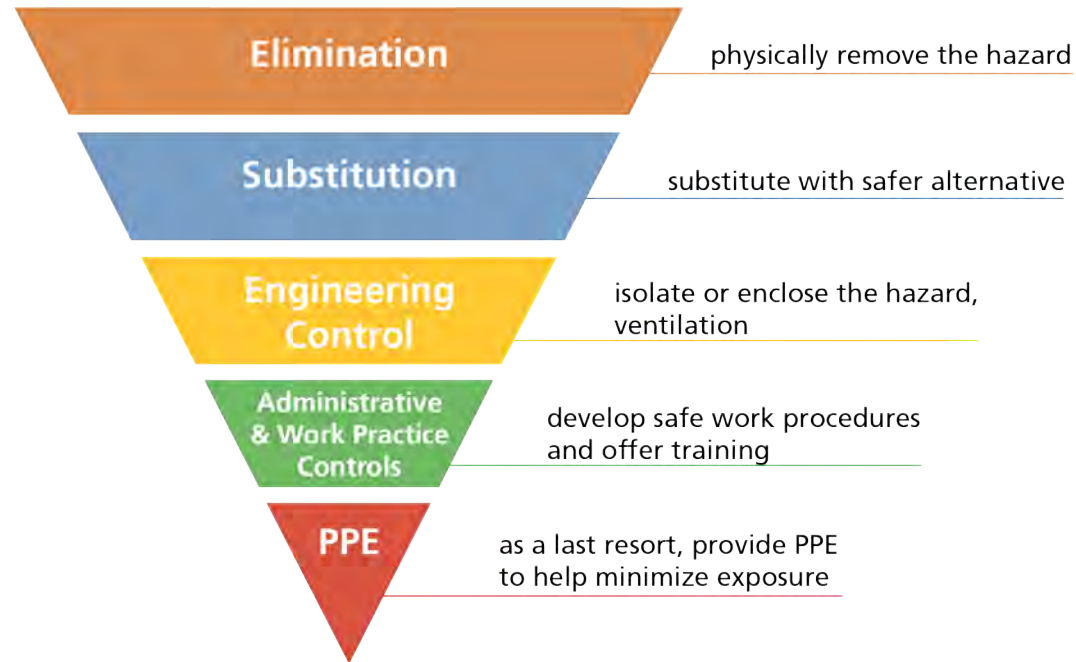


Employer's Responsibilities

- Employers have a general duty to “take every precaution reasonable in the circumstances for the protection of a worker” [OHSA, 25(2)(h)].
- Employers should first examine all the ways in which workers may be exposed to COVID-19.
- Then among other things, the infection control program should consider hygiene and cleaning, plus social distancing measures, and other protections to combat potential exposures.
- If personal protective equipment (PPE) is deemed necessary, great care must be taken in its selection and use.



The Hierarchy of Controls



In general, the closer the control is to the hazard, the more effective it is in protecting the worker.

Hazard Assessments

- Employers should examine all ways workers could be exposed to COVID-19 and consider appropriate control measures, working alongside joint committees and union representatives.
- Best practice in Jen's workplace = Weekly meetings (not monthly)

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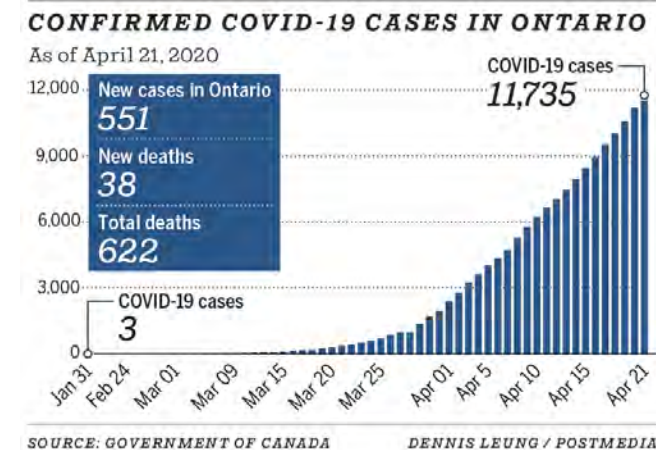
Types of Controls: Examples

- Engineering controls (isolates hazard from worker)
 - High-efficiency air filters on HVAC systems
 - Increasing ventilation rates
 - Isolation of infected patients (where available, in airborne infection isolation rooms [AIIRs])
- Physical barriers
 - Plexi-glass between service workers and public
- Administrative controls
 - Social distancing measures, reporting measures, hygiene, and cleaning
- Personal Protective Equipment (PPE)



Reporting Measures

- Establish clear illness reporting and tracking measures.
- Employers must report all known positive test results for COVID-19 to the Ministry of Labour (in writing) within four days, the Joint Health and safety representatives, and trade union.
- In healthcare, illness outbreak must also be monitored and reported to the Public Health Unit.
- Outbreaks in long-term care homes must be reported to the Ministry of Health and Long-Term Care.



Hygiene Practices

- In support of proper workplace hygiene, employers should provide:
 - Posted hygiene notices (e.g., avoid touching your face, sneeze/cough etiquette, and proper hand washing)
 - Hand washing facilities with soap and hand towels
 - Time for frequent and thorough hand washing
 - Hand sanitizer – at least 60 per cent alcohol
 - Non-touch (or open) waste disposal receptacles
 - Abundance of tissues



Sanitization and Hygiene: Healthcare

- [Long-Term Care Guidance #3](#) points to [Public Health Ontario's best practices for environmental cleaning – prevention and control of infections in healthcare settings](#).
- For public settings, [PHO recommends](#) cleaning frequently touched surfaces twice per day.
- Each workplace should have their own cleaning protocols.
- Best practice in Jen's workplace: cleaning and disinfecting every two hours.

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PPE Guidance

- All healthcare guidance can be found [here](#)
- Each sector (e.g., paramedics, LTC, pharmacies) has its own specific directive but general guidance for PPE is:

| Activity | Type of PPE |
|---|---|
| Providing direct care to suspected or confirmed patients | Droplet and contact precautions, including: Surgical/procedure mask, isolation gown, gloves, eye protection (goggles or face shield). |
| Aerosol-generating medical procedures performed on suspected or confirmed COVID-19 patients | Airborne, droplet and contact precautions, including: N95 respirator (fit-tested, seal-checked), isolation gown, gloves, eye protection (goggles or face shield), negative pressure room, if available. |

PPE Best Practices: Masks

- In January 2020, when the virus initially broke out, the ministry applied the precautionary principle and recommended use of N95 respirators for patient care, collection, and testing
- Directives changed mid March to surgical masks and N95 respirators.
- SEIU continues to recommend use of the superior mask – N95 respirator.
- SEIU does not recommend N95 masks be decontaminated and reused.
- If used, employers have legal duty to fit test respirators including N95s.

Comparing different masks

N95 respirators

- Filters at least 95% of airborne particles if fitted and worn properly
- Medical grade masks are preferred
- Non-medical grade N95 masks OK during outbreak if medical alternatives unavailable



Surgical masks

- Normally worn in operating room to protect patients and medical staff against large droplets
- Looser fit, less protection than N95
- Doesn't protect against small airborne particles



Your Rights in the Workplace

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- **Right to participate** (e.g., in the joint committee, pandemic planning)
- **Right to know** (e.g., rights from ministry, what's going on in the workplace)
- **Right to refuse** (following proper process, if you don't feel safe)

“You do not need to do anything that puts you in harm's way.”



Right to Know

- The employer's duty to provide worker information, instruction, and training = the worker's right to know.
- During COVID-19, knowing how workers may be exposed and what precautions should be in place.
- E.g., training on safe use and fit of personal protective equipment.



Right to Participate

- Right is best exercised through worker members on the Joint Health and Safety Committee (JHSC) or worker health and safety representative.
- Any assessment of the following should be conducted with the full participation of worker JHSC members or worker representative.
 - Potential for COVID-19 worker exposures
 - Prevention measures
 - Worker training

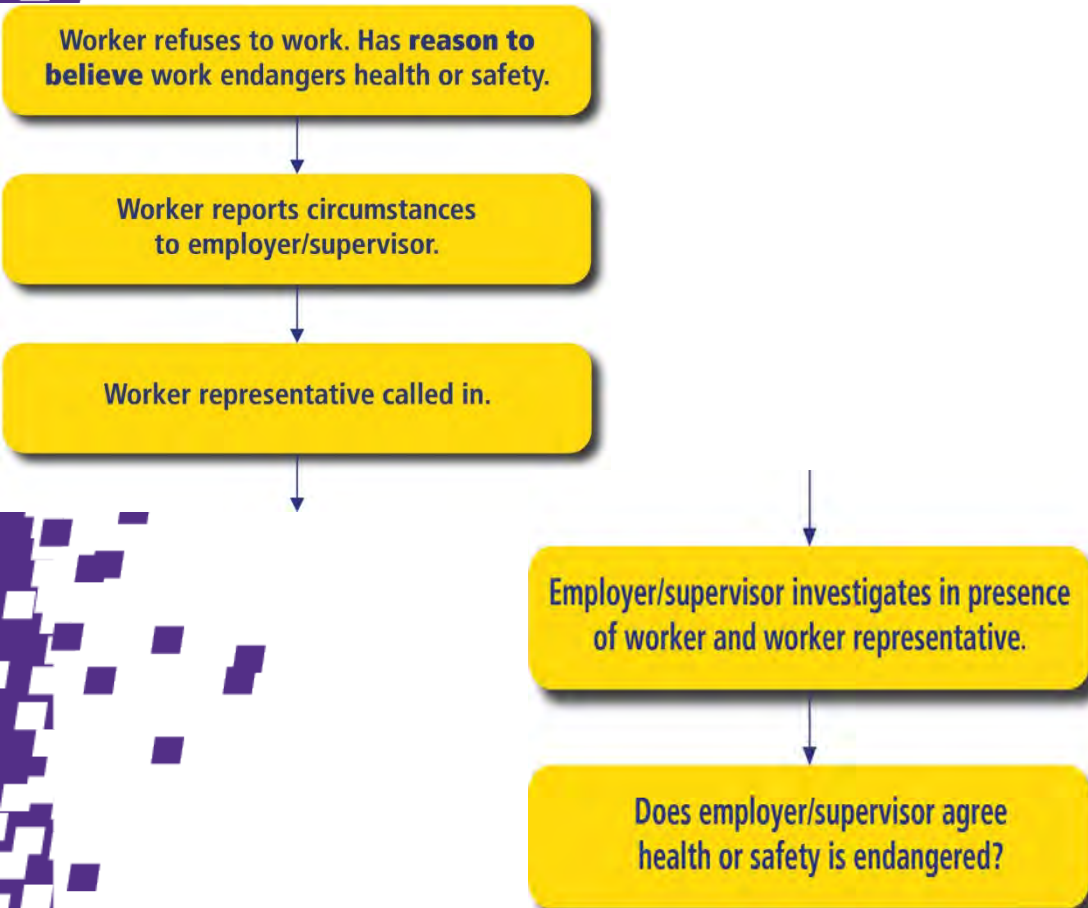
**RIGHT TO
PARTICIPATE**

Right to Refuse

- Under *the Act* a worker may refuse if they have a reason to believe any of the following are likely to endanger themselves:
 - Any equipment, machine, device, or thing a worker is about to use or operate
 - The physical condition of the workplace
 - Workplace violence
- At this stage, reason to believe can be a “gut feeling.”
- Reprisals at any stage for exercising your right are unlawful [OHSA, 50].

**UNDERSTANDING
THE RIGHT
TO REFUSE
UNSAFE
WORK**

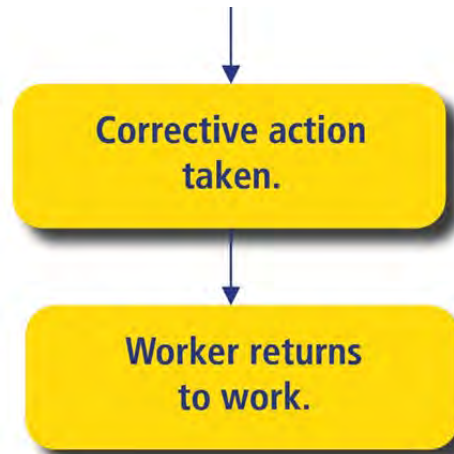
Steps in a Work Refusal: Stage 1



- Worker refusing worker must make it clear this is a refusal according to Section 43 of *the Act*
- Workplace parties must then follow the refusal process outlined in S. 43 of Act.

Steps in a Work Refusal: Stage 1 or 2

- Yes, employer agrees the worker is endangered

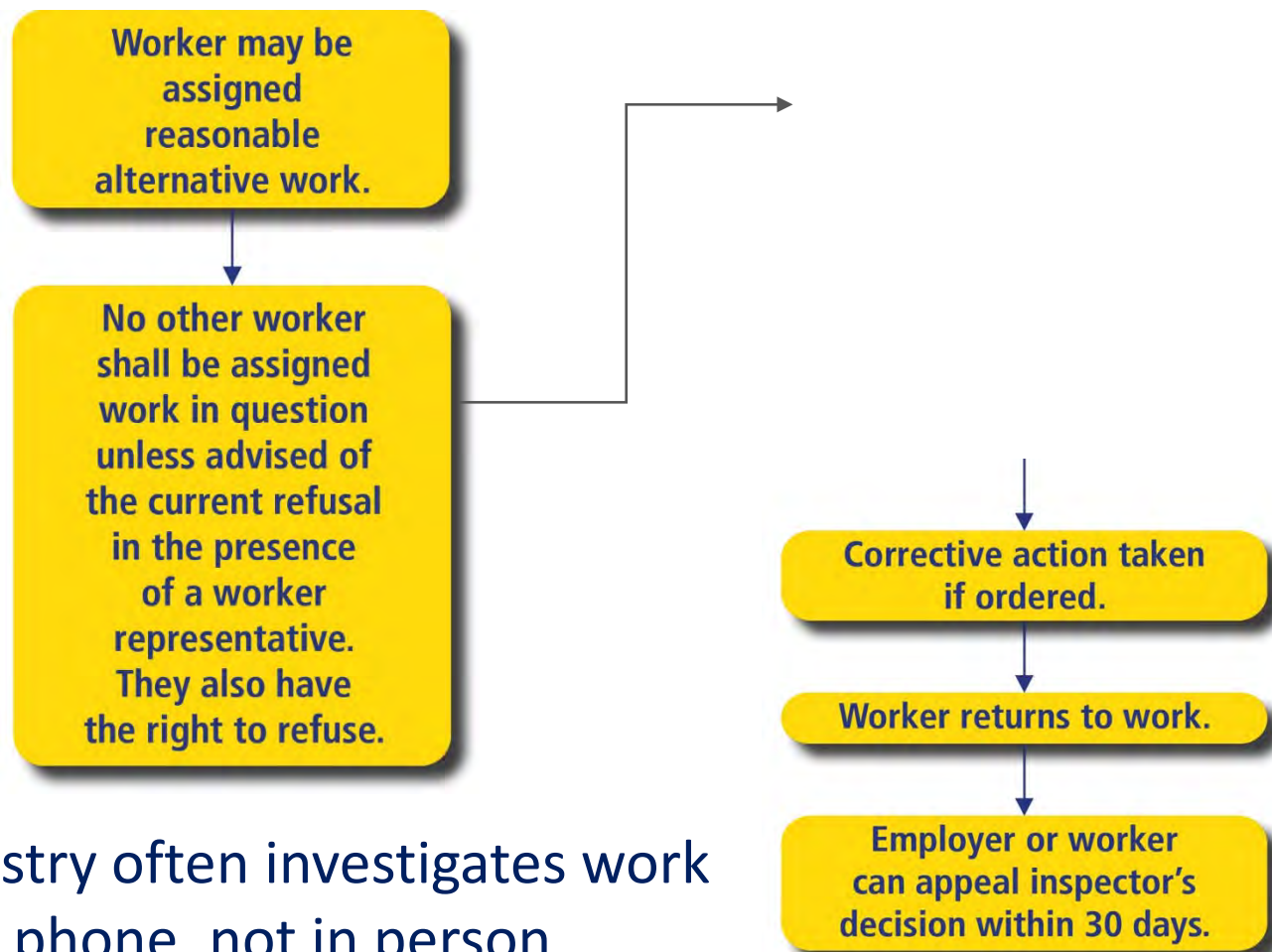


- No, employer disagrees and stage 2 begins.

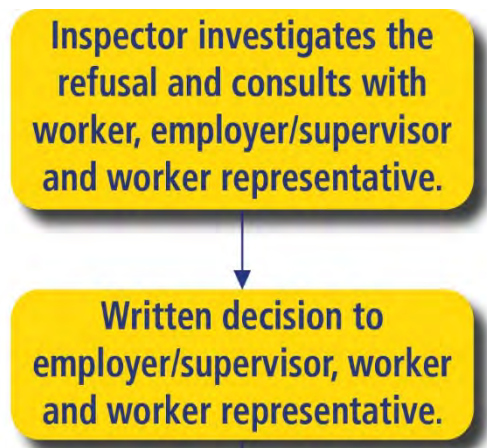


Note: Reasonable grounds must be supplied at this point (objective info – i.e. more than a gut feeling).

Steps in a Work Refusal: Stage 2



Note: Ministry often investigates work refusals by phone, not in person.

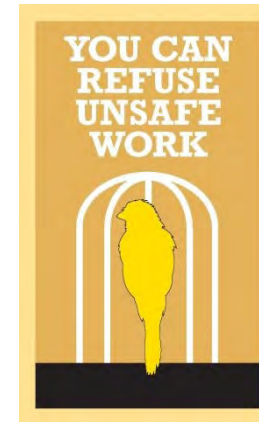


Limited Right to Refuse

- All workers have the right to refuse. However, certain workers may not refuse work when:
 - “A circumstance ... is inherent in the worker’s work or is a normal condition of the worker’s employment” [43(1)(a)]
 - “The worker’s refusal to work would directly endanger the life, health or safety of another person.” [43(1)(b)]
- Applies to police officers, teachers, firefighters, correctional and detention officers and workers employed in a hospital, sanatorium, nursing home, residential group home, ambulance or first aid, provincial lab or workers in laundry, food service, power plant, or technical service.

Limited Rights does not mean No Rights!

- Despite limitation, employer still must take all reasonable precautions to protect the worker.
- Includes assessing the workplace for hazards and ensuring workers are properly protected.
- When safeguards are not in place, workers can still refuse in certain circumstances.
- E.g., a medical lab worker could not refuse to handle a blood sample from a patient with an infectious disease in the course of their regular work, but they could refuse to test for a highly infectious virus where proper protective clothing and safety equipment are not available [[example from 2019 ONA guide](#)].



Refusals During SARS

- The Ministry reported to SARS commission that they handled 54 work refusals related to SARS (18 from healthcare workers).
- From report, only one record of a refusal resulting in orders from the Ministry...

ONA member refused work when assigned to care for a SARS patient without being properly fitted with required N95 respirator. The Ministry of Labour upheld refusal, orders fit testing for the refusing worker and a plan to immediately fit test all workers in the facility.



COVID-19 Refusals: In the News

“Some nurses refusing to work, citing unsafe COVID-19 work conditions at LHSC”, March 30, 2020.

“Guards refuse to work in Ottawa jail over lack of COVID-19 screening protocols”, April 1, 2020

“Ontario jail guards refusing to work without protective gear in COVID-19 crisis”, April 10, 2020.

“Coronavirus: 38 Toronto bus drivers refuse to work, cite workplace safety concerns”, April 15, 2020.

“Ministry has dismissed all 12 Hamilton area COVID-19 work refusals”, April 17, 2020.

Some nurses refusing to work, citing unsafe COVID-19 work conditions at LHSC



Nine nurses at LHSC's cancer clinic refused to work Monday saying conditions are unsafe

Kate Dubinski - CBC News - Posted: Mar 30, 2020 1:52 PM ET | Last Updated: March 31



Nurses in some parts of the London Health Sciences Centre are refusing to work because of what they call unsafe conditions. (Paula Duhatschek/CBC)

Critical Injury Reporting

- One of the key worker duties is to report hazards and injuries.
- A critical injury is a one of a serious nature that your employer is obligated to report (e.g., puts life in jeopardy) [O. Reg. 834].
- SEIU's position: A positive COVID outcome related to your work is an occupational illness and meets definition of a critical illness.
- Reporting procedures:
 - Employer to notify MOL of inquiry
 - Employer to inform and provide written notice to JHSC, Health and Safety representative and union (at which point union can assist)
 - Joint committee will investigate, provide recommendations and prevention measures.



Documenting and Reporting

- Document hazards, assessments, control recommendations.
- Can use a [hazard document](#) to track.
- Why keep records?
 - So important details about hazard are not forgotten
 - So recommendations can be tracked and controls can be monitored
 - In case members need to file WSIB claim.

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Jen: “Documentation is key. You need to have a trail.”

For more resources, go to:
[https://www.whsc.on.ca/Resources/Publications/
COVID-19-Resources](https://www.whsc.on.ca/Resources/Publications/COVID-19-Resources)

