Health and Safety Q&A
Prepared by Terri Szymanski, OPSEU Senior Health and Safety Officer – April 15, 2020.

- **PPE: Re-use, extended use and Limited use issues:** At Waypoint, workers outside of the actual/ probable COVID area are being issued one surgical mask for 5 days as a "preventative measure" to stop their own droplets from being spread to others in case the worker is in the asymptomatic status. Workers inside a cohorted COVID area (no covid cases so far) are not under this 5-day mask restriction. Waypoint staff are also screened every day with questions and temperature checks. Yet, even with these measures to reduce exposure, the idea of re-using surgical masks goes against normal practice and training because typically, surgical masks are not supposed to be "re-used." We continue to investigate this issue. If anything, and if supplies are demonstrated to be short, OPSEU has advocated for extended use (rather than re-use), where the masks must be disposed of once doffed, and a new one donned after break or for another set period of time when worn steadily. This has been our position in last resort if supplies are short and usually in facilities with outbreaks and where the workers may come in contact with cases of confirmed/ potential COVID. We continue to investigate this issue in light of "COVID areas" and NON-COVID areas."

- **How far in advance of close contact do contacts have to be traced?** Public health has a stance of tracing contacts back for the previous 48 hours of when a person started to be sick. And clearance should be 14 days after symptom onset, or two negative tests within 24 hours. PH Management of Cases and Contacts of COVID-19 in Ontario March 25 Version 6 says on page 8, "provide information to the individual for advising those who they had close contact with to also self-isolate for 14 days from last contact. This applies to those in the same household and anyone else who had close contact when they were sick and not self-isolating, and up to 2 days (48 hours) before they were sick."

- **What type of gowns should be used for actual or probable COVID cases? Are Level 1 gowns ok?** To explain Levels 1-4 of surgical gowns https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/medical-gowns#g2 (Level 1 for minimal risk—slight barrier to fluid penetration, for basic care, standard hospital medical unit, Level 2—low risk situations, barrier to larger amounts of fluid, used in drawing blood from vein, suturing, intensive care unit, pathology lab and Level 3—moderate risk, barrier to large amounts of fluids, for inserting an IV, drawing blood from artery, emerg, trauma departments, Level 4 for high risk situations which prevents fluid penetration for up to an hour, Large amounts of fluid exposure over long periods, used in pathogen resistance, infectious diseases. This information would lead us to use Level 4 gowns for COVID. Other hazards are still present along with COVID so standards should be respected in any case. In supply shortages, the main resource we can see the tiered approach for conserving and alternatives taken by the Centre of Disease Control at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html It says that nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by HCW when caring for patients with suspected or confirmed COVID-19. In times of gown shortages, surgical gowns should be prioritized for surgical and other sterile procedures. If supplies get low in COVID, then the CDC advises cancelling routine procedures that require gowns, to shift gown use towards cloth isolation gowns, use expired gowns, and consider using coveralls. If supplies get critically low, consider extending use of isolation gowns for a spate of patients, prioritizing use of gowns, re-using cloth isolation gowns. When no gowns are available at all, there are some ideas for last resort such as using other items such as disposable lab coats etc. I would recommend that the point of care risk

assessment be done –considering patient, environment, task, possibility of exposure to fluids to decide which type of gown would be used for the task. (not sure what type of gowns places have or are using).

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Prepared by Terri Szymanski, OPSEU Health and Safety Officer – April 10, 2020

Notice of occupational disease pursuant to the OHSA Sec 52 (2)—The OHSA requires employers to provide notice to the union and the JHSC where "they are advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the WSIB, the employer shall give notice in writing within four days of being advised, to the MOL, JHSC and union, containing particulars as prescribed in the Regulations. And in the **HC Regulations, Section 5(4**) says the contents include name and address of employer, nature and circumstances that gave rise, description of cause or suspected cause, period the worker was affected, name and address of worker, name and address of Dr who attended, the steps to prevent further illness. Even the Ministry of Health guidance reminds the HC system of this –see page 4 in their own guidance http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_acute_care_guidance.pdf

The OHSA Prevails over other legislation—including the Emergency Management Act and PHIPA. Sec 2 of the OHSA says it prevails "*Despite anything in any general or special Act, the provisions of this Act and the Regulations prevail.*

> Emergency Management Act Section 7.2 (8) says the OHSA prevails. *"in the event of a conflict between this Act or an order made under subsection 7.0.2 (4) and the* Occupational Health and Safety Act *or a regulation made under it, the* Occupational Health and Safety Act *or the regulation made under it prevails. 2006, c. 13, s. 1 (5).)*
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> PHIPA in section 7 (2) says that if there is a conflict PHIPA prevails over everything but the OHSA
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> *(2) In the event of a conflict between a provision of this Act or its regulations and a provision of any other Act or its regulations, this Act and its regulations prevail unless this Act, its regulations or the other Act specifically provide otherwise. 2004, c. 3, Sched. A, s. 7 (2).*

Not only does the OHSA mandate that notice be given to the JHSC and union, there are other Sections of the Act that require the employer to share at least general information to other workers about actual or potential hazards—such as simple information that a couple of colleagues have been sent home to isolate and what precautions remaining colleagues should take:

Employer

Section 25 2 h—take every precaution reasonable

Section 25 2 a—provide info and instruction for workers to work safely

Section 25 2 d—acquaint workers (and supervisors) about hazards in their work

Section 25 2 l—share results of written reports (and copies of the OHS part) in the employer's possession about occupational health and safety with JHSC

Section 25 2 m—advise workers of results of a report about OHS and make copies avail on request of the portions that have to do with OHS.

Supervisor

Section 27 2 a—advise workers of the existence of any actual or potential hazard or danger and the written measures and procedures to be taken for protection

Section 27 2 d—take every precaution reasonable for the protection of a worker

We call the obligations here a "duty to warn".

When workers are exposed or have COVID that they think arises from work:

-fill out WSIB Exposure form (also attached) to submit to WSIB, keeping a copy (and get a file number) and collect answers to the questions that OPSEU's WSIB specialist has put together to have the evidence you need to prove work relatedness.