

Ministry of Health

COVID-19 Guidance: Occupational Health and Safety and Infection Prevention & Control

March 20, 2020

Routine Practices with Additional Precautions

The ministry recommends the use of Routine Practices and Additional Precautions when a care provider treats a confirmed case or probable case.

Patients screening positive should be given a surgical/procedure mask and placed in a room with the door closed on arrival (do not cohort with other patients), where possible, to avoid contact with other patients in common area of the practice (e.g., waiting rooms). Patient to perform hand hygiene at point of entry. Encourage the patient to perform respiratory hygiene/cough etiquette, and provide surgical/procedural masks, tissues, alcohol-based hand rub and a waste receptacle. Limit visitors to only those who are essential.

Health Care Workers (HCWs) should carry out aerosol generating medical procedures (AGMP) using Droplet, Contact and Airborne Precautions. These precautions include wearing the following PPE – gloves, gown, N95 fit tested respirators and eye protection (goggles/face shields).

Detailed precautions for HCWs, by activity and procedure are listed in PHO's [Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#).

In acute care settings, airborne infection isolation rooms (AIIR) should be used, if available, for AGMP. Negative pressure should be validated daily. Should an AIIR not be available, a single room may be used with the door closed.

HCWs who must wear PPE should be properly trained in appropriate donning (putting on) and doffing (taking off) of PPE with emphasis on ensuring hands are clean before any contact with their face.

Cleaning and Disinfection

Where possible, dedicated equipment should be provided for use in a room where a confirmed or suspect patient is being cared for. Dedicated equipment must be thoroughly cleaned/disinfected prior to being used elsewhere.

Equipment used to clean and disinfect contaminated areas should be disposable. Particular attention should be paid to high touch areas in both patient and care provider environments (i.e. bed rails, remote controls, handles).

For more information please see: [PIDAC Routine Practices and Additional Precautions In All Health Care Settings and PIDAC Environmental Cleaning.](#)

Additional precautions for Paramedics

If the initial assessment and triage by Emergency Department (ED) staff indicates that COVID-19 is suspected, the paramedics should continue airborne precautions until environmental cleaning and decontamination of the ambulance have been completed. These environmental cleaning and decontamination processes will be conducted according to local paramedic service policies.

HCW Safety Measures

Assess availability of PPE and other infection prevention and control supplies that would be used for the safe management of suspected and confirmed COVID-19 patients. These supplies would include: gloves, gowns, surgical/procedure masks, eye protection (goggles, face shields), N95 respirator (for AGMP only), hand hygiene supplies (e.g. alcohol-based hand rub).

Train all HCWs who are required to wear PPE in the use, care and limitations of the PPE; HCWs must use the PPE appropriately for their own health and safety to treat and screen patients, with emphasis on ensuring their hands are clean before contact with their face.

Have written measures and procedures for worker safety, developed in consultation with the joint health and safety committee, including measures and procedures for infection prevention and control.

Persons in a shared clinic space at a distance greater than 2 metres away from the patient do not require PPE.

Where possible, dedicated equipment should be provided for use in a room where a confirmed or suspect patient is being cared for. At minimum, dedicated equipment must be thoroughly cleaned/disinfected using an approved hospital-grade disinfectant prior to being used elsewhere. Further details on disinfection are provided below.

Occupational illness and work restrictions

If an HCW is suspected to have (i.e. symptoms AND relevant contact or travel) or diagnosed with COVID-19, the HCW must remain off work until symptoms are fully resolved and negative laboratory tests have been confirmed.

The employer should consult with the local public health unit to determine when the care provider can return to work. HCWs providers should also report to their Employee Health/Occupational Health and Safety department prior to return to work.

If the care provider's illness is determined to be work-related: In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour;
- Joint health and safety committee (or health and safety representative); and
- Trade union, if any.

Any instances of occupationally-acquired infection shall be reported to WSIB within 72 hours of receiving notification of said illness.

All health system organizations and employers immediately should cease all non-essential business travel outside of Canada until further notice and likewise discourage employee travel.

HCWs who have travelled outside of Canada within the last 14 days should self-isolate for a period of 14 days starting from their arrival in Ontario. HCWs should not attend work if they are sick. If there are particular workers who are deemed critical, by all parties, to continued operations, these workers should undergo regular screening, use appropriate PPE for the 14 days and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever, immediately self-isolate if symptoms develop, and self-identify to their occupational health and safety department.