



COVID-19: Home and Community Care Providers and Social Services

A HEALTH AND SAFETY GUIDE FOR CUPE MEMBERS IN ONTARIO

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Guidance notes for Home and Community Care Providers and Social Services

Please note: Information contained herein is current as of March 22, 2020

These guidance notes can be used by members providing home care, a community care program and various social services. Workers in these programs and services often come into close contact with the public. As such, they risk being exposed to clients who may have COVID-19. These clients include:

- Persons symptomatic for COVID-19;
- Persons who have COVID-19 and are asymptomatic
- Persons who share a dwelling with someone who has COVID-19 and asymptomatic
- Persons who have COVID-19 and do not need to stay in a hospital (i.e., can be safely isolated at home); OR
- A home care patient/client who has recently travelled from out of Canada

The declaration of a state of emergency in Ontario, and by several municipalities, has changed the everyday life for people across the province. Despite these changes, occupational health and safety legislation in Ontario remains the same. Workers maintain their right to know, right to participate, the right to refuse work where there is danger to health and safety, and the right to be free from reprisal for exercising their rights and duties under the Occupational Health and Safety Act (OHSA) and the regulations. The collective agreement may have health and safety provisions greater than the minimum standards of the OHSA.

“COVID-19” is the respiratory infection, of the present coronavirus pandemic. The virus that causes the disease COVID-19 is referred to as SARS-CoV 2. Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (“MERS-CoV”), Severe Acute Respiratory Syndrome (“SARS-CoV”).

During a pandemic, government and public health authorities can make declarations and orders restricting travel and imposing mandatory quarantines and recommending self-isolations. Despite the closure of non-essential businesses and agencies, home and community care providers and social services may be required to continue operation. For this reason, employer must continue to provide information, instruction and training for the protection of a worker’s occupational health and safety and continue to provide a safe working environment at the workplace, and to every extent possible when out providing care and service in the community.

Prevention of infection

The way we apply health and safety prevention in the workplace has not changed during the pandemic. Workplaces should follow the hierarchy of controls where the best precautions are “at the source”, then “along the path” and finally “at the worker”.

Controls “along the path”

Where elimination or substitution of the hazard is not possible, engineering and administrative controls must be implemented first, before consideration is given to Personal Protective Equipment (PPE).

There are two types of hazard controls along the path. They include **engineering** and **administrative controls**.

Engineering Controls

An engineering control is designed to isolate the hazard or create barriers or design processes to prevent exposure to the hazard. In terms of the infection prevention and control of COVID-19, engineering controls include, among others:

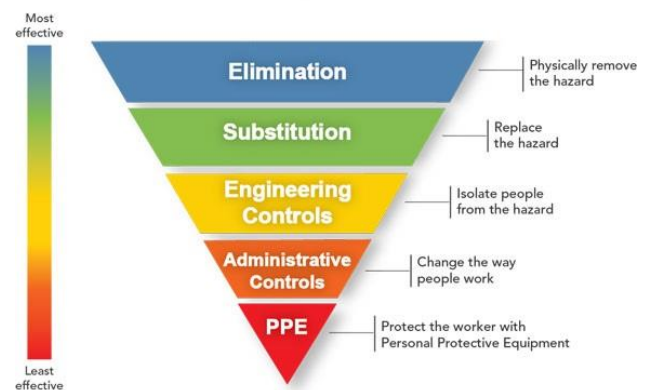
- an effective screening process applied to all residents of a home or location prior to a worker entering the home or location (a screening questionnaire is attached: APPENDIX A)
- an effective screening process for those who require entry to a workplace (a screening questionnaire for entry to a workplace can be found is attached APPENDIX B)
- single entry point of the workplace
- ensuring proper ventilation
- cleaning and disinfecting of vehicles shared by workers
- bins for used linen and PPE

Although, an effective screening process will indicate if a person at a residence or location does not have a probable case of COVID-19, workers should always have PPE on hand due to varying duties and task that may require the need for appropriate PPE.

Administrative Controls

An administrative control is designed to change the way people work or perform tasks. In terms of infection prevention and control of COVID-19, administrative controls include, among others:

- training, information and instruction of the workplace hazards
- restricting work to those with qualification or training
- job/task rotation, shift work, staggering shifts
- limitations on movement of staff i.e. between departments, areas in the workplace, dealing with clients COVID-19
- housekeeping/environmental cleaning and disinfecting
- policies, procedures, emergency preparedness
- hand hygiene at the workplace and out in the field, signage, cough etiquette,
- self-isolation, self-monitoring of symptoms, quarantine
- medical surveillance of clients/workers



If workers are required to share vehicles, the employer should develop a procedure to ensure that a worker is assigned to the same vehicle to avoid cross-contamination. Routine infection control procedures should be applied to the vehicle.

If workers are required to use public transit in the course of their work, the employer should provide information and instruction on how workers can protect themselves from exposure to COVID-19. Consider if any administrative controls can be put in place rather than relying solely on PPE when using public transit, e.g social distancing, not using public transit during peak hours, etc.

Controls “at the worker”

If the screening protocols note that a person at a residence or location is a probable case for COVID-19 and the service or care must be provided, the worker must wear PPE. The selection of PPE required to prevent the risk of infection from transmittable diseases is dependant on the modes of transmission of the pathogen (virus, bacteria, fungi, parasites).

The prevailing consensus among health agencies including the Public Health Agency of Canada and Public Health Ontario is that the virus is spread primarily through close contact (within two (2) meters) with an infected person through respiratory droplets generated when a person, for example, coughs or sneezes, or through droplets of saliva or discharge from the nose. There remains no scientific consensus if COVID-19 is transmitted by small droplets suspended in the air. As such, CUPE is recommending that workers adopt airborne precautions when working in close proximity to suspected, symptomatic, or confirmed cases of COVID-19.

On March 12, 2020, Public Health Ontario updated their recommendations for PPE in the infection prevention and control of COVID-19 stating that workers providing care should adopt contact and droplet precaution and airborne when performing aerosol-generating medical procedures (AGMP).

Aerosol-generating medical procedures include:

- Endotracheal intubation and extubating during cardio-pulmonary resuscitation
- Cardio-pulmonary resuscitation
- Open airway suctioning
- Sputum induction
- Non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BiPAP3-5)
- High flow oxygen therapy, nebulized therapy

Best practices developed by Public Health Ontario for **contact and droplet precautions** include the use of gloves, gowns, eye and facial protection and surgical/procedure mask.

Best practices developed by Public Health Ontario for **airborne precautions** include the use of gloves, gowns, eye and facial protection and N95 or greater respirators.

Information about the surgical/procedures masks and the different types of respirators can be found [HERE:](#)

More information on contact, droplet and airborne precautions can be found [HERE](#)

What else should I know about PPE?

The OSHA and the regulations set out duties of the employer related to PPE.

Under section 25 (1), the employer must ensure that any prescribed PPE and protective devices must be provided, used and maintained in good condition. To ensure protection from biological agents, workers must receive training prior to wearing any new equipment or protective devices.

The training must include the use, care and limitations of the equipment or protective device. Workers should run through a series of tasks while wearing the PPE to ensure a proper fit. The PPE should not cause any discomfort or impair dexterity, mobility and vision.

Employers should also take every precaution reasonable to ensure that:

- PPE is stored in a convenient, clean and sanitary location when not in use.
- PPE that has been worn next to the skin must be cleaned and disinfected prior to being worn by another worker.

PPE should be worn prior to the entry of a residence or location with a probable or confirmed case of COVID-19. Ensure PPE is discarded safely after exiting the location. PPE is meant for one-time use. See attached diagram (APPENDIX C) on how to don and doff PPE safely.

What else should I know about respirators?

If the employer requires a worker to wear an N95, or greater respirator, the worker must be first trained on the care and use of the equipment. The respirator will only be effective if it fits the worker properly.

To ensure a tight fit, workers must be clean shaven, as even a couple days of facial hair growth can compromise the seal. The employer can ask that a worker be clean shaven except where there is a religious accommodation. An accommodation must also be provided if the worker has medical condition and the respirator presents a hazard to health and safety or does not fit properly. Alternative respiratory protection is available for workers who need accommodations or when the equipment does not provide a tight fit. (hood or helmet).

Workers should perform a seal-check after putting on a respirator but before providing care.

How do I perform seal checks to make sure the mask is adjusted correctly?

Each time and every time a respirator is worn, the worker must check that the respirator is sealing properly to the face. Not all respirators will allow the wearer to temporarily block the inlet openings or valves, but these checks should be done whenever possible. Do not wear a respirator that does not seal properly.

Negative pressure seal check: Negative-pressure checks can be done on air-purifying respirators and other respirators with a tight-fitting facepiece.

- Put on the respirator.
- Close or block the inlet opening(s) of the respirator so that when you inhale (breath in), no air enters the facepiece.

- Gently inhale and hold your breath for at least 5 seconds.
- The facepiece should collapse (“squish in”) slightly on your face.
- If the facepiece remains collapsed while you hold your breath, the seal check is successful.
- If the facepiece does not remain collapsed, check that nothing is obstructing (blocking) the sealing surface, adjust the facepiece and harness, and repeat the user seal check.



Negative pressure fit check

Positive pressure seal check: Positive-pressure seal checks can be done with respirators equipped with tight-fitting facepieces that have both inhalation and exhalation valves.

- Put on the respirator.
- Close or block the exhalation valve or breathing tube, or both.
- Exhale (breath out) gently.
- The respirator should expand (“puff out”) slightly.
- If a slight positive pressure can be maintained inside the facepiece without noticing any air leaking for 5 seconds, the seal check is successful.
- If a slight positive pressure does not occur, check that nothing is obstructing (blocking) the sealing surface, adjust the facepiece and harness, and repeat the user seal check.



Positive pressure fit check

Seal checks for disposable respirators: A seal check can be done by placing both hands over the respirator itself, or by using a device provided by the manufacturer.

- Put on the respirator.
- Place both hands over the respirator. If there is a valve, block the valve with your hand.
- Breathe in and out.
- If you have a good seal, the facepiece should collapse slightly when you inhale.
- As you exhale, you should not feel air leaking out.

- If you have air leaks, check that nothing is obstructing (blocking) the sealing surface, adjust the nose piece or straps, and repeat the user seal check.

Again, do not wear a respirator that cannot pass the seal checks successfully.



Seal check with a disposable respirator

Finally, fit testing determines that workers are medically able to wear a tight-fitting respirator. Alternative respiratory protection is available for workers who need accommodations for a non-tight fit model (hood or helmet).

Right to Refuse Unsafe Work

Workers have the right to refuse work that would put them in danger. The OSHA limits a select group of health care worker's right to refuse unsafe work in circumstances that are inherent to a worker's work or constitute a normal condition of employment or when the refusal would directly endanger the life or health and safety of another person. For clarity, the first part of the condition means everyday work in which the worker has been provided adequate training, the means, PPE, equipment and devices for carrying out the work safely.

Check with your local or National representative to find out if the OSHA limit's your right to refuse dangerous work.

Any condition or circumstance that places a worker in danger and is a contravention of the Act or regulation or deviates from the employer's occupational health and safety programs and procedures would be reasonable grounds for a work refusal.

Situations where a work refusal would be based on reasonable grounds include:

- PPE that isn't provided, not in good condition, not sanitary or does not fit.
- A worker is asked to wear PPE for which the worker has not received training.
- A worker is asked to perform a task for which the worker has not received training and the task is likely to endanger the health and safety of the worker or another worker.
- A worker is asked to perform a task alone, where the task requires at least two workers.

Although a worker who has a reason to believe that the work will endanger themselves has the right to refuse unsafe work at any time, it is first recommended that the worker:

- communicate any occupational health and safety concern with their supervisor or employer
- consult with a worker member of the JHSC
- contact the local

Right to No Reprisal

Under section 50 of the OHS Act, the employer or a person acting on behalf the employer cannot intimidate, impose discipline or discipline/dismiss a worker, or threaten to discipline/dismiss a worker because the worker has exercised a right or a duty in the OHS Act or the regulation.

This includes reporting hazards, participating on a committee, and exercising the right to refuse dangerous work. This is an important right because a worker who fears punishment for protecting their health and safety will be less likely to participate in the employer's system.

50 (1) No employer or person acting on behalf of an employer shall,

- (a) dismiss or threaten to dismiss a worker;
- (b) discipline or suspend or threaten to discipline or suspend a worker;
- (c) impose any penalty upon a worker; or
- (d) intimidate or coerce a worker,

because the worker has acted in compliance with this Act or the regulations or an order made thereunder, has sought the enforcement of this Act or the regulations or has given evidence in a proceeding in respect of the enforcement of this Act or the regulations or in an inquest under the Coroners Act. [Ontario Health and Safety Act R.S.O 1990 c.0.1]

Updated Ministry of Health Guidance Notes and Screening Checklists

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

CUPE Resources for COVID-19 Prevention

[CUPE resource page for COVID-19 \(in english\)](#)

[Site de ressource sur COVID-19 \(en français\)](#)

[La grippe pandémique](#)

[Pandemic Influenza](#)

[Protection Respiratoire](#)

[Respiratory Protection](#)

[COVID-19 Guide pour les travailleurs des soins de santé](#)

[COVID- 19 Guide for health care workers](#)

Screening Process

Effective screening protocols must be carried out prior to arriving at a residence or location to determine if a person at the residence or location may have COVID-19. If screening can only be done on location, the protocols should be done at a distance greater than 2 metres.

1. Has the patient/client or someone at the residence/location received public health or medical advice to self-monitor or self-isolate?
2. Is the patient/client or someone at the residence/location presenting with fever and/or new onset of cough or difficulty breathing?
3. Has the patient/client or someone at the residence/location returned from travel outside of Canada in the 14 days before the onset of illness?

OR

Did the patient/client or someone at the residence/location have close contact with a confirmed or probable case of COVID-19 (novel coronavirus)?

OR

Did the patient/client have close contact with a person with acute respiratory illness who returned from travel outside of Canada within 14 days prior to their illness onset?

- If **YES** to Question 1 – patient screened **POSITIVE**
- If **YES** to Question 2 and **YES** to any **part** of Question 3 - patient screened **POSITIVE**
- If **YES** to Question 2 and **NO** to **all** of Question 3 - patient screened **NEGATIVE** (*stop screening and document response*)
- If **NO** to Question 1 and 2, and **YES** to **any** part of Question 3 - patient screened **NEGATIVE** (*stop screening and document response*)

If patient screens **POSITIVE**, document and continue use of routine practices and adopt contact and droplet precautions and airborne precautions when performing aerosol-generating medical procedures.

Ministry of Children, Community and Social Services

COVID-19 Screening Checklist

March 15, 2020

This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

What to do:

Create and implement an active screening plan including:

- Location and staffing of the screening table
- Appropriate script for screening including process for uncompliant visitors
- Signage to support the active screening process
- Make alcohol-based hand sanitizer available at the screening table
- Clear door rules to allow or prohibit entry
- Provide handout to visitors explaining the changes

Screening questions to consider:

Greet everyone into the building with a friendly, calm, and reassuring manner.

- "Good morning/afternoon! As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone entering the building to ensure everyone's safety and well-being."
1. Do you have any of the following symptoms: fever/feverish, new or existing cough and difficulty breathing?
 - Yes
 - No
 2. Have you traveled internationally within the last 14 days (outside Canada)?
 - Yes
 - No

3. Have you had close contact with a confirmed or probable COVID-19 case?
 - Yes
 - No
4. Have you had close contact with a person with acute respiratory illness who has been outside Canada in the last 14 days?
 - Yes
 - No

How to respond:

If the individual answers NO to all questions, they have passed the screening and can enter the building

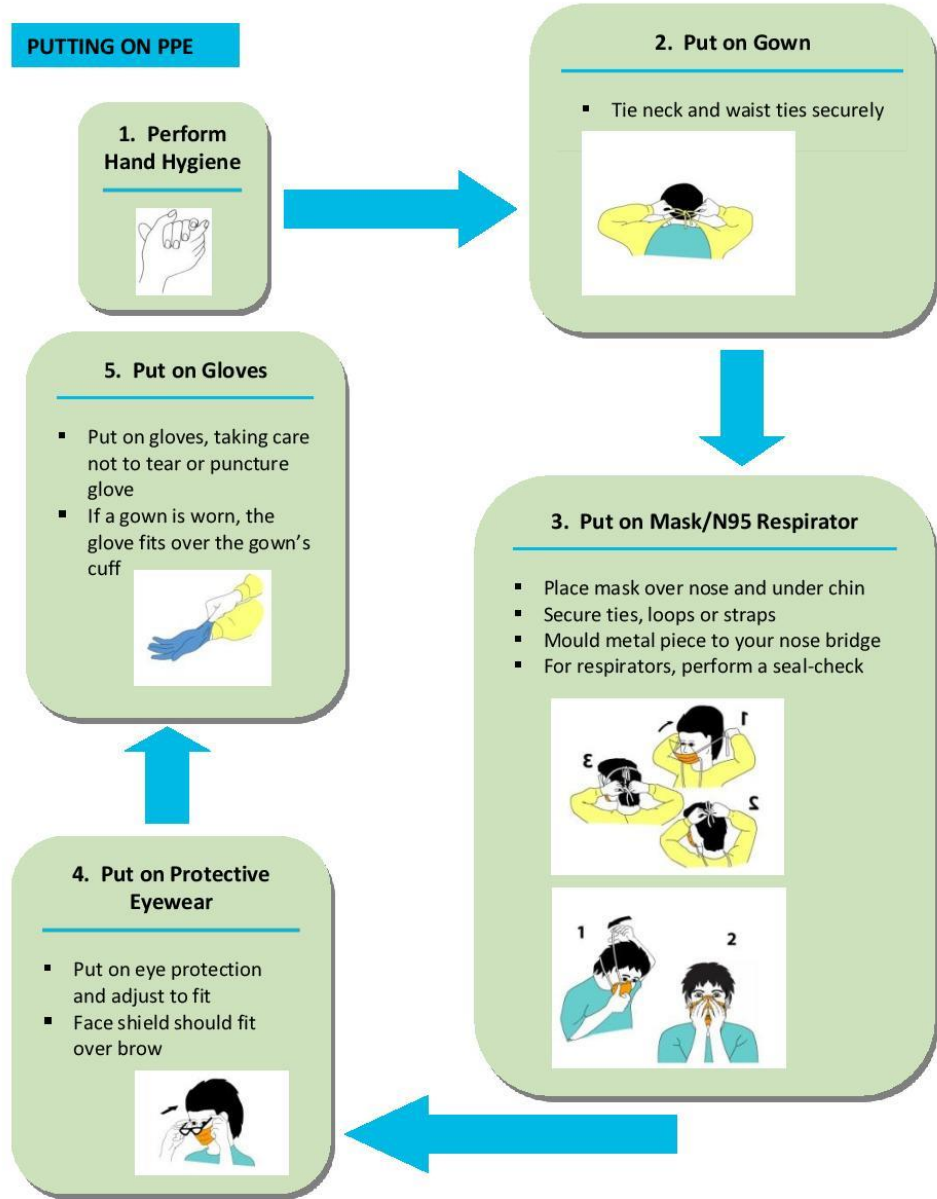
- “You’re cleared to enter the building. Please use the hand sanitizer before you go. Thank you for your patience and enjoy the rest of your day.”

If the individual answers YES to any of the screening questions, or refuses to answer, then they have failed the screening and cannot enter the building

- For visitors, vendors, volunteers: “I’m sorry but based on these answers, I’m not able to let you enter the building today. Please contact your local public health unit or Telehealth Ontario for further instruction.” (Show them where the Telehealth Ontario number is located on the handout).
- If they become upset, please contact a senior staff person immediately to handle the situation.
- For employees, agency staff, contract staff: “I’m sorry but based on these answers, I’m not able to let you enter the building today. Please contact your manager to let them know and contact your local public health unit or Telehealth Ontario for further instruction.”

APPENDIX L: RECOMMENDED STEPS FOR PUTTING ON AND TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (PPE)

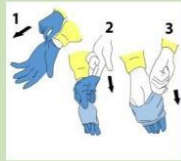
[Images developed by Kevin Rostant.
Some images adapted from Northwestern Ontario Infection Control Network – NWOICN]



TAKING OFF PPE

1. Remove Gloves

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer, 'contaminated', side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance



6. Perform Hand Hygiene



3. Perform Hand Hygiene



5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use

