



Preparing the Workplace for Coronavirus

Part 2: Administrative Controls, Personal Protective Equipment and Medical Screening of employees

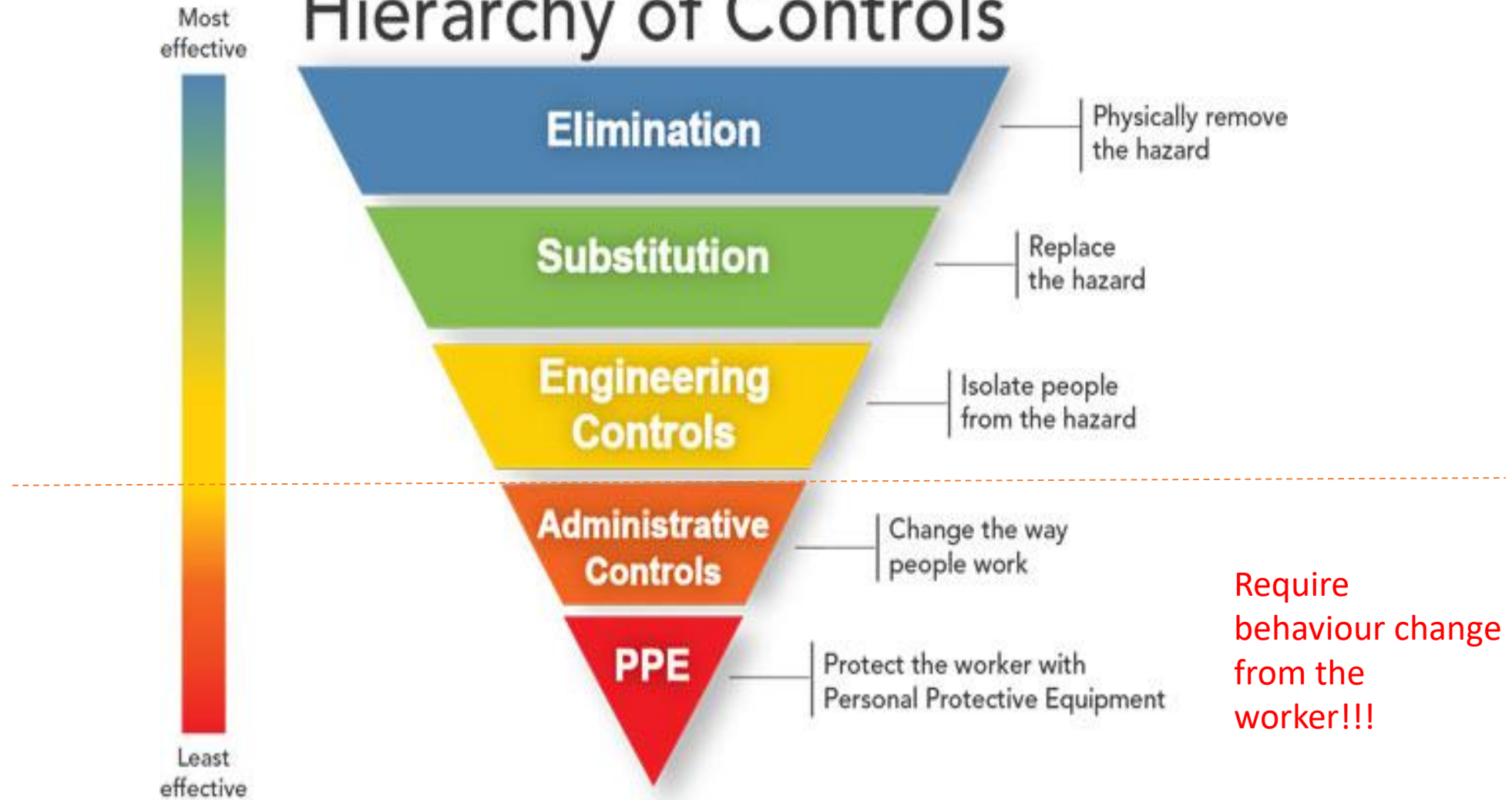
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Hierarchy of Controls



Admin Controls: A workplace Plan of action



- Develop a **contingency** and **business continuity** plan for an outbreak in your community or workplace
 - Prepare your organisation for the **possibility of an outbreak of COVID-19 in the workplaces** or community.
 - **How to keep your business running even if a significant number of workers, contractors and suppliers cannot come**
 - **Engage with your workers and their representatives as well as your contractors** about the plan
 - **Emphasise the importance of staying away from work** even if they have only mild symptoms
 - Address **sick leave arrangements, mental health** and **social consequences** of a case of COVID-19 in the workplace
 - For **small and medium-sized businesses** without in-house occupational health support, consult the information available **public health and labour authorities in advance of any emergency. Consult any guidance given by your sectoral organisations**
 - Where feasible, **promote teleworking** across your organisation and allow workers to work flexible hours to minimise crowding the workplace.
 - **Appoint a COVID -19 compliance officer** to
 - oversee the implementation of the plan and adherence to the health and safety measures with consultation with H&S Committee

Other administrative controls

- Clear **infection prevention and control** and standard precautions
- **Occupational health policies**
- **Controlled access** to the workplace- screening procedures
- Ensure **proper signage**
 - that encourage staying home when sick
 - cough and sneeze etiquette
 - hand hygiene
- **Cleaning and disinfection procedures for the workplace**
- **Ensure safe waste management** practices and procedures
- The occupational health or infection control personnel should establish points of contact between the organisation, personnel and local health authority
- Established **public health reporting procedures** should be swiftly followed
- A **blame free working environment** needs to be provided
- Establish and ensure workers have access to **employee assistance programmes** for **mental health support**
- **Appropriate and updated travel policies to ensure safety of staff**



Educate and inform employees (risk communication)

- Give people facts about how the disease is transmitted
- Infection prevention and control including hand and respiratory hygiene practices
- Correct donning and doffing and disposal of PPE
- Influenza vaccinations to prevent possible co infection with influenza
- Advise workers on self-assessment, symptom reporting and sick leave policies if exposed
- Clear policies regarding sick leave.
 - Don't punish people for staying away for 'flu'
 - Make it possible to work from home where possible
- Understand travel risks and make informed decisions re risk-benefit of travelling



Physical distancing in the workplace

- **Rearrange the workplace** to ensure minimal contact between employees
- **Physical barriers**
- Don't forget the **common areas**
 - outside the immediate workplace through queue control
 - within the workplace such as canteens and lavatories.
 - groups or staggering break-times to avoid the concentration of workers in common
- This can also be done by workers **changing shift arrangements-**
 - rotation
 - staggered working hours
 - staggering break times
 - remote working arrangements
- **Public transport** considerations
- **Homeworking** should be maintained where possible.
 - risks and benefits of home working and risks to mental and physical wellbeing as well as practical working arrangements need to be considered
 - Employees working at home may
 - feel isolated
 - face difficulties balancing homeworking with caring responsibilities
 - have to share their working space with others in their home
 - risk of musculoskeletal pain related to poor ergonomics



Dealing with sick leave absence

- Use discretion on the need for **medical evidence** for a period of absence where a worker is advised quarantine or self-isolate and **follow advice provided by the national authorities**.
- Ensure that **sick leave policies are flexible and consistent with public health** guidance
- Employers should maintain **flexible policies** that permit workers to stay at home to care for a **sick or dependent family member**, as more workers might need to do this than is usual.

- https://oshwiki.eu/wiki/COVID-19:_guidance_for_the_workplace



Mental Health support

- Ongoing mental health risk
 - **increased** demands at home due to caring responsibilities
 - concerns about **finances and job security**
 - **changing workload and work location**
 - **bereavement**
 - **anxiety** related to the fear of COVID-19 itself.
- A whole systems approach will be key and will need to focus on:
 - **Support**
 - **Maintenance**
 - **Prevention**
- There is a close link between **workforce wellbeing and organisational resilience and productivity.**



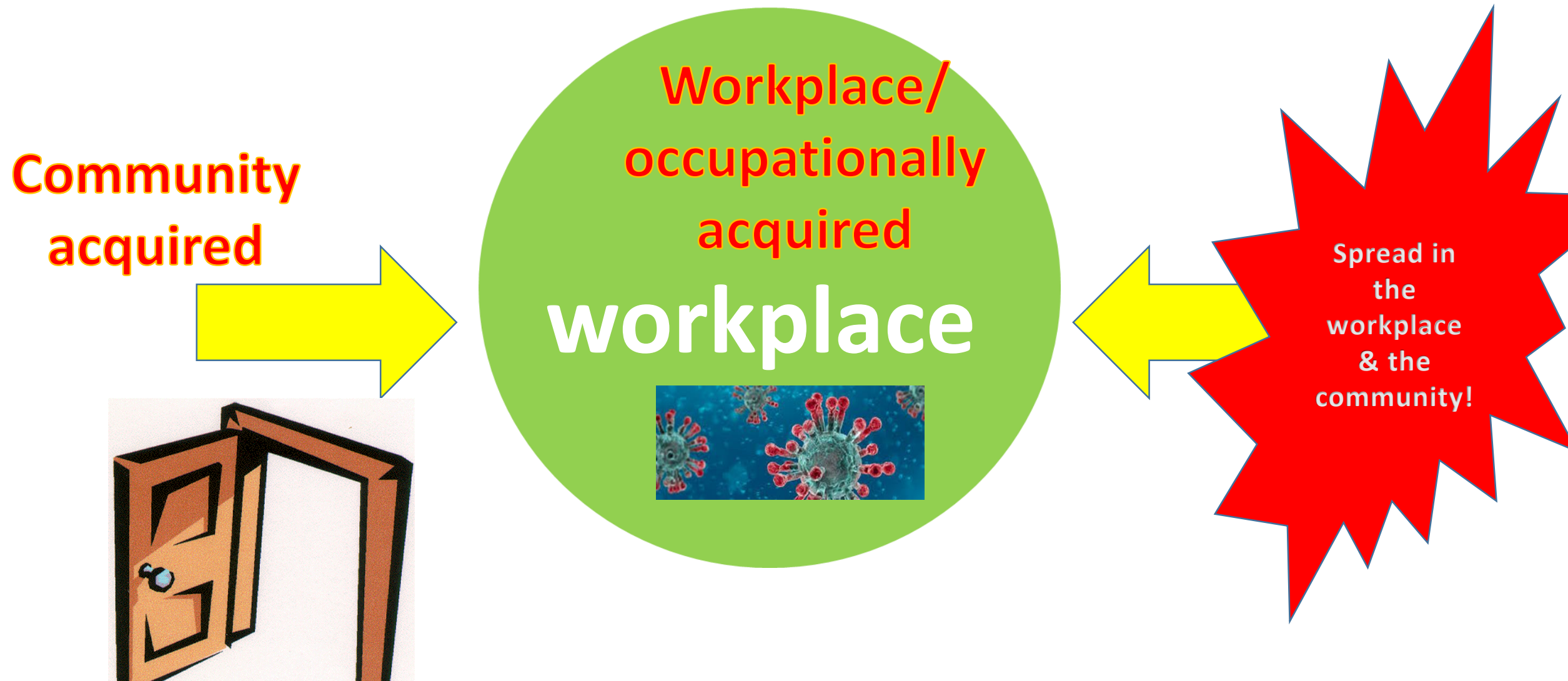
Personal Protective Equipment (PPE)

- PPE is an effective measure within a **complete package of mitigation and control strategies**
- Appropriate PPE should be **informed by the risk assessment**
- Ensure **adequate** and appropriate PPE is available.
- Health care workers involved in **aerosol generating procedures**
 - tracheal intubation, non-invasive ventilation, cardiopulmonary resuscitation, tracheostomy
 - **A single pair of disposable patient examination gloves**
 - **Respiratory protection (i.e., N-95 respirator),**
 - **gowns and aprons if the gowns are not fluid resistant**
- Used PPE should be **considered contaminated and discarded in accordance with safe practice**
- **Surgical masks** should be available for **employees with respiratory symptoms**
- Need to align with the regulations of the country



All healthcare workers should with appropriate PPE according to the setting and task. The WHO guidance on appropriate PPE use is found in https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf

Potential sources of exposure in the workplace



Medical screening

- To detect early signs of illness by administering tests to apparently healthy persons
- Testing modalities may include such tools
 - questionnaires
 - physical examinations
 - medical investigations
- To ensure early detection of COVID 19 disease
 - facilitation of testing and treatment
 - prevent transmission from potentially contagious workers to patients and other colleagues
- Secondary prevention strategy, but may be primary prevention to keep infection out of the workplace



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Workers exposed in the workplace

- close contact
- within 1 metre
- for >15 minutes
- without PPE /
- failure of PPE /
- direct contact with respiratory secretions

Worker living with a confirmed case



Essential worker

- Workplace investigation done and exposure assessed as high risk
- Confirmed by the line manager
- Self quarantine for a minimum of 7 days with daily symptoms screening
Ideally for 14 days if no staff shortages
Ensure mental health support
- Cleaning initiated
- Reporting
 - To the necessary gvt depts
- Return to work at the earliest on the 8th day after a negative PCR test and no symptoms especially if staff shortages and work restrictions



Non essential worker

- Workplace investigation done and exposure assessed as high risk
- Confirmed by the line manager
- Self quarantine for a minimum of 14 days
Ensure mental health support
- Cleaning initiated
- Reporting
 - To the necessary gvt depts
- Return to work on day 15 if no symptoms occur

Symptoms develop

Refer for testing

Worker exposed to low risk in the workplace

Workplace investigation done and exposure assessed as low risk

The risk is confirmed by the line manager

Continues to work but self monitors temperature and symptoms daily for 14 days

- >1 metre away from a COVID-19 confirmed case
- for <15 minutes OR
- within 1 meter but
 - wearing PPE
- Also consider lower risk if COVID case was wearing a surgical mask (source control).

Symptomatic

Refer for testing

Necessary steps to follow in the workplace when a worker is diagnosed with COVID-19

A worker with a confirmed/positive COVID-19 test

Ensure reporting is done

All cases

- NDOH
- As a Notifiable Medical Condition under the National Health Act

If occupationally acquired:

- DOEL (Inspection and enforcement services & Compensation Commissioner if appropriate)
- As per OHSA and COIDA

Isolate the employee

Provide a surgical mask for the worker

Ensure that the employee's clinical condition has been assessed & treated

Ensure the employee has mental health support

Ensure appropriate sick leave is issued

At the workplace

Do an incident based investigation/assessment

- Investigate the mode of exposure including any lapses in controls
- Review the risk assessment to ensure that the necessary controls and PPE requirements are in place
- Communicate with H&S committee
- Ensure contact tracing is done
- Ensure appropriate cleaning/decontamination of the workplace is carried out

On recovery

Mild cases: 14 days after symptom onset

Severe cases 14 days after clinical stability (No symptoms or stopping of critical medical interventions)

Workplace

Out of the workplace

Return to work- exclude from work until:

- Test-based strategy.
 - Resolution of fever without the use of fever-reducing medications, and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of COVID-19 testing from at least two consecutive swab specimens collected ≥ 24 hours apart
- Non-test-based strategy.
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared

Workplace restrictions on return to work

- All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:
 - undergo medical evaluation to confirm that they are fit to work
 - wearing of surgical masks at all times while at work for a period of 21 days from the initial test
 - implement social distancing measures as appropriate
 - adherence to hand hygiene, respiratory hygiene, and cough etiquette
 - continued self-monitoring for symptoms
 - seek medical re-evaluation if respiratory symptoms recur or worse
 - in the case of health workers avoiding contact with severely immunocompromised patients

Workplace protocols that need to be in place at the workplace

- How to deal with a symptomatic person?
 - Isolation
 - Referral
 - Testing
 - Sick leave
- How to deal with a positive COVID-19 employee in the workplace?
 - Isolation
 - Incident investigation
 - Contact tracing
 - Cleaning
 - Reviewing of controls
 - Sick leave
 - Return to work
 - Restrictions on return to work

Minimise risks of transmission in the workplace – **MUST BE SAID AGAIN!**

- Communication and awareness important
- Review the HRA and the hierarchy of controls
- Minimise risks in the workplace.
 - Social distancing
 - Promote regular and thorough handwashing by employees, contractors and customers
 - Respiratory hygiene
 - Avoid touching your face, especially while working.
- Advise workers on self-assessment, symptom reporting and sick leave policies
- Encourage / insist that symptomatic persons stay away / self isolate
- Screening and identification of potentially affected employees, limit contact and movement and appropriate referral for testing promptly
- Have occupational health input to manage the program internally



If you suspect you have been exposed to COVID-19

- ▶▶ Alert your supervisor and occupational health clinic immediately
- ▶▶ If you are experiencing symptoms, inform your health care provider about any contacts and recent travel to areas affected by COVID-19

Workplace queries:



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