Preventing exposure to COVID-19 Community and Social Services

June 17, 2020

Introduction:

As the global pandemic of COVID-19 persists, CUPE wants to ensure that employers and members continue to implement leading practices to prevent workplace exposure to the virus which causes COVID-19.

The guidance in this document is specific to addressing the hazard related to COVID-19. It is intended to assist CUPE health and safety activists in their efforts to ensure that adequate protections are in place for members. In the case of those workplaces that have suspended operations, the guidance is intended to assist in implementing effective controls prior to the resumption of normal operations.

The information linked below helps highlight some of hazards that increase the likelihood of exposure. Find CUPE's COVID-19 resources here:

- General Occupational Guidelines for COVID-19
- COVID-19 Fact Sheet
- COVID-19 and the Right to Refuse Unsafe Work
- COVID-19 Cleaning and Disinfecting
- COVID-19 Personal Protective Equipment
- COVID-19 and the Use of Masks and Respirators
- COVID-19 Masks and Face Coverings
- Good Hygiene Practices and the Respiratory (Cough) Etiquette

It remains vital that employers continue to work with their (joint) health and safety committee about the best way to control sector-specific hazards during this pandemic.

This document provides specific guidance to CUPE members working in the community and social services sector. General guidance can be found HERE and should be reviewed in conjunction with this document.

The community and social services sector includes hundreds of different classifications. These include counselling; shelters; activity centre workers; therapy programs; crisis centres; outreach programs; social assistance; rehabilitation; life skills training; community agencies; child protection; job and vocational skills training; sheltered workshops; residential care and social services to name a few.

Hierarchy of controls

Occupational Health and Safety (OH&S) is concerned with identifying workplace hazards and implementing control measures that reduce the risk of hazards leading to illness or injury. In the field of OH&S there is a concept called the "hierarchy of controls". This is the broad category of controls that can be used to address hazards found in the workplace. They range from the strongest controls (eliminating the hazard) to the weakest controls (personal protective equipment (PPE)).
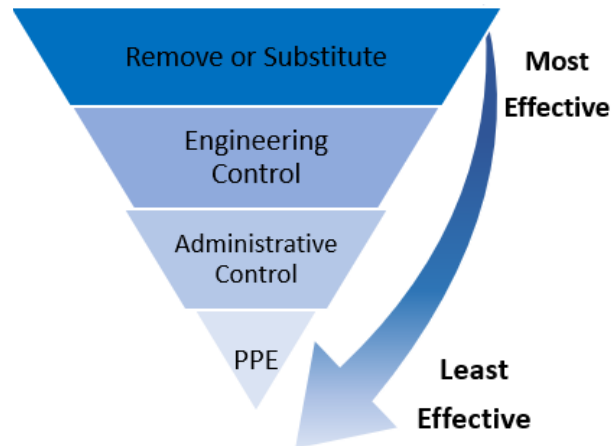
PPE is not the most effective hazard control. It is a last resort when the hazard cannot be adequately addressed using more effective controls "up" the hierarchy. Due to pervasive media coverage of PPE shortages across the world, and due to PPE's vital role as one of many control measures that workplaces utilize, there is a common misconception that PPE is the best (or only) hazard control that can protect workers from COVID-19. This is a potentially dangerous assumption. It limits the discussion to, and consideration for, stronger control measures. CUPE members, locals and health and safety activists should be pushing for the best protections for their members.

When choosing controls, don't forget other hazards and how they might be affected by new controls (for example, the hazard of working alone while practicing physical distancing and reduced number of people in the workplace or the PPE needed for cleaning).

All of the following sample hazard controls should be considered in addition to any other legislative and regulatory requirement such as policies and procedures for working alone, preventing violence, and so on.

Workers have a unique and important perspective in evaluating the effectiveness of controls proposed by the employer as they understand best how these tasks are performed in practice and what impediments there may be to implement administrative controls.

Remember: the control of hazards related to COVID-19 are just one part of a much larger employer health and safety program. **All of the following hazard controls must be continuously monitored, evaluated, updated and revised in conjunction with your health and safety committee or representative.**

Hazard Controls for the community and social services sector:

Elimination

All community services employers must take every precaution reasonable to eliminate the potential of a worker's exposure to COVID-19. As we've seen in other workplace sectors, the virus can be easily spread among staff or clients where adequate controls are not in place. Due to the nature of community and social services workplace settings, close contact with workers and clients is inevitable. As such, community and social services workplaces must eliminate the possibility of a person with a suspected or confirmed case of COVID-19 from accessing the workplace.

In community and social services workplaces, consider some of these elimination controls:
- Remote work arrangements remain among the strongest protections available and should be explored fully before other hazard controls are contemplated.
    - A thorough analysis of tasks should be performed to identify those which would be suitable for remote work.
    - If contemplating remote work, attention should be placed on ensuring that workers have the appropriate resources and support to perform those tasks. (e.g. they should have the appropriate telecommunication equipment, tech support or the name of their supervisor.)
- Workers who are sick must remain home. Employers should have clear rules around paid self-isolation and quarantine for those who are sick, or those who have been exposed to someone who has COVID-19. These plans should include how to handle situations with infected family members.
- Cancel all in-person non-critical programs until further notice.
- Conduct programs and meetings using a shared communications program (Facetime/Skype/Zoom). See further guidance on meetings below.
- Reduce the use of paper that will be handled by multiple workers using electronic documents.
- The public should be pre-screened by phone or computer before appointments are scheduled using the most recent medical definitions for COVID-19 from provincial health officers, Ministry of Health and / or Centre for Disease Control.

Engineering Controls

This category of controls involves using barriers or separations to prevent employees from being exposed to hazards. For example, plexiglass barriers and other hard or soft material (including vinyl) surfaces have become a common application during the COVID-19 pandemic, installed at points of contact with clients or other staff or when two metres (six feet) of distance cannot be maintained in all directions.

Wherever possible, it is better to create permanent or semi-permanent barriers before utilizing administrative controls or personal protective equipment. For example, many of us have become accustomed to seeing plexiglass barriers for cashiers at the grocery store that separates them from the customers.

In community and social services workplaces, consider some of these engineering controls:
- Install barriers so that communication between staff and clients is made behind plexiglass.
- Reduce shared offices to one-person offices and create additional office workspaces, properly spaced in all directions, within the facility.
- Ventilation systems can play an important role in preventing the spread of infections though the utilization of filters that catch most particles and adjusting the system to mix in more fresh air into a system. Ensure that ventilation systems are operating as designed.
- The furniture layout of workplaces should be used to promote physical distancing such as removing chairs around tables to promote a minimum of two metre (six feet) distance between others for seating.
- Visual markers (such as tape on ground and signage) should be used to help promote physical distancing throughout the worksite.
- Distribute disinfecting and sanitization materials so that they are available to the workers at point of use for all work sites.
- Provide tissues and lined garbage bins for use by clients and workers. "No touch" garbage cans with a foot pedal (for example) should be used.
- Determine new limits for the number of people permitted to enter each building and room to ensure people can maintain safe distancing of two metres (six feet) in all directions.
- **Screening** (engineering considerations)
    - Implementing a process for effective and mandatory screening protocols by trained workers when entering the facility will help ensure people with potential COVID-19 symptoms are identified and not allowed access to the building.
    - Screening must apply to all who enters the building (staff, clients, essential visitors, external agencies and contractors etc.).
    - Information should also be provided to visitors about restrictions in place to limit the access to the workplace to essential visitors only.
    - Ensure people can only enter a building through an entrance where screening takes place.
    - Where possible, in person screening should be done through engineered barriers (such as Plexiglas) or appropriate PPE must be supplied to the persons doing screening (see below).
    - Screening processes may include self-assessment, on-site screening from two metres (six feet) away and with appropriate controls, with daily logs kept for all visitors, clients, customers, contractors and staff entering the building, and phone calls to members/contractors.

Vehicle use

- If it is safe (consider working alone hazards) travel for work should be in separate vehicles.
- If it is practical, workers should use the same vehicle each day.
- Where single vehicle use is not possible, follow these measures:
    - use appropriate respiratory PPE [see fact sheets above].
    - reduce the number of workers per trip and increase the overall number of trips needed to transport workers to a worksite, if necessary.
    - provide disinfection and sanitization products to clean vehicles between driver and passenger changes.

Administrative Controls

Administrative controls are rules for the workplace that control or alter the way the work is done. These may include things like the timing of work, policies and work practices such as standards and operating procedures.

In the community and social services sector consider some of these additional administrative controls:

General
- Employers must develop a comprehensive Exposure Control Plan, including ongoing hazard assessments (more than one may be required as circumstances, hazards and risks change) when anyone is confirmed or contact with cases of COVID or after having travelled internationally.
- If in-person meetings must happen, limit meetings and hold meetings outside or in a large space to allow for physical distancing of at least two metres (six feet) between people.
- As much as possible, practice physical distancing between coworkers, clients and essential external visitors.
- Employers must have written COVID-19 policies, standard operating procedures and training programs for all classifications as part of their overall occupational health and safety information programs.
- Develop a method of clear and effective communication to workers because of how quickly information is changing. Workers need to *know what to d*o in response to the changing working conditions.
- Update the Pandemic Plan, in consultation with the Health and Safety Committee as often as necessary to protect workers.

Screening (administrative considerations)

- Employers need to provide appropriate training for the people staffing the screening areas (see screening in engineering controls above).
- Designated employees should be selected and trained to screen people who would enter the building (job should not be rotated).
- Employers must develop a response plan for how workers direct visitors to not come into the workplace and maintain disinfection for when workers or visitors have been identified as suspected or confirmed or have symptoms of COVID-19.
- Staff should *self-assess* for symptoms prior to entering the location, mid-shift and at the end of the shift.
- Employers need to determine all the processes involved in screening including, what screening will be done, how screening areas will be stocked, how screening areas will be cleaned and sanitized and how waste management at these areas will be handled.
- Establish a designated area where ill/suspected workers/clients/visitors may wait while either being screened or when they are awaiting to go home. That designated area would have dedicated staff and equipment to ensure proper familiarity with putting on and taking off PPE protocols and other safety processes.
- For workers who will travel to other locations, employers will need to establish pre-screening procedures. During screening, workers should also ask about any other person who will be in the home during the appointment (e.g. visitors or family members) and where appropriate, screen this person for COVID-19 using the most recent medical definitions for COVID-19 from provincial health officers, Ministry of Health and / or Centre for Disease Control. This applies to visitors to work sites such as where clients live.
- Point of work screening should be performed (following previous steps) if additional people not identified in the original pre-screen are present.

Client Measures

- All clients, such as persons living in residential facilities, who are symptomatic for COVID-19 must be immediately tested by a health professional. They should be isolated (safely, with workers who have appropriate PPE) while they are symptomatic and until the medical health professional provides instructions.
- Clients should be kept in separate rooms (until assessment can occur by medical professionals) where they are suspected, confirmed or contact with cases of COVID-19. These rooms should be well ventilated. The clients should wear a surgical mask, when tolerated.
- If a client is suspected or confirmed for COVID-19, the employer should have procedures for cleaning and disinfecting all objects and surfaces which the client encountered (while the worker is protected using personal protective equipment as below).
- Any client that has tested positive for COVID-19 that does not require hospital care will need to be isolated in a private room or they can share a room with others (while maintaining a minimum of two metres (six feet) physical distance) who have also tested

positive. Consider the use of temporary barriers between clients who are grouped together.

- If visitors are permitted by provincial or municipal orders, to client homes (e.g. residential facilities) they must wear surgical masks and maintain a minimum of two metres (six feet) physical distance from workers and the clients.
- For specialist services that may be required in the setting (e.g. physio, mental health services, or substance use supports), consider implementing these services virtually. If this is not possible, inform service providers of the COVID measures in place that must be adhered to while working in the building.

Food safety

- Food must always be protected from contamination. This may include ensuring guards or coverings for food, and utensils.
- Food (meals and snacks) should be "pre-plated" and served while maintaining physical distancing.
- Reinforce "no food sharing" policies.
- Food should be served onto plates while maintaining physical distancing. If possible, pre-plate food or snacks before providing to clients.
- Use pre-packed food if feasible.
- Ensure a minimum of two metres (six feet) distance between clients while eating.
- Use disposable cutlery if possible.
- Minimize client handling of multiple sets of eating utensils by providing individually wrapped utensils or having staff hand out utensils.
- Remove shared food containers from dining areas (e.g. pitchers of water, shared coffee cream dispensers, salt and pepper shakers).
- Educate clients by reinforcing the importance of hand hygiene, the respiratory etiquette and social distancing.

Limiting movement of staff and equipment

- Reduce travel between service locations and limit normally transient workers and cleaning staff to one site, if possible.
- Reduce staff movements between rooms and sections of the workplace.
- Avoid sharing equipment between rooms and with other staff. If equipment sharing is unavoidable, ensure the equipment is disinfected before use.

Physical Distancing

- Where workers must be in contact with the public, or have meetings with the public, the employer should ensure that physical distancing of at least two metres (six feet) between persons occurs where possible (or with a physical barrier like plexiglass, as discussed above).
- If physical barriers aren't possible, communication should be done at distances greater than two metres (six feet).
- Stagger break times to reduce numbers of staff in proximity in break rooms.

- Employers should designate and affix signage indicating single direction travel paths for worksites and stairwells.
- If workers must work in proximity, keep them on the same team from day to day and avoid mixing to reduce the potential of exposure between work teams.
- Eliminate use of cash for all transactions. Forms of payments will only be done by credit, debit and or online.
- Avoid close greetings like hugs or handshakes.
- Some washrooms should be designated exclusively for workers.

Cleaning and Disinfecting
- Employers should have a procedure and supplies for hand hygiene (and other exposed areas if applicable) program for that provide people the ability to wash for at least 20 seconds with soap.
- When washing with soap is not possible, workers should be supplied with a sanitizing liquid (at least 60% ethanol or 70% isopropanol disinfectant).
- Staff and clients should wash their hands as soon as they enter the building. Handwashing or sanitizing stations should be made available in the entrance of the building.
- Keep a bucket or laundry basket close by for items to be deposited when they need to be cleaned.
- Employers should ensure enhanced disinfecting of surfaces, particularly "high touch" surfaces in all workplaces, vehicles and equipment or any other work duty related surface.
- There should be a particular disinfection program to deal with any confirmed cases of COVID-19 including what surfaces are to be cleaned, when, how often, with what disinfectants and by whom. This should include personal protective equipment as required by the Exposure Control Program and Hazard Assessment (see PPE section below).
- The employer must establish a tracking system of when the tasks were completed.
- While working, cleaning staff should close off the area to other people.
- Place posters that encourage hand hygiene and respiratory etiquette at the entrance to the workplace and in other areas where they will be seen; graphics will be more useful than words.
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets (fomites) into the air.
- It is important that when employers require workers to use hazardous products, that workers are trained (See CUPE's WHMIS Sheet).

Waste Management
- Have an appropriate waste management system to handle potential and contaminated waste and ensure that workers know what those processes are.

- Contaminated items of a person who has been diagnosed or is suspected to have COVID-19 should be placed in a plastic bag before disposing of it with other waste (double bagged).
- Clothing and linens belonging to a client suspected or diagnosed with COVID-19 or a symptomatic client suspected of having COVID-19 can be washed using regular laundry soap and hot water (60-90°C). Laundry should be thoroughly dried.
- Wash hands appropriately with soap and water after handling contaminated laundry (even if gloves were used).
- Contaminated disposable cleaning items such as mop heads, cloths, etc. should be placed in a lined garbage bin before disposing of these items with regular waste via double bagging the items within a main garbage bag. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).

Personal Protective Equipment

PPE is worn by individuals to reduce exposure when in close contact to suspected or confirmed cases of COVID-19. PPE is a last resort and the lowest level of hazard control. If it is required to be worn, workers should be mindful of the following:
- If physical distancing cannot be maintained, PPE should be chosen and provided based on a Risk Assessment of the type of care or contact being provided to clients including frequency of direct and indirect exposures, the number of infected, suspected or isolated clients that workers are in contact with and how COVID-19 is spread.
- For some activities related to PPE, workers may need additional monitoring to ensure that they are not unintentionally exposed and spreading viral particles to their co-workers, other clients , their family and friends and/or the community (sometimes knowns as doffing assistance).
- The equipment should be properly fitted, including respirator fit testing as necessary.
- Provide disposable gloves if an employee is not able to frequently wash or sanitize their hands and must contact people or surfaces that have not been recently sanitized.
- The employer must provide appropriate training about when PPE must be worn, how it must be put on and taken off and disposed of, and what its limitations are.
- If appropriate PPE cannot be worn or are not available, the worker should be reassigned to another work area. Workers have the right to refuse unsafe work [see fact sheet above].
- All PPE should be assessed for worker allergies or reactions to the PPE materials. If the worker is unable to wear the personal protective equipment, and hypoallergenic alternatives are not available, the worker should be reassigned to another work area without loss of pay or benefits as a result.
- All personal equipment should be regularly inspected for defects or damage.
- Eye Protection such as goggles are an important protection for workers in direct contact with suspected or confirmed cases of COVID-19. A full-face shield has the added benefit

of protecting the mask underneath and can extend the useful life of a disposable mask by preventing it from contact with contaminates.

- Gowns/Body Coverings prevent clothing from becoming contaminated. Gowns should be considered if there is a potential clothing to become contaminated by another person's respiratory droplets.

- Determine usage rates of PPE and ensure that there is enough personal protective equipment, so workers are not required to share (this applies to either COVID-19-related PPE or regular PPE required to perform duties safely).

- Ensure staff vehicles are supplied with:
  - Hand sanitizers – with a concentration of at least 60% ethanol or 70% isopropanol disinfectant;
  - Tissues to catch coughs and sneezes; and
  - Wipes appropriate to ensure clean and disinfected surfaces, especially commonly touched vehicle surfaces and equipment (for example, steering wheel, door handles, dashboard, delivery carts).

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