COVID-19: Applying the Hierarchy of Control

Reimagine the Workplace for Adequate Protection of Frontline HCWs



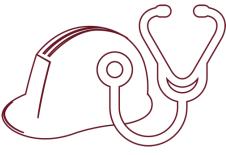
Neil McDermott, M.Sc., CRSP, CIH

June 26th, 2020

Who We Are



WE PROVIDE OCCUPATIONAL HEALTH



& SAFETY

Training Resources Consulting WE WORK WITH 1.67+ MILLION WORKERS

PSHSA.ca

10,000+ ORGANIZATIONS

ONTARIO'S PUBLIC & BROADER PUBLIC SECTORS: Education Healthcare Emergency Services Government First Nations

Disclaimer: The views in this presentation are the professional judgment of Neil McDermott and not necessarily the views of PSHSA.

Due Diligence

- OHSA provides a legal framework to ensure that Ontario's workplaces are safe & healthy
- OHSA s.2.(2): despite anything in any general or special *Act*, the provisions of this *Act* & the regulations prevail
- Workplace parties comply with all legal requirements
- Seek legal counsel &/ or expert in OHS, where needed
- Employers & supervisors have a general duty clause to comply with under sections 25.(2)(h) & 27.(2)(c)
- More than a legal defence, a standard to which one can judge the quality of their OHS program

OHSA (1990) / Edwards & Humphrey (2000) 3

Precautionary Principle (PP)

- The PP applies where there is a need to err on the side of caution because of scientific uncertainty
- Where there is an IDT, "safety comes first & reasonable efforts to reduce risk need not await scientific proof" (Campbell, 2006).
- The PP applies in RAs where there is no definitive scientific evidence regarding the risk posed by a hazard
- The PP serves to guide workplace parties in the prudent selection of controls measures related to subject hazards



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Risk Factors

Decision-making should be informed by risk factors:

- health status (e.g., chronic & underlying conditions; smoker)
- degree of community spread
- close contact (< 2 m)
- duration & frequency
- highdensity/overcrowding(e.g.,breaks,bottlenecks)
- indoors with inadequate ventilation
- small enclosed spaces (e.g., trailers, vehicles, elevators, porta potties)
- low temperature & relative humidity
- frequent touching of face / mucus membranes (i.e., eyes, nose & mouth; outside of face covering, mask or respirator; intact skin)

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Additional Risk Factors

Decision-making should be informed by risk factors:

- inadequate PPE
- poor hand hygiene
- incorrect doffing practices (i.e., self-inoculation, cross contamination)
- infrequent cleaning & disinfection (e.g., surfaces & shared items)
- hands-on direct care (with suspected or confirmed case)
- sharing items / food & drink
- incompetent supervision, leadership & culture
- lack of motivation, knowledge, understanding, skills & ability





Individual Risk Factors

There are certain vulnerable groups at increased risk:

- older age (65 +)
- underlying health conditions
- pregnancy
- race / ethnicity
- gender
- poverty
- occupation (HCWs)

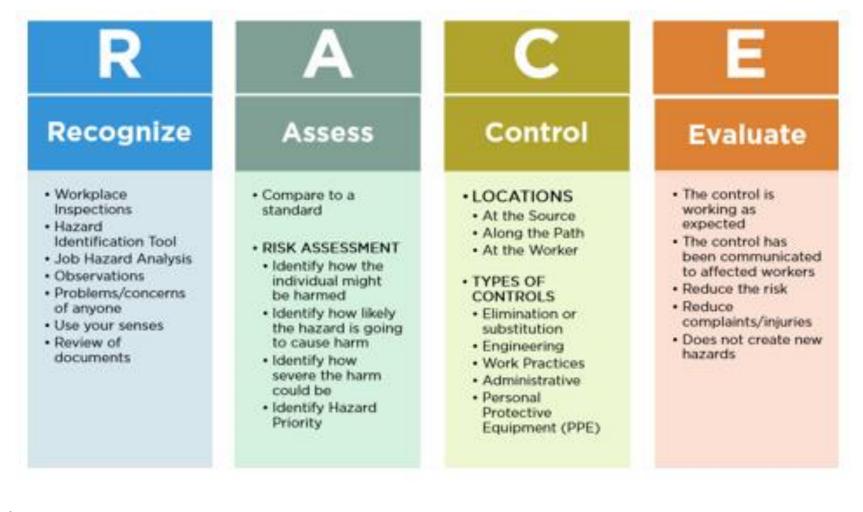


National Post (2020)



Data source: CDC (2020)





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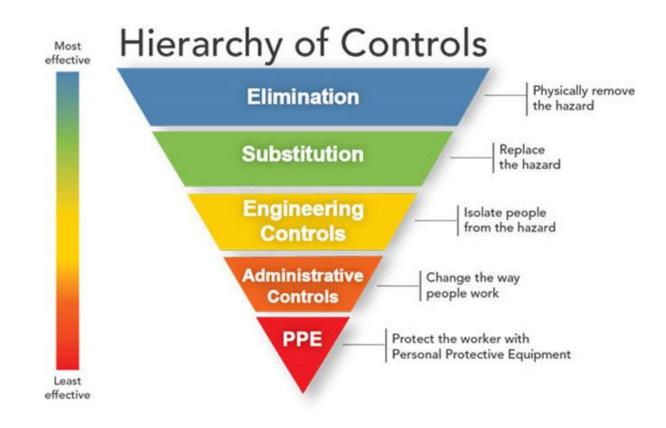
Hazard & Risk Assessment

- Identifies & foresees the existence of infectious disease exposure based on all modes of transmission
- Assesses the actual or potential risks of exposure (low, medium, high) posed to all workers from infected sources within the context of facilities, work setting, vehicles, services, available conditions & control measures
- Determines whether the risk is acceptable or whether additional controls measures are required
- Evaluates the effectiveness of present control measures
 & the implementation of the hierarchy of controls





Hierarchy of Controls







Hierarchy of Controls

- Selection of controls for risks of SARS-CoV-2 should be guided by the hierarchy of controls
- The categories & order of applying hazard control measures are: (1) elimination; (2) substitution; (3) engineering; (4) administrative (including training) & work practices; & (5) PPE
- Hazards can be controlled or eliminated using controls at the source, along the path, or at the worker
- PPE at the worker are the last line of defence







Physical Distancing Separate Workers & Infected Sources

Stay out of reach or contact by:

- Prescreening patients at time of appointment reminder (e.g., postpone & reschedule, if possible)
- Assessing & manage patients through nurse advice lines & telemedicine
- Excluding non-essential HCWs from patient care area
- Limiting face-to-face encounters through bundling care activities
- Communicating with patients by alternative means (e.g. telephones, video monitoring & video-call applications on cell phones or tablets)



CDC (2020) ₁₂



Engineering Controls Isolate Workers or Infected Source

- Utilize enclosures with transparent shields (plexiglass) or physical barriers (full or partial with exchanges of items)
- Make use of airborne infection isolation rooms (AIIR) with HEPA for AGMPs on patients with suspected or confirmed COVID-19





CDC (2020)



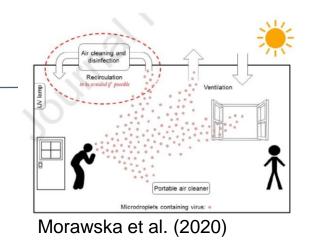




Lights Alive (2020) www.seelightsalive.com/ppe-box/



Engineering Controls Ventilation



- Properly maintain ventilation systems
- Maximize ventilation effectiveness
- Utilize in room portable & fixed HEPA filtration units
- Setup expedient patient isolation rooms
- Build & use ventilated headboards / local exhaust hoods
- Make use of high suction devices / tools



CDC (2020) /www.cdc.gov/coronavirus/2019ncov/community/office-buildings.html

Properly Maintain Ventilation System

- Check supply & return grills & registers, outdoor air intake
- Balance air, provide constant air movement, adequate air flow rates
- Verify room air flow movement direction from clean to less clean, air exchange rate (ACH), & mixing factors
- Set optimal temperature:
 - 75 to 80 °F summer
 - 68 to 74 °F winter
 - 40 to 60% RH



ASHRAE (2020) www.ashrae.org/technicalresources/healthcare

Maximize Ventilation Effectiveness

- Set demand-controlled systems to "constant on" fan mode
- Set a VAV system to provide a constant minimum airflow
- Increase % of outdoor air to maximum feasible for the space
- Examine filter ratings MERV 13 or higher are preferred, if feasible
- Minimize filter bypass, if possible
- Use standalone fans, cautiously
- Install ultraviolet germicidal irradiation (UVGI or UVC) within upper room air, ducts / plenums in air handling unit



ASHRAE (2020) 17



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HEPA Filtration Units

- Portable & fixed filtration units
- Local exhaust hoods or area exhaust capture
- Expedient patient isolation rooms
- Temporary constructed anterooms
- Ventilated headboards or workstation hoods







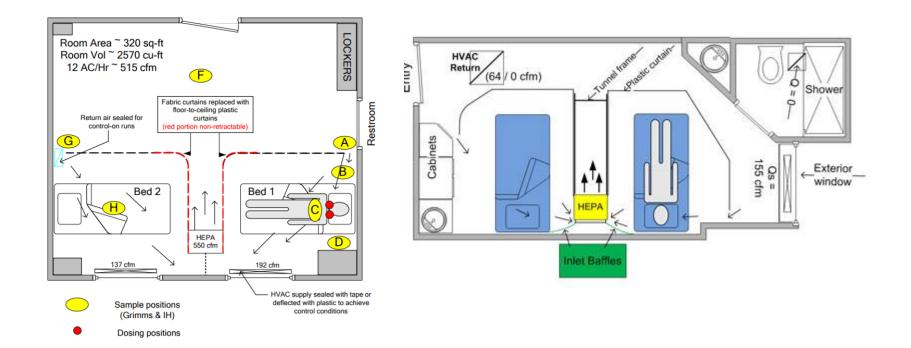
Expedient Patient Isolation Rooms

- Involves establishing a high-ventilation-rate, negative pressure, inner isolation zone that sits within a "clean" larger ventilated zone
- NIOSH has developed (research based) guidance for using portable HEPA filtration system
- Considered an effective solution for surge isolation capacity during outbreaks when traditional airborne isolation rooms are not available

CDC / NIOSH (2020) www.cdc.gov/niosh/topics/healthcare/engcon trolsolutions/expedient-patient-isolation.html









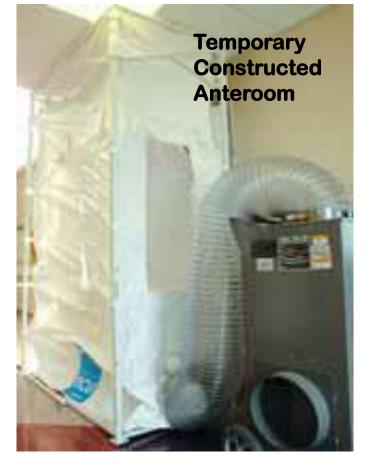
CDC / NIOSH (2012) www.cdc.gov/niosh/surveyreports/pdfs/301-05f.pdf





Oklahoma State Public Health (2005)

SHSA.ca



Minnesota Department of Health (2005)

www.health.state.mn.us/communities /ep/surge/infectious/airbornenegative ²² .pdf

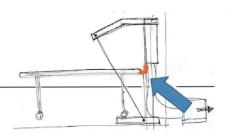
Ventilated Headboards

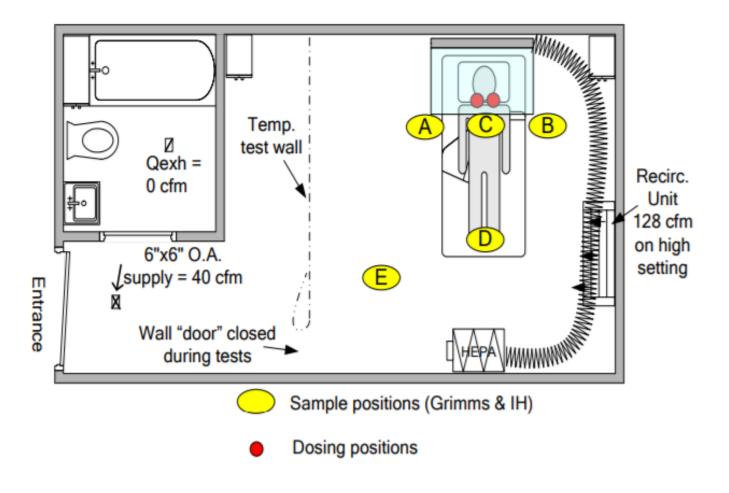
- Uses a local control technique for near-instant capture & containment before contaminants have a chance to disperse
- Protects the air & surrounding surfaces from contamination
- Canopy allows low-velocity air currents to capture/remove contaminants without irritating the patient
- Canopy easily retracts to allow hands-on healthcare procedures to the patient's head & neck
- Canopy material (plastic sheeting) is held into place by removable retainer clips & can easily be replaced between patients



CDC & NIOSH (2020) www.cdc.gov/niosh/topics/healthcare/engc ontrolsolutions/ventilated-headboard.html









CDC / NIOSH (2012)

www.cdc.gov/niosh/surveyreports/pdfs/301-05f.pdf





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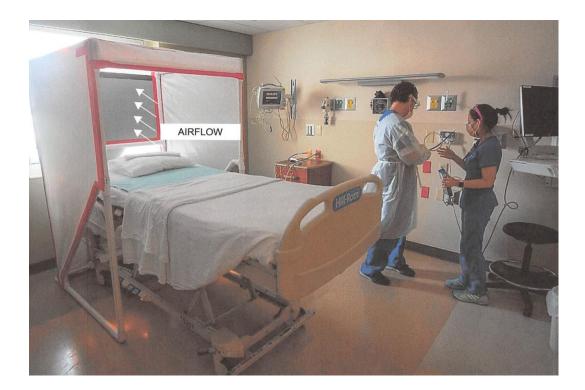




Oklahoma State Public Health (2005)

www.researchgate.net/publication/228387741_ Oklahoma_State_Department_of_Health_Desi gn_and_Implementation_Guidelines_for_Airbor ne_Infectious_Isolation_under_Epidemic_Emer gency_Response 25









Lee Health (2020) Value of Ventilated Headboards www.leehealth.org





NIOSH (2020) www.cdc.gov/niosh/topics/healthcare/engc ontrolsolutions/ventilated-headboard.html https://youtu.be/8H2kmZkbuR4





Local Exhaust Devices

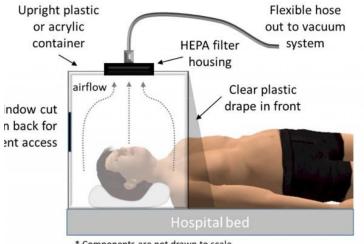
 University of Melbourne researchers working in collaboration with Western Health have designed a personal ventilation hood to help contain the droplet spread of COVID-19 in ICUs



The University of Melbourne (2020) www.youtube.com/watch?v=r0WJJee7saU











University of Pittsburgh Medical Center (2020) www.army.mil/article/234554/researchers_hope_bioc ontainment_unit_will_help_during_covid_19_crisis







Resource

				s - Change the Way People Work			COVID-19 Pandemic	
Example of Control Measures		Contact Droplet		Inal Risk Assessment (ORA); E (Regeatory Protection wention & Control Programs;	8	8	Page 17	
Physical Distancing - Physically Remove the Hazard	1			IS (PCRA)			Provide Protective Apparel for the Hazard	
Stay out of contact or reach by physically separating people in & outside the workplace (work from home office, atternative office spaces, remote telephone / video conferencing, close shared spaces, cancel group events, durate separate whiches with to ecommerce, curbide	8	8	×	Ider age, chores medical ponditions, ethnicity, pregnancy, chicks & resporting for COVID- al health & well-being or program (daily in person & 20	8	8	X X I X X X I X X X I X X X I X X X I X X X X	
pickup with controlled separation & stagger pickup times)				6.6 divers self-monitoring 6 sath 6 well-being assessments				
Engineering Controls - Isolate Workers from Haza	d		-	in Ealigue, Exervoul, fear, aniety,			3) 🖾 🖾 🗆	
Enclosures	25	8	2	resetting, EAP referrance, apport, accommodations)			red 🛛 🖉 🖾	
Transparent shields (plasiglass) or physical barriers	2	-	-	aspects of work, close down,	0	0	8 8 8	
(partial with exchanges of items) Ventilation				Ein common areas with high		-		
 Property maintain ventilation systems (check supply & return grills & registers, outdoor air intake; balance air, provide constant air movement: adequate air flow rates; verify room 			Ø	(, kettles, etc.) neters, but potentially more nadequate verdiation; prohibit s, lenit or restrict use of	8	0	hcare, Community, Business & Workplac Burton's ventilation related checklists and	
air exchange rate, mixing factors, air flow movement direction from clean to less clean; set				skewa E	3			
centimal temperature (75-80 °F summer; 68 to 74				is for acute respiratory itness in E	10	3		
"F winter) & relative humidity settings (40 to cost pH)			z	autocor tasks or services; open	8	8		
 Maximize ventilation effectiveness: set demand- controlled systems so fans are in "constant on" mode; increase % of outdoor air to maximum 	-	_		peerd are, equipment, workstations, S and curs such as signs,	8	8		
feasible for the space; examine filter racings -				its & arrows) people" (shorten, stagger, 🛛 😤		8		
strategically place standalone fans; minimize filter bypass; if possible, set a VAV system to provide a constant minimum airflow; install uitraviolet germicidal irradiation (UVGI or UVC) within				As, mealtimes & stocking Imms, stay home, sick leave / vale / 80 work remotely opptime, create work leaves, 25				
upper room air, ducts/plenums/air handling unit, portable surface treatment devices			2	ogether, create work teams; S of Tasks 1 quarantining people; S	8	8		
 Negative-pressure airborne infection isolation room (AIIR) with high efficiency particulate air 				ork practices, work E	3	8		
(HEPA) filters (95% or better) Local exhaust hoods, high suction devices				sother/infographics (majority				
Dortable HEPA filtration units (expedient patient				ament of rules a	3	3		
isolation rooms, local or area exhaust capture, ventilated headboards or workstation hoods; temporary constructed anterooms)				& frequent disinfection of Str. displays, door knots,		0		
Equipment redesign (rotational speed, shielding, self- scanning & electronic payment with increase tap			2	farms, keyboards, telephones, 7 times daily, clean to less grade disinfectants (e.g., with				
payment limit) Use of remote technology (work from home, telework, virtual meetings, closed circuit audio / visual	×	8	2	et diution & contact times wr - 20 seconds; single use		0		
communication)		1		3 nubs - dry time, 60% or 8 avoiding touching eyes, nds				
				er sneeze (cover nose & 🖀	2	8		
				ca 🕎	Annual Control	Corresponder Laurentin dem Annuellingen Annuel		





for Ontario

Occupational Centres de Health Clinics santé des travailleurs (ses) Workers Inc. de l'Ontario Inc.







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