

## **COVID-19: Protecting the Health and Safety of Workers in the Municipal Sector**

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## Introduction

This document is not intended to replace any training on protocols and procedures that you are entitled to from your employer. As new information becomes available or protocols change, CUPE will update this document. Check with your national staff representative for updates. Click on any item in the table of contents to be taken directly to the section/question of your choice.

The COVID-19 pandemic has not changed how we apply health and safety legislation in Ontario. The basic principles remain the same. Workers maintain the right to know, the right to participate, the right to refuse work where there is a danger to health and safety, and the right to be free from reprisal for exercising their rights under the *Occupational Health and Safety Act*.

**Q: How should my workplace set health and safety protocols for COVID-19?**

**A:** Any workplace that continues operating must work with its local or regional public health authority to establish health and safety protocols. These protocols should be shared with you, and proper training should be provided where required to adhere to the health and safety protocols.

The protocols established by your employer and the public health authority are the minimum standards that should be applied in your workplace. There may be higher health and safety standards in your workplace, and CUPE has provided locals with a guide to negotiating these.

**Q: Can I work from home?**

**A:** The employer should heed the recommendation of the government and the province's Chief Medical Officer to provide workers the opportunity to work from home where possible. Where that is not possible, workplaces should follow the hierarchy of controls where the best methods of controlling the hazards are "at the source," then "along the path," and finally "at the worker." You can read more about the hierarchy of controls on the last two pages of this document.

**Q: If I must report to work, what does my employer have to do to make sure that I can do so safely?**

**A:** Workplaces must follow the hierarchy of controls, which you can read about later in this document. Employers should be following their pandemic plans and modifying the plan based on the latest information about COVID-19. Any changes made to the plan should be communicated to the workers, the joint health and safety committee (JHSC), and the local leadership.

Where it is not possible to eliminate a risk, engineering and administrative control must be implemented. Workplaces should engage with their Joint Health and Safety Committee (JHSC) and their local public health authority to develop a protocol for continuing or returning workers that meets or exceeds the minimum standards approved by the local health authority.

The next few questions elaborate on what the employer must do to ensure a safe workplace.

**Q: How should our workplace plan address screening, physical distancing, and self-isolation?**

**A:** The employer and the union should work with their Joint Health and Safety Committee and their local public health authority to develop a protocol for returning workers to work, including:

- The details and frequency of screening for workers and visitors entering the work site. Unless there are medical orders or government direction to municipal employers, it is difficult to establish screening as a standard that must be enforced. As such, we urge screening as an administrative control to reduce exposure. Screening processes may include self-assessment, on-site screening (from six feet), and phone calls to members/contractors.
- Direction about physical distancing measures for workers and visitors at the worksite. Physical barriers should be set up where feasible. Physical distancing measures include:
  - a) keeping 2 meters (6 feet) apart from others;
  - b) avoiding mass gatherings (5 or more);
  - c) avoiding crowds.
- Steps to be taken if there are workers or visitors who have suspected or confirmed or symptoms of COVID-19. Symptoms range from common to severe respiratory illnesses, and include:
  - a) Fever;
  - b) Cough;
  - c) Muscle aches and tiredness;
  - d) Difficulty breathing
  - e) Some people may experience:
    - f) aches and pains.
    - g) nasal congestion.
    - h) runny nose.
    - i) sore throat.
    - j) diarrhoea.
- Direction with respect to when workers will be required to self-isolate. At the time of writing, public health authorities have directed you must stay home and self-isolate if you have:
  - a) A lab-confirmed COVID-19 infection, do not require hospitalization, and a medical practitioner has indicated that you can recover at home;
  - b) Symptoms of COVID-19, even if you have not been tested;
  - c) Been in close contact with someone who has tested positive for COVID-19 or has symptoms;
  - d) Travelled outside of Canada, including to the United States, within the past 14 days.

Note that different municipalities may have made specific public health orders. Make sure you are following the most current municipal directives.

**Q: What new screening rules are there for paramedics and homeless shelters?**

**A:** [Ontario Regulation 120/20](#), issued April 3, 2020, allows paramedics to inquire about a patient's COVID-19 status. Paramedics are authorized to make a request to a licensed laboratory and/or a medical officer of health for disclosure of COVID-19 status information about a specific individual.

On April 1, 2020, the Ministry of Health issued guidance notes for homeless shelters on screening for workers in this field. The note includes daily screening questions for all staff, volunteers, and clients. Follow this [link to read the guidance notes](#).

**Q: What do I do if I've been redeployed to do a job I have never done before? (e.g. home delivery, entering people homes, or working in an unfamiliar workplace)**

**A:** The employer must provide instructions, information, and training, along with any PPE required to do the work safely. For members delivering such things as supplies, medicines, or food to a client's home or entering a home, the employer should incorporate that into their screening protocol. For example, conducting screening questions remotely prior to arriving at a client's home, or door screening with appropriate PPE upon arrival.

**Q: What Personal Protective Equipment (PPE) should my employer provide to me?**

**A:** The list of provided PPE will be identified by the local public health authority, but could include things like gloves and gowns. Staff who are doing the initial screening each day should ensure that they are trained to meet the protocols as stipulated by the public health authority. Staff must be trained on the use and care of PPE. CUPE health and safety specialists have also prepared material on [proper care and use of PPE](#), and on the [use of masks and respirators](#). These do not replace proper workplace training that should be provided by the employer.

**Q: What are the specific cleaning requirements for my workspace?**

**A:** Specific cleaning requirements related to frequency and what spaces will be cleaned will be outlined in the protocol established between the employer and the local public health authority. However, a protocol above the minimum standard could be established by your JHSC.

**Q: What should I use for disinfection?**

**A:** The employer must provide information and instruction on the hazards, safe handling, use, storage, and disposal of any new chemical.

For surfaces that are likely contaminated with the virus that causes COVID-19, the WHO, PHAC, and EPA have recommended the following disinfectants:

- Ethanol (+62%) – found in most hand sanitizers.
- Hydrogen Peroxide (0.5%) – used primarily in health care settings to kill virus and bacteria, e.g. Virox.
- Sodium Hypochlorite – a bleach, however these cleaning products can be caustic to humans and surfaces.
- Quaternary ammonium disinfectants – the most common.

There are other disinfectants (phenol compounds and glycol acid) that have similar claims. These products are normally used in workplaces receiving or treating patients with COVID-19. The products listed above can also be used on surfaces in public areas and where there is no screening process.

What is essential is the contact time, also called dwell time, which is usually 5-10 minutes on the surface.

Refer to the supplier label and the safety data sheet for additional information. Most disinfectants labeled for use in schools and hospitals, although less effective, should be adequate for routine disinfecting.

**Q: What are my rights to participate in health and safety in my workplace during the COVID-19 pandemic?**

**A:** The union's right to participate in workplace health and safety remains the same. The employer must:

- Regularly communicate with the JHSC
- Implement policies and programs, in consultation with the JHSC, that prioritize worker safety, covering all aspects of occupational health and safety, including infection prevention and control
- Provide the JHSC and workers information about changes in processes, new cleaning methods, new PPE, new equipment, etc.
- Provide training to workers on any new processes and new equipment that create a hazard for workers
- Convene meetings of the JHSC and provide regular updates to ensure the internal responsibility system is working
- Take every reasonable precaution to protect your health and safety

**Q: Given the increased responsibility and risks, will I receive an increase in pay for working in an emergency?**

**A:** Salaries are expected to continue as per the collective agreement. An example of this may be that if a member is being redeployed to a position at a higher rate of pay, they will get that higher rate for hours worked in that position.

**Q: Can I refuse to go to work during the pandemic?**

**A:** Any worker who has reasonable grounds to believe that the work constitutes a danger to health and safety can exercise their rights under section 43 of the Occupational Health and Safety Act (OHSA). If possible, discuss this option with your local or the worker members of the JHSC in advance.

So far, there have been a few right to refuse investigations in response to COVID-19. None has established reasonable grounds to refuse, and no orders have been issued.

Inspectors are treating investigations on a case-by-case basis and are largely deferring to government health agencies to determine if the employers are exercising their due diligence with respect to COVID-19. Where workers are asked to do unsafe work, the local can make a complaint with the Ministry of Labour or file a grievance under the collective agreement alleging a violation of the Occupational Health and Safety Act.

Some examples where a right to refuse may be exercised include:

- No PPE provided where worker is required to wear or use it
- No training on the PPE provided to workers
- Workers with underlying health conditions are not isolated to reduce their exposure

Several municipal locals have gone through this process, but at this time there are no successful examples. You should expect ministry inspectors to conduct the investigation remotely.

**Q: Do all workers have the right to refuse unsafe work?**

**A:** The [right to refuse unsafe work](#) applies to all workers, but in specified circumstances, the right to refuse unsafe work is limited for certain professions. In the municipal sector this would include:

- health care workers and persons employed in workplaces like homes for the aged,
- Ambulance services,
- Power plants,
- Technical service used by one of the above.

These professions can be found in the Act at subsection 43(2).

It is important to note that above employees cannot refuse work under the OHSA if the work is:

- inherent in their work or is a normal condition of their employment; or
- their refusal would directly endanger the life, health or safety of another.

The right would only apply to a situation that is a departure from established routines.

**Q: What should I do if I have been exposed to COVID-19 in the workplace?**

**A:** Immediately inform your supervisor and follow public health instructions.

Later, once you have addressed your immediate health concerns, complete the Workplace Safety and Insurance Board's (WSIB) voluntary *Worker's Exposure Incident Form*. You should also complete and submit a *WSIB Worker's Report of Injury/Disease* (Form 6).

Complete these forms as soon as possible after exposure. They will assist in showing causation and connection to the workplace if a worker becomes sick. Fax or email a copy of the completed forms to WSIB and to your local union and keep a copy for your records.

**Q: I am worried about infecting the family members I live with. Can I refuse to go to work?**

**A:** While you may be concerned about elderly or immunocompromised individuals with whom you live, from a health and safety perspective you cannot refuse to work on these grounds. Refusing unsafe work only applies when it is you or a co-worker that is put in danger by the situation. If you are worried about workplace exposure to COVID-19 because of danger to an at-risk family member, you may want to request accommodation based on family status.

**Q: I have young children at home and I am their primary caregiver. Am I required to go to work?**

**A:** You are entitled to take an unpaid leave to provide care to a person for a reason related to COVID-19, including a school or day-care closure. If you take an unpaid leave, you may be entitled to income supports through the federal government. Details on income supports from the federal government are rapidly changing. CUPE will continue to provide updated information on income supports and inform staff reps.

**Q: If I go to work will my children be eligible for emergency childcare?**

**A:** Childcare workers are on the list of eligibility for emergency childcare and some municipalities have opened centres for emergency workers. However, spaces may be limited.

**Q: What can I do if I get fired for raising my concerns about health and safety?**

**A:** Under the Occupational Health and Safety Act (OHSA) there shall be no repercussions for raising health and safety concerns on the job. The COVID-19 pandemic has created challenges for workers, employers, and governments. However, health and safety legislation still applies to workplaces that are open. The local can file a grievance alleging that the termination was a violation of the OHSA.

**Q: How do I self-screen or self-monitor?**

**A:** Self-screening is vital to prevent transmission of COVID-19 to co-workers and the public. Self-screening protocols must be in place and should be adopted by services at beginning and midpoint of each shift. Additionally, workplaces should have a single point of entry.

Ontario Health has created the following self-assessment:

**1.** Are you experiencing any of the following symptoms?

- severe difficulty breathing (for example, struggling for each breath, speaking in single words)
- severe chest pain (constant tightness or crushing sensation)
- feeling confused (for example, unsure of where you are)
- losing consciousness

If no, proceed to question **2**.

If yes, workers should seek medical attention by accessing supports like 911 or going to a pandemic assessment centre.

**2.** Are you experiencing any of the following symptoms (or a combination of these symptoms)?

- Fever (feeling hot to the touch, a temperature of 37.8 degrees Celsius or higher)
- Chills
- cough that's new or worsening (continuous more than usual)
- barking cough, making a squeaky or whistling noise when breathing shortness of breath (out of breath, unable to breathe deeply)
- sore throat
- difficulty swallowing
- hoarse voice (more rough or harsh than normal)
- runny nose
- stuffy or congested nose



- lost sense of taste or smell
- headache
- digestive issues (nausea/vomiting, diarrhea, stomach pain)
- fatigue (lack of energy, extreme tiredness)
- falling down more than usual
- for young children and infants: sluggishness or lack of appetite
- none of the above

If no, proceed to Question 3.

If yes;

**Have you worked as a caregiver, personal support worker, or in a health care setting in the last 14 days?**

**This includes providing care to people with or without COVID-19 symptoms.**

Examples include:

- volunteering in a health care setting
- supporting people in their homes
- providing care to family members
- working in hospitals, long-term care facilities or retirement homes
- first responders

If yes;

**Contact a doctor or Telehealth Ontario. You may be eligible for a COVID-19 test.**

**Do not** leave your home. **Do not** go into a hospital or clinic.

**First**, contact either:

- your primary care provider (for example, family doctor) over the phone or online
- Telehealth Ontario at [1-866-797-0000](tel:1-866-797-0000) (to speak with a registered nurse)

**3. Do any of the following apply to you?**

- **I am 65 years old or older**
- **I have a condition that affects my immune system**  
(for example, HIV/AIDS, lupus, other autoimmune disorder)
- **I have a chronic health condition**  
(for example, diabetes, emphysema, asthma, heart condition)
- **I am getting treatment that affects my immune system**  
(for example, chemotherapy, corticosteroids, TNF inhibitors)

If no;

**Have you travelled outside of Canada in the last 14 days?**

*or*

**Does someone you are in close contact with have COVID-19 (for example, someone in your household or workplace)?**

*or*



**Are you in close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada?**

If yes\*, self-isolation is recommended. Contact either:

- your primary care provider (for example, family doctor) for a virtual assessment;
- Telehealth Ontario at 1-866-797-0000 to speak with a registered nurse.

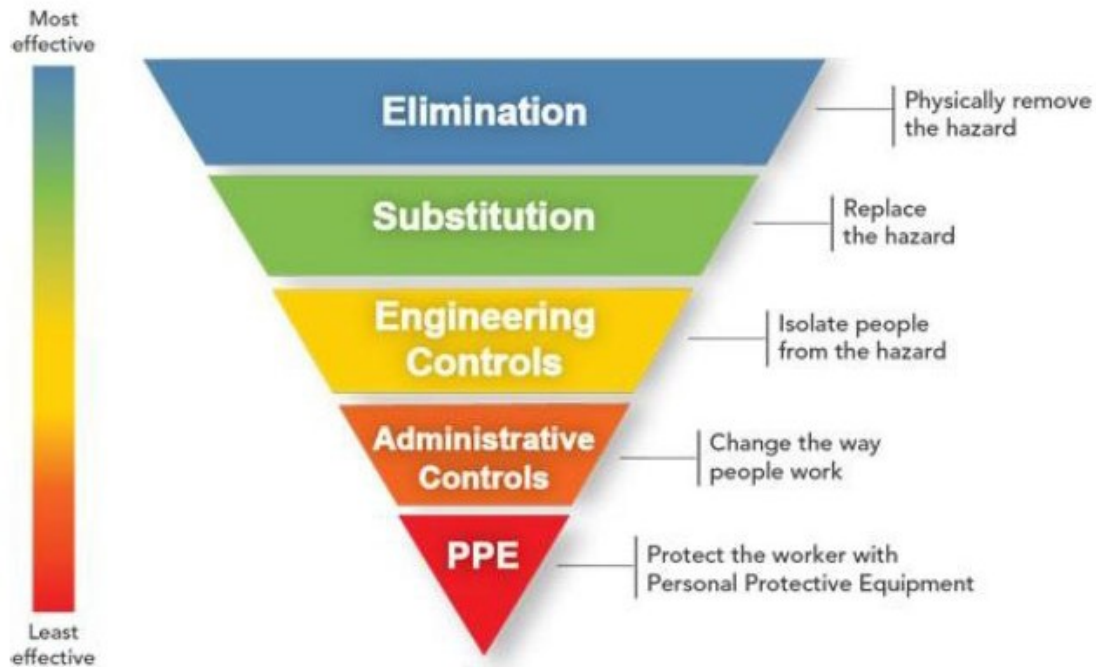
If no, it is unlikely you have COVID-19.

\*Note: The employer must also be notified.

# Hierarchy of Controls

## Prevention of infection

The way we apply health and safety prevention in the workplace has not changed during the pandemic. Workplaces should follow the hierarchy of controls where the best precautions are “at the source”, then “along the path” and finally “at the worker”.



## Controls “along the path”

Where elimination or substitution of the hazard is not possible, engineering and administrative controls must be implemented first, before consideration is given to Personal Protective Equipment (PPE). There are two types of hazard controls along the path. They include **engineering** and **administrative controls**.

## Engineering Controls

An engineering control is designed to isolate the hazard or create barriers or design processes to prevent exposure to the hazard. In terms of the infection prevention and control of COVID-19, engineering controls include, among others:

- an effective screening process applied to all residents of a home or location prior to a worker entering the home or location
- an effective screening process for those who require entry to a workplace
- single entry point of the workplace
- ensuring proper ventilation
- cleaning and disinfecting of vehicles shared by workers
- bins for used linen and PPE

Although, an effective screening process will indicate if a person at a residence or location does not have a probable case of COVID-19, workers should always have PPE on hand due to varying duties and task that may require the need for appropriate PPE.

## **Administrative Controls**

An administrative control is designed to change the way people work or perform tasks. In terms of infection prevention and control of COVID-19, administrative controls include, among others:

- training, information and instruction of the workplace hazards
- restricting work to those with qualification or training
- job/task rotation, shift work, staggering shifts
- limitations on movement of staff i.e. between departments, areas in the workplace, dealing with clients COVID-19
- housekeeping/environmental cleaning and disinfecting
- policies, procedures, emergency preparedness
- hand hygiene at the workplace and out in the field, signage, cough etiquette,
- self-isolation, self-monitoring of symptoms, quarantine
- medical surveillance of clients/workers

If workers are required to share vehicles, the employer should develop a procedure to ensure that a worker is assigned to the same vehicle to avoid cross-contamination.

Routine infection control procedures should be applied to the vehicle.

If workers are required to use public transit in the course of their work, the employer should provide information and instruction on how workers can protect themselves from exposure to COVID-19. Consider if any administrative controls can be put in place rather than relying solely on PPE when using public transit, e.g. social distancing, not using public transit during peak hours, etc.

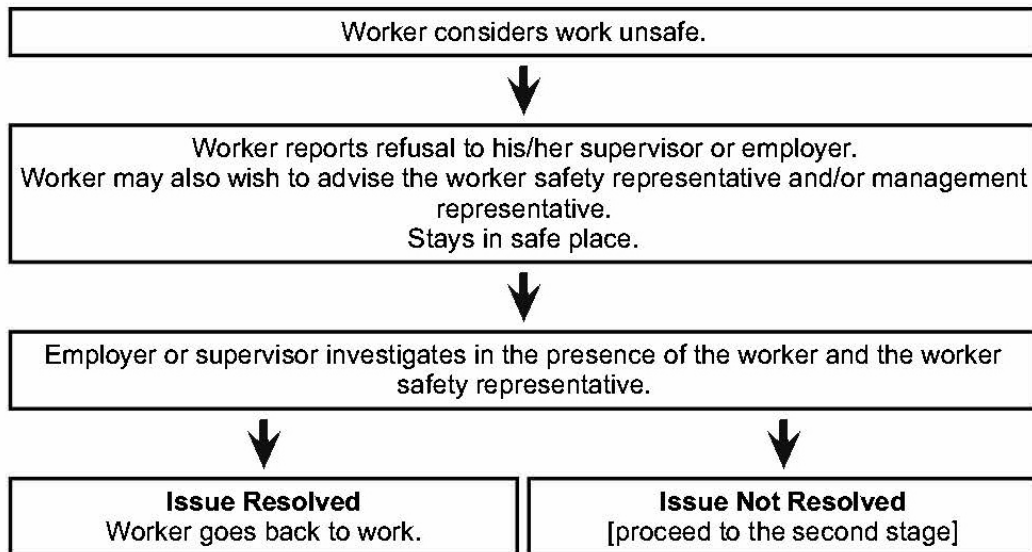
## **Controls “at the worker”**

If the screening protocols note that a person at a residence or location is a probable case for COVID-19 and the service or care must be provided, the worker must wear PPE. The selection of PPE required to prevent the risk of infection from transmittable diseases is dependent on the modes of transmission of the pathogen (virus, bacteria, fungi, parasites).

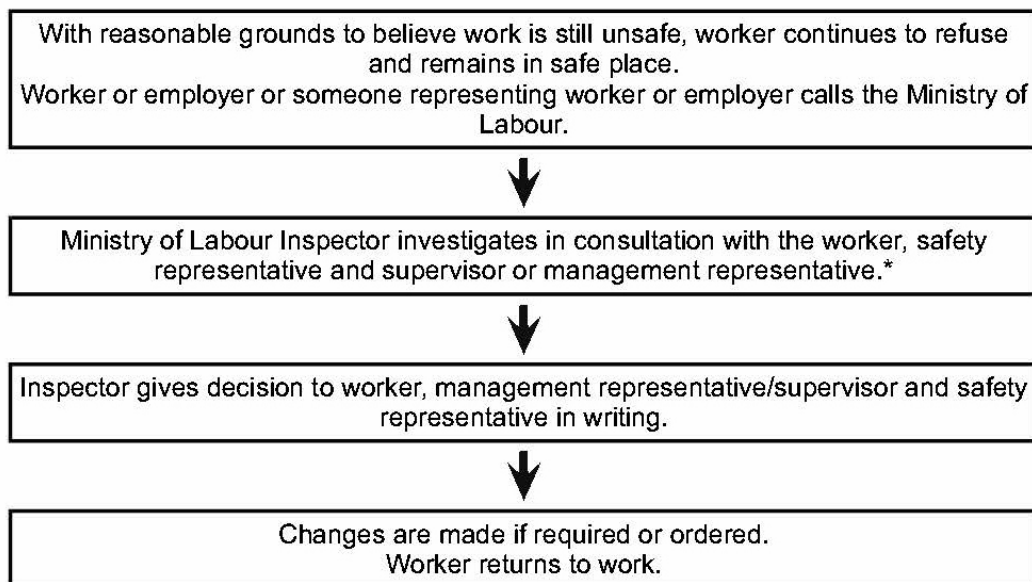
The prevailing consensus among health agencies including the Public Health Agency of Canada and Public Health Ontario is that the virus is spread primarily through close contact (within two (2) meters) with an infected person through respiratory droplets generated when a person, for example, coughs or sneezes, or through droplets of saliva or discharge from the nose. There remains no scientific consensus if COVID-19 is transmitted by small droplets suspended in the air. As such, CUPE is recommending that workers adopt airborne precautions when working in close proximity to suspected, symptomatic, or confirmed cases of COVID-19.

## Procedure for a work refusal

### First Stage



### Second Stage



\*Pending the Ministry of Labour investigation:

- The refusing worker may be offered other work if it doesn't conflict with a collective agreement
- Refused work may be offered to another worker, but management must inform the new worker that the offered work is the subject of a work refusal. This must be done in the presence of:
  - a member of the joint health and safety committee who represents workers; or
  - a health and safety representative, or
  - a worker who because of his or her knowledge, experience and training is selected by the trade union that represents the worker or, if there is no trade union, by the workers to represent them