Confronting COVID-19

Implementing the precautionary principle and hierarchy of hazard controls

Wednesday, April 22, 2:30 pm

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An overview

➤ Health and safety law requires employers to take every reasonable precaution to protect workers in the circumstances.

➤ But what is reasonable when workplaces are confronted by COVID-19? In this presentation we will consider:

– The precautionary principle that should guide all action

– The hierarchy of controls that should also help determine the most appropriate hazard controls to be used in the workplace

– Examples of reasonable measures to help prevent worker exposures to COVID-19 based on these principles.

Guiding principles for COVID-19

Precautionary principle defined

➤ "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. In this context the proponent of an activity, rather than the public, should bear the burden of proof."

– Wingspread Statement on the Precautionary Principle, January 1998

➤ "The idea of the precautionary principle has been expressed over time as "first, do no harm," "better safe than sorry," and "look before you leap." – Sandra Steingraber

Guiding principles for COVID-19

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Lessons from SARS revisited

➢ "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." – Justice Archie Campbell

Lessons from SARS (continued)

➢ One of many debates during SARS was how it was transmitted, by large respiratory droplets or airborne particulate – a similar debate we've heard during this current COVID-19 crisis. Justice Campbell wrote,

  – "The point is not who was right and who was wrong in this debate. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. …

Mistakes from SARS repeated?

- "…We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty. Until this precautionary principle is fully recognized, mandated and enforced in Ontario's hospitals, workers will continue to be at risk."

➢ "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

Precautionary Principle in law

➢ Following SARS Commission the precautionary principle was enshrined in Ontario's *Health Protection and Promotion Act.*

➢ Citing section 77.7 (2) of this legislation, recent directives from the Chief Medical Officer of Health have invoked the precautionary principle when considering personal protective equipment in health care facilities for the care of suspected, presumed or confirmed COVID-19 patients.

Applying the precautionary principle more widely still

➢ What about in situations where patients and or members of the public are not exhibiting symptoms? And what about workers outside of health care settings? What is reasonable? Employers should assume:

– Anyone might be carrying the COVID-19 virus, as symptoms don't appear right away, if at all; and
– Any commonly-touched surface is contaminated.

For workers who must work in close proximity to others appropriate personal protection must be considered in all situations.

Hierarchy of controls in law

➢ A number of regulations supporting Ontario's *Occupational Health and Safety Act* clearly require the adoption of a hierarchy of controls approach.

➢ These include:

– Ontario's Designated Substances regulation;

– Regulation 833, Control of Exposure to Biological or Chemical Agents; and

– the province's Noise regulation.

➢ Under these regulations personal protective equipment is deemed to be used only as a temporary measure or measure of last resort.

Hierarchy of controls defined
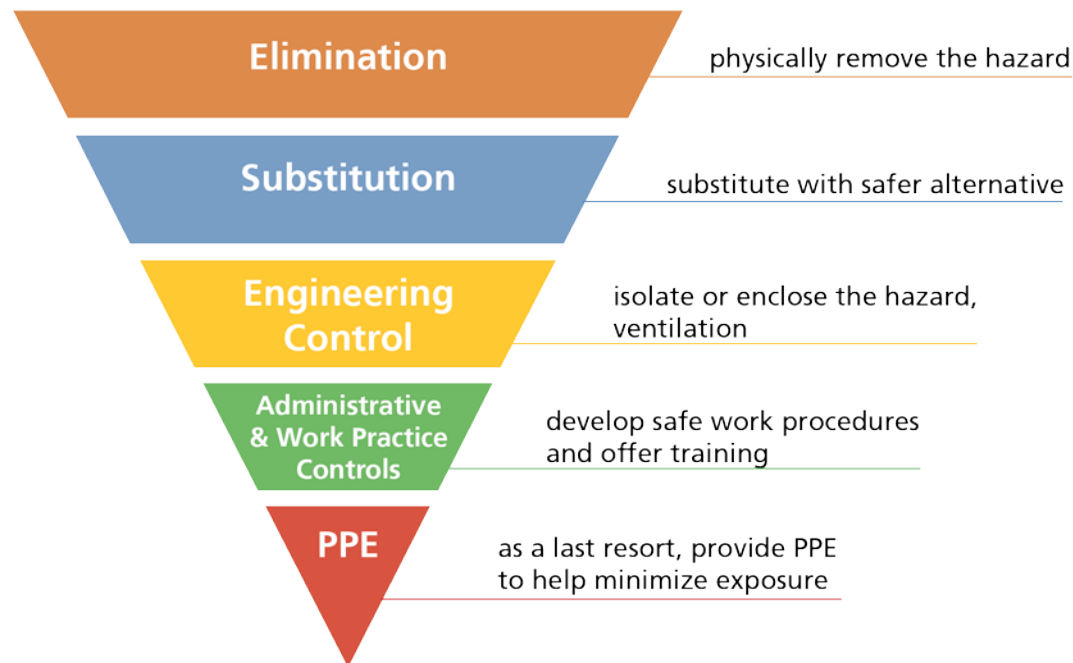
➤ Generally the closer the control is to the hazard, the more effective it is.

Hazard assessment first

➢ Working with joint health and safety committees, worker health and safety reps (and union rep where there is one), employers should first examine all the ways in which workers may be exposed to COVID-19 and then consider appropriate control measures.

The challenge of infection control
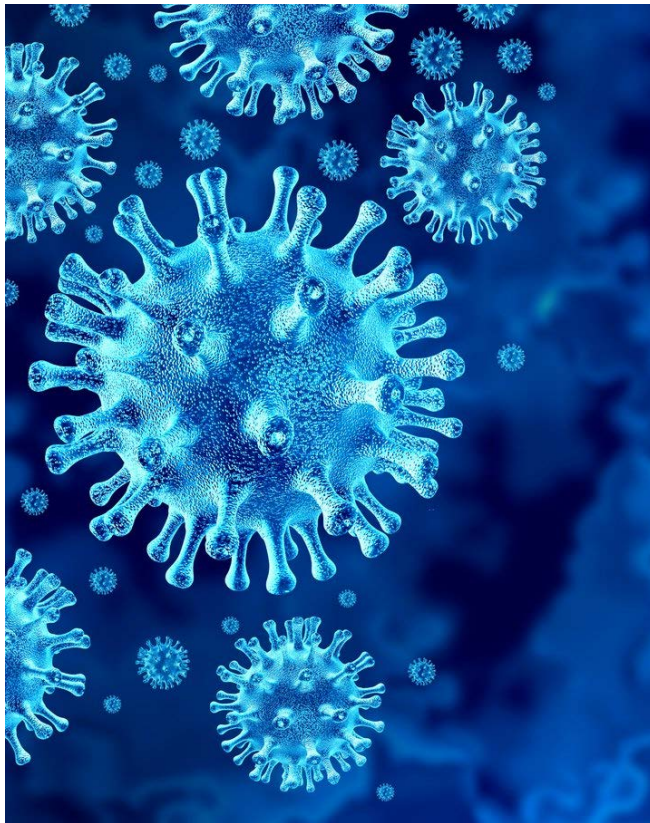
➢ When the workplace hazard is biological like COVID-19, and spreads from human-to-human and contaminated surface-to-human contact, control at the source is difficult.

➢ Elimination or substitution of a virus from an workplace open during a pandemic situation is not possible.

Eliminating potential exposures

➢ As we have done, it is feasible though to close non-essential workplaces and ask people to work from home, where practical, therefore eliminating the potential for workplace exposure and limiting transmission.

Engineering controls

➢ Engineering controls most often involve isolating workers from hazards. For COVID-19, employers should consider a range of measures depending on the workplace, including:

- High-efficiency air filters on HVAC systems

- Increasing ventilation rates

- Isolation of infected patients or residents (Where available, this should occur in airborne infection isolation rooms (AIIRs)).

Physical barriers

➢ Plexiglass barriers at locations between workers and patients/clients/customers should be considered too.

Administrative controls

➢ Administrative controls are measures to limit the risk of virus transmission including safe(r) work policies, procedures and practices. Also important is training and other means for sharing critical information about the precautions for eliminating exposure, controlling transmission and reporting suspected/presumed/confirmed cases. **These include a combination of social (physical) distancing measures, illness reporting measures, plus hygiene and cleaning.**

Social (physical) distancing

➢ Restrict workers/customers who are unwell or returning from international travel from entering workplace (enforce 14 day self-isolation for workers).

➢ Reduce numbers of people in the workplace i.e. cease non-essential work tasks, stagger, shorten shifts/work hours; limit the number of customers admitted into the workplace at one time etc.

Social (physical) distancing

➢ Maintain a two-metre distance i.e. install floor markers, or employ staff to manage the distance in line ups, while ensuring this staff maintains their distance from each other as well.

➢ Create dedicated work stations and equipment for each worker and ensure all shared resources are cleaned thoroughly between use (more on cleaning in a moment).

➢ Isolate worker who becomes ill at work until they can safely leave workplace (clean/disinfect area as soon as they leave).

Reporting measures

➢ Establish clear illness reporting and tracking measures.

➢ Employers must report all known, work-related 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 (if applicable).

➢ In a health care sector organization illness outbreak must also be monitored and reported to the Public Health Unit as required by the Health Protection and Promotion Act. Outbreaks in long-term care homes must be reported to the Ministry of Health and Long Term Care.

Hygiene

➢ In support of proper workplace hygiene, employers should provide:

– Posted hygiene notices (i.e., avoid touching your face, sneeze/cough etiquette and proper hand washing) and

– Hand washing facilities with soap and hand towels

– Time for frequent and thorough hand washing

– Hand sanitizer – with at least 60 per cent alcohol

– Tissues to catch coughs and sneezes

– Non-touch (or open) waste disposal receptacles.

Cleaning and disinfecting in non-health care workplaces

➤ Employers should ensure:

– Clean work surfaces, especially commonly touched surfaces and equipment, including those which the public accesses.

Cleaning and disinfecting in non-health care workplaces (con't)

➢ Employers should also ensure:

– Proper disinfection of surfaces with products ideally containing ethanol (ethyl alcohol) at 62-71%, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite (bleach).

➢ Workers should also ensure work wear is laundered as soon as possible.

Cleaning and disinfecting in health care workplaces

➢ The Ministry of Health and Long-Term Care and Public Health Ontario have issued several separate guidance documents and protocols for workplaces in the health care sector. These include docs for cleaning and disinfecting.

PPE for non-health care workers

➤ If after exhausting all reasonable precautions, additional and appropriate personal protective equipment is deemed a necessary last resort, great care must be taken in its selection and use.

PPE for health care workers

➢ When considering personal protective equipment for health care workers let's return to lessons learned from the SARS outbreak.

➢ Unlike Toronto hospitals, when dealing with an undiagnosed respiratory illness Vancouver hospitals had a **policy of automatically going to the highest level of protection and scaling back as the situation clarified.**

➢ Consequently in Vancouver hospitals there were no deaths and disease transmission was contained.
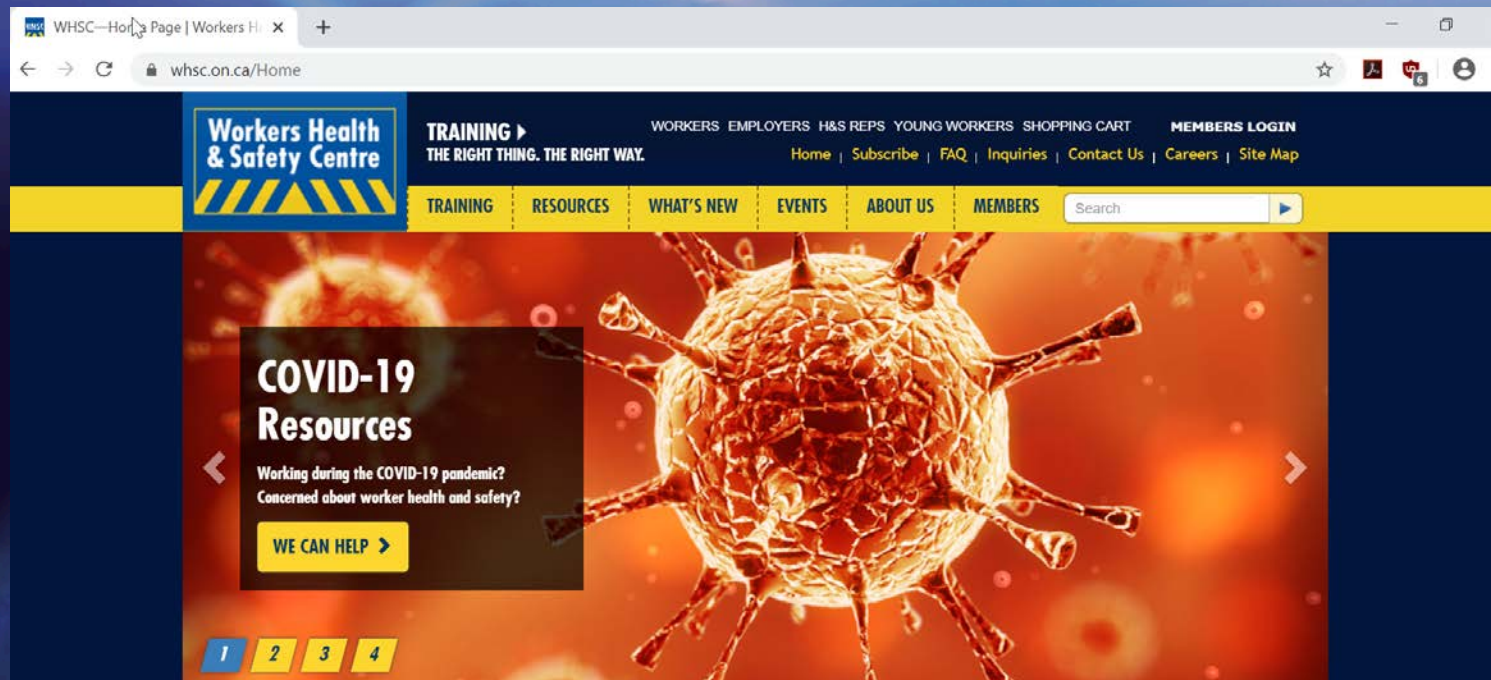
A mask is not enough

➢ Although N95 masks and other PPE are important safeguards, in health care facilities and all workplaces, functioning internal workplace systems and external enforcement from the Ministry of Labour are essential.

➢ Internally, this means employers must take every reasonable precaution, based on the precautionary principle and hierarchy of control and fully involve worker reps in the process.

Thank you! To learn more still…

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