OLDER ADULT CENTRES AND SENIORS ACTIVE LIVING CENTRES (SALCS) COVID-19 RESOURCE HANDBOOK

Older Adult Centres' Association of Ontario
Association des centres pour aînés de l'Ontario

OACAO

The Voice of Older Adult Centres
La voix des centres pour aînés

January 2021

Prepared By:

Public Services Health & Safety Association

TABLE OF CONTENTS

ABOUT PSHSA

Public Services Health and Safety Association is an amalgamation of 3 health and safety associations and has been in operation since 2010. We operate as a not-for-profit and employ approximately 90 staff across the Province. PSHSA is one of Ontario's designated Health and Safety Associations providing training, consulting, and products to Ontario's public and broader public sector employers and workers.

Our strategic focus is on creating **safe environments** and **healthy workers**. This holistic approach to prevention takes into consideration the settings in which Ontarians work and the health and wellbeing of workers for the prevention of injuries and illnesses. We do this by focusing on our core business, stimulating emerging markets and commercialization, being an employee and customer experience leader, enabling the market through technology and governing for growth.

Our consultants are occupational health and safety professionals who can provide the necessary guidance and expertise on Occupational Health and Safety legislation, regulations, standards and best practices that are relevant to identifying and assessing workplace hazards and risks and preventing injury and illnesses, including infectious diseases such as COVID-19. Since the declaration of the pandemic and Ontario's state of emergency, PSHSA has been at the forefront of occupational health and safety response to COVID-19 and supporting workplaces with technical health and safety guidance, knowledge, and resources.

Safe Environments
Healthy Workers

PSHSA GOALS

1. Cultivate Enduring Connections
2. Expand Multi-Channel Access
3. Positively Impact Health and Safety Performance

PSHSA VISION

Enable a healthier and safer tomorrow for Ontario's Public Sector Community

PSHSA MISSION

Create safer workplaces through collaboration, innovation, and knowledge transfer

COVID-19 RETURN TO THE WORKPLACE

PURPOSE AND INTRODUCTION

This COVID-19 Resource Handbook outlines precautionary safety measures and guidance to support recovery, expansion of services and inform operation decisions for Older Adult Centres and Seniors Active Living Centres (SALCs) herein referred to as **Centres**, during COVID-19.

This Handbook supports the safe reopening practices of Centres and was developed under the following principles:

- Ensuring a safe and healthy working environment for staff, volunteers and members and safeguarding the broader communities in which they live
- Providing health and safety learning opportunities for Centres
- Based on and linked to COVID-19 public and sector resources

Information included presents a set of strategies, resources, tips, and best practices to help you, as an Employer or Supervisor of an Older Adult Centre or Seniors Active Living Centre to understand COVID-19 and the measures required in preventing its spread. This includes keeping yourself, your co-workers, your volunteers, your members, and the public, healthy and safe, so that the risk of transmission is reduced as much as possible. Centres should engage and consult with all applicable workplace parties, including senior leadership, health and safety professionals, the Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR), human resources, and union(s) (if applicable) when carrying out the recommendations of this Handbook.

Due to unique circumstances, the recommendations in this Handbook should be adapted to address all applicable laws and specific requirements based on the level of risk in the workplace and associated governing bodies. It is acknowledged that the Centres vary diversely in organizational structure, building, services, staffing, governance and funding. Membership, volunteers, and community locations also vary – impacting the requirement to customize and create Centre specific procedures.

Centres are encouraged to build a relationship and consult with their local Ontario Public Health Units when implementing public health directives. Centres should also consult with their insurance provider to confirm what coverage is applicable, and options regarding pandemic needs.

All not-for-profit or charitable Older Adult Centres should check their existing insurance coverage and annual renewal to ensure that they have Pandemic Coverage both for general liability coverage and Directors and Officers liability coverage. Many insurance companies are eliminating pandemic coverage with all renewals which means your Centre may not be covered in the event of an outbreak that is linked to your Centre or programs. Centres are also encouraged to review their By-Laws with legal counsel to ensure that By-laws contain a Directors

and Officers indemnity clause to protect Board members in the event of a legal challenge that is not covered by insurance. Liability coverage is an important consideration in deciding whether a Centre should re-open during COVID-19. At the very least, all Centres are strongly encouraged to have documented policies regarding workplace procedures and program management during COVID-19 to ensure that they have done their due diligence to ensure the safety of workers and members.

Centre management teams, health and safety representatives, and health and safety committees are encouraged to establish a process to review new and evolving information as it becomes available and communicated by the Government of Ontario and Ministry of Health, Public Health Ontario, and the Public Health Agency of Canada.

Consideration must be given to the requirements under the *Occupational Health and Safety Act* and Chief Medical Officer of Health recommendations to prevent the spread of COVID-19. Both the employer and supervisor in a workplace have a duty to *"take every precaution reasonable in the circumstances for the protection of a worker" OHSA* sections 25(2)(h) and 27(2)(c).

The *Occupational Health and Safety Act* (OHSA) defines a supervisor as a person who has charge of a workplace or authority over a worker. This is a broad definition that can apply to many different people in a workplace, including people in management, on the shop floor, in a bargaining unit, and individuals whose job title does not include the word "supervisor".

The definition of supervisor has two separate parts. Having **either** charge of a workplace, **or** authority over a worker, is sufficient for a person to be a supervisor. In general, "charge of a workplace" refers to broad control over the planning of work and how it is carried out, while "authority over a worker" can be seen as a more specific power to ensure a worker's compliance with directions. The term 'supervisor' used throughout this document may refer to positions similar to that of the Director of the Centre.

Note: The term 'workers' as used in this document refers to all staff members of the Centres and may include suppliers and contractors as well. Under the *Occupational Health and Safety Act (OHSA)*, a "worker" is any of the following:

- A person who performs work or supplies services for monetary compensation.
- A secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled.
- A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university, private career college or other post-secondary institution. Repealed: 2017, c. 22, Sched. 1, s. 71 (2).
- Other persons who work or provide services to an employer for no money, who may be prescribed by regulation. (At this time, no such persons have been prescribed as a "worker" under the *OHSA*).

Within this Handbook, volunteers are not considered workers, as defined in the [Ontario Occupational Health and Safety Act](). As per the *OHSA*, the definition of "worker" does not include, "a volunteer who works for no monetary payment of any kind." However, within this Handbook, recommendations relative to volunteer communication, training, procedures, and provision of Personal Protective Equipment (PPE) are similar to that of a worker, given the potential vulnerability of the Centre volunteers, and best practice COVID-19 prevention measures.

The Older Adult Centres' Association of Ontario (OACAO) has contracted the Public Services Health & Safety Association to develop the COVID-19 Resource Handbook with funding support from the Government of Ontario.

The OACAO is a not-for-profit charitable organization that represents over 190 not-for-profit and municipal Centres and organizations across Ontario. Our Mission Statement is to be a recognized leader in the development of quality services, resources and supports for our network of community based Older Adult Centres. As the Voice of Older Adult Centres, the OACAO and our members come together to unify their efforts towards the development of comprehensive programs and services for the staff and volunteers responsible for the operation of Centres across Ontario. For more information about the OACAO, please visit [www.oacao.org]().

As noted previously, the content within this COVID-19 Resource Handbook is provided for educational and informational purposes only, therefore, the OACAO and Government of Ontario shall not be liable for any loss or damage to you or any other persons, however caused, that is in any way related to the information found within these training materials or your use of it.

COVID-19 OVERVIEW

UNDERSTANDING COVID-19 RISKS: HELPING TO PROTECT YOURSELF AND OTHERS

The World Health Organization suggests that SARS-CoV-2, the virus that causes COVID-19, is predominately spread from person-to-person. Transmission can occur through direct, indirect, or close contact (less than 2 metres) with infected people. The virus typically spreads through coughing and sneezing, personal contact with an infected person, or touching a contaminated surface or object and then the mouth, nose, or eyes with unwashed hands. Under some circumstances, airborne transmission may occur such as during medical aerosol generating procedures (e.g., within a health care setting) or potentially in crowded, poorly ventilated indoor settings. It is known that transmission can also occur prior to the onset of symptoms, or by people who have the virus and are not displaying any symptoms and therefore are not aware they pose a risk to others. The severity of illness can vary from person to person. There are, however, steps you can take to prevent the spread of infection.

The first step to control risks in a workplace is to recognize and identify them. For COVID-19, the risks are related to how the virus spreads.

COVID-19 can be spread at the workplace in two main ways:

1. **person to person**, by people who are in close contact
2. by **surfaces** or **objects** when people touch their face with contaminated hands
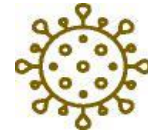
The risk of getting COVID-19 is higher if you:

- spend more time with potentially infected people
- work in closer proximity to others
- interact with more people
- work in more enclosed spaces

The risk of severe health outcomes is not the same for all workers. The risk increases with age and is higher for people with certain medical conditions. It is possible for COVID-19 to be spread by people who do not have any symptoms. When setting up the necessary controls, consider the precautionary principal - it is safe to presume that anyone could be infected with the virus, including people not displaying any symptoms.
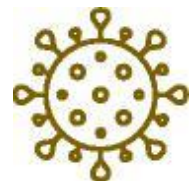
COVID-19 SYMPTOMS

Symptoms of COVID-19 range from mild, like the flu and other common respiratory infections, to severe. **The most common symptoms of COVID-19 include:**

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- Cough that's new or worsening (continuous, more than usual)
- Barking cough, making a whistling noise when breathing (croup)
- Shortness of breath (out of breath, unable to breathe deeply)
- Sore throat
- Difficulty swallowing
- Runny, stuffy, or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that's unusual or long lasting
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)
- Muscle aches
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often
- For young children and infants: sluggishness or lack of appetite

Atypical signs and symptoms of COVID-19 should be considered, particularly in infants and children, **older persons**, and people living with a developmental disability:

- Chills
- Headache that is new and persistent, unusual, unexplained, or long-lasting
- Conjunctivitis (pink eye)
- Fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained
- Myalgias (muscle aches and pain) that are unexplained, unusual, or long-lasting
- Decreased or lack of appetite

Refer to Ontario.ca COVID-19 Stop Spread and the COVID-19 Reference Document for Symptoms for updated information as new findings emerge.

Some groups, including older adults, are at higher risk of getting COVID-19. This could impact some of the members who attend the Centres.

AT RISK GROUPS INCLUDE THOSE WHO:

- are 70 years old or older
- are getting treatment that compromises (weakens) your immune system (for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)
- have a condition that compromises (weakens) your immune system (for example, lupus, rheumatoid arthritis, other autoimmune disorder)
- have a chronic (long-lasting) health condition (for example, diabetes, emphysema, asthma, heart condition)
- regularly go to a hospital or health care setting for a treatment (for example, dialysis, surgery, cancer treatment)

Employing multiple strategies described in detail throughout this document at Centres **supports healthy and safe learning environments** for members and workers by reducing exposure and preventing transmission including:

- Self – screening for COVID-19 symptoms before going to a Centre.
- If symptomatic, staying home and following public health guidance, including getting tested at a COVID-19 assessment centre and self-isolating if sick
- Hand hygiene and respiratory etiquette: wash your hands often with soap and water or alcohol-based hand sanitizer
- Sneeze and cough into your sleeve
- Avoid touching your eyes, nose or mouth
- Avoid contact with people who are sick
- Environmental cleaning and disinfection
- Cohorting
- Physical distancing
- Personal Protective Equipment (PPE) or masking for source control
- Optimized air quality

Poster: [What you need to know to help you and your family stay healthy (PDF).](#)

HAZARD CONTROL PRINCIPLES

RECOGNIZE, ASSESS, CONTROL, AND EVALUATE

The RACE model is a four-step approach for managing hazards, including COVID-19.

R-Recognize   Recognition means having the knowledge and skills to identify workplace conditions and action that have the potential to cause injury, illness or harm.

A-Assess   The assessment compares the hazardous condition against a standard.

C-Control   Controls can be placed at the source of the hazard, along with path from the source to the worker, or, at the worker.

E-Evaluate   The purpose of the evaluation is to assess if the control is effective. Effective controls result in decreased exposure and ultimately reduced illness or injuries.

R Recognize	**A** Assess	**C** Control	**E** Evaluate

• Workplace Inspections
• Hazard Identification Tool
• Job Hazard Analysis
• Observations
• Problems/concerns of anyone
• Use your senses
• Review of documents
	• Compare to a standard
	
	• RISK ASSESSMENT
	  • Identify how the individual might be harmed
	  • Identify how likely the hazard is going to cause harm
	  • Identify how severe the harm could be
	  • Identify Hazard Priority
		• LOCATIONS
		  • At the Source
		  • Along the Path
		  • At the Worker
		
		• TYPES OF CONTROLS
		  • Elimination or substitution
		  • Engineering
		  • Work Practices
		  • Administrative
		  • Personal Protective Equipment (PPE)
			• The control is working as expected
			• The control has been communicated to affected workers
			• Reduce the risk
			• Reduce complaints/injuries
			• Does not create new hazards

In order to reduce the spread of COVID-19, controls to manage or minimize the risk of exposure to a worker have been provided for consideration. All recommendations consider legislated requirements, standards and best practices while following the hierarchy of controls. Supervisors are encouraged to train their staff on RACE, review and implement the Older Adult Centres and Seniors Active Living Centres Sample Proposed Controls (page 48) as possible.

UNDERSTANDING AND APPLYING THE HIERARCHY OF CONTROLS

Follow the hierarchy of controls to effectively manage hazards in the workplace. The hierarchy of controls can help with selecting the most effective controls at your Centre (See Figure 1).
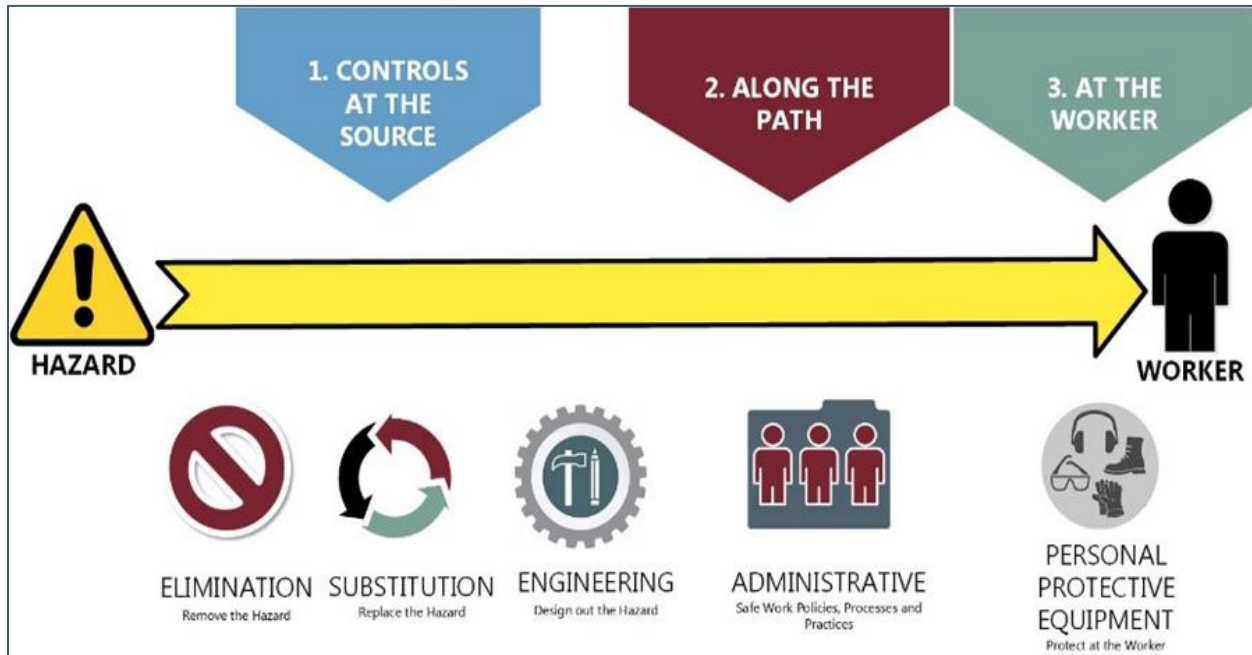
Figure 1-Hierarchy of Controls

The most effective controls are those placed at the source. These are **elimination** (screening) or **substitution** (not applicable in COVID-19). As you move to the right in the hierarchy of controls diagram, the controls become less effective in eliminating or removing the hazard before it reaches the worker.

Controls located along the path are those engineered controls such as an impermeable barrier or administrative controls such as safe work policies (physical distancing), procedures and practices (hand hygiene). Personal protective equipment (PPE) are the controls placed at the worker.

PPE should be provided when a 2m/6ft distance cannot be maintained or a physical barrier is not present. Using controls in combination such as properly wearing medical masks and eye protection while maintaining a safe physical distance will offer critical protection for workers, volunteers, contractors and members.

PPE is an occupational health and safety control measure that differs from the use of face coverings or masks that are used as a public health measure. In this resource, PPE relative to COVID-19 refers to a medical/surgical mask and eye protection that is used by workers as part of a suite of control measures required for reducing the transmission of COVID-19 and other illnesses in a workplace. (There may be some circumstances where additional PPE is required).

This table explains the hierarchy of controls in more detail, starting at the top with the most effective control – elimination.

ELIMINATION Remove the Hazard	Elimination is the preferred control as it is the most effective. The hazard or risk of exposure is removed from the workplace. This is a control at the source. *Examples include workers staying at home, as well as screening and restricting non-essential visitors and activities.*
SUBSTITUTION Replace the Hazard	Substitution means replacing a hazardous substance with something less hazardous (e.g. replacing 1 chemical with another). For an infectious disease such as COVID-19, there is no option for substitution.
ENGINEERING Design out the Hazard	Engineering controls include physical changes in the workplace that separate the workers from the source of the hazard. This type of control is located along the path. *Examples include impermeable barriers and masks for source control.*
ADMINISTRATIVE Safe Work Policies, Processes and Practices	Administrative controls are a change to the way the work is done and can include safe work policies and procedures. Administrative controls are located along the path between the source of the hazard and the worker. Making changes to the ways people work and interact, using methods such as policies, procedures, training, and signage. *Examples include hand hygiene, enhanced cleaning, and disinfection, cohorting and physical distancing.*
PERSONAL PROTECTIVE EQUIPMENT Protect at the Worker	This is equipment and clothing worn by a worker to minimize exposure to hazards and prevent illnesses and infection. PPE is used to protect the wearer and can include such things as surgical/procedure masks and eye protection. Correct use of PPE can help prevent some exposures, but it should not take the place of other control measures, for example, screening, hand hygiene, use of barriers and physical distancing where possible. PPE must be used alongside other control measures already in place. *PPE is classified as a control at the worker. PPE should be provided when a 2m/6ft distance cannot be maintained and a physical barrier is not present.*

RISK ASSESSMENT

In preparation for the reopening of Centres, each location should conduct a risk assessment related to the risks of COVID-19 specific to their Centre including but not limited to reception areas, open areas, offices, games rooms, fitness rooms, kitchen areas, lunchrooms and washrooms. Additional areas could include elevators, stairwells, corridors, and all other areas/physical spaces taking into consideration the activities that will be taking place.

The purpose of a COVID-19 risk assessment is to help identify controls currently in place inside the Centres and provide recommendations of any additional control measures that need to be implemented to ensure safety for staff, members and everyone else in the workplace. Refer to PSHSA's General Infectious Diseases Risk Assessment Tool for additional information on infectious diseases and steps involved in conducting a risk assessment.

Risk Assessment Matrix					
	Severity Rating				
Likelihood Rating	Negligible	Minor	Moderate	Severe	Critical
Very likely	**Medium**	**Medium**	**High**	**High**	**High**
Likely	**Medium**	**Medium**	**Medium**	**High**	**High**
Possible	**Low**	**Medium**	**Medium**	**Medium**	**High**
Unlikely	**Low**	**Low**	**Medium**	**Medium**	**Medium**
Highly Unlikely	**Low**	**Low**	**Low**	**Medium**	**Medium**

Figure 2 – Risk Assessment Matrix

Each area and activity that poses potential risks of exposure to COVID-19 and contributing factors are identified considering the People, Equipment, Materials, Environment and Process factors that contribute to occupational exposure or risk to a person's health or safety (Figure 3 - PEMEP Model).

Figure 3 - PEMEP Model

Workers and volunteers should be aware of and understand the Centre specific procedures and protective measures prior to resumption of services. Education and training along with enforcement of policies and procedures must be in place for safe reopening of Centres.

Examples of measures that are site specific to protect workers may include:

- Entry/exit protocols
- Control traffic flow/wayfinding (one-way vs. two-way)
- Cohorting
- Physical distancing
- Occupancy limits (maximize group distancing)
- Elimination/reduction of touchpoints
- PPE requirements
- Hand hygiene protocols
- Source control masking requirements
- Washroom protocols
- Cleaning and disinfection
- Eating/drinking requirements
- Limiting personal items
- Management/isolation of suspected or confirmed cases of COVID-19

It is important to know that there are specific controls and protective measures in place that will support a healthy and safe work environment.

ONTARIO'S COVID-19 RESPONSE FRAMEWORK

The Ontario government has developed the [Keeping Ontario Safe and Open Framework](#) in consultation with the Chief Medical Officer of Health and other health experts. Its purpose is to ensure that public health measures are targeted, incremental and responsive to help limit the spread of COVID-19, while keeping schools and businesses open, maintaining health system capacity and protecting vulnerable people, including those in long-term care.

It is critical that each Centre is aware of which public health unit they are associated with along with which level within the framework their public health unit is currently in each day. [Find your public health unit.](#) In addition to the provincial health measures, some municipalities and local medical officers of health have added their own regional restrictions or requirements. Check your local public health unit or municipality's website for details. Where there are regional restrictions or requirements, all provincial restrictions also apply.

The [COVID-19 Response Framework: Keeping Ontario Safe and Open — Lockdown Measures](#) presents a summary of the zones in Ontario's response framework.

The five levels of public health measures include:

GREEN PREVENT: (standard measures)
Restrictions reflect broadest allowance of activities in Stage 3. Highest risk settings remain closed.

YELLOW PROTECT: (strengthened measures)
Enhanced targeted enforcement, fines, and enhanced education to limit further. transmission. Public health measures for high-risk settings.

ORANGE RESTRICT: (intermediate measures)
Enhanced measures, restrictions, and enforcement, avoiding any closures.

RED CONTROL: (stringent measures)
Broader-scale measures and restrictions across multiple sectors to control transmission (return to modified Stage 2). Restrictions are the most severe available before widescale business or organizational closure.

GREY LOCKDOWN: (maximum measures)
Widescale measures and restrictions, including closures, to halt or interrupt transmission (modified Stage 1 or pre-Stage 1).

Refer to [O. Reg. 82/20,](#) (Lockdown) [O. Reg. 263/20](#) (Red-Control) [O. Reg. 364/20](#) (Green-Prevent, Yellow-Protect, and Orange-Restrict) for a full list of businesses and organizations permitted to operate, including the associated required public health and workplace safety measures.

RESPONSIBILITIES AND RIGHTS UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA)

Ontario employers and workers have certain duties under the *Occupational Health and Safety Act* (*OHSA*) and its regulations to keep one another and their workplaces healthy and safe. This is known as the **Internal Responsibility System (IRS)** (See Figure 1 - Internal Responsibility System).
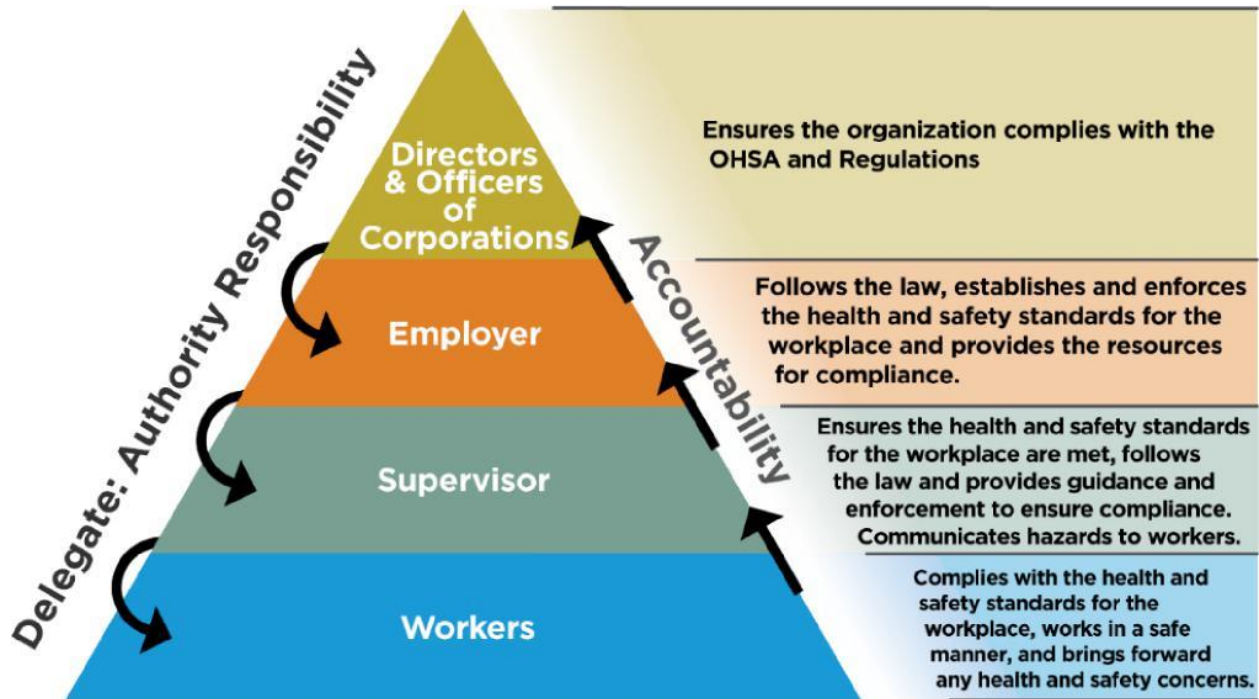
Figure 4 – Internal Responsibility System (IRS)

An effective IRS is particularly critical during emergencies such as the COVID-19 pandemic.

It is important that all parties in a workplace understand their roles and responsibilities. Health and safety are a shared responsibility, and it is essential that everyone does their part. The Internal Responsibility System requires an employee-employer partnership to ensure a safe workplace and makes it the joint responsibility of both employees and employers to identify and eliminate or adequately control the hazards and the risks in the workplace. Employers and supervisors must demonstrate due diligence and compliance with the *OHSA*. Workers have the responsibility to comply with Health and Safety standards established for their workplace and to work in a safe manner.

Everyone must be well informed and remain active in identifying hazards and recommending controls in a timely manner.

RESPONSIBILITIES

Specific Occupational Health & Safety responsibilities relating to prevention and control of COVID-19 include:

EMPLOYER/SUPERVISOR

Under the *Occupational Health and Safety Act*, employers and supervisors have the duty to take **every reasonable precaution** in the circumstances to protect workers from being hurt or getting a work-related illness and to keep workplaces safe and free of hazards. They also have a responsibility to co-operate with and assist the Joint Health and Safety Committee (JHSC) and with the Health and Safety Representatives [*OHSA* Section 25(2)(e)].

In support of the COVID-19 Workplace Safety Plan requirements, employers should put controls into place that help make workplaces safer for everyone.

This can include:

- Ensuring health and safety policies/protocols are updated and posted for all workers to see.
- Ensuring workers receive related instruction and training
- Screening people who enter the workplace. See section on Screening (page 24) of the document
- Supporting good hand and respiratory hygiene
- Reminding workers about hand hygiene (handwashing and to avoid touching one's face) and respiratory etiquette (when coughing/sneezing)
- Providing appropriate supplies such as hand soap, paper towel, hand sanitizer, etc.
- Reducing transmission risk from surfaces and objects
- Ensuring enhanced cleaning and disinfecting protocols are implemented
- Ensure that cleaning agents used in the workplace meet the required legislative standards
- Providing and making available appropriate personal protective equipment (PPE) and supplies.
- Ensuring that the PPE is provided when a 2m/6ft distance cannot be maintained and a physical barrier is not present
- Using PPE in combination with other controls
- Encouraging workers to wash their clothes as soon as they get home to further protect themselves and members of their household
- Maximizing physical distancing and separation
- Modifying physical environment and operations to support physical distancing of minimum 2m/6ft
- Providing a written notice to the Ministry of Labour Training and Skills Development (MLTSD) within 4 days of a worker being confirmed as having an occupational illness (including COVID-19). See Reporting section on page 29 of the document.
- Protecting the identity of any staff member confirmed to have COVID-19 to whatever extent possible

Refer to PSHSA's COVID-19 webpage for sector specific COVID -19 Guidance documents for Employers and Workers.

All employers are encouraged to have a Safety Plan developed, reviewed, updated regularly and available related to COVID-19 protocols at their workplace. Safety plans are required in higher risk settings in Yellow-Protect, Orange-Restrict and Red-Control. In lockdown (grey), all businesses and organizations permitted to be open must have a COVID-19 workplace safety plan.

Learn how you can create a plan to help protect your workers and others from COVID-19. Download the Safety Plan Word template.

Questions requiring confirmation in the safety plan include:

- How will you ensure all workers know how and are able to keep themselves safe from exposure to COVID-19?
- How will you screen for COVID-19?
- How will you control the risk of transmission in your workplace?
- What will you do if there is a potential case, or suspected exposure to, COVID-19 at your workplace?
- How will you manage any new risks caused by changes to the way you operate your business?
- How will you make sure your plan is working?

A snapshot of your plan can be posted in a place where it can be seen easily so your workers, members and other people entering the workplace will know what actions are being taken.

It's important that you talk to workers and your JHSC members or health and safety representatives, if any, for their input on the plan. Share the plan with all workplace parties when it is done, this may include workers, unions, supervisors, health and safety representatives or members of a Joint Health and Safety Committee, as well as contractors. This will help ensure your workers and others understand how you plan to manage the risks of COVID-19.

Centres are not required to send their plan to the Ministry of Labour, Training and Skills Development for review or comment. The ministry will not review safety plans, however, during an inspection, a ministry inspector may.

Check the resources to prevent COVID-19 in the workplace for sector-specific information and examples of controls that apply to your type of workplace. These documents may be helpful as you develop your plan. Visit the Ministry webpage regularly to check for the latest information. Make sure you continue to follow any provincial orders under the Emergency Management and Civil Protection Act or the Reopening Ontario (A Flexible Response to COVID-19) Act and any local public health orders.

WORKERS

As per the *OHSA*, workers are required to take reasonable care of their own health and safety and to follow workplace safety protocols.

For COVID-19 this may include:

- Following health and safety policies/protocols
- Completing the daily self-assessment and staying home if sick
- Practicing and promoting **good hand hygiene** and **respiratory etiquette**:
    - Washing hands often with soap and water for at least 20 seconds, when hands are visibly soiled, before and after any breaks, at the beginning and end of their shift, before preparing food, etc. or use hand sanitizer or disinfectants if hand washing is not possible
    - Cough or sneeze into elbow, sleeve, or tissue
    - Discarding immediately any tissue used and washing hands afterward
    - Avoiding touching eyes, nose, or mouth with unwashed hands
    - Avoiding high-touch areas, where possible, or ensuring hands are cleaned after
    - Washing clothing after returning home
    - Ensure ID badge (where applicable) is sanitized often
- Maximizing physical distancing and separation
- Wearing personal protective equipment (PPE), as required (at a minimum when 2m/6ft distance cannot be maintained from others in the workplace)
- Report any hazards to their supervisor
- Notify their supervisor/director immediately, complete the self-assessment and follow the instructions provided if having symptoms or thinking they were exposed to COVID-19. Also, consider getting a COVID-19 test at one of the assessment locations.

> **BEST PRACTICE**
> It's recommended to clean anything that may have come in contact with contaminants. This includes the practice of removing and washing one's clothing after returning home from any Centres.
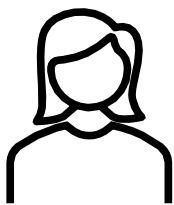
Some staff may need to self-identify a health concern or that of a family member. They may request a workplace accommodation, for example an assignment that does not regularly bring them into contact with members. Each Centre should be aware of their responsibilities under the Ontario [Human Rights Code](#) and follow their usual human resource practices in these circumstances, with a heightened awareness of the context of COVID-19.

JOINT HEALTH AND SAFETY COMMITTEE (JHSC) or HEALTH AND SAFETY REPRESENTATIVES (HSR)
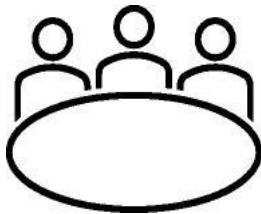
The continued operation of an effectively functioning JHSC/HSR is a legal requirement for Ontario workplaces. An effective JHSC/HSR is particularly critical during emergencies such as the COVID-19 pandemic. Committee members and health and safety representatives must be well informed of the hazards, remain active in identifying hazards and recommend controls for hazards in a timely manner. The JHSC/HSR has a key role in supporting the IRS and need to be informed and consulted in the reopening, that includes prevention and preparation strategies for dealing with COVID-19. Refer the Ministry of Labour, Training and Skills Development Guide for Health and Safety Committees and Representatives to find out more information about JHSC's/ HSR requirements.

Ways the JHSC/HSR can be effective:

- Provide access to latest and accurate information on COVID-19 as it relates to workplace health and safety
- Review all workplace safety protocols and make recommendations as required
- Conduct JHSC/HSR workplace inspections to recognize and identify hazards, including COVID-19 related hazards
- Participate in the development of workplace prevention and preparation strategies
- Participate in risk reassessment if there is an outbreak after risk mitigation strategies have been put in place
- Prioritize hazards identified during an inspection and make recommendations to the employer for controls based on the level of risk
- Ensure proper record keeping and documentation is kept for future reference
- Attend JHSC meetings and adhere to physical distancing measures and safety requirements

Support from the employer and leadership is essential to ensure the JHSC/HSR continues to function effectively and safe work practices are enforced. For additional guidance, refer to PSHSA's Fast Fact about maintaining an effective JHSC during emergency situations.

WORKERS' RIGHTS

The *Occupational Health and Safety Act* provides 3 basic rights to Ontario workers:

1. The right to KNOW
2. The right to PARTICIPATE
3. The right to REFUSE UNSAFE WORK

THE RIGHT TO KNOW

The worker has the right to know about any potential hazard (danger) in the workplace that they may be dealing with and how to protect their health and safety.

This means the worker has the right to receive information, instruction, and guidance from their supervisor/director and/or employer.

Whenever a worker is unsure of the safety of a situation or task, they need to speak with their supervisor/director before doing anything.

THE RIGHT TO PARTICIPATE

The worker has the right to be a part of the process of identifying and resolving health and safety concerns. They can formally express this right by being involved in the development of safety plans and risk assessments, and by becoming a member of the Joint Health and Safety Committee (JHSC) or being a health and safety representative (HSR).

Another way the worker can express this right is by reporting hazards, making recommendations and by participating in the health and safety information and instructional activities such as training provided by their supervisor/director and/or employer.

THE RIGHT TO REFUSE UNSAFE WORK

The *Occupational Health and Safety Act* provides a worker with the right to refuse work that they believe is unsafe. All work refusals must be promptly reported to the employer or supervisor/director.

Section 43 of the *OHSA* affirms the right of all workers to refuse unsafe work. A worker can refuse to work or to do particular work where he or she has reason to believe that:

a. any equipment, machine, device, or thing the worker is to use or operate is likely to endanger himself, herself or another worker; or

b. the physical condition of the workplace or part thereof in which he or she works or is to work is likely to endanger himself or herself, or another worker; or

b.1 workplace violence is likely to endanger himself or herself; or

c. any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger himself, herself or another worker. *R.S.O. 1990*, c. O.1, s. 43(3); 2009, c. 23, s. 4(2).

WORKER REFUSAL PROCESS CHART

First Stage

```
┌─────────────────────┐     ┌─────────────────────┐     ┌─────────────────────────┐
│ Worker refuses work │     │ Worker promptly     │     │ Employer or Supervisor  │
│ because they believe│ ──► │ reports to Supervisor│ ──►│ investigates immediately│
│ work endangers them │     │ or Employer and stays│    │ in presence of the worker│
│ or another worker   │     │ in a safe place     │     │ and worker safety       │
│                     │     │                     │     │ representative          │
│                     │     │                     │     │ (JHSC Worker Member,    │
│                     │     │                     │     │ H&S Rep, Trade Union or │
│                     │     │                     │     │ another worker)         │
└─────────────────────┘     └─────────────────────┘     └─────────────────────────┘
```

Issue Resolved   Issue <u>NOT</u> Resolved

┌──────────────────────────┐   ┌──────────────────────────┐
│ Worker goes back to work │   │ Proceed to second stage │
└──────────────────────────┘   └──────────────────────────┘

Second Stage

☎
┌──┐
│ With reasonable grounds to believe work still unsafe, worker continues to refuse │
│ and remains in safe place.   │
│ Worker or employer or someone representing worker or employer calls the MLTSD.   │
└──┘

┌──┐
│ MLTSD investigates and provides written decision   │
└──┘

┌──┐
│ Employer implements corrective action if required or │
│ ordered   │
└──┘

Pending Investigation:
- Worker remains in a safe place nearby and available for the investigation.
- The worker refusing work may be assigned to reasonable alternative work or other directions subject to *OHSA* Section 50 and the collective agreement.
- No new worker shall be assigned to the work being refused UNLESS in the presence of JHSC worker member or H&S Rep or Trade Union worker, or other worker; the new worker has been advised of the other worker's refusal and reasons for it.

PROTECTION AND RISK MITIGATION STRATEGIES –KEEPING YOUR CENTRE HEALTHY AND SAFE

When considering the hierarchy of controls, it is best practice to implement a multi-layered approach to effectively mitigate risks identified through a risk assessment. In the context of the COVID-19 pandemic, remote work and prioritizing virtual/online service should continue to be the main method of mitigating risk when and where possible. Additional measures including engineered and administrative controls will be introduced when physical distancing is impossible or insufficient. At all points, consideration should be given to ensure selected controls are effective and do not introduce new health and safety hazards. It is best practice to implement a system for constant evaluation for continuous improvement. Furthermore, it is important that all workplace parties are informed and provided with the necessary education, training and resources regarding COVID 19-related changes in workplace policy, processes, and procedures.

In order to keep workers and members healthy and safe while at all Centres, the following protection strategies should be developed and implemented: occupational health and safety and infection protection and control policies and procedures, and Centre specific procedures.

Each Centre needs to adopt and adapt these strategies to best fit their own requirements. These strategies work together to reduce exposure and limit transmission of COVID-19 in each location. Also, each Centre will need to revisit and review their plans frequently to best deal with the impacts of COVID-19 changes in each community.

Occupational health and safety and infection prevention and control strategies must be established and reviewed with all workplace stakeholders to protect workers from illness or injury in the workplace.

Personal and member protective strategies include but are not limited to:

- Screening
- Physical distancing
- Performing hand hygiene and
- Wearing PPE
- Cohorting
- Environmental cleaning and disinfection
- Adapting to the environment and
- Optimizing air quality which must be put into place to help minimize the risk of spreading COVID-19 in Older Adult Centres and Seniors Active Living Centres

To maximize health and safety, a "layered" approach with multiple strategies is recommended to reduce the risk of COVID-19 spread.

Ensure to provide clear information and instruction to your workers, volunteers, members and all stakeholders at the Centre. Make sure they know what they need to do to protect themselves and others. Ensure they know how to follow the work and hygiene practices in your plan, including all new safety measures.

Set up or use your current internal communication systems to provide frequent reminders and updates. Use a variety of ways to reach your workers, such as posting notices in common areas, emails, virtual team meetings, intercom announcements.
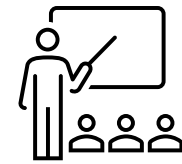
Share new information as it becomes available and as soon as possible.

Some things to consider:

- Post information for workers and other people entering the workplace
- Share information in all languages spoken by your workers, if possible
- Provide information in ways that are easy to understand, like graphics, and use resources from the Ontario government
- Remind workers about available social and mental health supports, and encourage them to use these resources
- Share information to help your workers stay healthy while commuting and travelling as part of their work
- Train and re-train when new information becomes available and procedures change

PROTECTION STRATEGIES

SCREENING
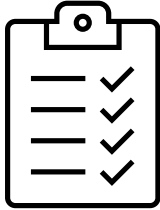
Informing and **keeping** symptomatic members, workers and others from entering your workplace can reduce possible transmission. Ensure all workplace parties know the symptoms to look for and plan how you will screen workers and others. Particularly, given the vulnerability of the members that Centres serve, due diligence, monitoring and compliance is critical, related to compliance with screening.

Leading guidance is indicating that the risk for severe illness of COVID-19 increases with age, with older adults at highest risk. Certain medical conditions can also increase risk for severe illness. People at increased risk, and those who live or visit with them, need to take precautions to protect themselves from getting COVID-19.

Screening involves **collecting information about symptoms and interactions that may result in higher risks of transmitting COVID-19**. Based on this information, a decision is made about whether a person should be excluded from the workplace until they are further assessed and/or symptoms resolve.

There are two different types of screening:

1. **passive screening**: people assess their own risk factors and make the decision themselves.

2. **active screening:** the employer ensures that the information is collected and reviewed to determine whether a person may enter the workplace. Staff should wear PPE while actively screening members, staff or visitors. PPE would include a surgical/procedural mask and eye protection if a 2m/6ft distance cannot be maintained and a barrier not present.

In Ontario, **employers are required to actively screen every worker before they enter the workplace,** at the start of their shift as described in the instructions issued by the Office of the Chief Medical Officer of Health in the fall of 2020. Active screening may be done in person at the workplace or remotely using telephone, internet (online), email submission or an app prior to entry.

Centres should require passive and active screening of each person entering the workplace for work purposes, including workers, volunteers, members, suppliers and contractors. Screening should occur before or when the person arrives at the workplace at the beginning of their shift or visit. Centres can use the COVID-19 screening tool for workplaces or ensure that your screening process includes all the questions from the screening tool.

A screener should advise anyone who does not pass the screening:

- that they may not enter the workplace, including any outdoor, or partially outdoor, workplaces
- to go home to self-isolate immediately
- to contact their health care provider or Telehealth Ontario (1-866-797-0000) to find out if they need a COVID-19 test and for further instructions

Make sure screeners receive information and instruction on how to perform this work safely and **what to do if a person must be excluded** from the workplace.

Centres can:

- Screen volunteers, visitors and members by phone or through an app or electronic option before they arrive for their appointment
- Post clear signage at all entrances with the screening questions and instructions
- Ensure screener wears PPE (medical/surgical mask and eye protection) while actively screening should a barrier or 2m/6ft distance not be possible
- If active screening of non-workers entering the workplace is not possible, post signage instructing people with symptoms not to enter

Each supervisor/director and worker needs to self-monitor for symptoms, know where to find and complete a daily COVID-19 self-assessment tool to verify they're not experiencing COVID-19 symptoms and haven't had any risk of exposure to COVID-19 prior to coming into the Centre.

Encourage your workers, volunteers and members to self-monitor. If anyone is experiencing any symptoms of COVID-19, workers must know who at their workplace to contact and that they must stay home and should seek testing and appropriate medical attention.

MONITORING AND RESPONDING TO REPORTS OF COVID-19 SYMPTOMS

Each Centre should have a plan in place for reporting and responding to probable or confirmed cases of COVID-19 in their workplace.

If you or others in the workplace, start to show symptoms that may be related to COVID-19 or diagnosed with COVID-19, as per the guidance directed in the Ontario Government COVID-19 Safety Plan:

STEP 1: EXCLUDE SYMPTOMATIC PEOPLE FROM THE WORKPLACE

- If a worker calls in sick, informs you of symptoms or informs you they had close contact with someone with symptoms, have them take the self-assessment. Ask the worker to follow any recommendations given by the screening tool, including being tested and self-isolating.
- If anyone shows symptoms in the workplace, they **should return home and self-isolate immediately.** If they cannot leave immediately, they should be isolated until they are able to leave. Have a plan in place to deal with this and train supervisors on how to handle the situation. **Symptomatic people should be encouraged to wait for transportation outside of the Centre if needed and as possible.**
- As may be required, Centres are encouraged to have a well-ventilated designated room, with a closed door and access to respiratory hygiene supplies that can be used for isolation of the person until transportation is arranged. If close contact assistance for the person with suspected COVID-19 is needed to be provided by the Centre staff and cannot be avoided, requiring assistance less 2m/6ft without physical barrier, a medical/procedural mask should be provided to the ill person (as possible) and PPE associated with contact and droplet precautions should be provided and properly used by the supporting staff member or volunteer. **Contact and droplet PPE includes:**
  - A surgical/procedures mask
  - Isolation gown
  - Gloves
  - Eye protection (goggles or face shield)

  Designated staff or volunteers who may be required to support the isolation room should be trained on this PPE access, use and proper disposal. Centres can refer to Public Health Ontario's videos on Donning and Doffing Contact and Droplet Precaution PPE and access PSHSA's COVID-19 Donning and Doffing Poster and Checklists. Once the ill person leaves the isolation, fully sanitize, and disinfect the space and all frequently touched surfaces.
- If the person is very ill, call 911 and let the operator know that they may have COVID-19.
- Ask the person to contact their doctor or Telehealth Ontario at Toll-free: 1-866-797-0000 for further directions about testing and self-isolation.

STEP 2: CONTACT PUBLIC HEALTH

- Contact your local public health unit for guidance on what to do if someone develops symptoms at your workplace or you are told one of your workers has COVID-19. Public health will provide instructions and do contact tracing if needed.
- To support contact tracing, have a system in place so you can provide information about which people had close interactions with an affected worker.

This could include information such as:

- o Dates and times of interactions

- o Approximate length and frequency of interactions

- o Full names

- o Contact telephone numbers

- o Addresses

- o Name of the business (for contractors)

STEP 3: FOLLOW PUBLIC HEALTH DIRECTION.

Your local public health unit may require that:

- Other workers who were exposed are notified and sent home to self-isolate, self-monitor and report any possible COVID-19 symptoms
- The workplace may be shut down while the affected workplace or area and equipment are disinfected
- Other public health measures are implemented

Disinfect surfaces that may have been touched by the ill person as soon as possible. Review the Public Health Ontario's COVID-19 fact sheet about cleaning and disinfection for public settings.

Self-Isolation and worker return to work:
(this direction is also recommended for volunteers at Centres)

Ensure to refer to the Government of Ontario guidance on self-isolation and return to work.
To help stop the spread of COVID-19 and prevent outbreaks, people **must** self-isolate if they:

- have COVID-19
- have had close contact with someone with COVID-19

Self isolation means staying at home except for medical emergencies and, as much as possible, avoiding contact with others in the household.

Your local public health unit is notified about all COVID-19 cases. The public health unit will follow up to ask about contacts and provide direction on who must self-isolate and get testing. Workers should always follow the direction of public health officials and their doctor.

There are two reasons a worker may be required to self-isolate, and the self-isolation time is different for each.

1. Self-isolation because of potential exposure – 14 days

A worker must self-isolate for 14 days if they were:

- out of the country
- in close contact with someone with COVID-19 or who is likely to have COVID-19, as determined by public health. Close contacts may include people who have spent time less than two metres away from the infected person in the same room, workspace, or area without barriers or protective equipment and people living in the same home.

This is because it can take up to 14 days after exposure for infection to appear (either as symptoms or in a positive COVID-19 test). This is also called quarantine.

Anyone who has potentially been exposed **must** self-isolate for the full 14 days even if they have a negative test during this time.

Workers can return to the workplace after 14 days of self-isolation if they have not developed symptoms or tested positive. Workers **do not** need a negative COVID-19 test to return to the workplace after self-isolating for the full period.

2. Self-isolation because of COVID-19 infection – minimum of 10 days

A person who has COVID-19 must self-isolate so they can't infect others. Standard COVID-19 tests (not rapid tests used for screening) determine if a person with symptoms has COVID-19. The test can also determine if someone who was exposed is infected, even if they have no symptoms.

Workers who have been tested because they have symptoms must remain in self-isolation while waiting for test results. If the test is negative, the worker may return to the workplace if they do not have a fever and their symptoms have been improving for at least 24 hours.

A worker **must** self-isolate for a minimum of 10 days if they:

- test positive on a standard COVID-19 test
- are told by their health care provider or a public health official that they have COVID-19

The self-isolation period is at least 20 days if the worker either:

- had severe COVID-19 illness (were admitted to intensive care)
- has severe immune compromise (described in the COVID-19 Quick Reference Public Health Guidance on Testing and Clearance (PDF)

The self-isolation period starts from when the worker's symptoms started or the day they were tested, whichever is earlier.

Workers can return to work after their self-isolation period if they have no fever and their symptoms have been improving for at least 24 hours. Workers **do not** need a negative COVID-19 test to return to the workplace after self-isolating for the full period.

STEP 4: INFORM ANY WORKERS WHO MAY HAVE BEEN EXPOSED

- You must let workers know if they may have been exposed in the workplace.
- You should give all workers information about the date and time of the potential exposure and where it took place. Don't give out any information that might identify the infectious person.
- This duty to inform your workers is independent of any public health direction, although it may be fulfilled by steps taken under public health direction as part of contact tracing.

REPORTING

STEP 5: REPORT TO MINISTRY OF LABOUR, TRAINING AND SKILLS DEVELOPMENT

- If you are advised that one of your workers has tested positive for COVID-19 due to exposure at the workplace, or that a claim has been filed with the Workplace Safety and Insurance Board (WSIB), you must give notice in writing within four days to:

  - o the Ministry of Labour, Training and Skills Development
  - o the workplace's joint health and safety committee or health and safety representative (if applicable)
  - o the worker's trade union (if applicable)

- Additionally, you must report any occupationally acquired illnesses to the WSIB within three days of receiving notification of the illness.

You do not need to determine where a case was acquired. If it's reported to you as an occupational illness, you must report the case.

CONTACT TRACING

Contact tracing, notification, and follow up is a process that is used to identify, educate and support individuals who have had close contact with someone who has tested positive for an infection.

These individuals are at a higher risk of testing positive for that infection. Contact tracing can help individuals who have been in contact with a case of COVID-19 understand their risk and limit further spread of the virus.

As per Public Health Ontario, Ontario's local public health units (PHUs) are responsible for COVID-19 contact tracing and case management. Ontario residents who have COVID-19 are contacted by their local public health unit to identify persons they were in contact with and could have transmitted the virus to and supported throughout their self-isolation period. Public health units also follow up with contacts of COVID-19 cases to check-in about symptoms and to provide additional supports as needed.

Older Adult Centres and SALCs are encouraged to keep records of:

> - Daily volunteers, members and visitors who are approved to enter the Centre. Information may include the person's name, contact information, time of entry and what activities they are attending.

Visitors might also include contractors.

All Centres should maintain these records, and the records be readily available for Public Health for contact tracing purposes should it be requested.

Centres should follow established protocols with their local public health unit for reporting and responding to suspected or positive cases of COVID-19 and provide any requested materials (e.g., daily attendance) to public health officials to support case management and contact tracing and other activities in accordance with all applicable legislation, including the *Municipal Freedom of Information and Protection of Privacy Act.*

Public health officials will determine any additional steps required, including but not limited to the declaration of an outbreak and closure of any Centres.

Centres can refer to Public Health Ontario's COVID-19 Contact Tracing Initiative Web Page for further information.

HAND HYGIENE

Hand hygiene is one of the most important protective strategies. Hand hygiene refers to handwashing or using hand sanitizer.

Alcohol Based Hand Rub (ABHR) with a minimum 60% alcohol concentration (60-90% recommended in community settings) should be provided throughout the Centres and/or plain liquid soap in dispensers, sinks and paper towels in dispensers. Hand dryers should be deactivated or covered to prevent use, where possible.

Hand hygiene should be conducted by anyone entering the Centres' site and incorporated into the daily schedule at regular intervals during the day, above and beyond what is usually recommended.

Examples include:

> - Before touching eyes, nose, mouth or face
> - Before taking a break or eating
> - After coughing, sneezing or blowing your nose
> - After using the washroom
> - After touching a surface or object frequently touched by others (i.e., desktop, door handles, light switch)
> - After handling documents, supplies and shared objects

Staff and members need targeted, appropriate education in proper hand hygiene, including the use of hand sanitizer. Local Public Health units can provide additional guidance. Appropriate posters or signage should be placed around the Centres. Each Centre may need to establish a staggered schedule to facilitate hand washing while adhering to physical distancing.

HOW TO WASH YOUR HANDS

Wash your hands often with soap and water for at least 20 seconds. Using soap and water is the single most effective way of reducing the spread of infection because soap actively destroys the surface of the virus. When washing your hands, remember:

- Wet your hands with running water before applying soap
- Lather and scrub your hands with soap for at least 20 seconds. Cover all your hands, palms, back of your hands, between your fingers, your thumbs and under your nails.
- Rinse well under clean, running water and dry with paper towel.

For more details, open the click on Public Health Ontario's How to Wash Your Hands video.

HOW TO USE HAND SANITIZER

When handwashing is not available, hand sanitizer can be used as a substitute for soap and water. It is most effective when hands are not visibly soiled. When using hand sanitizer:

- Apply a loonie-sized amount of sanitizer
- Rub all the surfaces of your hands (including the fingers, thumbs, back of the hand) until dry, for about 20 seconds.

Never store in a warm place as it is flammable.

For more details, click on Public Health Ontario's Hand Hygiene resources, fact sheets and videos.

RESPIRATORY ETIQUETTE

The aim of respiratory etiquette is to reduce the risk of droplet transmission onto surfaces where the virus can be picked up by others. You can control the spread by:

- Turning your head away from others and coughing and sneezing into your elbow, sleeve, or a tissue
- Maintain a two-meter separation from others, when possible
- Throwing away tissues immediately and performing hand hygiene after
- Refraining from touching your eyes, nose or mouth with unwashed hands

Staff, volunteers and members should be provided with targeted, appropriate education in proper respiratory etiquette. Local Public Health units can provide additional guidance.

DOCUMENT AND MATERIAL HANDLING

Centres' workers, volunteers and members should make sure to practice good hand hygiene including frequent handwashing and use of hand sanitizer following contact with documents and other shared materials. Avoid touching the face, eyes, nose or mouth after handling documents and materials prior to hand hygiene. Use alternate methods for document submission and exchange when possible (e.g., electronic formats, scanning, endorsing on behalf of parties) For equipment, supplies or materials with plastic covers or hard surfaces, wipe them down after each use with disinfectant wipes.

ENHANCED CLEANING AND DISINFECTION MEASURES

Cleaning removes germs, dirt and impurities from surfaces or objects. This does not necessarily kill germs, but by removing them, it **lowers their numbers and the risk of spreading infection**. Disinfection kills germs on surfaces or objects. Frequent cleaning and disinfection are important to prevent the spread of infection.

Evidence continues to suggest that the **COVID-19 virus may persist on surfaces and objects for a few hours or up to several days** depending on different conditions such as:

- Temperature
- Type of surface
- Humidity of the environment

Many common household and commercial disinfectant products will destroy the COVID-19 virus. Only use cleaning and disinfectant products that have a Drug Identification Number (DIN). Products approved for use by Health Canada will have an eight-digit Drug Identification Number (DIN). Check the expiry date of the agents prior to use. These should be used according to the manufacturer's instructions. Common household bleach and isopropanol alcohol are exceptions and do not have a D.I.N. number. They are deemed effective against COVID-19. Products that provide both the cleaning and disinfection action are preferable due to ease of use (for example, hydrogen peroxide products). Enhanced cleaning measures includes increasing the frequency of cleaning and using approved products for disinfecting.

Workers and volunteers should be reminded to not bring/use cleaning supplies from home and to only use what has been provided by the Employer.

Best practice indicates that cleaning and disinfection occur, at a minimum of twice daily for all high-touch surfaces, however, more frequent cleaning and disinfection may be necessary, depending on the frequency of use and extent of soilage. This includes washrooms (for example toilet fixtures, faucets), eating areas (for example tables, sinks, countertops), handrails, public waiting areas, doorknobs, light switches, handles, desks, phones, keyboards, touch screens, push buttons, handrails, computers, photocopiers, and fitness equipment.

> **HIGH TOUCH SURFACES**
>
> Examples of common items that require frequent cleaning and disinfecting multiple times per day (2X or more) include:
>
> - Chairs
> - Doorknobs
> - Desks
> - Handrails
> - Keyboards
> - Light switches
> - Toilet handles
> - Water filling stations

Use of shared equipment and objects should be limited when possible or cleaned between each use.

Personal items and belongings brought to Centres should be minimized. Personal items brought to locations (for example, colouring materials, fitness mats, clothing, sun protection, water bottles, food) should be stored separately in assigned areas. Each Centre should review their cleaning and disinfection protocols and reinforce them if needed to meet current public health requirements.

Centres are encouraged to:

- Where possible, display and update "last cleaned" signage (e.g., in washrooms). Provide easy access to soap and water or hand sanitizer (at least 60% alcohol-based) if soap and water are not available
- Post signage about hygiene in the workplace so everyone can understand how to do their part respecting hygiene practices
- Discourage sharing of equipment, materials and workstations as much as possible.
- Encourage workers and volunteers to clean and disinfect their own work areas before and after use (beginning and end of shift)
- Keep records of all cleaning schedules, areas/ equipment cleaned, products used, and confirmation of completion

Refer to Health Canada's [Hard-surface disinfectants and hand sanitizers (COVID-19)](#) for a listing of approved products.

PHYSICAL DISTANCING
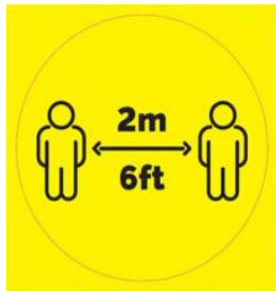
Physical distancing means making changes in everyday routines in order to minimize close contact with others. As much distancing as possible between members and staff and between staff members should always be promoted.

Physical distancing measures are to be supplemented with other public health measures supported by health and safety strategies, such as screening, cohorting, hand hygiene, enhanced cleaning, and masking.

The following measures could help to limit contact and enhance physical distancing at the Centres:

- Eliminate contact with others, such as shaking hands
- Stagger activities start times, breaks, and lunches
- Cohort groups to facilitate physical distancing, contact tracing and reduce the number of interactions
- Postpone non-essential face-to-face appointments or convert to virtual appointments
- Implement a system for virtual and/or telephone consultations when and where possible
- Suspend non-essential group activities and gatherings
- Restrict visitors and limit workplace entry to only essential personnel
- Temporarily cancel high risk programs/ potential droplet super-spreaders (fitness classes, singing/choir, band)
- Eliminate hazards by moving programming to distance format (zoom) where possible

In addition to changing routines, modifying environments can foster physical distancing.

These measures can include:

- Using physical barriers or other transparent barriers
- Installation of plexiglass barriers for the foot care clinic
- Alter practices (ex: flu clinic) to minimize exposure in the Centre (ex: pharmacist to go out to the members car to provide immunization to eliminate the need for the member to enter the Centre)
- Designating separate entrances for incoming and outgoing movement
- Visual markers on the ground, wall, or other means to clearly identify spacing/distancing
- Re-locate occupancy limit signage for elevators to increase visibility
- Ensure occupancy limit signage is visible in staff rooms and staff offices
- Consider installation of plexiglass barriers in craft room in addition to distancing
- Install distancing signage in stairwells

Centres are encouraged to remove unnecessary furniture and place desks with as much distancing as possible. Desks or tables should face forward rather than in circles or groupings.

BARRIERS

Where the minimum distance of 2m/6ft cannot be maintained to support the required activity, **physical barriers** or partitions should be installed or utilized where possible. Any installation of barriers (such as Plexiglass or use of mobile barrier) should maintain the security and safety of people and maintain normal operations. The precise placement of barriers will depend on the configuration of the space, how it is used, and how people interact within the space. Common areas for placement may include - entry/screening area, lobby, public counters or reception areas, along the front and sides of shared workstations, tables, or desks when a minimum of 2m/6ft distance cannot be maintained.

SIGNAGE

Posting easy to read and understand signage, can assist with informing and enhancing compliance of new protocols. Signage should be large, stand out, be clear and placed in visible areas. Consult your regional public health website for poster samples.

Signage to consider relating to COVID-19 may include:

- Post clear signage at all entrances with the screening questions and instructions.
- If active screening of non-workers entering the workplace is not possible post signage instructing people with symptoms not to enter.
- Directional signage should support distancing and one-way use of hallways, adjustments to entrance and exit practices. Add signage to stairwells to encourage one directional travel in stairwells.
- Signage in washrooms and common areas to indicate maximum capacity and availability of hand sanitizer.
- Occupancy limit. Re- locate occupancy limit signage for elevators to increase visibility.
- Required use of facial coverings or masks.
- Physical distance locations on floor i.e., waiting areas, activity rooms.
- Hand Hygiene reminder.
- Donning and Doffing PPE (workers and volunteers).

It is important not to reduce the number of exits and to ensure the fire code is adhered to.
Examples of some posters, signage and visual cues are included in Appendix C.

COHORTING AND ADAPTIVE SCHEDULES

Cohorting refers to the practice of keeping people together in a small group throughout their day, with limited exposure to others.

This practice limits the number of other people that a single member, worker or volunteer may come into contact with. This practice will also facilitate contact tracing should that be necessary.

Centres are encouraged to implement adapted timetables that support cohorting of members and workers to the greatest extent possible. This may include groups of members, volunteers or workers who stay together or are assigned to specific activities throughout the day or week.

Cohorts should be considered per program. As cohorts are considered within one program, other programs in operation should not physically interact with one another, share supplies and/or equipment- until sanitization and disinfection may be completed. Separation between the cohorts must always be maintained and encouraged when in the same building, including lobby and washroom areas as possible. Encourage a large distance between cohorts outdoors.

Cohorts and existing groupings should be considered when scheduling staff and volunteers.

Refer to Ministry of Health and public health requirements for cohort limits and gathering numbers. These numbers will include workers, volunteers and members in one space at one time.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE should be used in conjunction with **engineering controls** such as barriers and administrative controls. Although evidence is evolving regarding transmission, Ontario public health information indicates that COVID-19 is transmitted through droplet and contact transmission; therefore, the mucous membranes (eyes, nose, and mouth) should be protected.

PPE includes eye protection (face shield or goggles) and a face mask (medical /surgical /procedural mask).

Personal protective equipment (PPE) is necessary in circumstances where the risk of COVID-19 exposure to a worker or volunteer cannot be eliminated or sufficiently reduced by other control methods, such as an engineered control like a Plexiglass barrier.

When workers or volunteers are in close contact (within 2 metres) with another person and a barrier is not present, PPE should be used by the worker and volunteer to prevent transmission from one person to another.

PPE should not be relied on as a stand-alone control and should not be a substitute for other control practices such as physical distancing and hand hygiene. Centres should implement all measures to ensure physical distance and separation between people.

Workers (and volunteers) must use personal protective equipment (PPE) as required by their employer. Workers required to use PPE should have access to appropriate PPE for the task and be provided with the necessary education and training on the appropriate selection, use, care, limitations and disposal of PPE to ensure competency and prevent exposure to infection.

Additionally, Centres should keep track of PPE inventory and usage. If commercial product supply becomes limited or unavailable, distribution of PPE should focus on addressing high priority needs first. If PPE cannot be provided for work that requires PPE to be used, alternate work arrangements should be made.

All workers and volunteers should be provided medical/surgical/procedural masks and eye protection from their employer along with the necessary education and training on the appropriate selection, use, care, limitations and disposal of the PPE to ensure competency and to prevent exposure to infection.

Reasonable exceptions to the requirement to wear masks should be put in place by each Centre.

As noted earlier, there is a difference between medical/surgical masks used as PPE vs use of non-medical (cloth) masks worn for the purpose of source control. Refer to Public Health Ontario's Q&A COVID-19: Nonmedical Masks for further information.

MASK SELECTION – MASK USE AS PPE

Medical/surgical/procedure masks may be flat or pleated (some are like cups). They act as a barrier helping to stop the spread of droplets from a person's mouth and nose when talking, laughing, yelling, singing, coughing or sneezing.

They are affixed to the face with straps. Horizontal pleats help the mask fit a variety of faces (pleats face downward when wearing).

They are fluid resistant and should be replaced if they get wet or soiled.

Putting on Mask and Eye Protection

Step-by-step demonstration of how to properly put on mask and eye protection.

Duration: 1 min

Refer to the video from Public Health Ontario – Putting on Mask and Eye Protection.

HOW TO PROPERLY PUT ON A MEDICAL MASK

Before donning, (putting on) your mask, wash your hands with soap and water or use hand sanitizer for at least 20 seconds.

1. Position mask with nose piece at top and place loops over each ear.
2. Stretch mask to fully cover from nose to below chin.
3. Pinch or mold the stiff nose piece over the bridge of your nose so the mask fits securely over your nose and mouth and secure.
4. Avoid touching the face covering while wearing it.
5. Keep your nose, mouth, and chin, covered at all times, until you are ready to remove the mask.

If you wear glasses, it is recommended to take them off before putting on your mask so to ensure the mask is placed correctly over your nose.

HOW TO PROPERLY REMOVE A MEDICAL MASK

Before doffing, (removing) your mask, wash your hands with soap and water or use hand sanitizer for at least 20 seconds.

If wearing disposable gloves, properly remove them first and then perform hand hygiene. Refer to the following section to learn how to properly remove disposable gloves.

1. Avoid touching the front of the mask as the front is contaminated. Only touch the ear loops.
2. Hold both of the ear loops and gently lift and remove the mask.
3. Dispose of the mask in a lined garbage container.
4. Perform hand hygiene.

If you wear glasses, it is recommended that you take off your glasses prior to safely taking off your mask. Only take off your glasses and mask when you can perform hand hygiene. Your glasses can be washed with soap and water to decrease potential spread of COVID-19.

FACE SHIELD

You cannot substitute wearing a mask with wearing just a face shield as it does not filter respiratory droplets. A face shield may provide some protection against droplets expelled from another person; however, these droplets may still be inhaled around the shield. Respiratory droplets expelled by the wearer may escape around the sides of the face shield, which therefore, provides less protection to others. If choosing to wear a face shield you need to wear it in addition to a properly fitted mask.
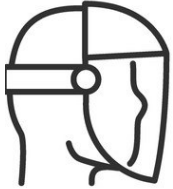
Follow the manufacturer's instructions for properly cleaning and disinfecting your face shield. Always store your face shield in a designated clean area. If face shield appears damaged or compromised, do not use.

DISPOSABLE GLOVES

While not a substitute for hand hygiene, disposable gloves are required in some circumstances such as when cleaning blood or body fluids including vomit, stool, and urine. Just like face coverings, incorrect use and disposal of gloves can spread infection.

When using disposable gloves remember:

- Do not touch your face while wearing gloves
- Perform hand hygiene before putting on gloves and after removing them
- Gloves should not be worn for long periods of time

HOW TO REMOVE GLOVES

To properly remove gloves after use, make sure to:

1. Take one gloved hand and pinch the other glove close to the wrist (avoiding contact with your skin).
2. Slowly peel away the glove from your hand, rolling the glove inside out.
3. Hold the used glove in your gloved hand.
4. Take the hand you removed the glove from and carefully insert your fingers inside the glove at the top of your other wrist and slowly peel the glove off your hand away from your body.
5. When peeling the glove off, it should turn inside out with the other used glove inside it.
6. Dispose of the gloves properly, into a lined garbage container.
7. Perform hand hygiene.

Watch a video from Public Health Ontario
Taking off Gloves (Video).

FACE COVERINGS/MASKS FOR SOURCE CONTROL
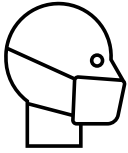
A mask is a piece of equipment that covers the wearer's nose, mouth, and chin. It is fixed to the face with straps, ties, or elastic, either behind the head or with ear loops. For COVID-19 protection, masks can be used as workplace control measures in two ways:

- As general source control, a **non-medical (cloth) mask or face covering** is worn to protect those around you when interacting with an individual greater than 2m/6ft apart
- As personal protective equipment (PPE): a **surgical/procedural/medical mask** along with eye protection (goggles or face shield) is worn to protect a worker or volunteer when interacting less than 2m/6ft and a physical barrier is not present between themselves and another person

Not all masks are suitable for both purposes. You need to consider how you will use the mask in your workplace and make sure to select a suitable type of mask. **Non-medical cloth masks or face coverings are not PPE**. How effective masks are as a control measure depends on:

1. the **type of mask(s)** used and
2. masks being worn **properly** and consistently

To help you decide what is right for your workplace, refer to <u>using masks in the workplace</u> for more information.

The Ministry of Health recommends that a face covering (non-medical mask such as a cloth mask) be used to reduce the risk of transmission of COVID-19 when physical distancing of 2m/6ft may be challenging or not possible. Refer to information about the way <u>face coverings should fit</u> and <u>Public Health Ontario's When and How to Wear a Mask: Recommendations for General Public.</u> All Centre members should wear a mask while at the Centre. Share information on proper donning, doffing, use, clean and disposing of the face covering/mask.

For non-medical masks, which are not regulated for quality, the mask must cover both the mouth and nose of the wearer. It is a control at the source.

Additional face covering / mask considerations to note:

- COVID-19 can be spread by infected individuals who have not yet, or may never, develop symptoms
- Wearing masks in public settings has not been proven to protect the person wearing it; however, it can be an additional measure in protecting others around you by preventing your respiratory droplets from contaminating others
- If you use a mask incorrectly, you could accidently spread the infection via cross contamination. Therefore, it is critical that you use and dispose of the mask properly

QUALITIES OF A NON-MEDICAL MASK/FACE COVERING

A good non-medical, cloth mask or face covering should:

- Cover over nose, mouth, and chin, and is easy to breathe through
- Fit securely to the head with ties or ear loops without gaping or impairing vision
- Be comfortable so to avoid the need for adjustments when wearing
- Maintain shape after washing and drying

PROPER USE OF A NON-MEDICAL MASK/FACE COVERING

To make sure the mask is effective, remember to:

- Never share your mask with others
- Wash hands before putting on and before and after removing a mask
- Avoid touching your face and mask while using it
- Remove and replace your mask with one that is in better condition if it becomes wet, torn, dirty, or the ear-loops or ties become damaged
- Don't leave your mask tucked under the chin, hanging from your ear, or on your forehead
- Put used mask in a storage bag or container, or directly in the laundry bin to be washed
- Launder cloth masks with other items using the hot cycle and dryer

Refer to the Government of Canada's Non-Medical Marks and Face Coverings: How to Put on, Remove and Clean information and instructions and Health Canada video How to Wear a Non-Medical Mask Properly (YouTube Video).

HOW TO PROPERLY PUT ON A MASK

Before donning, (putting on) your mask, wash your hands with soap and water or use hand sanitizer for at least 20 seconds.

1. Open face covering fully to cover from nose to below chin.
2. Place over nose and mouth and secure.
3. Avoid touching the face covering while wearing it.
4. Keep your nose, mouth, and chin covered at all times, until you are ready to remove the face covering.

For those that wear glasses, use a mask with a sewn in nose bridge which forms around the nose for a better fit. It helps prevent fogging up. If glasses still fog up, try pulling the mask further up over the nose and then rest glasses on top of the mask.

HOW TO PROPERLY REMOVE A MASK

Before doffing (removing) your mask, wash your hands with soap and water, or use hand sanitizer for at least 20 seconds.

1. Do not touch the front of the face covering as this is where it is most contaminated. Remove using the ties or ear-loops.
2. Dispose of the face covering in a lined garbage container, or place in a clean bag to launder as per manufacturer's instructions in a hot cycle and dryer.
3. Perform hand hygiene.

Refer to Public Health Ontario's Non-medical Masks and Face Coverings fact sheet (PDF).

MENTAL HEALTH

During these challenging times, increased stress and mental health strain can affect many people. Anxiety related to the possibility of exposure to COVID-19 and its related uncertainties, reintegrating to a modified workplace with new rules and protocols, and other concerns can lead to additional stress in the workplace.

Given the vulnerability of the members that Centres serve, many volunteers, members and workers may also be caregivers, enhancing exposure to additional stressors during the pandemic.

The Centre for Addiction and Mental Health (CAMH) has released strategies to maintain your mental wellness during COVID-19. These strategies provide information and offer suggestions about how best to cope. Promote at your workplace.

Tips to good mental health during COVID-19 include:

- Consider and accept that some fear and anxiety is normal
- Seek credible information (i.e., information provided by experts and reputable sources)
- Assess your personal risk
- Get proper rest and sleep
- Stay active to relieve stress

For more resources on mental health, refer to the Canadian Mental Health Association. The Mental Health Commission of Canada provides resources for employers to help their workers during COVID-19.

See Appendix A for additional mental health resources and Appendix B for mental health resources specific for older adults.

SUPPORTING OLDER ADULTS

Centres provide valuable services to support both the physical and mental well-being for our older population, particularly during this pandemic. Given the vulnerability of the members that Centres serve, due diligence, monitoring and compliance is critical, regarding compliance with screening, and management of COVID-19 prevention protocols. According to the CDC, Centre for Disease Control; the risk for severe illness of COVID-19 increases with age, with older adults at highest risk. Certain medical conditions can also increase risk for severe illness. People at increased risk, and those who live or visit with them, need to take precautions to protect themselves from getting COVID-19.

Although, not a part of the *Ontario Long Term Care Act* and its associated Regulations, Centres are encouraged to review and be aware of enhanced measures and procedures related to preventing COVID-19 for this population and determining what enhanced measures can be applied.

As the situation continues to rapidly evolve, and the Ontario Ministry of Health and Public Health Ontario are closely monitoring the outbreak, conducting surveillance and appropriate laboratory testing, and providing public health and infection control guidance. The Ontario Ministry of Health has produced Guidance Documents and Directives for a number of health sectors, including Long Term Care and Retirement Homes related to COVID-19. Older Adult Centres can also reference PSHSA's Health and Safety Guidance During COVID-19 For Home Care and Community Services.

Centres can reference the Directive #3 for Long-Term Care Homes under the Long Term Care Homes Act, 2007 for consideration of implementing enhanced measures related to immediate risks, active screening, staff and visitors, masking requirements, active and ongoing surveillance, managing visitors, outbreak management that may be applied in addition to general public health requirements. Additional guidance for this sector, and the population it services, is also found at Ministry of Health COVID-19 Guidance: Long-Term Care Homes. E.g., in LTC, essential visitors must also wear a surgical/procedure mask at all times while in the home.

Centres are encouraged to work with their members, staff and volunteers to offer additional supports to promote positive mental and physical health during the pandemic.

The resources below may assist:

- Public Health Agency of Canada Resources for Seniors and their Caregivers
- Partners in Care Toolkit: A resource for welcoming back family caregivers to long-term care homes
- Caregiver Mental Health
- How Technology Can Support Caregivers
- Facebook Supports VIA Family: RNAO LTC Support for Connecting Families
- 'Ready, Set, Plan – for Care Partner Absence'
- Caring for Pressure Injuries at Home
- Considerations to make before moving a person living with dementia out of Long-Term Care (available in French), Alzheimer Society Ontario, First Link resource
- During the COVID-19 pandemic, should I go to live elsewhere or stay in my retirement/ assisted living home?, Ottawa Hospital Research Institute resource
- Thinking About Removing Your Older Loved One from Long Term Care During COVID19? - CanAge resource
- Visiting Your Loved One in the Time of COVID-19

COMMUNICATION STRATEGIES

Create ongoing communication protocols to provide and share COVID-19 expectations with the Centres. Communication strategies could include:
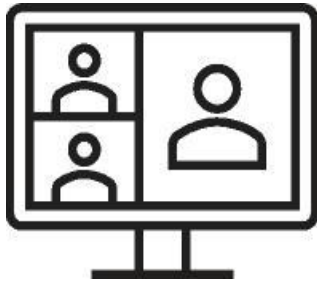
- Prioritizing digital communications, such as fact sheets explaining new protocols and links to helpful information, as well as detailed instructions regarding screening and pick-up/drop-off procedures and protocols if a member or staff person becomes ill
- Providing information for members related to hours, physical distancing, hand hygiene, remote learning, and resources to support learning and well-being at home
- Provide members information on:

  o COVID-19 signs and symptoms and public health measures
  o Changes to hours and activity scheduling
  o Changes to entry/exist requirements
  o Changes to procedures related to facial coverings, screening, social distancing, waiting areas, use of cohorting, procedures, monitoring and what to do if feeling ill while at the Centre
  o Resources to support well-being at home. Furthermore, if anyone attending a program has a vulnerable person at home, the member may want to consider the additional risks of bringing COVID-19 home in the presence of their family member(s) bubble. Further strategies are also found on the CDC-Older Adult website
  o Information on hand hygiene, use of facial coverings, donning and doffing

- Target communication to the stakeholder and confirm knowledge checks
- Simplify your messaging to only 1-2 key topics per message
- Apply multiple communication strategies- i.e.: email, voice mail, website review, posters.
- Consider language used for key audience
- Provide visuals
- Confirm your contractor lists and use this opportunity to review the contact, responsibilities, equipment, and maintenance relationships
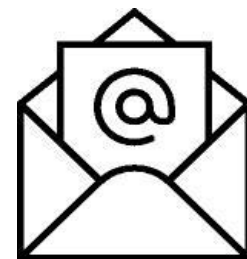
TRAINING AND EDUCATION

All workplace parties should be informed and provided with the necessary education, training and resources regarding COVID-19 related changes in workplace policy, processes, and procedures.

Some training and education topics may include:

- General information about the COVID-19 virus and risks to worker health and safety
- How to self-monitor for symptoms
- Staying home if you are ill, travelled or have had exposure
- Illness reporting duties and protocols
- Maintaining physical distancing
- Proper hand hygiene and cough/sneeze etiquette
- Proper selection, use, care, limitations, and disposal of PPE
- Health and Safety training (including infection prevention and control measures)
- Enhanced cleaning and disinfecting strategies and protocols
- Mental health support and resources
- Changes to workplace policies, procedures, or processes

POLICIES AND PROCEDURES

It is important that all parties in the workplace understand their roles and responsibilities. All workplaces are required to develop and communicate COVID-19 policies and associated procedures to their workers and workplace parties. The Joint Health and Safety Committee or Representatives should be consulted on policy and procedure modification.

Policies and/or procedures impacted may include but are not limited to:

- The cleaning and disinfecting of workplaces
- How to ensure physical distancing
- Screening protocols
- Hand hygiene and infection, prevention and control
- Revised approval and departure procedures
- Use of masks/facial covering for source control
- How work and activities will be scheduled- staggering shifts and breaks, cohorting
- Education and training

- How workers and contractors report illness
- Roles & responsibilities of workplace parties
- Required posted documents
- Hazard recognition
- Incident/Injury Investigation & Reporting
- PPE policy – including proper usage and storage
- Emergency Management
- Terms of Reference for JHSC or health and safety representative
- Workplace inspections

FOOD PREPARATION, EATING AND DRINKING

Precautionary recommendations issued by the World Health Organization (WHO) included advice on the need to continue to follow good hand hygiene practices during food handling and preparation. This may include but is not limited to washing hands, cooking meat thoroughly, avoiding cross contamination between cooked and uncooked foods. It is important to conduct complete cleaning and disinfecting of all kitchen surfaces, equipment, and dishes prior to use.

Review information provided under the *Health Promotion and Protection Act: O. Regulation 493/17*: Food premises as part of reopening activities.

Considerations should include:

- To the greatest extent possible, members, volunteers and workers should be encouraged to eat lunch in the lunchroom or designated area alone or with their cohort to ensure chances of contact and transmission are minimized.
- All parties should perform proper hand hygiene before and after eating/drinking.
- Promote and ensure physical distancing is maximized when eating (while masks are off).
- Stagger break and lunch schedules.
- Workers and volunteers should be encouraged to have their own individual meal or snack with no common food items or sharing.
- Use of mobile pay stations to eliminate high touch surfaces. Frequency clean point of sale devices.
- Installation of signage in staff kitchen regarding use of own utensils etc.
- Workers and volunteers who handle money must wash their hands with soap and water prior to food prep. Consider separate staffing for food preparation activities.

In addition:

- Allow workers and members to wash hands before eating without creating congestion in washrooms.
- Workers and Members should be encouraged to bring drink bottles and keep them with them during the day and not shared. Water bottles should not be re-filled at a filling station.
- If weather permits, consideration could be given to having lunch breaks outside. Water fountains should not be used.
- Microwave use may be permitted with adequate cleaning and disinfection.
- All self-serving food items are to be removed. All surfaces, bins and containers for food are to be disinfected prior to and after each use.

GENERAL HVAC – VENTILATION AND AIR FLOW

According to the World Health Organization, the role and extent of airborne transmission of COVID-19 outside of health care facilities, and in crowded, poorly ventilated indoor settings requires further research. Standards setting organizations, including the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), states: "*Transmission of SARS-CoV-2 (the virus that causes COVID-19 disease) through the air is sufficiently likely that airborne exposure to the virus should be controlled.*" The Occupational Health Clinics for Ontario Workers has created a Ventilation Checklist (COVID-19) that can be used as a guide to assess the suitability of ventilation in the workspace/building that are to be occupied. Pertinent questions are suggested that can be used to assess the suitability of ventilation in the workspace/building that are to be occupied

To help reduce indoor airborne levels, consider the following:

- Engage the appropriate HVAC specialists to assess the HVAC system to ensure it is functioning properly and in accordance with the Ontario Building Code, applicable standards and industry best practices.
- Evaluate if modifications can be made for improvement.
- Increase ventilation rate and run ventilation system 24/7 if possible.
- Increase the amount of clean outdoor air into the system.
- Open doors and windows where possible.
- Air purification such as filtration (e.g., high efficiency filters such as MERV-13 or higher) or irradiation (e.g., electromagnetic radiation such as UV-C).
- Airflow management by encouraging steady air speed, laminar flow, and directing potentially contaminated air out of rooms and away from people.
- Ensure relative humidity levels in the workplace are kept between 40-60%.
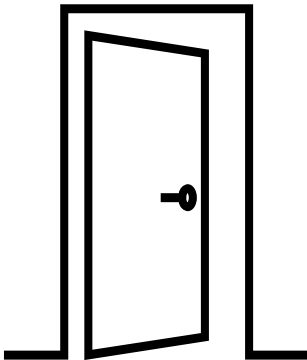
The risk of COVID-19 transmission is higher in more enclosed and crowded spaces. Centres should ensure that air-handling (HVAC) systems are maintained according to the manufacturer's instructions and meet minimum American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) standards. Additionally, Centres can use portable air cleaners, keep windows and doors open as much as possible, continue ventilation and air exchange after regular business hours and use available outdoor space whenever possible (for example, for meetings, breaks, client interactions such as curbside pick-up)

If fans are needed for temperature control, make sure they are used as safely as possible.

OLDER ADULT CENTRES AND SENIORS ACTIVE LIVING CENTRES SAMPLE PROPOSED CONTROLS

In preparation for the resumption of in-person programs OACAO requested the support of PSHSA to assist with preparing a COVID-19 Resource Handbook. Four Older Adult Centre locations were visited by PSHSA, including varied size locations and services to conduct activity risk reviews. The purpose of the COVID-19 risk reviews was to identify and recommend **sample control measures** that can be implemented to support safety for staff, volunteers, visitors and members.

Find sample control measures related to:

Activity	Sample Proposed Controls Considerations
Entry/Exit Protocols -Queuing/Assembly	- Consider pre-registration required by members and confirming if they have any concerns with wearing a facial covering/mask. - Passive screener posted at entrance as per public health. - Conduct active screening at entrances. - Place stanchions to support directional flow, wayfinding and waiting areas. - Encourage one- way direction in stairwells. - Each activity group to cohort outdoors as possible prior to entry. - Guests not to enter facility when picking up or dropping off. Limit number of people in waiting area. - Members required to arrive at an allotted time as waiting areas are limited come prepared. Staff to monitor time allotment and abide by schedule. - Conduct active screening behind designated area with a barrier i.e.: plexiglass. Ensure plexiglass barrier is high enough to ensure that when screener may be sitting and the member coming is standing- that the barrier is high enough to protect and act as a barrier. - Consider in and out direction flow. - Post occupancy limits in all rooms and offices.
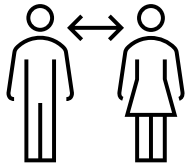
Physical Distancing	▪ Enter and exit through specific doors to support directional flow- posting and communication including reminders during activities to stakeholders.
	▪ Queuing areas marked on ground, wall, or other means to clearly identify where the line should form- ensuring a 2M/6ft distance.
	▪ Determine and establish room and Centre occupancy limits, communicate, and enforce.
	▪ Design traffic flow in a single direction to prevent interspersed movement. Use directional messaging on the walls or floors to provide non-verbal iteration of required flow of movement.
	▪ Occupancy limit posted for each room.
	▪ Washroom stalls limited and taped off to ensure physical distancing.

Eliminate/Reduce Touchpoints	▪ Automatic door opening and closure available.
	▪ Eliminate all unnecessary and unused furniture at entrance.
	▪ Where touchpoints cannot be eliminated, encourage use of an elbow or covered hand to open door and clean/disinfect regularly.
	▪ Eliminate use of lockers and showers as possible.
	▪ Offer single use supply of pens/items and provide drop bin after use for garbage or sanitization and disinfection after each use.
	▪ Consider lamination of paper items to provide ability to sanitize and disinfect.
	▪ Eliminate lanyard use and offer opportunities for workers and volunteers to keep own name badges to reduce touchpoints.

Hand Hygiene	▪ Hand sanitization stations available at all entry and exit with posters requesting usage in all.
	▪ Schedule created to support filling of hand sanitizer.
	▪ Provide staff member at entrance as possible to support hand hygiene, masking for source control compliance and screening process.

Cleaning and Disinfection	- Frequently touched surfaces, doors, doorknobs, and surfaces cleaned with increased frequency at minimum twice daily. - Enhanced full facility cleaning and disinfecting schedule to be in place and enforced. - Provide to workers and volunteers cleaning products such as disposable sanitization and disinfectant wipes, for disinfecting high touch surfaces. Instruct on use of product, follow WHMIS procedures and training where required. Provide additional PPE for use of product if required. - Full clean and disinfect of area and equipment post use.
Personal Protective Equipment (PPE)	- Staff, volunteers, and contractors are required to wear PPE if physical distancing of 2m/6ft cannot be maintained and a physical barrier is not present. - Supply and training on use and application of PPE is required. - Usage required in break rooms and break areas if 2m/6ft cannot be maintained and a physical barrier is not present.
Masking for Source Control	- Members and public always required to wear facial coverings/masks as per direction from own regional public health unless exempted. Provide reminders. - Communication, education, and training provided and available to members and visitors on expectations of use, safe care, storage cleaning.
Personal Items	- Bringing personal items to the Centre is discouraged as much as possible. Create a designated area for individual personal items or require the members to keep the items with them. Examples may include a jacket, medications. Ensure policy, procedures and communication reflects any changes. - No outside food, except if provided for own personal use. - Encourage all members and staff to change clothing immediately when they get home and put directly in wash
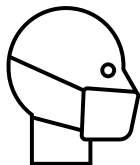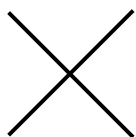
Activity	Sample Proposed Controls Considerations
All Activities	- Verbally re-affirm expectations and responsibilities with all participants at the beginning of each class. Remind throughout activity as required. - Members and participants to wear facial coverings as directed by local Public Health Guidelines. - A pre-registration schedule should be maintained and prescreening of members prior to any participation. Consider elimination of drop-in options. - Ensure scheduling allows for adequate sanitization and disinfection. - Consider contacting clients ahead of time to determine mask use or face covering limitations, impacting participation in programming and schedules. - Provide signage for direction flow. - Revise schedule for staggered activity start times. - Consider requesting members bring own materials for their use only when possible and take home. - Ensure hand sanitization stations are available in all rooms. - Post occupancy limits in all rooms including elevator. - Removal of all unnecessary furniture - Staff / volunteer shall be responsible to monitor social distancing – ensuring members maintain 2M/6ft distance. - Consider limiting participation #'s to support social distancing compliance. - Consider putting participants into small groups (cohorts) that remain together rather than switching groups or mixing groups and workers. - Limit amount of unnecessary touching of shared equipment and gear (e.g., balls, pool balls, racquets, mats, bingo or cards). - Reduce risk of transmission by assigning responsibility for workers/ volunteers to sanitize and disinfect all equipment between each use.

- Implement protocol regarding use of shared objects and equipment to be limited, cleaned and disinfected between use.
- Consider laminating paper to sanitize and disinfect between use.
- Cleaning and disinfecting schedule of all frequently touched surfaces such as tabletops, counters, light switches, toilets/faucets, electronic devices etc., to be cleaned a minimum of twice per day or as per public health guidance.
- Discourage unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs.
- Remove unnecessary equipment from room.
- Staggered scheduling - staggered arrival and drop-off times or locations by cohort (group) or put in place other protocols to limit contact between members. This also allows for more time to clean the facility between uses.
- Confirm first aid and emergency procedures in compliance with COVID-19 protocols

Fitness Program

- Elimination of hazards by temporarily cancelling high risk programs / super spreader programs.
- Elimination of hazards by moving programing to distance format (Ex: zoom)
- Keep direction flow in one direction.
- Reduce or limit group sizes to confirm social distancing. Activities with a large number of participants may increase the potential of exposure compared to activities with fewer members.
- If any fitness programs are held indoors ensure ventilation systems or fans operate properly
- Increase circulation of outdoor air as much as possible, for example by opening windows and doors.

Group Games

- Provide a barrier where possible ex: plexiglass.
- Limit number of participants per single table
- Eliminate same touch pieces of equipment where possible.
- Cohort members, volunteers, and workers. Reduce mixing.
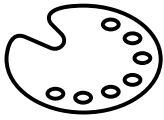
Arts and Crafts	• Ensure occupancy limits are posted to ensure class sizes adhere to physical distancing guidelines. • Consider installation of plexiglass barriers in addition to distancing. • Clean and disinfect frequently touched surfaces in the arts and crafts room at least daily, or between uses as much as possible. • Develop a schedule for increased routine cleaning and disinfection. • Cleaning and disinfecting protocols must be in place between programs. • For seated programs encourage members to stay seated unless using the washroom or exiting the Centre
Lectures & Seminars, Special Events, Trips and Travel	• Elimination of hazards by moving programming to distance formatting (Ex. Zoom) • Avoid all non-essential group events, and such trips and special events where spacing of at least 6 feet between people cannot be maintained. • Limit the number of passengers in vehicles to ensure the minimum requirements of 2m/6ft physical distance. If this is not possible, staff must wear PPE. • Create an assigned seating map if more than one person in the vehicle is required. • Stagger trips • Stagger entry and exit and encourage opposite entry and exit doors to support one direction flow as possible. • Ensure an established sanitization and disinfection schedule is followed for all frequently touched surfaces including seats and head rests, door handles, steering wheels, radio controls, mirrors, seat belts, arm rests and grab bars, gas caps, keys in between each trip / usage, including driver cockpits areas. Provide appropriate cleaning products to support the process. Support adequate ventilation by keeping doors open as possible to allow vehicle to air out. It is recommended to thoroughly sanitize vehicles after each ride and confirm this has been completed prior to each use.

- Have a garbage or waste bin available in vehicle.
- Assign drivers dedicated to transportation vehicles where possible and cohort passengers.
- Require passengers to follow public health directions including facial covering requirements, respiratory etiquette, and hand hygiene.
- Supply hand sanitizer and require use prior to entry of vehicle.
- Ensure all screening protocols have been completed prior to entry into the vehicle.
- Advise drivers to avoid using recirculated air options for vehicle ventilation during member transport, ventilate by opening windows, utilizing defrost fans to direct air flow away from driver.
- Staff should be encouraged to use the washroom prior to the trip. If staff are required to use a general public washroom, all surfaces should be assumed to be a potential source of contamination including the entry door, sink and tap.

Computer Programs
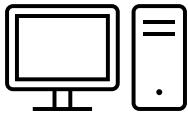
- Computer workstations should be 6 feet apart.
- Programs that require equipment use -encourage members to bring their own equipment from home. Disinfecting protocols for all equipment must be communicated and enforced.
- Ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.
- For seated programs encourage members to stay seated unless using the washroom or exiting the Centre.

Music Programs Tai Chi and Line Dance

- Elimination of hazards by moving programming to distance formatting (Ex. Zoom)
- Ensure occupancy limits are posted to ensure class sizes adhere to physical distancing guidelines.
- Discourage sharing of items that are difficult to clean, sanitize, or disinfect.

Food Programs and Eating Areas

- Scheduling programs to adhere to Public Health Guidelines
- Consider installation of mobile pay station to eliminate high touch surfaces.
- Require reservations in advance to confirm seating and numbers to accommodate social distancing.
- Consider use of own utensils.
- Provide barriers at tables as required.
- Provide signage on floor or wall for one-way direction only in kitchen areas as possible- promoting social distancing.
- Remove cups and utensils that cannot be placed in dishwashers.
- Establish requirements to use the dishwasher to sanitize items. Items should be considered single use only and placed in the dishwasher.
- Eliminate chairs and furniture not promoting social distance. Can use signage/caution tape or confirm non-use as needed.
- Occupancy limits posted and monitored.
- Promote use of own water bottles. Taping off water fountains

Health/ Personal Care Programs
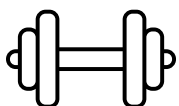
- Scheduling programs to adhere to Public Health Guidelines.
- Consider installing plexiglass barriers for footcare program.
- Healthcare provider to follow Ministry of Health guidance and regulated body requirements.

Washrooms
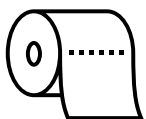
- Enhanced cleaning schedule to be implemented.
- Soap available for adequate hand hygiene
- Determine maximum occupancy to maintain social distancing. Tape off stalls as required to support this.
- Promote and supply paper towel hand drying with garbage disposal.
- Confirm hand hygiene posters, social distancing and occupancy posters are available.
- Indicate waiting spots on the floor to promote social distancing.

Aquatic Activities

- Centres can also refer to [Lifesaving Society | COVID-19](#) for additional sample controls, guides, sample flow and organization models and checklists related to aquatic activities
- Ensure distance markings and directional flow markings are also provided to support social distancing of a minimum 2m/6ft in aquatic waiting areas, change rooms, diving boards
- Use a registration system, allot specific swim time, stagger entry and exit, assess daily schedules mapping out pool use, bather flow and equipment use
- Limit aquatic activities to those with high aquatic ability
- Decommission lockers to promote 2m/6ft physical distancing, limit occupancy
- Encourage swimmers to come to pool in swimming attire
- Encourage swimmers to pre-shower at home just prior to arrival, to limit use of change room.
- Consider installing mobile splash protection walls or decommission every other shower to support social distancing
- Provide touchless soap dispensers for bathers in shower areas
- Reduce pool occupancy to ensure swimmers have ability to comply with physical distancing- use lane lines to reinforce
- Encourage lane use by one household or person at a time
- Remove equipment that cannot be disinfected and sanitized between use
- Encourage swimmers to use washroom available on the pool deck if available to reduce entering other areas
- Swimmers should follow their public health masking requirements until entry directly into the pool
- Swimmers should not share water bottles, towels, goggles or any other equipment with others.
- Reinforce signage regarding respiratory etiquette in swim areas

GENERAL COVID-19 RESOURCES

Controlling COVID-19 in the workplace is similar to controlling any infectious disease; it focuses on breaking the chain of transmission of the virus. While there are still many uncertainties about COVID-19 with new findings emerging often, it is important to stay current with the best practices for controls.

To better support you, your workplace, and your public health community's work in keeping everyone safe, **we recommend the following links:**

- Government of Ontario
- Ministry of Labour, Training and Skills Development
- Government of Canada
- Public Health Ontario
- Public Health Agency of Canada
- Health Canada – List of Approved Sanitizers and Disinfectants
- Ontario – Workplace PPE Supplier Directory

Contact your Public Services Health and Safety Association, Health and Safety Consultant. Find your consultant.

For tools, resources and job guidance information sheets for workers and employers, please visit PSHSA's COVID-19 Resource Centre.

For more information on how to protect yourself, what to do if you're sick and how to recognize possible symptoms, visit COVID-19.ontario.ca and Public Health Ontario for more information.

Examples of posters, signage and visual cues are included in Appendix C.

APPENDIX A: MENTAL HEALTH RESOURCES

The following resources are available to employers, workers, and their families. This list was compiled by Occupational Health Clinics for Ontario Workers (OHCOW).

General Mental Health resources:

- Anxiety Canada - Coping With COVID-19
- CCOHS/OHCOW - https://stressassess.ca/
- Canadian Mental Health Association (CMHA) - COVID-19 and Mental Health
- Centre for Addiction and Mental Health (CAMH) - Mental Health and the COVID-19 Pandemic
- Centre for Workplace Mental Health - Working Remotely During COVID-19 Your Mental Health and Well-being
- Centers for Disease Control (CDC) - Manage Anxiety and Stress
- Government of Canada - Taking care of your mental health
- Government of Ontario - Mental health, wellness and addictions support
- Mental Health First Aid: World Health Organization (WHO) - Mental Health First Aid COVID-19 Self-Care and Resilience Guide
- Mental Health Commission of Canada - MHCC COVID-19 Resources
- National Association of School Psychologists (NASP) - Talking to Children About COVID-19 (Coronavirus) - A Parent Resource
- Occupational Health Clinics for Ontario Workers (OHCOW) - OHCOW Mental Injury Toolkit
- Public Services Health and Safety Association (PSHSA) - Activities for Kids While at Home
- Public Services Health and Safety Association (PSHSA) - Effectively Managing Financial Strain
- Public Services Health and Safety Association (PSHSA) - Staying Productive While Working From Home
- Workplace Safety and Prevention Services (WSPS) - COVID-19 Mental Health Resources
- Wellness Together Canada - Wellness Together Canada
- 211 Ontario - Mental Health / Addictions

APPENDIX B: MENTAL HEALTH RESOURCES FOR OLDER ADULTS

- Mental Health Commission of Canada – Seniors Mental Health
- Canadian Mental Health Association – Mental Health Help for Seniors
- Centre for Addiction and Mental Health (CAMH) – Strategies for Social Connection among isolated Older adults, Apart, not alone: Why connection matters in later life,
- Canadian Coalition for Seniors' Mental Health
- It's important to take care of your mental and physical health during the COVID-19 pandemic.
- COVID-19 protection measures may increase feelings of social isolation, but you're not alone. Ask for help if you need it. Stay engaged with your community. If you need someone to talk to in confidence, reach out to:
- Wellness Together Canada: Mental health and substance use support
- Crisis Services Canada: Resources and supports
- Canadian Coalition for Seniors' mental health COVID-19 resources
- National Initiative for the Care of the Elderly
- Canadian Association of Occupational Therapy
- Canadian Mental Health Association
- Fountain of Health for Optimal Aging
- Canadian Frailty Network: Tips to avoid social isolation:
- For older adults with technology (PDF)
- For older adults without technology (PDF)
- Health tips for older adults:
    - How to lower your fall risk
    - Active Aging Canada: At-home exercises (PDF)
    - Canadian Centre for Activity and Aging: Active at home videos
    - Canada's Food Guide: Healthy eating for seniors
    - Oral health for seniors
    - Oral health tips for caregivers supporting older adults living with dementia at home

APPENDIX C: EXAMPLES OF POSTERS, SIGNAGE AND VISUAL CUES

The following sample posters are hyperlinked to the resource. Use Ctrl + Click to open the links.

FLOOR STICKERS:

APPENDIX D: RESOURCES

PSHSA's General Infectious Diseases Risk Assessment Tool

Ventilation Checklist (COVID-19)