

# Occupational Health & Safety Guidelines

---

November, 2021

***Policy HS 16 Workplace Recovery - COVID-19***

## Table of Contents

---

|  | <b>Page</b> |
|--|-------------|
| <b>1.0 INTRODUCTION</b>  | <b>4</b>    |
| Preamble   |             |
| 1.1 Purpose  |             |
| 1.2 Scope  |             |
| 1.3 Responsibilities   |             |
| 1.4 Legislation  |             |
| <b>2.0 CORONAVIRUS (COVID-19)</b>                              | <b>8</b>    |
| 2.1 Information about the Virus                                |             |
| 2.2 Symptoms of COVID-19                                       |             |
| 2.3 Risk of Infection  |             |
| 2.4 How the Virus Spreads                                      |             |
| <b>3.0 RISK ASSESSMENT</b>                                     | <b>10</b>   |
| 3.1 Recognize and Assess the Risks                             |             |
| 3.2 Risk Controls  |             |
| 3.3 Engineering Controls                                       |             |
| 3.4 Administrative Controls                                    |             |
| 3.5 Safe Work Practices  |             |
| 3.6 Personal Protective Equipment (PPE)                        |             |
| 3.7 Evaluate Effectiveness                                     |             |
| <b>4.0 APPLYING PRINCIPLES FOR CONTROLLING VIRUS SPREAD</b>    | <b>18</b>   |
| 4.1 Hand Hygiene   |             |
| 4.2 Cough and Sneeze Etiquette                                 |             |
| 4.3 Physical Distancing  |             |
| 4.4 Cleaning and Disinfecting                                  |             |
| <b>5.0 WORKPLACE EXPOSURE PROTOCOLS</b>                        | <b>28</b>   |
| 5.1 Workplace Exposure   |             |
| 5.2 Accident / Injury /Exposure Reporting                      |             |
| 5.3 Reporting an Occupational Illness                          |             |
| 5.4 Public Health Authorities                                  |             |
| 5.5 External Exposure to COVID-19                              |             |
| 5.6 Community Tracking   |             |
| <b>6.0 WORK REFUSAL AND WSIB PROTOCOLS</b>                     | <b>32</b>   |
| 6.1 Work Refusals  |             |
| 6.2 Workplace Safety & Insurance Board (WSIB) Reporting Claims |             |

|            |  |           |
|------------|--|-----------|
| <b>7.0</b> | <b>TRAINING</b>  | <b>36</b> |
| 7.1        | Training Requirements  |           |
| 7.2        | COVID-19 Orientation Training                                |           |
| 7.3        | Workers Required to Wear Personal Protective Equipment (PPE) |           |
| 7.4        | Workers Required to Wear Respirators                         |           |
| 7.5        | Record Keeping   |           |
| 7.6        | Hazard Assessments   |           |
| <b>8.0</b> | <b>MENTAL HEALTH</b>   | <b>40</b> |
| 8.1        | Mitigating Employee Anxiety                                  |           |
| 8.2        | Special Consideration for High Risk College Employees        |           |
| <b>9.0</b> | <b>Useful Links and References</b>                           | <b>41</b> |

# 1 Introduction

---

## Preamble

The College has been operating safely and effectively since March 16, 2020 while applying all of the necessary policies, guidelines, control measures in accordance with provincial regulations and ongoing public health guidance. Well over half a million students, employees, contractors, visitors and residents have continued to access College campuses to receive and deliver services safely during this period. Many staff and faculty have been working and teaching safely on campus, continuously, since the beginning of the pandemic by applying the identified control measures. College activities have been incrementally increased during each of the Summer 2020, Fall 2020, Winter 2021, Summer 2021 and Fall 2021 terms, with the exception of periods of lockdown and stay at home orders imposed by the provincial government. Response procedures are in place to respond to all reports of COVID-19 for specialized cleaning / disinfection requirements, as well as closely coordinate with public health agencies. All employees are required to take personal responsibility for the application of infection prevention and control measures that are required and promoted through the [College website](#) to respond to COVID-19.

As with all health and safety measures in the College, there is an integrated framework for managing the additional risk that is posed by COVID-19. This includes a governance structure through policies relating to workplace recovery, mask-wearing and mandatory vaccination that reflects the changing regulatory environment and identifies roles and responsibilities for a wide range of measures intended to help ensure the safety of the College community. Management responsibility for employees' health and safety is identified in the Occupational Health & Safety Act and in policy [HS 01 Occupational Health & Safety](#) along with employee responsibilities to adhere to health & safety measures. In addition, health & safety guidelines have been developed to provide awareness and detailed information surrounding safety practices.

Risk Management also continues to maintain the [emergency management framework](#) that can be initiated in the event the trajectory of the pandemic changes in unanticipated ways that require a coordinated full-college response to ensure the safety of the College community and in response to direction from the provincial government or public health authorities. All other [emergency procedures for the College community](#) remain in effect and response services to day-to-day emergencies that might arise such as fire alarms or medical emergencies have been sustained since the beginning of the pandemic and continue unchanged.

The main [College website for Coronavirus](#) provides a wide range of FAQs and reference material for all College community members and is integrated with health & safety training and awareness materials through imbedded links.

This document provides guidance surrounding principles of occupational health and safety as they relate to hazard control. Provincial regulations provide minimum requirements. While

statutory requirements may change and evolve over time and in specific response to the hazard level associated with COVID-19, the principles for health and safety remain unchanged. For example, regulations may stipulate that physical distancing within a particular type of space is not a requirement, while occupational health and safety principles would indicate that physical distancing is a technique that serves to reduce infection risks, regardless whether it is mandated through regulations.

**Note:** *At the time of these revisions, the current regulatory framework (O. Reg. 364/20 made under the Reopening Ontario – A flexible Response to COVID-19 - Act) surrounding requirements for the College, as a business that is permitted to be open, are summarized below.*

1. *Mask Wearing inside indoor areas of the College is mandatory*
2. *Physical distancing inside indoor instructional spaces is not required*
3. *Mask wearing outdoors, where physical distancing cannot be maintained, is highly recommended*
4. *There are no capacity limits for outdoor instructional spaces*
5. *The College has an established Mandatory COVID-19 Vaccination Policy*
6. *There is a requirement for daily self-screening*
7. *Secondary operating areas of the College such as restaurants, retail spaces, recreational spaces and the theatre are subject to specific regulatory requirements that allow these services to operate without imposed capacity limits*
8. *College areas not included in the above mentioned spaces, are subject to physical distancing requirements*

### **1.1 Purpose**

The risks associated with COVID-19 cannot be eliminated. The purpose of the Occupational Health & Safety (OHS) Guidelines document is to:

- Meet relevant legislative standards by effectively implementing policy HS 16 COVID-19 Workplace Recovery
- 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.

Opportunities to mitigate the effects of COVID-19 during the recovery period largely focus on reducing the likelihood of infections. By reducing the potential for infections to occur, the impact on College operations can be mitigated. However, there are no workplace measures that can be taken to mitigate the impact of an infection on any particular individual. The outcome of an infection is influenced by a range of medical factors that cannot be controlled by workplace measures.

## **1.2 Scope of Guidelines**

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 during the recovery period. This guideline is intended to be iterative and will be revised to coincide with changing information and guidance from public health and regulatory authorities. In addition to this guideline, the College regularly issues correspondence to the College community regarding changes to provincial requirements and provides up to date information on the main College Coronavirus website.

## **1.3 Responsibilities**

### **Senior Management**

- Provide leadership and guidance to the College community through the recovery period of the COVID-19 Pandemic.
- 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 COVID-19 Guideline.

### **Dean/Director/Chair/Manager/Supervisor**

- 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
- Where possible and consistent with College business models, promote working from home arrangements and flexible working models to reduce the number of employees required in a work area
- Ensure that physical distancing is maintained, where required
- Direct work in a manner that eliminates or minimizes the risk to workers
- Ensure that workers use appropriate personal protective equipment (PPE) where applicable (e.g. gloves, glasses, respiratory protection, etc.)
- Ensure that workers use proper respiratory protection, when necessary, and that they have been fit tested (where applicable) and that the results are recorded
- Promote preventive actions within your work area, leading by example
- Review and assess the Colleges reliance on suppliers, contractors or others in the community. This may include identifying alternative suppliers, prioritizing existing customers and suspending some operations.
- Ensure that all reasonable precautions are taken in the workplace

- 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
- Receive and review contractor COVID-19 plans where applicable
- Conduct a regular review of the effectiveness of the COVID-19 plan

### **Worker**

- Follow established safe work practices and procedures as directed by the employer or supervisor
- Exercise good hand hygiene, cough / sneeze etiquette, mask-wearing and physical distancing practices
- Know the hazards associated with COVID-19 in the workplace
- Promote preventive actions within your workplace, leading by example
- Use any required PPE as instructed
- Know how to report exposure incidents
- Report any unsafe acts or conditions to the supervisor
- Stay home if you are ill and follow public health recommendations for self-assessment and isolation where required

### **Joint Occupational Health and Safety Committee (JOHSC)**

- Review workplace policies and programs related to COVID-19.
- Identify situations that may be 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.
- Assist in the Investigation of work refusals as required

## **1.4 Applicable Authorities, Legislation and College Policies**

- Public Health Agency of Canada (PHAC)
- Public Health Ontario
- Ontario Chief Medical Officer of Health
- Reopening Ontario (A Flexible Response to COVID-19) Act and O. Reg. 364/20
- Occupational Health and Safety Act
- Ottawa Public Health
- Policy HS 01 Occupational Health and Safety
- Policy HS 16 Workplace Recovery
- Policy Addendum HS 16 Mandatory Use of Masks
- Policy Addendum HS 16 COVID-19 Mandatory Vaccination

## 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 the Chinese city of Wuhan 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.

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)

Transmission is most likely in settings where there is close contact between people. Control measures that serve to reduce the proximity between people are proven **preventative measures**.



### **2.3 Risks of infection**

There is an increased risk of more severe outcomes for Canadians:

- 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 or sneeze
- 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

## 2 Risk Assessment

---

### 3.1 Recognize and Assess Risks

The steps of *Recognize, Assess, Control, and 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 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 typical safety hazards due to the pervasive nature of the risk of infection. The primary transmission mode for the virus is through respiratory droplets and subsequently through surface contacts, which results in a need to assess hazardous processes such as personal interaction and physical elements of the workplace that may not usually 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.

### 3.2 Risk Controls

#### 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 particular 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 to pursue effective controls for the identified hazards they may encounter.

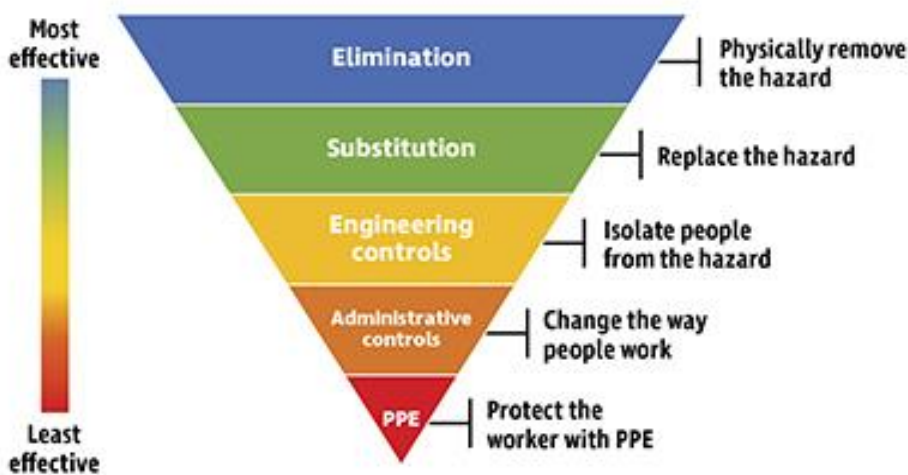
There are advantages and disadvantages to each type of control measure when considering the effectiveness in controlling the hazard, ease of implementation and cost. It is important that a combination of control measures be used to control a hazard in order that the risk is suitably reduced to manageable levels. With consideration to the aggregate required controls to reduce a hazard to acceptable levels, it is noteworthy that, in some cases, a hazard cannot be controlled to a point of comfort and that in these circumstances, the hazard or activity that generates the exposure should be avoided.

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 is exposed to the hazard.

Occupational health safety professionals 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 a particular 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 and substitution of a particular hazard are the preferred means for hazard control, these approaches are 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.

Examples of engineering controls for COVID-19 include:

#### **Ventilation Systems:**

- Measures are taken to reduce the recirculation of the air inside a building and exhaust potentially contaminated air as much as possible.
- Measures are taken to increase the supply of fresh outdoor air as much as possible to achieve optimum general dilution of the air inside a building.
- The rate of indoor air exchanges is increased as much as possible.
- High-efficiency (HEPA) filters are used to filter any re-circulating air before it is supplied back into the general air supply.
- General dilution ventilation is encouraged wherever possible by opening windows and using local fans to support air circulation.
- The installation of modifications that provide a physical barrier between a worker and the source of a hazard such as "sneeze guards". Physical barriers can be made of different materials, depending on the specific application, but are often made of plastic or acrylic to allow for cleaning. They can be applied between workers, between workers and clients or between a source and surface that is being protected from contamination.
- Other types of barriers that create isolation from a hazard source can also be used.

### **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 policies or at the individual worker level through changes to work practices. A wide range of administrative controls is recommended for mitigating the risk associated with COVID-19, due to the pervasive nature of the risk.

Examples of these controls include:

- Hand-hygiene – The single most effective means of reducing the risk of exposure and the risk of spread of a virus in a population is hand-hygiene. This practice requires strong promotion and adherence within the College community. Detailed hand-hygiene information is presented later in this document. In summary, hand-hygiene includes:
  - Frequent hand-washing with soap and water
  - Frequent hand-sanitizing with an effective sanitizer, as an alternative to hand-washing
  - Not touching your face (mouth, nose, eyes)

- Cough etiquette – coughing and sneezing into your arm or sleeve rather than into your hands is more effective in controlling the spray plume from a cough or sneeze and also contributes to hand-hygiene
- Physical Distancing - Create distance between people by limiting the number of people in a given area at any one time. Current public health guidance promotes physical distancing requirements as a distance of 2m (6 ft.) between individuals. There are a wide range of strategies that are presented later in this document to support physical distancing practices.
- Cleaning and disinfecting of high-touch surfaces and handwashing after contact with high-touch surfaces
- Interim policies that diminish or eliminate non-essential travel to places where the risk of exposure to COVID-19 is higher or cannot be effectively controlled.
- Ensuring that persons who are ill do not attend the campus or workplace and risk further spreading of the virus.
- Eliminating high-risk activities where the hazard cannot be controlled effectively through other means. This includes the cancellation of large gatherings and identifying the use of other means to address large group requirements.
- Introduction of a range of work practices that support and promote the above administrative controls
- Awareness is a key element of administrative controls that influences the broad observance required for these types of controls. All typical means for communications within the workplace should be accessed to mount an appropriate level of awareness including posters, communiqués, signage, websites, instruction, training and written procedures.

### **3.5 Safe Work Practices**

Safe work practices 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.

To correspond to this, a range of safe work practices for the College is identified that consider the likelihood of transmission in different work settings. However, not all possible interactions can possibly be anticipated. For this reason, it is important that managers and employees have a broad understanding of the application of controls that they can utilize to reduce their potential exposure.

### **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. The Occupational Health & Safety PPE and Respiratory Protection Programs provide detailed guidance regarding the use of this equipment and can be found at the links below.

<https://www.algonquincollege.com/safety-security-services/files/2020/01/PPE-Program-2016.pdf>

<https://www.algonquincollege.com/safety-security-services/files/2020/01/Respiratory-Protection-Program-2-Rev-2.pdf>

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.

Non-medical face coverings ARE NOT CONSIDERED PPE. 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, “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.” A person who is infected, but pre-symptomatic or infected, but asymptomatic may use such face-coverings. 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 a number of 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, employees and students are welcome to wear non-medical masks and 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)

The College is obligated to provide workers with appropriate PPE needed to keep them safe while performing their jobs, where other controls such as physical distancing are not possible or not effective in controlling the risk of infection. The types of PPE required to protect workers against the risk of infection for COVID-19 will be based on the specific nature of the work tasks being performed and the mechanism for exposure related to those tasks.

In these cases, workers are required to use facemasks (respirators) to protect themselves from exposure to COVID-19.

- National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or a device that affords greater protection must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams.
- When disposable N95 filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort. Other types of acceptable respirators include: R/P95, N/R/P99, or N/R/P100 filtering facepiece respirator; an air-purifying elastomeric (e.g., half-face or full-face) respirator with appropriate filters or cartridges; powered air purifying respirator (PAPR) with high-efficiency particulate arrestance (HEPA) filter; or supplied air respirator (SAR).

Please see the Algonquin College Respiratory Protection Program for more information, available via this link:

<https://www.algonquincollege.com/safety-security-services/files/2020/01/Respiratory-Protection-Program-2-Rev-2.pdf>

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

| Risk Level                      | Risk Description  | Job Role / Activity  | PPE  |
|---------------------------------|---|--|--|
| <b>Very High</b>                | 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"> <li>• Healthcare workers in Health Services performing aerosol generating activities</li> <li>• Faculty, staff and students entering Hospital setting for student learning</li> </ul>   | Respirator (N95 or PAPR)<br>Disposable gown<br>Safety glasses or chemical goggles<br>Face shield or surgical mask (extends N95 life)<br>Disposable gloves                                |
| <b>High</b>                     | 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"> <li>• Clinical Care (e.g., medical, dental, veterinary) and Support</li> <li>• Security (close contact with suspected COVID-19 positive individuals)</li> <li>• CLC staff (When dealing a suspected or known COVID-19 positive Student in residence or staff)</li> <li>• FOMS and GDI staff (When dealing a suspected or known COVID-19 positive Student or staff in building area)</li> <li>• Faculty or other staff where physical distancing cannot be maintained</li> </ul> | Surgical masks or respirator (N95, cartridge- style respirator, or PAPR)<br>Disposable gloves<br>Disposable gown<br>Safety glasses or chemical goggles<br>Face shield (extends N95 life) |
| <b>Medium</b>                   | Jobs that require frequent/close contact with people who may be infected, but who are not known to be infected.   | <ul style="list-style-type: none"> <li>• Food Services</li> <li>• Health Services Screeners and front-line staff</li> <li>• Residence Front Desk</li> <li>• Cashiers</li> </ul>  | Surgical masks<br>Disposable gloves  |
|                                 | In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings). | <ul style="list-style-type: none"> <li>• Custodial enhanced disinfection for a known or suspected COVID location</li> </ul>  | Disposable gloves<br>Disposable gown<br>Safety goggles or face shield (splash potential)<br>Surgical mask (required if in COVID-positive areas) or N95 (voluntary use)                   |
| <b>Lower Risk<br/>(Caution)</b> | Jobs that do not require contact with people known to be or suspected to be infected.<br><br>Workers in this category have minimal occupational contact with the public and other coworkers.                            | <ul style="list-style-type: none"> <li>• Custodians</li> <li>• Maintenance (FOMS)</li> <li>• Utility and Infrastructure</li> <li>• Transportation Shuttle Drivers</li> <li>• Security Guards</li> <li>• Laboratory Staff</li> <li>• Animal Care Staff</li> <li>• Mail Services</li> </ul>  | Surgical mask offered (close contact) *  |

\* **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 a few minutes).



### **3.7 Evaluate Effectiveness**

All managers and employees need to continuously review all implemented mitigation strategies and make adjustments if conditions change or if there are observations of exposure risks that had not been previously considered. In cases where workplace factors may impeded the proper implementation of controls, the workplace factors should be addressed or the controls adjusted to allow for effective implementation.

Huddles and team meetings are an excellent opportunity to address these issues when 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.

## 4 Applying Principles for Controlling Virus-Spread

---

The new “normal” includes a wide range of precautions that will be in place, to varying degrees, until such time as 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 the staff and students will have to change customs to help mitigate the spread of the virus. The following principles will need to be implemented throughout the College and the importance of broad adherence to these measures is crucial to the ongoing control of the spread of COVID-19.

### 4.1 Hand-Hygiene

As previously, noted, effective hand-hygiene is the most significant control measure that can be effectively applied to minimize the spread of COVID-19.

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 wash 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 should be installed throughout the College community, with a focus on areas such as common areas, gathering places, corridors, specific work areas and hand-sanitizing solution should be made readily available in various workspaces across the College.

The ready availability of hand-hygiene facilities (soap and water or alcohol-based hand sanitizers) also helps to reduce anxiety surrounding infection risk that members of the College community may experience.

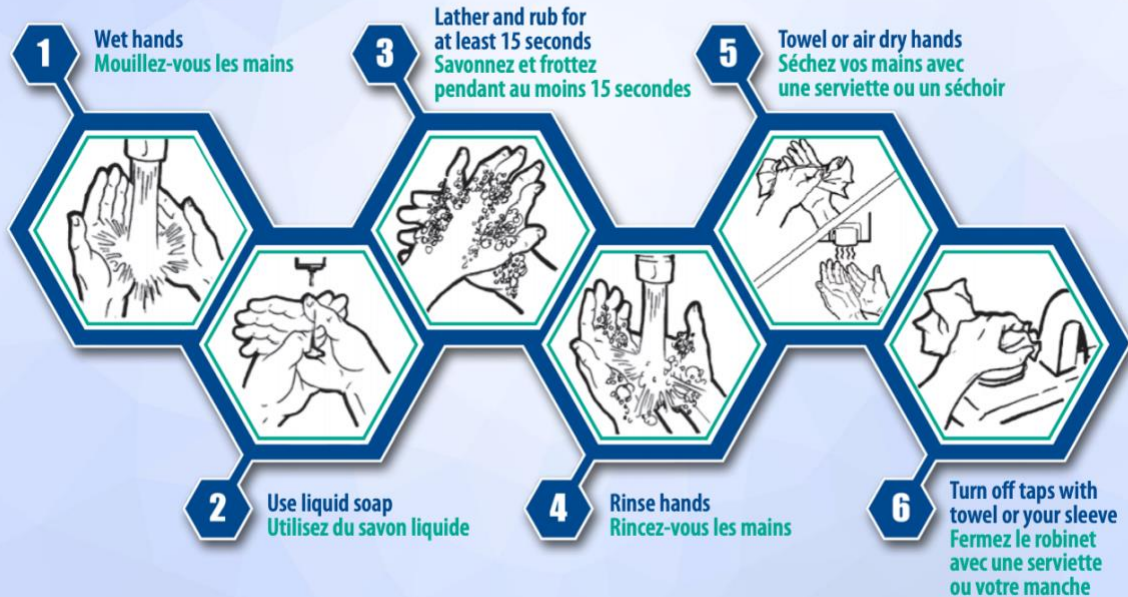
To support the awareness campaign, posters such as the poster below, have been installed throughout Campuses to reiterate the importance of hand hygiene in infection control.

## Ottawa's health is in **your hands**

Proper **hand washing** helps prevent the spread of germs!

## La santé d'Ottawa est entre **VOS mains**

Bien se **laver les mains** aide à prévenir la propagation des germes!



### 4.2 Cough and Sneeze Etiquette

Germs such as influenza, cold viruses, and even whooping cough 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 your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the wastebasket.
- If you do not have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- 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.

# Cover Your Cough



1. Cover your mouth and nose when you cough, sneeze or blow your nose.



2. Put used tissue in the garbage.



3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hands.



4. Clean your hands with soap and water or hand sanitizer (minimum 70% alcohol-based).

## Stop the Spread of Germs

### Always Cover Your Cough

- Covering your cough or sneeze can stop the spread of germs
- If you don't have a tissue, cough or sneeze into your sleeve
- Keep your distance (more than 2 metres/6 feet) from people who are coughing or sneezing

### 4.3 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.

Following a thorough analysis by Risk Management and Facilities planning, a standard reduction factor of 40% for classrooms and labs that are fully occupied was developed to assist in determining the extent to which occupancy should be reduced to accommodate physical distancing. This rate was developed using a comparison of typical occupancy based on the Ontario Building Code for these spaces and the amount of space that would be necessary to ensure 6ft. of distance can be maintained between persons. This is used as a guideline only. Examination of the characteristics of a specific room, including the configuration, the types and amount of furniture and the specific nature of the activities

There are a wide range of measures that have been recommended to encourage physical distancing throughout the College. Recognizing that campuses are both dynamic and consist of many different types of spaces, in the absence of any directions regarding physical distancing, members of the College community should be familiar enough with the requirements to be able to practice physical distancing individually.

Broad strategies to encourage physical distancing include, but are not limited to:

- Taking measures to reduce the total population of College community members in a given space helps to support physical distancing by allowing adequate space for the remaining individuals in a space. This can be done in many ways across the range of typical activities and workspaces in the College.
- Adopting a preference for remote delivery of services (academic and support) and remote business practices such as work from home and remote attendance at meetings is effective in reducing the population of the College community.
- When persons are on campuses, adopting customs and preferences for remote activities rather than in person activities and providing services and spaces that do not encourage gatherings greater than the number of persons who can safely physically distance themselves in a space is another strategy that can be applied across all campus activities.
- 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.
- Restricting activities and access to buildings and specific areas limit the number of people present in a space.
- Taking advantage of opportunities to reduce the number of face-to-face interactions by using phones and technology for virtual meetings or discussions between employees.
- 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 workweek.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protective clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and

potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

### **Offices/Workspaces:**

- Having staff work from home when possible
- Reducing or suspending non-essential work to allow some workers to stay home
- Alternating or adding to reduce the risk of exposure and improve physical distancing
- Performing work tasks in a location that allows more distance between employees and their co-workers or customers
- Rearranging the workplace to minimize physical contact 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 desks to spaces previously used for group activities (convert training/meeting rooms, gathering areas and the like into desk areas)
- Increasing space between desks
- Adding panels between desks including height adjustable panels for sit/stand desks
- Specifying seat assignments for employees to ensure minimum work distances
- Expanding line ups, seating or workstation setups so that people are able to physically distance themselves from one another
- Installing barriers to create space at counters, seated areas, between work areas or workers in a production line
- Separating clean 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.
- Instructing clients to maintain at least 2 metres (6 feet) distance from the staff member in circumstances where clients are being served
- Implementing a system for virtual and/or telephone/video consultations when and where possible
- Postponing non-essential face-to-face appointments or convert to virtual/video appointments
- Holding meetings virtually
- Decommissioning and re-purposing large gathering spaces as office areas
- Reducing capacity of spaces i.e. removing some chairs from large meeting rooms
- Prohibiting shared use of small rooms by groups and converting to single occupant use only
- Staggering breaks/meal times to reduce the number of workers in common areas at the same time
- Staggering seating arrangements in common areas

### **For Shared/Agile/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 can be conducted remotely, whenever possible. For in-person meetings and academic activities, the organizer is responsible to respect current Ottawa Public Health guidance regarding group sizes and take preventive measures such as:

- Arranging spaces and seats so that participants are at least 2 meters (6ft) apart
- Opening windows and doors whenever possible to make sure the venue is well ventilated
- Requiring that anyone exhibiting signs of illness will be asked to leave immediately
- 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:**

- Considering acrylic dividers between service providers and clients
- Offering pre-packaged foods only
- Reducing self-service access to foods
- Protecting food through the use of barriers
- Clearly marking queuing areas with signposts or floor markings
- Removing or rearranging furniture to promote physical distancing

### **Elevators:**

- Posting signage nearby that reminds workers to maintain physical distancing while they are waiting to enter the elevator
- Maintaining physical distancing and reduce the number of passengers at any one time
- While inside an elevator passengers 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
-



#### 4.4 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. Facilities Management and the College cleaning contractors use hospital grade cleaners on all College surfaces and touch points.

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 include doorknobs, elevator buttons, light switches, toilet handles, counters, handrails, touch screen surfaces and keypads.



Although cleaning and disinfection protocols are being adjusted, workers in personal office spaces can contribute to cleaning and disinfecting within their own personal workspaces.

#### What you should know when cleaning your personal workspace

- Commonly used cleaners and disinfectants are effective against COVID-19.
- Frequently touched surfaces are most likely to be contaminated
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada
- Check the expiry date of products you use and always follow manufacturer's instructions

#### General Use Procedure for Bulk/ Industrial Grade Disinfectants

- Wear disposable gloves
- Brush all dry solid materials/ dirt off the surface to be cleaned
- Wipe the surface with an all-purpose-cleaner first before disinfecting
- Spray the chosen disinfectant
- Follow the directions for use of the disinfectant. Some disinfectants must sit on the surface for 10 minutes without drying to kill COVID-19. If the disinfectant has dried before 10 minutes, re-apply
- 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 10 minutes. Discard the disposable cloth in a bag separate from the rest of the general waste in your area, which should go directly to the bulk waste (big garbage bin outside) when full
- If disposable cloths are not an option, use microfibre cloths. A new area of the cloth should be used for each surface (fold your cloth in half, and then in half again - in your head, imagine that you now have four cleaning surfaces with that one cloth, and use "one cloth" per surface to be cleaned) and replace the cloth afterward
- To disinfect the reusable cloths, place them in the normal laundry with liquid detergent. Remember to disinfectant the laundry hamper where the contaminated cloths were stored for laundering

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

### **Pre- Packaged Disinfecting Wipe Instructions**

Each wipe style product has its own disinfecting procedures. Read the label instructions or visit the manufacturers' website (Clorox, particularly, has good information on how to properly use their products). A quick wipe or light misting will not effectively kill the virus. To kill COVI D-19 the specific instructions for your product must be followed:

- If you cannot find the instructions for how much of the product to use, the 10-minute air-dry procedure is the default.
- To determine if your disinfectant will actually kill COVI D-19, review Health Canada's list of products available on their website
- Generally, look for these ingredient names in the product that you are thinking of purchasing:
  - At least 70% alcohol or anhydrous alcohol
  - Benzalkonium Chloride
  - Hydrogen Peroxide
  - Bleach (often written as "Sodium Hypochlorite")
  - There are others, but these are the most commonly-used products

### **High Touch Surfaces**

The following is a list of areas in the facility that may receive the most contact from potentially ill persons that also allow COVI D-19 to survive for long enough to transfer to someone else. There are more. Think about the surfaces that you may personally touch on your way to the lunchroom, the washroom, and in your personal workspace. These are the surfaces that need to be disinfected most often.

| High-Touch Surface                   | Mitigation  |
|--------------------------------------|---|
| Door Handles                         | For the duration, ask for internal doors to be propped open. Place hand sanitizer station next to external; doors to allow for hand cleaning after touch door handles.  |
| Lunchroom Tables                     | Stagger breaks and ensure all personnel understand how to disinfect and supply the disinfectant product and disposable cloths in the lunchroom.   |
| 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. |
| Toilet Seats/ Bathroom Stall Handles | Increase professional cleaning frequency.   |
| Computer Mice                        | Designate single use mice where possible and single person workstations.  |
| Time Clock/ Punch Clock              | Stagger arrival time where possible; relax your attendance policy to allow for physical distance between the workers during sign in. Consider whether an actual punch in is required.   |
| 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        | Use personal "dialing wands" that can then be washed with soap and water or designate a single person to operate the door and timing buttons (the lunch owner will still load the microwave).                                   |
| Keyboards                            | Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.  |
| Remote Controls                      | Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.  |
| Operator Control Stations            | Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.  |
| Shared Tools                         | Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.  |
| Alarm Panels                         | Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices.  |
| Vending Machines                     | Inform workers of the risk. Use personal "dialing wands" that can be washed (metal or plastic) with soap and water after use or 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.  |

|   |  |
|---|--|
| On/ Off Buttons   | Where possible designate for single use. Disinfect between each operator. Always spray liquid disinfectant onto a cloth, never directly onto electronic devices. |
| Huddle board and White board markers  | Each person that needs to write in information on huddle boards 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 disinfection protocols 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 for 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, Facilities Management will also perform a comprehensive disinfection of all common surfaces within the area.

## 5 Workplace COVID -19 Exposure Protocols

---

### 5.1 Workplace Exposure

Employees who are ill with any symptoms of illness are advised to stay home.

Employees who are ill and subsequently test positive for COVID-19 must advise their manager of this result. The manager will advise Occupational Health & Safety and appropriate measures can be directed within the workplace, based on the circumstances relating to exposure potential.

Employees must follow all directions for [testing and attending campuses](#) to manage their illness and determine their needs regarding testing.

If an employee experiences an immediate onset of symptoms of illness while at work, they should:

- Advise their manager that they are unwell
- Leave work immediately to go directly home while respecting physical distancing protocols
- Be advised by the manager to consult Ottawa Public Health or Telehealth: 1-866-797-0000 and complete the self-assessment at: <https://covid-19.ontario.ca/self-assessment/> if there are any concerns that the symptoms coincide with COVID-19.
- Complete an accident/incident report
- Follow the directions they receive from the above sources and advise their manager of the outcome.
- In the case of a suspected or confirmed COVID-19 infection, once notified, the manager/supervisor of the infected employee should immediately shut down the work area/office where the infected employee works and consult with Occupational Health & Safety regarding an investigation to identify if there are any potential exposure risks to other employees/students. It should be noted, that because the College is practicing physical distancing, the risk should be low. The manager will be required to collect all necessary information identified for reporting an occupational illness.
- Facilities Management may be required to conduct a deep cleaning and disinfection or close the area for 72 hrs.

### 5.2 Accident / Injury / Exposure Reporting

#### What do you do if an employee gets hurt at Work?

All employees of the College are required to report accidents / injuries / exposures to their immediate manager/supervisor. Policy HS-05 “Accident Reporting and Investigation” states

that; “all accidents which involve personal injury to an employee and accidents which result in damage/ loss of College property must be reported using an Accident/Incident Report form.”

With respect to COVID-19, many College staff are working from home. The definition of workplace would now be broadened to include the home as part of the workplace.

Therefore, any accidents/injuries/exposures that an employee might experience while working from home and that continue to meet the requirements as “arising out of and in the course of employment” need to be reported.

Personal injury includes all injuries (regardless of seriousness), occupational illnesses, hazardous exposures to blood and body fluids and hazardous exposures to chemical, biological or physical agents.

The policy further states, “An employee is responsible to ensure that his/her manager/supervisor is immediately notified of accidents or hazardous conditions and that an Accident/Incident Report is initiated. Where an accident results in lost time or medical aid and/or prevents the employee from doing his/her regular duties, the employee must seek health services from a physician”.

Supervisors are to ensure that:

- i. First aid/medical treatment is provided as required.
- ii. The Accident/Incident Report form is completed with the employee.
- iii. The Accident /Incident Report is signed by the supervisor and that it is taken to Health Services with the injured employee, if possible.

Accident/Incident Reports can be filled out on-line via the following link:

<https://www.algonquincollege.com/safety-security-services/home/accident-incident-report-on-line-form/>

### **5.3 Reporting an Occupational Illness**

The employer 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, norovirus, 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.”

The Industrial Establishments Regulation (O.Reg 851) applies to the College, so the report must contain all information outlined in Section 5(2) of the regulation:

- The name, address and type of business of the employer;
- The nature and the circumstances of the occurrence and the bodily injury or illness sustained;
- A description of the machinery or equipment involved;
- The time and place of the occurrence;
- The name and address of the person suffering the injury or illness;
- The names and addresses of all witnesses to the occurrence;
- The name and address of the physician or surgeon, if any, by whom the person was or is being attended for the injury or illness; and
- The steps taken to prevent are reoccurrence.

#### **5.4 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 come into contact with 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 any 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

## **5.5 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 Ottawa Public Health guidance that is posted on the website and take extra care to follow personal hygiene and other preventative measures as outlined in this document
- Employees must inform their manager and advise where the guidance to self-isolate originated from

## **5.6 Community Tracing**

Departments and Schools should be aware that they might be contacted by Public Health Units involved in tracing activities when responding to a positive test for a student or employee. 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. There is a range of strategies that the College may wish to adopt to assist in tracing activities, such as the taking of attendance for classes, taking attendance for business meetings, strategies to reduce cross-campus travel by staff or students, gathering names at controlled access points and limiting the number of access points to buildings on campus.

## 6 Work Refusal and WSIB Protocols

---

### 6.1 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 OHS Act, 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 application of a process for work refusals. Managers may anticipate work refusals from employees based on:

- a confirmed or presumptive case of COVID-19 in the workplace;
- a confirmed case of COVID-19 in an employee's immediate family or other close contact;
- the risk of potential exposure to COVID-19 from students or contractors depending on the nature of the workplace or the people it serves;
- concerns from employees who are particularly vulnerable (over age 65, compromised immune system, underlying medical condition) not wishing to report to work; or
- employees with a generalized fear of contracting COVID-19 by travelling to or attending work.

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



policies. 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:

- restricting individuals from the workplace based on the official criteria for recommended or required self-isolation, including returning from travels outside Canada;
- 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; 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 joint health and safety committee member who represents workers, if there is one. If possible, this should be a certified member, or
- a health and safety representative, in workplaces where there is no joint health and safety committee, or
- 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 Occupational Health & Safety (OHS) as soon as they receive notice of a work refusal. If, following the manager led investigation, the manager and the refusing worker cannot reach a mutually agreed upon solution to the health and safety issue, the manager shall immediately contact OHS to 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, reprisals by the employer are specifically prohibited by law.

## 6.2 Workplace Safety & Insurance Board (WSIB) Reporting and Claims

In the unfortunate event that an employee is injured as a result of an accident, several important measures must be taken. The College, as the employer, is required by law to report all injuries that require medical treatment or result in a loss of work time beyond the day of the accident to the Workplace Safety & Insurance Board (WSIB).

Whether the employee wishes to pursue a claim with the WSIB or not, the employer is still obligated to file its report within 72 hours of the injury. The Accident / Incident Report forms the basis for the documentation that will be sent to the WSIB regarding your injury.

The initial documentation provided to the WSIB reports the circumstances of the accident and the nature of the injury, along with necessary employment information for compensation purposes.

Following the submission of this documentation, the employee will be contacted by the WSIB to obtain more detailed and personal information. Depending on the claim, this may take anywhere from two to six weeks.

### What if an employee contracts COVID-19 while at work? Are they covered by WSIB?

Possibly, but the assessment of whether the employee is entitled to compensation would be determined by WSIB on a case-by-case basis. WSIB will have to assess whether COVID-19 is an occupational disease (e.g. The illness was caused by and arose out of and in the course of employment.)

With community transmission of COVID-19 occurring, a wide range of potential exposure sources of COVID-19 may now exist at work, home and elsewhere in the community, creating challenges in establishing work-relatedness when adjudicating claims.

For a COVID-19 claim to be allowed, evidence must show that the person's risk of contracting the disease through their employment is greater than the risk to which the public at large is exposed and that work **significantly contributed** to the person's illness.

To determine the work-relatedness of COVID-19 claims, the WSIB will look at details such as the person's employment activities, their symptoms and whether they have a diagnosis of COVID-19.

While the nature of some people's work may put them at greater risk of contracting the virus, this is a constantly evolving situation and any claims received by the WSIB will need to be adjudicated, taking into consideration the facts and circumstances of the specific case.

**Please note:** The WSIB does not provide coverage for people who are symptom-free without a COVID-19 diagnosis, even when quarantined or sent home on a precautionary basis. However, should someone who is symptom-free develop symptoms or illness while in quarantine, they may be eligible for WSIB coverage.

In determining the work-relatedness of COVID-19 claims, the WSIB will need to consider whether:

1. the nature of the worker's employment created a risk of contracting the disease to which the public at large is not normally exposed; and
2. the WSIB is satisfied that the worker's COVID-19 condition has been confirmed.

If established, the above will generally be considered persuasive evidence that the worker's employment made a significant contribution to the worker's illness.

## 7 Training

---

### 7.1 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. College employees will need to be aware of a new paradigm. An orientation session has been prepared for College staff and students that will be required to provide the necessary level of awareness.

### 7.2 COVID-19 Orientation 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.

### 7.3 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.

Any worker required to wear PPE shall receive training in the proper use and care of PPE prior to use. Periodic retraining shall be offered by OHS to both the employees and the supervisors, as needed. The training shall include, but not necessarily be limited to, the following subjects:

- When PPE is required.
- What type PPE is required
- Fitting requirements
- How to properly don, doff, adjust, and wear PPE

- The limitations of the PPE
- PPE inspection
- The proper care, maintenance, useful life and disposal of the PPE

After the training, the employees shall demonstrate that they understand the components of the PPE Program and how to use PPE properly.

#### **7.4 Workers Required to Wear Respirators**

##### **Training and Information**

Comprehensive training for employees who are required to use respirators is required every 2 years. Training will be coordinated through OHS prior to requiring the employee to use a respirator in the workplace. It is the responsibility of the Supervisor/Manager to ensure that their employees are trained before they begin work. The training shall ensure that each employee can demonstrate knowledge of at least the following:

- Understanding of the respiratory program requirements, procedures and the roles and responsibilities
- Understanding of the actual or potential hazards they could encounter in the workplace, their potential health effects and the control measures in place
- Emergency procedures to follow
- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities of the respirator
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
- How to inspect, put on and remove, use, and check the seals of the respirator
- What the procedures are for maintenance and storage of the respirator
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- Donning procedures and fit tests including hand's-on practice

Respirator training will be properly documented and will include the type and model of respirator for which the individual has been trained and fit-tested.

##### **Retraining Shall Be Conducted Every 2 years And When:**

- Changes in the workplace or the type of respirator render previous training obsolete
- Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill
- Other situations arise in which retraining appears necessary to ensure safe respirator use

## **Training Is Divided Into The Following Sections:**

### **Classroom Instruction**

1. Overview of the Facility Respiratory Protection Program & CSA Z94.4-11 Standard
2. Respiratory Protection Safety Procedures
3. Respirator Selection
4. Respirator Operation and Use
5. Why the respirator is necessary
6. How improper fit, usage, or maintenance can compromise the protective effect.
7. Limitations and capabilities of the respirator.
8. How to use the respirator effectively in emergency situations, including respirator malfunctions
9. How to inspect, put on and remove, use, and check the seals of the respirator.
10. What the procedures are for maintenance and storage of the respirator.
11. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
12. Change out schedule and procedure for air purifying respirators.

### **Fit Testing**

- Mandatory for each type and model of respirator used under CSA Z94.4-11

### **Hands-On Respirator Training**

1. Respirator Inspection
2. Respirator cleaning and sanitizing
3. Record Keeping
4. Respirator Storage
5. Respirator Fit Check
6. Emergencies

### **Medical Evaluations**

A medical evaluation to determine whether an employee is able to use a given respirator is an important element of an effective Respiratory Protection Program and is necessary to prevent injuries, illnesses, and even, in rare cases, death from the physiological burden imposed by respirator use.

## **7.5 Record Keeping**

Written records shall be kept of the names of persons trained, the type of training provided, and the dates when training occurred. The Manager/Supervisor shall maintain their employees' training records for at least 3 years. OHS shall maintain the Hazard Assessment Certification Form for each work site evaluated for at least 3 years.

## **7.6 Hazard Assessment**

A hazard assessment is a formal means of determining the appropriate PPE selection based on the hazards of a job. When conducting a hazard assessment, a task is investigated and the hazards and the potential hazards associated with the task are determined. This allows selection of personal protective equipment that will protect the employee from the identified hazards.

A hazard assessment may be conducted of a single employee, of a single task, or a group of employees if all the employees perform an identical task.

## 8 Mental Health

---

### 8.1 Mitigating Employee Anxiety

A confirmed case of COVID-19 in the workplace will 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)

Click [here](#) to be taken directly to the Employee Assistance Plan webpage.

- 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

In relation to COVID-19, the College will:

- Use discretion on the need for medical evidence for a period of absence where a worker is advised to self-isolate due to suspected COVID-19 and follow advice provided by the public health authorities.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that workers are aware of these policies.
- Talk with companies that provide sub-contracted or temporary workers about the importance of sick workers staying home and encourage them to develop non-punitive leave policies.
- Not require a healthcare provider's note for workers who are sick with flu-like symptoms to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- maintain flexible policies to work with employees in cases where they may have needs to provide care for a sick or dependent family member

### 8.2 Special Consideration for High Risk College Employees

Managers need to consider identifying persons who have conditions that put them at higher risk of serious illness (older people (>60 years) and those with chronic conditions (including hypertension, lung or heart problems, diabetes, or who are undergoing cancer treatment or some other immunosuppression) and pregnant workers) and advising them to take additional precautions, such as staying at home.



## 9 Useful Links and References

---

### Algonquin College

[HS 16 COVID-19 Workplace Recovery](#)

[HS 16 Policy Addendum Mandatory Use of Masks](#)

[HS 16 Policy Addendum COVID-19 Mandatory Vaccination](#)

[Main College Coronavirus website](#)

[Campus Access](#)

[Self-Screening and Vaccine Passports](#)

[Mandatory Vaccination Policy Step by Step User Guide](#)

[Health & Safety Precautions](#)

[Online Training for Employees Returning to Campus](#)

[Testing and Attending Campus](#)

[Employee Resources and FAQs](#)

[Human Resources FAQs](#)

[Academic Continuity FAQs](#)

[General FAQs](#)

### Public Health

[Ottawa Public Health](#)

[Renfrew County and District Health Unit](#)

[Leeds, Grenville & Lanark District Health Unit](#)

## **Public Health – Vaccine Availability Information**

[Ottawa Public Health](#)

[Renfrew County and District Health Unit](#)

[Leeds, Grenville & Lanark District Health Unit](#)

[Province of Ontario Vaccination Program](#)

## **General Training and Awareness Materials**

[Ottawa Public Health – How Vaccines Work and Myths About Vaccines](#)

[Public Health Ontario – Various Awareness and Training Materials](#)

[Government of Canada – Vaccine Awareness and Training Materials](#)

[Ontario Medical Association – Ontario’ Doctors Answer COVID-19 Vaccine Questions](#)

[Sunnybrook Health Sciences Centre – COVID-19 e-Learning Module](#)

## **References**

1. European Centre for Disease Prevention and Control:  
<https://www.ecdc.europa.eu/en/covid-19-pandemic>
2. Canadian Manufacturers and Exporters (CME):  
<https://cme-mec.ca/wp-content/uploads/2020/04/Guidelines-for-Healthy-and-Safe-Operations-During-COVID-19-Pandemic-2.pdf>
3. Government of Canada: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>
4. Cushman & Wakefield Recovery Readiness: A How-To Guide for Reopening Your Workplace: <https://www.cushmanwakefield.com/en/insights/covid-19/recovery-readiness-a-how-to-guide-for-reopening-your-workplace>
5. Lear Corporation, An Interactive Guide for COVID-19 Pandemic Preparedness and Response:  
<https://playbook.lear.com/Safe%20Work%20Playbook%202nd%20Edition.pdf>
6. Ontario Public Health Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings, 3rd edition:  
<https://www.publichealthontario.ca/-/media/documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf?la=en>

7. WSPS COVID-19 Health and Safety Guidance for Office Sector:  
<https://www.wspcs.ca/WSPS/media/Site/Resources/Downloads/covid-19-office-health-and-safety-guidance.pdf?ext=.pdf>