

Fleming College
COVID -19 Health & Safety
Guideline

1 Introduction

1.1 Purpose

The risks associated with COVID-19 cannot be eliminated. Fleming College is responsible for implementing all possible prevention and disinfection measures under the guidance of Provincial authorities and local public health units to ensure the health and safety of all. As is the case in any public space, there is always a risk of contracting COVID-19 while at Fleming College facilities. The purpose of the Health & Safety COVID-19 Guideline is to:

- Meet relevant legislative standards by effectively implementing the sector specific COVID-19 guidance recommendations
- Collectively identify COVID-19 risks as an OHS hazard
- Assign responsibilities to workplace parties for carrying out the necessary controls, in alignment with other OHS hazards in the workplace
- Identify and align the recommended engineering, administrative and personal protective equipment (PPE) that can be applied to reduce the hazards associated with COVID-19.

1.2 Scope of Guideline

The scope of this guideline is to provide the College community with occupational health & safety guidance in managing the health hazard associated with COVID-19. This guideline is intended to be iterative and will be revised to coincide with changing information and recommendations from public health and regulatory authorities.

1.3 Responsibilities

Senior Management Team

- Provide leadership and guidance to the College community.
- Provide the administrative and financial resources necessary to ensure that effective response measures are in place and strictly adhered to.
- Designate and empower individuals who must participate in, and, who will be responsible for the preparation and implementation of the H&S COVID-19 Guideline.

Leaders Group

- Ensure all aspects of this guideline are reviewed and implemented within their areas of control.
- Ensure that controls for COVID-19 are widely communicated throughout their department.
- Promote preventive actions by leading by example.
- Direct work in a manner that eliminates or minimizes the risk to workers.
- Where possible, promote working from home arrangements and flexible working models.
- Ensure that all reasonable precautions are taken in the workplace and ensuring compliance with all Federal, Provincial and Municipal Public Health Agency guidelines.
- Ensure that supervisors and workers are educated and trained on the risk associated with COVID-19 and the controls necessary for their protection.
- Maintain records of training and inspections.
- Ensure that workers use appropriate personal protective equipment (PPE) where applicable.
- Receive and review contractor COVID-19 plans where applicable.

Support Staff and Faculty

- Participate in all H&S training that is provided.
- Follow established safe work practices and procedures as directed by the College or manager.
- Know the hazards associated with COVID-19 in the workplace.
- Promote preventive actions within the workplace, leading by example.
- Use any required PPE as instructed.
- Know how to report exposure incidents.
- Report any unsafe acts or conditions to the manager.

Joint Occupational Health and Safety Committee (JOHSC)

- Review workplace guidelines, training, safe work practices related to COVID-19.
- Identify situations that maybe unhealthy or unsafe for workers and advise on effective systems for responding to those situations.
- Consult with workers and the employer on issues related to COVID-19.
- Make recommendations to the employer for the improvement of the health and safety as it relates to COVID-19.
- Help in the Investigation of work refusals as required.

1.4 Applicable Legislation and Resources

- Occupational Health and Safety Act
- Public Health Agency of Canada (PHAC)
- Health Canada
- Local Public Health Units

2 Coronavirus (COVID-19)

2.1 Information about the Virus

Coronavirus (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. Coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in December 2019. On March 11, 2020, the World Health Organization (WHO) declared the outbreak a pandemic due to the rapid spread of the virus globally.

2.2 Symptoms of COVID-19

Individuals who are infected with COVID-19 may have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu.

- COVID-19 may have **classic symptoms** such as feeling feverish, new or worsening cough, and/or difficulty breathing.
- **Other symptoms** of COVID-19 can include: sore throat, difficulty swallowing, loss of taste/smell, nausea/vomiting, diarrhea, abdominal pain, pneumonia, runny nose*, or nasal congestion*
 - **In the absence of underlying reason for these symptoms such as seasonal allergies and post-nasal drip*
- COVID-19 may have **less common symptoms** such as **unexplained** fatigue/malaise, delirium (a serious medical condition that involves confusion, changes to memory, and odd behaviours), unexplained or increased number of falls, acute functional decline, worsening of chronic conditions, chills, headaches, conjunctivitis, croup, or multisystem inflammatory vasculitis in children (inflammation of blood vessels); an infected infant could also have trouble feeding.
 - In severe cases, infection can lead to death.

Symptoms may show up after 2 days or take up to 14 days to appear after exposure to COVID-19. This is the longest known incubation period for this disease.

Recent evidence indicates that the virus can be transmitted to others from someone who is infected but not showing symptoms. This includes people who:

- have not yet developed symptoms (pre-symptomatic)
- never develop symptoms (asymptomatic)

While experts know that these kinds of transmissions are happening among those in close contact or in close physical settings, it is not yet known to what extent. This means it is extremely important to follow the proven preventative measures.

2.3 Risks of infection

There is an increased risk of more severe outcomes for individuals;

- aged 65 and over
- with compromised immune systems
- with underlying medical conditions

2.4 How the virus spreads

Human coronaviruses cause infections of the nose, throat and lungs. They are most commonly spread from an infected person through:

- respiratory droplets generated when you cough, sneeze or talk
- close, prolonged personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

3 Risk Assessment

3.1 Recognize and Assess Risks

As a risk assessment process, the steps of *Recognize, Assess, Control, Evaluate (RACE)* are applied to establish effective controls in the workplace.

Implementing effective risk assessment and control measures across the College is crucial to minimize potential sources of exposure. The internal responsibility system (IRS) for occupational health & safety is based on a system of inter-connected roles and responsibilities that result in all workplace parties carrying responsibilities for health & safety in the workplace. As such, employees and managers play key roles in the recognition, assessment and control of specific hazards.

The COVID-19 hazard is unlike traditional hazards due to the pervasive nature of risk of infection. The primary transmission mode for the virus through respiratory droplets and subsequently through surface contacts results in a need to assess hazardous processes such as personal interaction and physical elements of the workplace that may not typically be considered hazardous. Creating broad awareness of these hazard sources for the College

community is important to assure that all members of the community are familiar with and able to take precautions at a personal level that can reduce the risk of infection considerably. Many of the controls that will be introduced are related to strong principles of infection control and infection prevention, to which members of the College community may be unaccustomed to.

3.2 Risk Controls

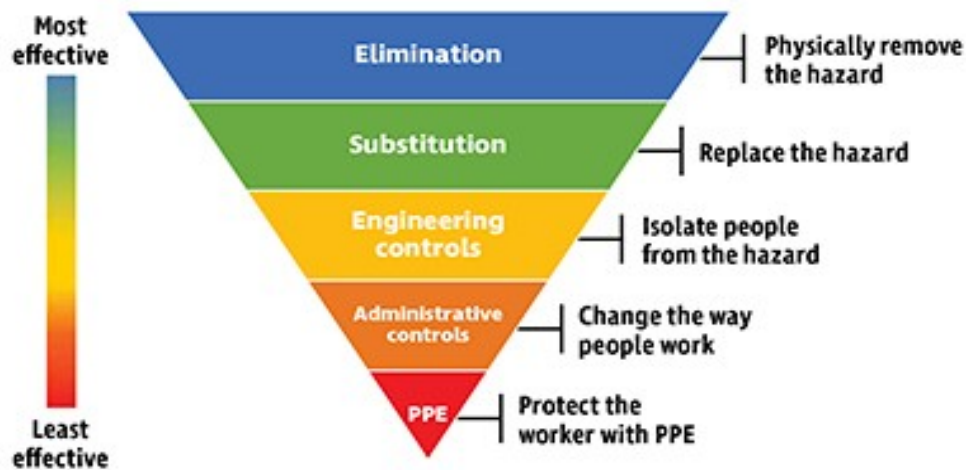
The following list of controls is not exhaustive. The exposure to COVID-19 is a particularly fluid risk in a multi-dimensional workplace. The specific nature of some work activities may lend itself to additional controls that may be appropriate in the circumstances. It is important that workers and managers have a strong understanding of their role in ongoing risk identification, assessment and control. If potential risks are identified, managers are in a position to consult with internal occupational health & safety resources, such as the Health and Safety Department, to pursue effective controls for the identified hazards they may encounter.

Controls are generally applied at the source of the hazard, along the path between the source of the hazard and the worker or at the worker, and act to reduce the hazardous potential when a worker comes into contact with the hazard.

We use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

In the illustration, the measures are generally grouped and listed from most effective to least effective. The use of PPE is considered a last line of defence for any hazard. Effective use of PPE is highly dependent on behaviour and is highly susceptible to human error. PPE is effective in reducing residual risk following the application of other control measures, but it is recognized that a single means of control should never be relied on for protection from a hazard.

NIOSH HIERARCHY OF CONTROLS



Although elimination of a hazard is the preferred means for hazard control, this approach is not generally available for controlling the workplace hazard associated with COVID-19.

This is intended as a general grouping, recognizing that controls are often inter-related or a control in one group relies on a control in another group to be effective.

3.3 Engineering Controls

Engineering controls involve the use of physical means and systems to reduce the exposure to a hazard. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on human behaviour and are often designed to be effective with limited need for ongoing human interaction. These types of controls are also often the most cost-effective and easily sustained solutions over the long-term.

3.4 Administrative Controls

Administrative controls generally correlate to the policy, procedure and work practice changes that can be introduced to reduce hazards to workers. Administrative controls require management decisions, workplace parties' awareness, observance and enforcement to be effective. Administrative controls can be established at the College-wide level through interim procedures or at the individual worker level through changes to work practices. A wide range of administrative controls are recommended for mitigating the risk associated with COVID-19, due to the pervasive nature of the risk.

3.5 Safe Work Plans

Safe work plans are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Viral infection is influenced by the time of exposure to a source of infection and the intensity of the exposure. The number of viral fragments expelled during normal breathing, soft speech, loud speech, coughing and sneezing ranges from very few to significant and the spread of the droplets ranges from short to long distances. Those that are engaged in face-to-face work on campus will be guided by Safe Work Plans developed by schools and departments. All revision recommendations and final approvals will be given by the Health and Safety Department. A safe work template is available through the Health and Safety Department to assist schools and departments to identify areas of risk and plan an associated risk mitigation strategy. Approved Safe Work Plans are to be posted to local Health and Safety boards.

3.6 Personal Protective Equipment (PPE)

The use of PPE to provide protection from a hazard is generally intended as the **last** line of defense between the hazard and contact with a worker. The use of PPE should never be considered in place of other control measures, but in addition to the use of other control measures. PPE is only effective if it is used correctly. This includes the fit, use, care, maintenance, cleaning, proper wearing and limitations of the PPE.

Examples of PPE for COVID-19 include: disposable gowns, gloves, goggles, face shields, face masks (N95, Surgical, procedural) and respiratory protection, when appropriate. The recommendations for PPE use specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers and information on PPE effectiveness in preventing the spread of COVID-19.

All types of PPE must be:

- Selected based on the specific hazard to the worker.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

The intended use of non-medical facemasks or face-coverings is to provide a degree of protection to persons other than the person wearing the face covering. The Public Health Agency of Canada states that “when worn properly, a person wearing a non-medical mask or face covering can reduce the spread of his or her own infectious respiratory droplets.” Such face-coverings may be used by a person who is infected, but pre-symptomatic or infected, but asymptomatic. These persons may be encouraged to wear non-medical face-coverings, but a person who is infected and symptomatic should not be in close contact with others.

Further, information from the Public Health Agency of Canada notes that:

“Homemade masks are not medical devices and are not regulated like medical masks and respirators. Their use poses several limitations:

- they have not been tested to recognized standards
- the fabrics are not the same as used in surgical masks or respirators
- the edges are not designed to form a seal around the nose and mouth
- they may not provide complete protection against virus-sized particles
- they can be difficult to breathe through and can prevent you from getting the required amount of oxygen needed by your body

These types of masks may not be effective in blocking virus particles that may be transmitted by coughing, sneezing or certain medical procedures. They do not provide complete protection from virus particles because of a potential loose fit and the materials used.”

Regardless, all Fleming College staff, faculty, students and contractors will be required to wear facial coverings at all campuses as it is recognized that the spread of the virus from an infected person who is pre-symptomatic or asymptomatic can be reduced to some extent.

All various masks and face-coverings also contribute to infection control measures by helping to prevent touching one’s face. (mouth, nose, eyes)

COVID-19 Personal Protective Equipment (PPE) Risk Level Summary

Risk Level	Risk Description	Job Role / Activity	PPE
Very High	Jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, or laboratory procedures.	<ul style="list-style-type: none"> • Healthcare workers in Health Services performing aerosol generating activities • Faculty, staff and students entering Hospital setting for student learning 	<ul style="list-style-type: none"> • N95 or surgical mask • Disposable gown • Safety glasses or chemical goggles • Face shield • Disposable gloves
High	Jobs with a high potential for exposure to known or suspected sources of COVID-19. No aerosol generating procedures performed.	<ul style="list-style-type: none"> • Security (close contact with suspected COVID-19 positive individuals) • Res staff (When dealing a suspected or known COVID-19 positive Student in residence or staff) 	<ul style="list-style-type: none"> • Surgical masks or respirator • Disposable gloves and /or disposable gown • Safety glasses or chemical goggles • Face shield
Medium	Jobs that require frequent/close contact with public	<ul style="list-style-type: none"> • Food Services • Health Services • Residence Front Desk • Front line staff – RO, IB, ITS • Some Faculty or techs supporting applied learning 	<ul style="list-style-type: none"> • Procedural masks • Face shields
		<ul style="list-style-type: none"> • Custodial enhanced disinfection for a known or suspected COVID location 	<ul style="list-style-type: none"> • Disposable gloves/ Disposable gown • Safety goggles or face shield (splash potential) • Procedural mask (required if in COVID-positive areas)
Lower Risk (Caution)	<p>Jobs that do not require contact with people known to be or suspected to be infected.</p> <p>Workers in this category have minimal occupational contact with the public and other coworkers.</p>	<ul style="list-style-type: none"> • Custodians • Facility Maintenance • Security Guards • Laboratory Staff • Mail Services • Faculty • Support Staff 	<ul style="list-style-type: none"> • Facial cover recommended as per PHAC.

* **Close contact** is defined as being within less than 2 meters 6 feet of another person for a prolonged period of time (i.e., more than 15 minutes).

3.7 Evaluate Effectiveness

All managers and employees need to continuously review all implemented mitigation strategies and adjust if conditions change or if there are observations of exposure risks that had not been previously considered

Team meetings are an excellent opportunity to address any issues as they arise. All managers should incorporate these discussions into their daily and weekly conferences with employees and make the necessary adjustments to their prevention plans.

The new “normal” includes a wide range of precautions that will be in place, to varying degrees, until the COVID-19 virus is no longer a serious threat to people. This may not happen until there is a vaccine or until herd immunity is reached. The workplace has changed, and employees and students will have to adjust to new norms to help mitigate the spread of the virus. Adherence to the following measures is crucial to the ongoing control of the spread of COVID-19.

3.8 Hand-Hygiene

Proper hand washing this will help prevent the transfer of infectious material from the hands to other parts of the body-particularly the eyes, nose, and mouth-or to other surfaces that are touched. At all times, individuals should avoid touching your eyes, nose or mouth with contaminated gloves or unwashed hands.

Members of the College community should be washing their hands at a minimum:

- Before leaving the work area
- Before eating, drinking
- When returning to your work area from other areas
- After handling materials that may be contaminated
- After visiting the washroom
- When you get home from work

Hand sanitizing stations have been installed throughout the College with a focus on common areas, gathering places, corridors. To support the awareness campaign, posters such as the Public Health Agency of Canada poster below, have been installed throughout Campuses to reiterate the importance of hand hygiene in infection control.

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.



1-833-784-4397

@canada.ca/coronavirus



Public Health
Agency of Canada

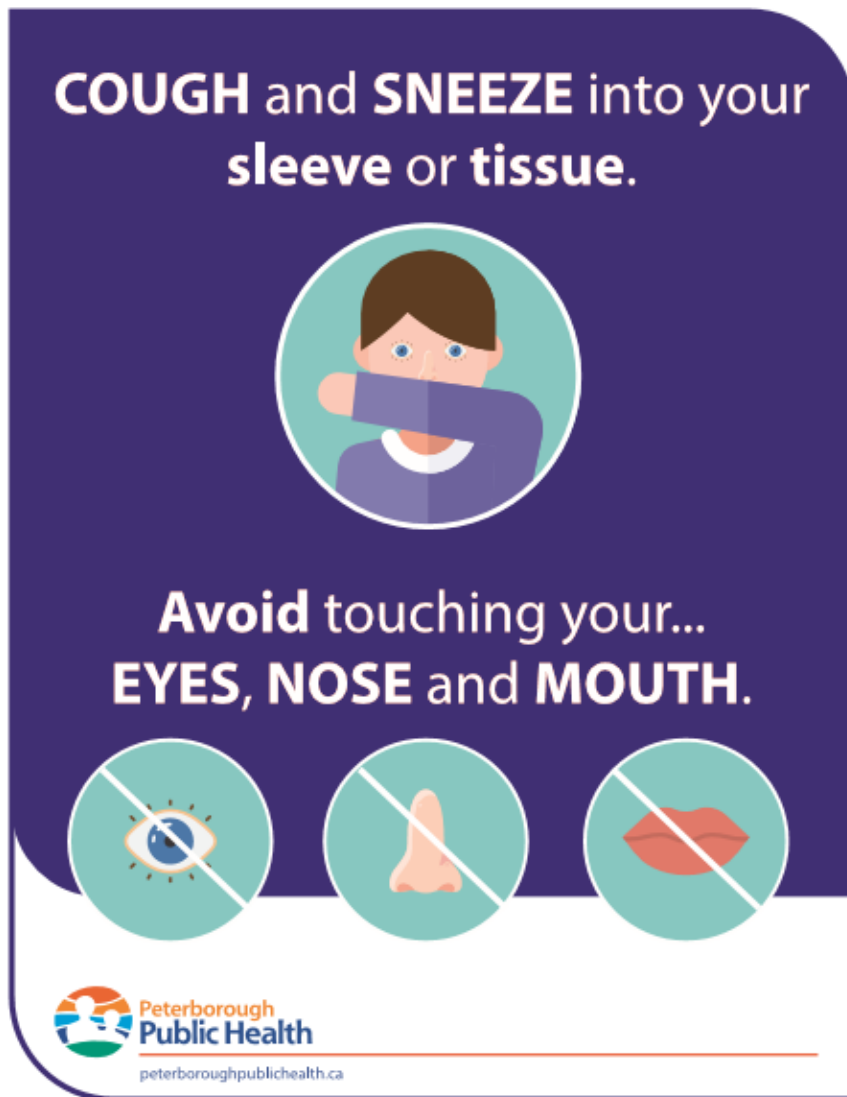
Agence de la santé
publique du Canada

Canada

3.9 Cough and Sneeze Etiquette

Germs such as influenza, cold viruses are spread by coughing or sneezing. When you cough or sneeze on your hands, your hands carry and spread these germs. When you touch an object such as a door handle, telephone or computer keyboard with unclean hands, you are spreading germs. The next person who touches these objects may pick up germs and get sick if they do not clean their hands before touching their eyes, nose or mouth. Stop the spread of germs that can make you and others sick by:

- Cover mouth and nose with a tissue when you cough or sneeze. Put used tissue in the waste basket. If you must, cough or sneeze into your upper sleeve or elbow
- You may be asked to put on a facemask to protect others
- Wash your hands often with soap and warm water for 15 seconds. If soap and water is not available, use an alcohol-based hand sanitizer.



3.10 Physical Distancing

Limiting personal contact through physical distancing is a highly effective way to reduce the spread of COVID-19 and is advised by public health agencies as a practice that should be promoted at all times. The physical distancing guideline that has been promoted for COVID-19 is 2m (6ft.) between individuals. This reduces the likelihood of transmission through contact and through droplets expelled during normal verbal interactions. Droplets from coughing or sneezing are sprayed much further than those during typical speech, which is why cough and sneeze etiquette is practiced.

There are a wide range of measures that have been recommended to encourage physical distancing throughout the College. Broad strategies to encourage physical distancing include, but are not limited to:

- Taking measures to reduce the total occupancy of College community members in a given space helps to support physical distancing.
- Supporting a preference for remote delivery of services (academic and support) and remote business practices such as work from home and remote attendance at meetings.
- Using floor markings to support physical distancing requirements and assist with the management of persons where congregation may occur, such as queues and natural gathering areas.
- Establishing alternating on-site days or using extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.

Offices/Workspaces:

- Performing work tasks in areas that allows more distance between employees.
- Using only alternate desks (checkerboard) by disabling the use of alternate desks through signage or alternate means or removing alternate desks altogether
- Adding space or physical barrier panels between desks
- Specifying seat assignments for employees to ensure minimum work distances
- Separating entrances and exits for areas to avoid congestion, where possible
- Avoiding sharing of office space, including work vehicles.
- Avoiding visiting another area or department to ask a question; use the phone instead.
- Prohibiting shared use of small rooms by groups and converting to single occupant use only
- Staggering breaks/mealtimes to reduce the number of workers in common areas at the same time.

For Shared/Flexible Workspaces:

- Considering posting guidelines for desk and equipment sharing, disinfecting and use.
- Removing shared keyboards and mice and distribute personal peripherals to mobile workers.

Lobbies/Common Areas:

- Using hand sanitizer near stairs, elevator lobbies and all other building common areas
- Providing wayfinding signage or floor markings to direct foot traffic to avoid congestion points
- Explaining new rules or protocols for common areas
- Rearranging or reducing furniture to promote physical distancing

Meetings and Academic Activities:

- Meetings and academic instruction should be conducted remotely, whenever possible
- If meeting in person must occur, arrange seating so to be at least 2 meters (6ft) apart
- Opening windows/doors whenever possible to increase ventilation
- Taking attendance and retaining the names and contact details of all participants for at least one month. This will help Public Health Authorities trace people who may have been exposed to COVID-19, if one or more participants become ill shortly after the event.

Food service amenities (when available):

- Sneeze guards between service providers and clients
- Offering pre-packaged foods only
- Reducing self-service access to foods
- Protecting food with barriers
- Clearly marking queuing areas with signposts or floor markings
- Removing or rearranging furniture to promote physical distancing

Washrooms:

- Washrooms will be disinfected regularly throughout the day
- Non-Medical Face Coverings are required in washrooms
- Posted signage that reminds workers to maintain physical distancing while using the washroom facilities

Elevators:

- Posted signage that reminds workers to maintain physical distancing while they are waiting to enter the elevator
- Maintaining physical distancing and adhere to the posted occupancy limits.
- While inside an elevator passenger should face the control panel side of the elevator to avoid being inside each other's breathing zone
- Establishing elevator cleaning protocols to ensure on-going cleaning of high touch surfaces like elevator panels/buttons

3.11 Cleaning and Disinfecting

During the COVID-19 pandemic, the College will be undertaking detailed cleaning and disinfection protocols to reduce the risk of exposure to COVID-19. COVID-19 can survive on different surfaces for differing periods of time. Generally, 72 hours is considered as the amount of time that the virus would not be viable on a given surface. Although cleaning and disinfection protocols are being adjusted to align with public health guidelines, workers in personal office spaces can contribute to cleaning and disinfecting within their own workspaces.

What you should know

- Most commonly used cleaners and disinfectants are effective against COVID-19.
- Frequently touched surfaces are most likely to be contaminated.
- Check the expiry date of products you use and always follow manufacturer's instructions
- Physical Resources and the College cleaning contractors use cleaning products that meet the guidelines established by Health Canada.

Frequently clean touched surfaces

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.
- Examples of high touch areas include doorknobs, elevator buttons, light switches, toilet handles, counters, handrails, touch screen surfaces and keypads.



General Use Procedure for Spray Disinfectants

- Brush all dry solid materials/ dirt off the surface to be cleaned.
- Do not bathe or soak your keyboards, electronics, and other operator controls in disinfectant. Always spray disinfectant onto the cloth, not the electronics.
- Wipe the surface clean with a disposable cloth after 5-minute dwell time. Discard the disposable cloth in garbage.

A list of disinfectants is available from the [Public Health Agency of Canada, here.](#)

Disinfecting Wipes

Each wipe style product has its own disinfecting procedures. Read the label instructions or visit the manufacturers' website. Supplemental SDS sheets will be posted to the Health and Safety portal page. Physical Resources will provide for use, all approved sanitation supplies.

Shared Responsibility

With COVID-19, all College staff and students are responsible for doing their part and

ensuring cleaning and disinfecting of their own workstation and shared tools to prevent transmission among and by the staff performing the cleaning.

Higher Touch Count Surfaces

Here is a list of areas on campus that may receive the most frequent contact. There are more. Think about the surfaces that you personally touch on your way to the lunchroom, the washroom, and in your personal workspace. Always wash your hands after touching these areas.

High Touch Count Item	Mitigation
Door Handles	Where possible, internal doors will be propped open. Hand sanitizer station will be distributed to allow for hand cleaning after touch door handles.
Lunchroom Tables	Stagger breaks and ensure all employees understand how to wipe up/disinfect before and after usage.
Shared Printer/ Fax Machine	Designate one person to load and disinfect the machine.
Desks/ Countertops	Designate single person use or supply disinfectant training and equipment. Monitor and enforce disinfecting procedures, as described above, especially early on to create good habits surrounding disinfecting shared surfaces.
Computer Mice	Designate single use mice where possible and single person workstations.
Light Switches	Turn the lights on once per day and disinfect at the start and end of shift. Never spray liquid disinfectant directly onto a light switch.
Microwave Handles and Keypads	Wash hands with soap and water before and after usage.
Keyboards	Where possible designate for single use. Shared keyboard should be wiped between usages. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices. Hands should be washed before and after use.
Remote Controls	Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices. Hand should be washed before and after use.
Shared Tools	Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices. Hand should be washed before and after use.
Vending Machines	Install hand sanitizer stations next to the vending machines.
Phones	Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.
White board markers	Each person that needs to write in information on whiteboard should be provided with their own marker.
This is not an exhaustive list and you may not have some of these high touch areas, or you may have other items unique to your business that require extra attention that are not on this list.	

COVID-19 - Deep Cleaning and Disinfection

The College will initiate deep cleaning and a disinfection protocol if/when an employee working on College premises is identified as testing positive for COVID-19 and/or contamination of a specific area may have occurred. When areas are being deep cleaned or disinfected they may be closed to personnel for periods of time. Specialized equipment, such as misting and fogging equipment, and specialized PPE may be used for these processes. The observation of these activities should not be alarming. The requirement for specialized equipment allows reduced time to complete the disinfection and the requirement for different PPE relates to the nature in which the cleaning activities are performed.

There may also be occasions where areas are closed to personnel for periods of 72 hours to allow for natural deactivation of the virus in lieu of performing deep cleaning. If this option is chosen, Physical Resources will oversee a comprehensive disinfection of all common touch surfaces within the area.

4 Workplace COVID -19 Exposure Protocols

4.1 Workplace Exposure

Employees who are ill with any symptoms or are advised to stay home, self isolate, take the Ontario.ca self assessment screening tool and following all subsequent instructions including contacting Public Health as directed. Employees should also contact their Manager, as per normal procedure, to report illness.

Employees who may begin to experience symptoms while on campus, should immediately put on a facial covering, notify their manager, and immediately return home to self isolate.

- The employee should then contact Public Health and follow all directions provided regarding testing and managing their illness.
- Managers should immediately contact Kim English, Manager Health & Safety, ext. 1224 to ensure an appropriate work area risk assessment, including enhanced sanitation.

4.2 Reporting Requirements of an Occupational Illness

The employer (Manager H&S) must report illnesses acquired at work, including COVID-19, to the

- Ministry of Labour, Training and Skills Development (in writing) within four (4) days
- the joint health and safety representative
- the trade union (if applicable)

The College must also report occupationally acquired illnesses (e.g. COVID-19) to the [WSIB](#)

within 72 hours of receiving notification of the illness.

An occupational illness as defined in the Occupational Health and Safety Act (section 1 (1)) as: “a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997”.

Examples of Occupational Illness Include:

- Asbestosis
- Dermatitis (skin rashes and inflammation)
- Occupational asthma
- Infectious diseases (tuberculosis, hepatitis, COVID, chickenpox)
- Certain types of cancer
- Noise induced hearing loss
- Chronic obstructive pulmonary disease
- Silicosis

The employer’s responsibilities as outlined in *Section 52 (2) of the Occupational Health and Safety Act* are: “If an employer is 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 Workplace Safety and Insurance Board by or on behalf of the worker, the employer shall give notice in writing, within four days of being so advised, to a Director, to the committee or a health and safety representative and to the trade union, if any, containing such information and particulars as are prescribed.”

4.3 Public Health Authorities

Once contacted about a suspected case in the workplace, Public Health Authorities may initiate an investigation into the potential workplace exposure and will contact the infected employee and the College, to understand the risk and identify any potential employees/students who may have been exposed to the infected worker. Public Health Authorities will advise on any actions or precautions that should be taken. If a confirmed case is identified in the College, Public Health Authorities will provide advice to:

- any persons that have been in close contact
- anyone who has spent a sufficient length of time with the worker while he or she was symptomatic
- anyone who has cleaned up any bodily fluids
- close friendship groups or workgroups
- any persons living in the same household as a confirmed case

4.4 External Exposure to COVID-19

An external exposure would be an exposure where a College employee has been exposed outside of the workplace. If this is the case, College staff should immediately:

- Follow the Public Health guidance as posted on the website and take extra care to follow personal hygiene and other preventative measures as outlined in this document
- Employees will inform their manager of the absence and expected time needed away from the workplace.

4.5 Community Contact Tracing

Departments and Schools should be aware that Public Health Units involved in tracing activities when responding to a positive test for a student or employee might contact them. Departments and Schools should be prepared to release information in accordance to the Freedom of Information and Protection of Privacy Act. This would include identities, class and section lists and contact information to help facilitate public health tracing activities.

5 Work Refusal

5.1 Work Refusals

Under the Occupational Health and Safety Act, section 43 (3);

A worker may refuse to work or 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;
- (b) The physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself;
- (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.

Under the "general duty clause" 25(2)(h) of the OHSA, the College shall take reasonable precautions to protect the health and safety of its workers. Where an employee has reason to believe that there is a dangerous condition in the workplace, or that their duties present a danger to their health and safety (which is not an inherent or normal condition of their work), the employee may be able to refuse to attend work or perform certain duties.

While risks or concerns do not equate to danger, employees retain the right to refuse and the determination of whether the grounds for refusal are bona fide is made through the prescribed

application of a process for work refusals.

Regardless of the basis for a work refusal, the reasonableness of the refusal depends on the specific circumstances of the particular concerns. In the event of a work refusal, the manager must respond in accordance with occupational health and safety legislation and College procedures. This response will include a manager led investigation into the concerns and, if appropriate, adopting measures to eliminate or reduce the workplace danger.

During the COVID-19 pandemic, it is essential that the College implement appropriate protective measures by following the latest guidance of their municipal and provincial public health agencies, as well as the latest guidance of the Public Health Agency of Canada ("PHAC"). Based on current PHAC guidance, these measures should include the following:

- a mechanism to screen individuals based on criteria set forth by Public Health
- requiring employees who have even mild COVID-19 symptoms, as recognized by PHAC, to stay at home, contact public health authorities, and follow their directions;
- encouraging physical distancing to reduce transmission, which may include facilitating remote work arrangements and rearranging the workplace for other workers as practical;
- requiring mandatory face coverings in commercial buildings and requiring owners and operators to adopt a policy regarding mandatory face coverings, post signage to remind all persons about the requirement, and ensure that all employees and community members are aware of the policy and trained accordingly; and
- promoting good hygiene practices, including frequent hand washing, avoiding the touching of one's face with unwashed hands, coughing or sneezing into one's elbow, and ensuring the regular cleaning of high-touch surfaces throughout the workplace.

If a Worker Refuses to Work

The worker must immediately tell the manager/supervisor that the work is being refused and explain the circumstances for the refusal [subsection 43(4)].

The manager/supervisor must investigate the situation immediately, in the presence of the worker and one of the following:

- a certified member of the health and safety committee member;
- If a JHSC is not available then another worker, who, because of knowledge, experience and training, has been chosen by the workers (or by the union) to represent them.

The refusing worker must remain in a safe place that is as near as reasonably possible to his or her workstation and remain available to the employer or supervisor for the purposes of the investigation, until the investigation is completed [subsection 43(5)].

A manager must consult with the Manager Health & Safety as soon as they receive notice of a work refusal. If, following the Manager-led investigation, parties cannot reach a mutually agreed upon solution to the health and safety issue, the manager shall immediately contact Manager, Health & Safety for review the matter.

Can Employees be Disciplined for a Work Refusal?

No, a Manager **cannot** dismiss, discipline, or intimidate employees for properly exercising a health and safety right under the Act. Furthermore, law specifically prohibits reprisals by the employer.

6 Training

6.1 Training Requirements

During the period that the College is resuming on-campus operations, the workplace has been significantly changed with new procedures and requirements for health & safety. A Return to Work Training session has been prepared for College employees and students that will be required to provide the necessary level of awareness.

6.2 COVID-19 Return to Work Training

This training will include

- Identifying risk factors
- Basic facts about COVID-19.
- The risks of exposure to COVID-19 and signs and symptoms of the disease.
- Assessing the risk of workplace exposure to COVID-19.
- Defining key steps in worker protection and infection control.
- Identifying: mitigation strategies/methods to prevent and respond to COVID-19 exposure in the workplace.
- How to report exposure to or symptoms of COVID-19.

6.3 Workers Required to Wear Personal Protective Equipment (PPE)

Personal protective equipment (PPE) should always be considered a last resort and is considered not as effective in mitigating against the spread of COVID-19 as other controls previously identified, such as engineering and administrative controls. While engineering and administrative controls are considered more effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. PPE is only effective if people wear it correctly. Workers need PPE training that includes the fit, use, care, maintenance, cleaning, and limitations of the PPE. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

7 Mental Health

7.1 Mitigating Employee Anxiety

A confirmed case of COVID-19 in the workplace can cause anxiety among co-workers and some may become stressed. Clear communication is important, directing workers to reliable sources of information about COVID-19. Managers should be supportive and understanding and as far as possible flexible on work arrangements.

Employee Assistance Program (EAP)

- 24/7 confidential access to professional support to help employees manage stress, anxiety, grief, financial concerns, and much more
- Connect to support by phone, video, or chat anytime, anywhere
- Vast library of online resources for coping with trauma, building resiliency, self-care, managing change, and much more

8 References

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