

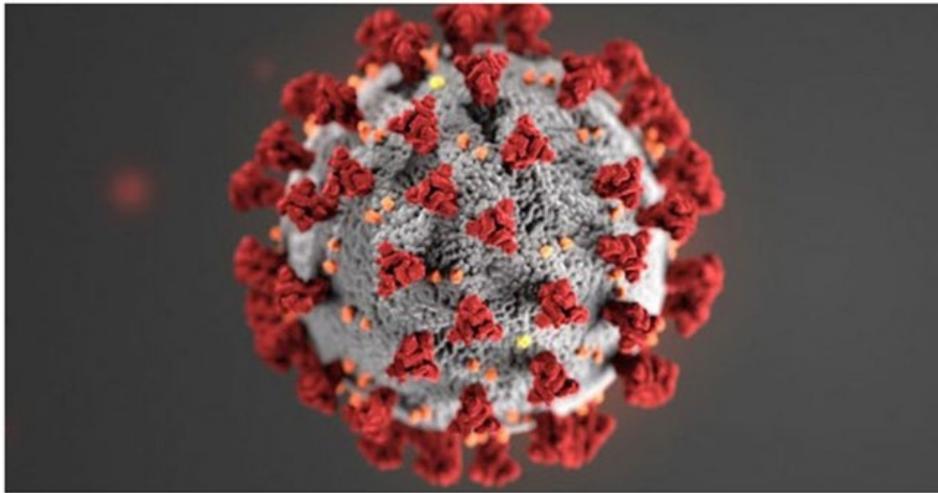
Redefining Uncertainty

OHS Leadership During a Pandemic

Coronavirus Canada Updates: New COVID-19 outbreaks declared at three Ottawa schools

By **christopher** - November 14, 2020

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Coronavirus Canada Updates: New COVID-19 outbreaks declared at three Ottawa schools

Pandemics Bring Chaos and Change

- ▶ Workers are confused.
- ▶ Workers are scared.
- ▶ Fear of contracting the illness at work.
- ▶ Fear of contracting the illness at home.
- ▶ Fear of infecting someone else.

Ontario could hit 6,500 new COVID-19 cases daily by mid-December without further action, modelling shows



Province previously forecast 1,200 new daily cases by mid-November, a number surpassed this week

CBC News - Posted: Nov 12, 2020 1:39 PM ET | Last Updated: November 12



Dr. David Williams, Ontario's chief medical officer of health, attends a COVID-19 news conference in Toronto on Jan. 27. On Thursday, Williams emphasized the importance of individual behaviour to curb the spread of the novel coronavirus in the province. (Chris Young/The Canadian Press)

Change is Needed

- ▶ Operational needs are present.
- ▶ Workers need to work.
- ▶ A new set of hazards has been identified.
- ▶ Information about the transmission risks and the illness evolve rapidly.
- ▶ Work must be safe.

Shifting Focus to Certainty

Workers are trained at the workplace.

The work tasks are known.

The workplace is known.

The community context is known.

Different Perspectives to Consider



- ▶ Exposure risks are different for everyone
 - ▶ Health Status
 - ▶ Work Tasks
 - ▶ Work Context
 - ▶ Community Context
- ▶ BUT! There are only a few routes of entry
 - ▶ Community Risk
 - ▶ Workplace Entry
 - ▶ Routes of Infection

Risk Assessments Offer Solutions

- ▶ The JHSC or HSR is a valuable resource for rich discussions.
 - ▶ Workplace inspections provide invaluable knowledge about workplaces.
 - ▶ Workers representatives inspect all the locations where workers work.
 - ▶ They are experts in the work and the workplace.
- ▶ Risk Assessment discussions would examine the different contexts in the workplace where people meet.
- ▶ The hierarchy of controls guides the implementation of effective solutions (elimination, engineering controls, administrative controls and personal protective equipment).
- ▶ In the absence of scientific certainty, err on the side of caution.

Exposure Assessments - A 2-way Street

- ▶ Community-to-workplace risks:
 - ▶ How much transmission is going on in the community?
 - ▶ Is it necessary that in-person interactions occur?
 - ▶ Are workplace practices preventing release to the community?
- ▶ Where are workers?
- ▶ What tasks do they perform?
- ▶ Where, when and how do they interact with others?



Risks are in contacts

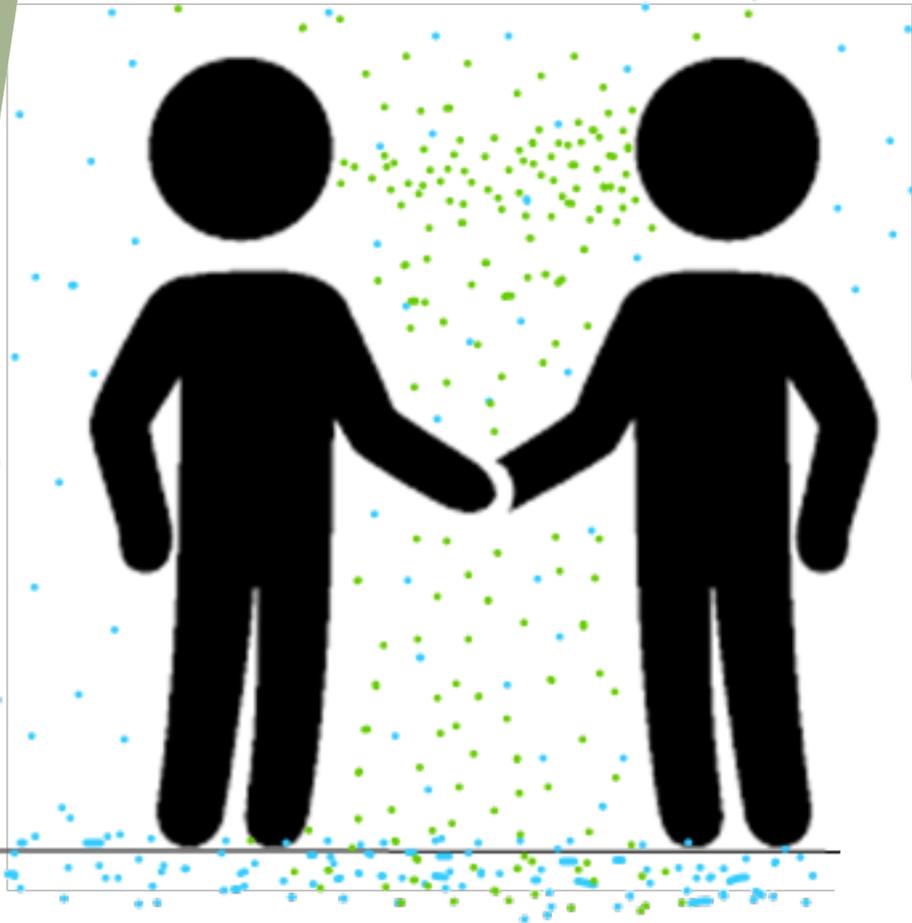
- ▶ For any communicable illness, contact with the pathogen is required for infection
- ▶ Direct contact
 - ▶ Hands and skin
 - ▶ Nose and eyes
 - ▶ Mouth
 - ▶ Injection
- ▶ Indirect contact
 - ▶ Inhaling aerosols with pathogen
 - ▶ Touching contaminated things
 - ▶ Vector-based
- ▶ A 1900s example - Typhoid Mary - an Irish cook in Manhattan.



Member of
the public

Worker

Is that garlic I smell?



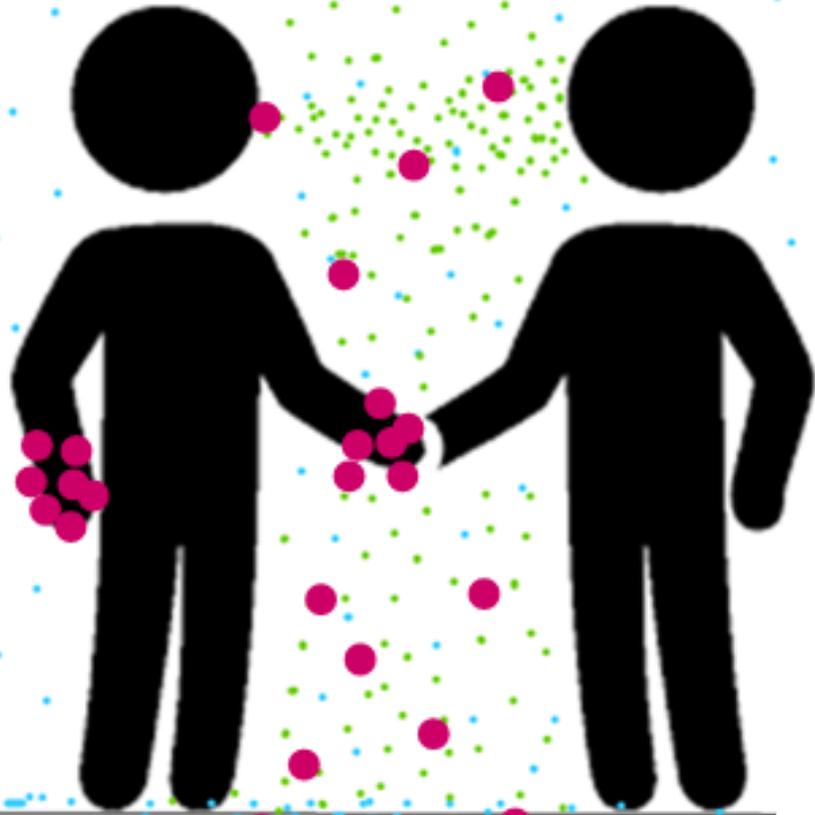
Member of
the public

Worker

- ▶ When people breathe, speak, sing, cough or sneeze, aerosols are exhaled (green dots)
 - ▶ If you can smell what they ate for lunch, you're inhaling those aerosols.
- ▶ When people are breathing harder or projecting their voice, more particles are being exhaled with more speed.
 - ▶ Team Sports
 - ▶ Working out/physical labour
 - ▶ Singing
 - ▶ Shouting

Direct Contact With SARS-CoV-2

- ▶ In a communicable respiratory virus context, where do people “meet”?
 - ▶ When they interact with infected people.
 - ▶ When they touch their faces (eyes, nose and mouth)
 - ▶ When infected excretions directly in their eyes, nose and mouth.
 - ▶ When they touch contaminated things or surfaces.



Person

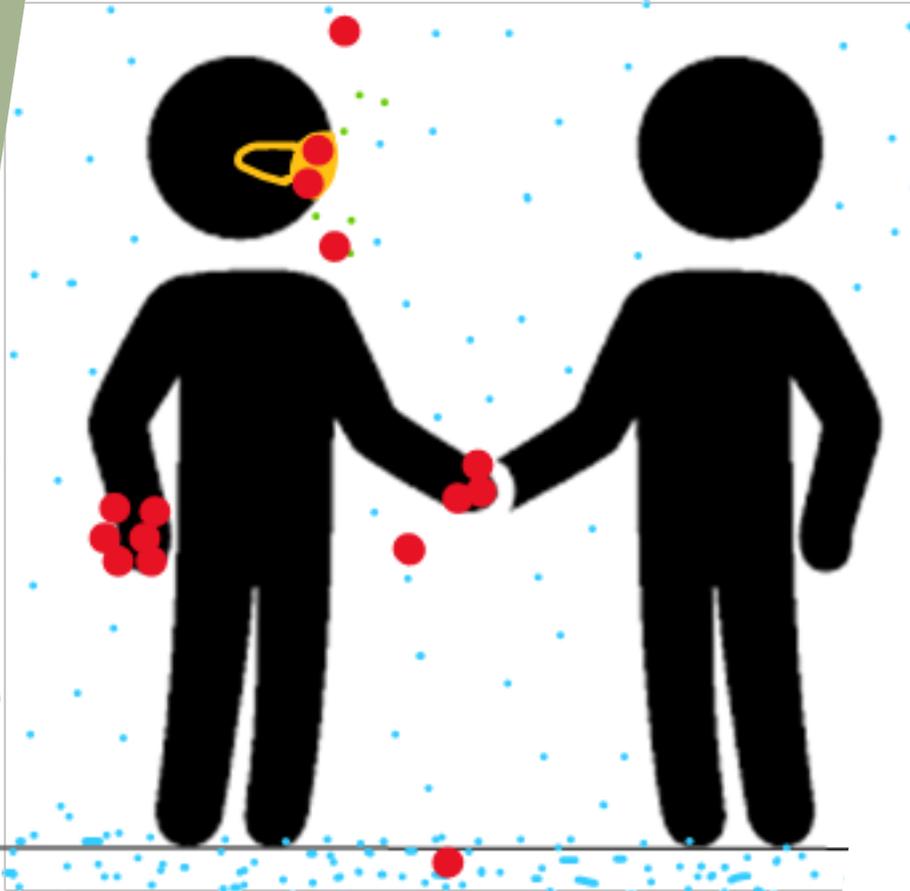
Worker

Indirect Contact

- ▶ Good hygiene practices will reduce the presence of contaminated items and surfaces.
- ▶ Indirect contact relies mainly on inhalation risks for SARS-CoV-2.
- ▶ Circumstances where there is higher risk include:
 - ▶ Close contact: within 2 metres of another person.
 - ▶ Continuous exposure: for 15 minutes or more, or continuously being exposed to others.
 - ▶ Crowds: makes it difficult to physically distance and increases the risk of asymptomatic and pre-symptomatic individuals.
 - ▶ Closed or poorly ventilated spaces: allow for the accumulation of aerosols.
 - ▶ Coverings: whether face coverings are being worn or being worn properly.
 - ▶ Colder temperatures: is thought to stabilize some of the aerosols.

Face Coverings

- ▶ The purpose of the face covering is to prevent some aerosols from escaping.
- ▶ They remind people not to touch their faces.
- ▶ They help. BUT!
 - ▶ They're not all made the same way.
 - ▶ They're not made with the same materials.
 - ▶ We know it doesn't prevent all aerosols.
 - ▶ People often don't wear them properly.



Member of
the public

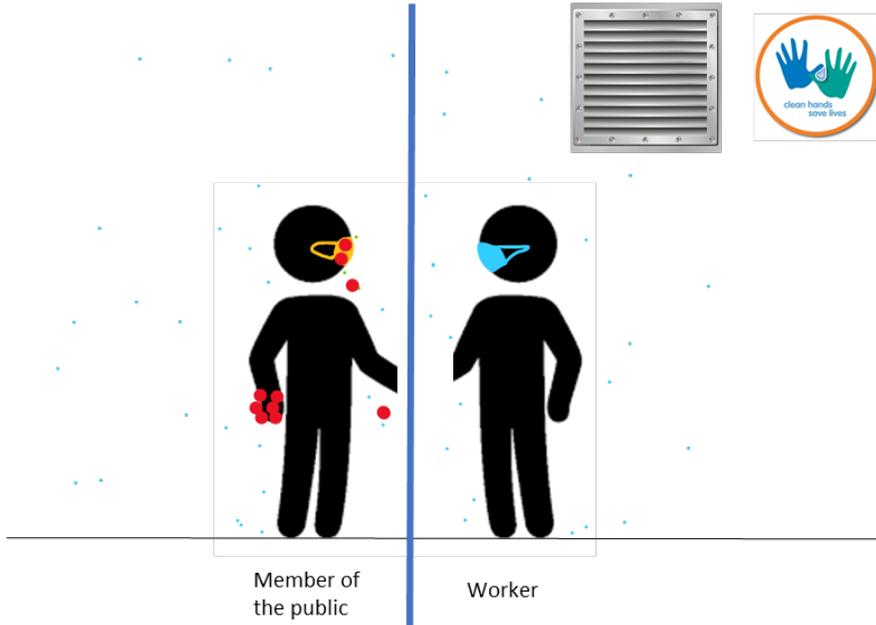
Worker

The Precautionary Principle

Worker safety relies on the precautionary principle that reasonable action to reduce risk should not await scientific certainty.

Justice Archie Campell - SARS Commission

Layering Controls Makes a Big Difference



- ▶ Increasing ventilation removes the aerosols from the space.
 - ▶ Be careful - no air currents towards people.
- ▶ Good hygiene practices.
- ▶ Cleaning surfaces removes the contaminants.
- ▶ Hand hygiene practices - healthy hands.
- ▶ Physical barriers prevent direct contact - fixed or mobile (shields or barriers).
- ▶ Masks and face coverings provide source control. Respirators for circumstances of higher risk.
- ▶ Active screening helps prevent sick individuals from entering the workplace.

The OHS System - A change management system

The OHS System is designed for change.

- ▶ Preparing for change using assessments help guide the formulation of a strategy.
- ▶ Managing change by devising effective communication strategy, including awareness and training on the new measures so that people know
 - ▶ What to do;
 - ▶ When to do it;
 - ▶ How to do it effectively;
 - ▶ Where to do it; and
 - ▶ Why they are doing it.
- ▶ Reinforcing change by using program audits and making program adjustments to solidify the change.

Resources, Questions and Comments

CUPE COVID-19 Health and Safety Practices

<https://cupe.ca/covid-19-health-and-safety-practices-0>

OHCOW Regional Risk Management Tool

<https://www.ohcow.on.ca/regional-risk-tool-and-tips.html>

OHCOW Control Banding Matrix

<https://www.ohcow.on.ca/risk-management-control-banding-matrix.html>

PSHSA COVID-19 Resources

<https://www.pshsa.ca/covid-19>