

POLICY TITLE: Preventing COVID-19 in the Workplace	PAGES: 8	INITIAL ISSUE DATE: August 12 th , 2020
ORIGINATOR(S): Occupational Health Nurse Managers (OHN)		REVIEW DATE: January 5, 2024
APPROVED BY: Payam Pakravan, Director of Operations Dr. Andrew Bond, Medical Director		NEXT REVIEW DATE: July 5, 2024

1.0 Introduction

This policy was developed to help prevent the spread of COVID-19 in the workplace. The precautionary measures have been developed using advice and information obtained from Public Health Ontario, the Government of Canada and the Ministry of Health and Long-Term Care. As the situation evolves in Ontario, this policy is subject to change.

2.0 Roles and Responsibilities

For the purpose of this policy, the term staff or staff member will refer to any person hired by ICHA on a regular, contract, temporary or casual basis, working either full-time or part-time hours. ICHA staff includes Administrative and Program employees, Nurses, Physicians, and other clinical staff. Nurses include all non-management nurses covered by the Collective Bargaining Agreement. All ICHA staff, regardless of role, are expected to adhere to the staff responsibilities set forth in this policy.

2.1 Staff Responsibilities

All ICHA staff should ensure they understand and comply with the infection prevention and control policies and practices outlined within this policy as well as the policies and practices of the sites visited that are not owned and operated by ICHA.

Covid-19 Immunization Requirements

- ICHA is committed to protecting its staff, its partners and colleagues, and particularly its vulnerable clients from hazards in the workplace, including infectious and vaccine preventable diseases. ICHA encourages the uptake of vaccines that prevent serious disease outcomes, such as the COVID-19 vaccine. For this reason, ICHA requires proof of vaccination from all ICHA staff. Proof is considered sufficient when staff have had a complete vaccination series (2 doses of a 2-dose series or 1 dose of a 1dose series) of a Health Canada approved vaccine.
- Staff can request an exemption in writing. The exemption document will then be shared with the Director of Operations for review. Further documentation may be requested, such as a letter from a medical professional stating the reasons for a medical exemption. Approval or denial of the exemption request will be responded to by the Director of Operations.

- All staff COVID-19 vaccination information will be kept confidential and will only be kept as proof of meeting vaccination requirements.

Workplace COVID-19 Screening

- All staff are required to sign a Covid-19 Self Screening Attestation upon hire. Staff must also adhere to any screening requirements required by the shelter operators of sites visited for ICHA related work.

Hand Hygiene

- Perform meticulous hand hygiene frequently.
- Avoid touching your face (specifically your eyes, nose, and mouth).
- Cover your mouth when coughing, sneezing, and yawning by doing so into the bend of your arm, not your hand.
- Avoid handshakes, close contact, and physical touch if possible.

Personal Protective Equipment (PPE)

- Full PPE (gowns, eye protection, gloves, and a fitted N95 respirator) is to be worn when coming into contact or providing care to a suspect or confirmed COVID-19 positive client, or performing an Aerosol Generating Medical Procedure (AGMP).
- To ensure an appropriate fit of the N95 respirator, staff must adhere to acceptable facial hairstyles intended for workers who wear tight fitting respirators. For more information please visit: [Acceptable Facial Hairstyles for N95 Respirator](#).
- Procedure masks are recommended during routine client encounters but no longer required unless the site is under suspected or confirmed COVID-19 outbreak. Masks will continue to be made available to all staff and may be worn anytime at the staff members discretion. If a client is requesting that a staff member wear a mask during the client encounter, it is encouraged that the staff member abide to the request.
- The need for PPE, such as procedure masks, N95 respirators, facial protection, and gowns during client encounters is determined by a point of care risk assessment of the client interaction and the task to be performed. Interactions involving activities likely to generate coughing, splashes or sprays of blood, body fluids, secretions or excretions, and procedures that potentially expose the mucous membranes of the eyes, nose or mouth warrant facial protection, a gown, and gloves.
- Facial protection includes masks and eye protection, or face shields, or masks with visor attachment. Facial protection is encouraged when within two metres of a coughing/sneezing patient with a suspected or confirmed transmissible respiratory infection.
- It is strongly recommended that during times of suspect or confirmed outbreak at the workplace, N95 respirators and facial protection are to be worn at all times. The policies and procedures of the shelter partner under the suspect or confirmed outbreak are to be followed.
- N95 respirators are available to all staff who prefer to wear them in staff areas.

Proper Use of Facemasks

- When necessary, all staff members are required to wear a facemask that securely covers their nose, mouth, and chin unless they are entitled to an [exemption](#). Reasons for an exemption may include:
 - You have a medical condition that inhibits your ability to wear a face covering.
 - You are unable to put on or remove your face covering without help from someone else.
 - You are receiving accommodations according to the *Accessibility for Ontarians with Disabilities Act, 2005* or the *Human Rights Code*
- The use of facemasks/coverings are to prevent respiratory droplets from contaminating people or things in the immediate vicinity of the wearer. Facemasks must:
 - Be well-fitted (non-gaping)
 - Be replaced when damaged or soiled
 - Not be shared with others
 - Be discarded properly with end of use
 - Not be touched on the front or the inside of the mask during removal, instead staff should remove masks by grasping the ties or straps with their fingers and then thoroughly wash their hands after removal of the mask.
- Mask wearers should perform hand hygiene before and after touching the mask and should not touch their eyes/nose/mouth when placing or removing the mask.

Workspace Cleaning

- Use appropriate products provided by ICHA or the partner organization to clean and disinfect items, such as your desk, work surface, phones, keyboards, electronics, and any shared equipment at least twice daily, if visibly soiled, and when used by different individuals.
- Ensure all high touch surfaces (ie. shared laptops and phones) are sanitized before and after each use.

Communication with ICHA Managers

- Provide up to date emergency contact information to your immediate Manager or Physician Director/Lead. Consider who ICHA could call if you were to require transportation home from work.
- All staff are to immediately notify your Manager or Physician Director/Lead and the OHN if they are experiencing communicable symptoms and will be absent from work. Staff are required to remain in regular contact with the OHN and their Manager or Physician Director/Lead if experiencing symptoms of COVID-19. Staff are required to remain in regular contact with the OHN during their absence and must receive clearance from the OHN before they can return-to-work.

Meals and Break Periods

- Staff are to clean and sanitize meal spaces before and after use and use a designated break space when possible. It is generally not recommended that staff eat in designated clinical spaces.

Symptoms of COVID-19

- If you have any symptoms of COVID-19 or think you might be symptomatic, do not come to work and instead, notify your Manager or Physician Director/Lead and the OHN. If you are experiencing any of the following symptoms, please consult with the OHN and seek further guidance:
 - fever and/or chills; OR
 - cough; OR
 - shortness of breath; OR
 - decrease or loss of taste or smell; OR

Two or more of any of the following:

- runny nose/nasal congestion
 - headache
 - extreme fatigue
 - sore throat
 - muscle aches or joint pain
 - gastrointestinal symptoms (i.e. vomiting or diarrhea)
- If you develop symptoms within 48 Hours of receiving COVID-19 vaccine, report symptoms to the OHN. At the discretion of the OHN, staff may be permitted to work if they are experiencing mild side effects that only began after the vaccine was administered. These side effects include:
 - Headache
 - Fatigue
 - Muscle ache
 - Joint pain
 - If you experience more than mild symptoms that are related to COVID-19 and within 48 hours after vaccination, you must remain home or leave work immediately and notify the OHN. Any potential adverse events after receiving the COVID-19 vaccine will be reported to the local public health unit. Staff are expected to report any adverse events occurred after receiving the COVID-19 vaccine to the OHN.

➤ ***Return-to-work Clearance***

- Return to work clearance will be provided by the OHN and is granted once the staff member has remained afebrile for 24 hours without the use of antipyretic medication and symptoms have improved over the span of 24 hours (48 hours for GI symptoms).
- Completion of a rapid antigen test (RAT) is recommended but not mandatory. The OHN will assess clearance on a case-by-case basis for staff that meet the above criteria but remain symptomatic.

Probable or Confirmed Case of COVID-19

- Staff are required to report to the OHN if they are a confirmed case of COVID-19 (positive PCR or RAT result) or a probable case of COVID-19 (symptoms plus exposure or indeterminate PCR result).
- Actions you should take include:
 - Immediately isolate yourself to prevent any possible spread of COVID-19

- Report your symptoms or positive test result to the OHN via phone or email
- Report your absence to your Manager of Physician Director/Lead via phone or email
- Remain away from work until you have received clearance to return-to-work by the OHN
- Self-isolating means:
 - Staying home until the OHN or local Public Health Unit advises you are no longer at risk of spreading the virus
 - Avoiding contact with others
 - If your symptoms worsen, immediately contact your healthcare provider or your local Public Health Unit for further direction

➤ **Return-to-work Clearance**

- All staff must first seek clearance from the OHN prior to returning to the workplace.

For staff working in High-Risk Settings (including shelters):

For routine operations COVID-19 positive cases that work in highest-risk settings may return to work if they have no fever and other symptoms have been improving for 24 hours (or 48 hours if vomiting/diarrhea) AND meet at least one of the following criteria:

- 10 days after symptom onset or date of specimen collection (whichever is earlier); OR
- After a single negative molecular test any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier); OR
- After two consecutive negative rapid antigen tests that are collected at least 24 hours apart any time prior to 10 days from the date of specimen collection or symptom onset (whichever is earlier).
- Confirmed or probable cases of COVID-19 with a confirmed positive PCR/RAT/RAT are not required to provide proof of negative PCR test prior to returning to work after their self isolation period is completed

For staff working in Non-High-Risk Settings (including ICHA offices):

If the staff member was symptomatic at or around time of PCR/RAT positive result:

- Staff will be permitted to return to in person work once symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.
- Asymptomatic individuals with a positive test result do not need to self isolate unless symptoms develop. If symptoms develop, they should self isolate immediately.
- Confirmed or probable cases of COVID-19 with a confirmed positive PCR or positive RAT are not required to provide proof of negative test prior to returning to work after their self isolation period is completed.
- It is also recommended that for a total of 10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable), individuals should:

- Continue to wear a well-fitted mask in all public settings (including schools and childcare, unless under 2 years old) and avoid non-essential activities where mask removal is necessary (e.g., dining out, playing a wind instrument, high contact sports where masks cannot be safely worn)
- Not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors).
- Avoid non-essential visits to highest risk settings such as hospitals and long-term care homes.

High-Risk Exposures

- High-risk exposures include:
 - Unprotected contact within 2 metres of an individual with COVID-19 for more than 15 minutes (cumulative or consecutive)
 - Close contact with an individual with COVID-19 while the staff was not wearing an appropriate facemask
 - Close contact with an individual with COVID-19 who was not wearing a facemask, while the exposed staff member was only wearing a facemask or respirator but no eye protection
 - Staff wore a facemask but not an N95 respirator during an aerosol generating medical procedure (AGMP) on a suspected or confirmed COVID-19 case
 - Staff wore a facemask but not an N95 in the room within 30 minutes following an AGMP on a suspect or confirmed COVID-19 case
 - Staff was missing any of the following PPE during an AGMP on a COVID- 19 case: N95, gloves, gown, or eye protection.
- Staff are to report any potential or confirmed high-risk exposures, within the workplace or the community, household etc. to the OHN as soon as possible for a risk assessment.
- Staff are required to report to the OHN if they have been advised to self-isolate by their local public health authority or by another employer.

➤ ***Return-to-work Clearance***

- Under most circumstances, staff with a confirmed high-risk exposure to a COVID-19 case may be permitted to return to work if they remain asymptomatic Staff are to self-monitor for symptoms daily for 10 days since their last exposure and report any symptoms to the OHN.

Low-Risk Exposures

- ICHA will no longer be informing staff of low-risk occupational exposures.

Travel Surveillance Screening Guidelines

- It is not required that staff advise the OHN of domestic or international travel. To limit the spread of COVID-19, the Government of Canada regulates travel guidance and requirements. For more information, please visit the following Government of Canada website: [COVID-19: Travel, testing and borders - Travel.gc.ca](https://www.canada.ca/en/government/public-services/covid-19/travel-testing-and-borders-travel.gc.ca)

Assessment Resources

- If you are having difficulty breathing or experiencing other severe symptoms, call 911 immediately. Advise them of your COVID-19 symptoms and/or exposure history.
- If you are concerned about a COVID-19 exposure, contact the OHN for further assessment.
- Staff are encouraged to keep a supply of RATs at home to have accessible if needed. RATs will be supplied by the employer and staff can advise the OHN when RAT supply requires re-order. Staff may also seek molecular testing if they choose to do so.

2.2 Employer Responsibilities

To ensure that ICHA continues to provide a healthy and safe workplace, the following measures have been implemented. In addition, ICHA continues to stay updated on guidelines and information provided from Public Health Ontario, the Government of Canada, and on measures implemented at the provincial level by Ontario Health.

- Use the risk-informed decision-making guidelines for workplaces and businesses during the COVID-19 pandemic to help develop policies and procedures.
- Continue to communicate with staff and clients about COVID-19, including the measures we are taking to prevent the spread of COVID19.
- Post signs encouraging good respiratory hygiene, hand hygiene, and other healthy practices.
- Implement and follow increased cleaning guidelines:
 - Provide cleaning wipes that are at least 70% alcohol to ensure proper disinfection or use other approved disinfectant sprays and solutions in common areas and workspaces for staff to clean workspaces;
 - Hand sanitizer available at all entries, eating areas, and common areas;
 - Clean and disinfect all high-traffic areas and frequently touched areas (such as door handles, fridge handles, microwaves, printers, photocopiers) twice daily;
 - Open windows and doors whenever possible to ensure the space is well ventilated;
 - The following personal protective equipment is accessible at all times:
 - Isolation gown
 - Surgical mask
 - Face shield
 - Gloves
 - Goggles
 - N95 respirator

COVID-19 Sick Pay

- Staff will be paid in accordance with the sick-pay benefits afforded to them by their contract or Collective Bargaining Agreement.

- Staff will stay in regular, close contact with the OHN regarding symptom onset, for contact tracing purposes and prior to returning to work.
- Staff that do not have sick-pay benefits available may utilize the resources below for compensation of lost time for absences related to COVID-19

COVID-19 Positive Staff

- Following OHN investigation, if a staff members most likely COVID-19 acquisition was found to be in the workplace, a WSIB claim may be made for lost wages. For more information, please visit [WSIB Ontario](#)
- Following OHN investigation, if a staff members most likely COVID-19 acquisition was found to be in the community, a record of employment will be issued and staff may apply for Employment Insurance benefits (EI) for lost wages. For more information, please visit [Employment Insurance Sickness Benefit](#).