



COVID-19: Applying the Hierarchy of Control

*Reimagine the Workplace for Adequate
Protection of Frontline HCWs*



Neil McDermott, M.Sc., CRSP, CIH

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Who We Are

ESTABLISHED IN

2009

**NON-PROFIT
ASSOCIATION**



**FUNDED
PARTNER**

**OF THE
Ministry
of Labour**

WE PROVIDE
OCCUPATIONAL
HEALTH



& SAFETY

**Training
Resources
Consulting**

WE WORK WITH

1.67+
MILLION WORKERS

10,000+
ORGANIZATIONS

ONTARIO'S PUBLIC &
BROADER PUBLIC SECTORS:

**Education
Healthcare
Emergency Services
Government
First Nations**



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



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



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
- high density/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)



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



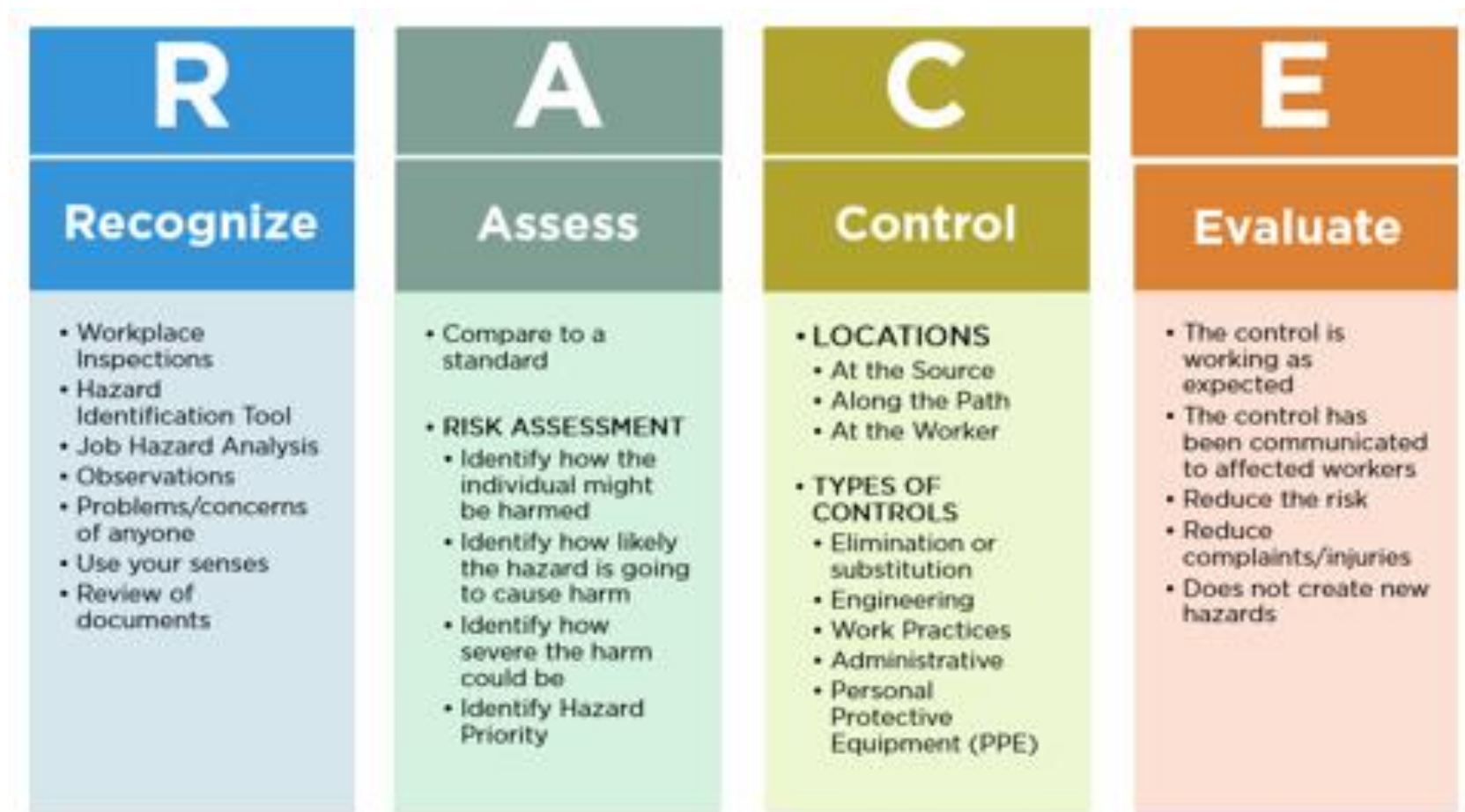
Individual Risk Factors

There are certain vulnerable groups at increased risk:

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



National Post (2020)



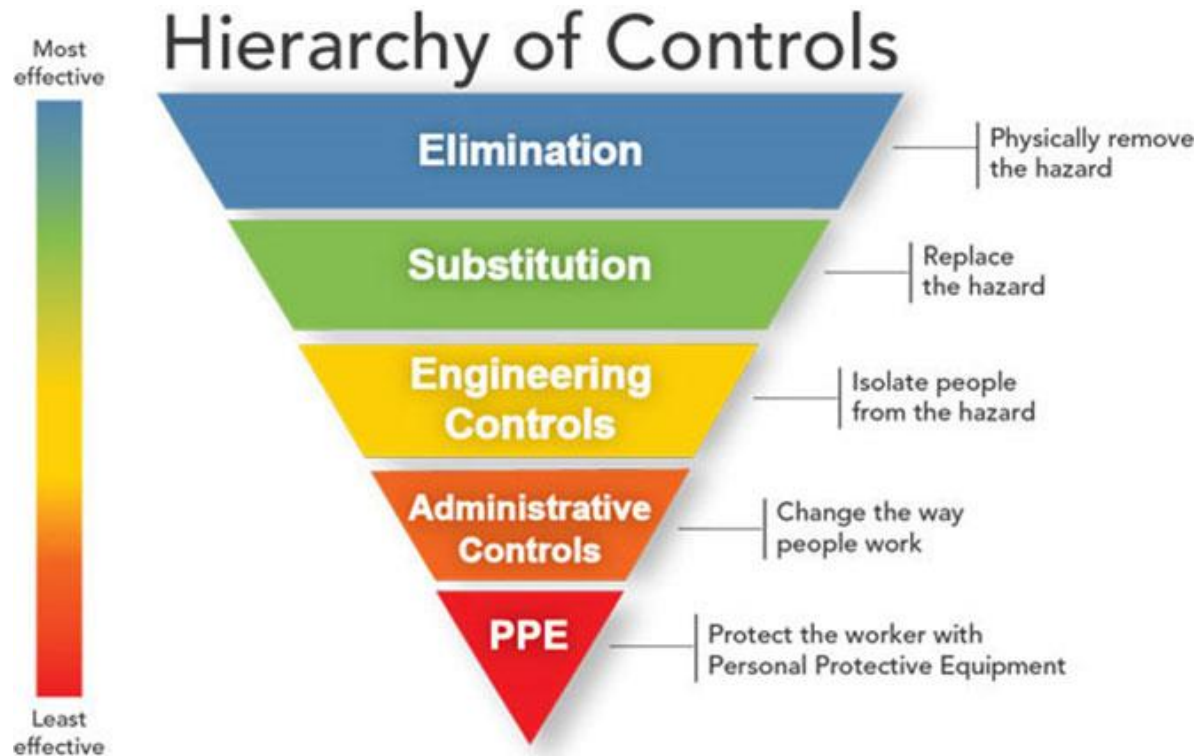


Hazard & Risk Assessment

- 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)



Safe Environments.
Healthy Workers.

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





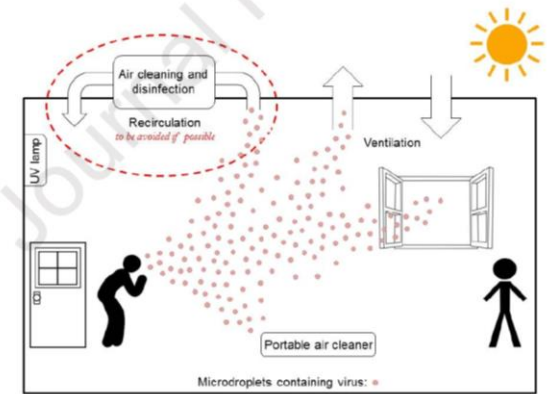
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Engineering Controls

Ventilation



Morawska et al. (2020)

- 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/2019-ncov/community/office-buildings.html](https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html)



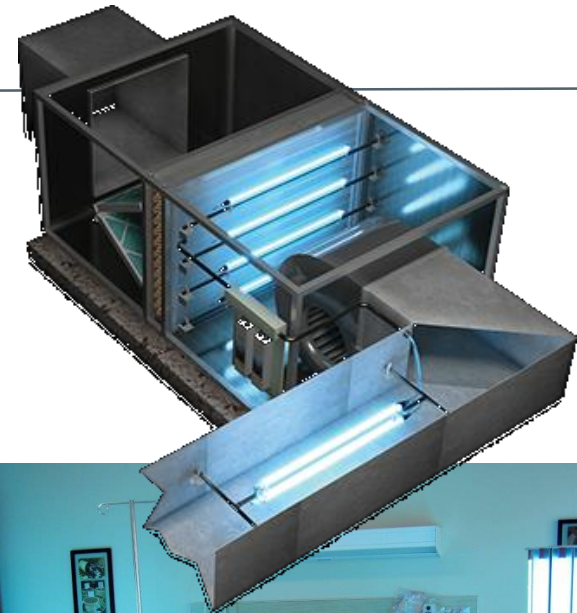
Properly Maintain Ventilation System

- 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



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





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



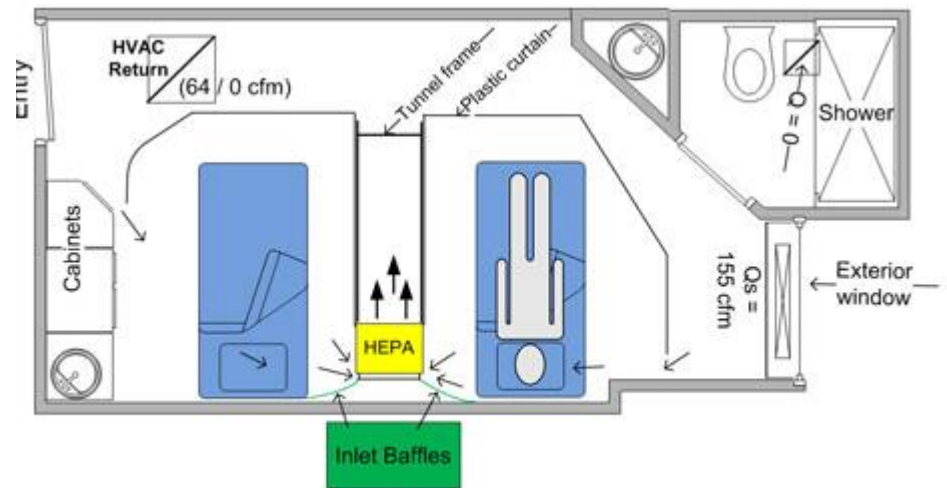
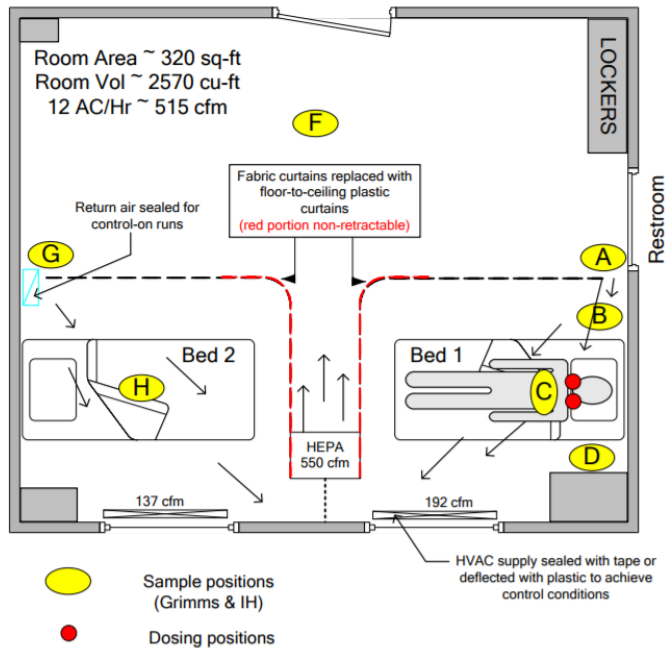


Expedient Patient Isolation Rooms

- 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/engcontrolsolutions/expedient-patient-isolation.html



CDC / NIOSH (2012)

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



**Expedient
Patient
Isolation
Room**

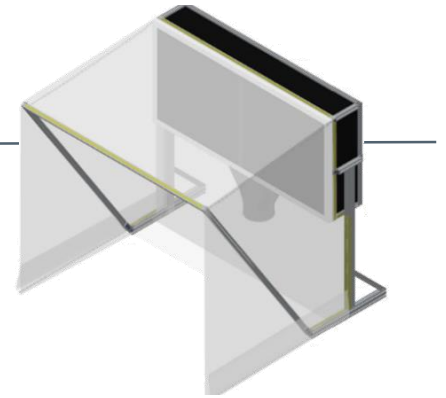


Oklahoma State Public Health (2005)

**Temporary
Constructed
Anteroom**

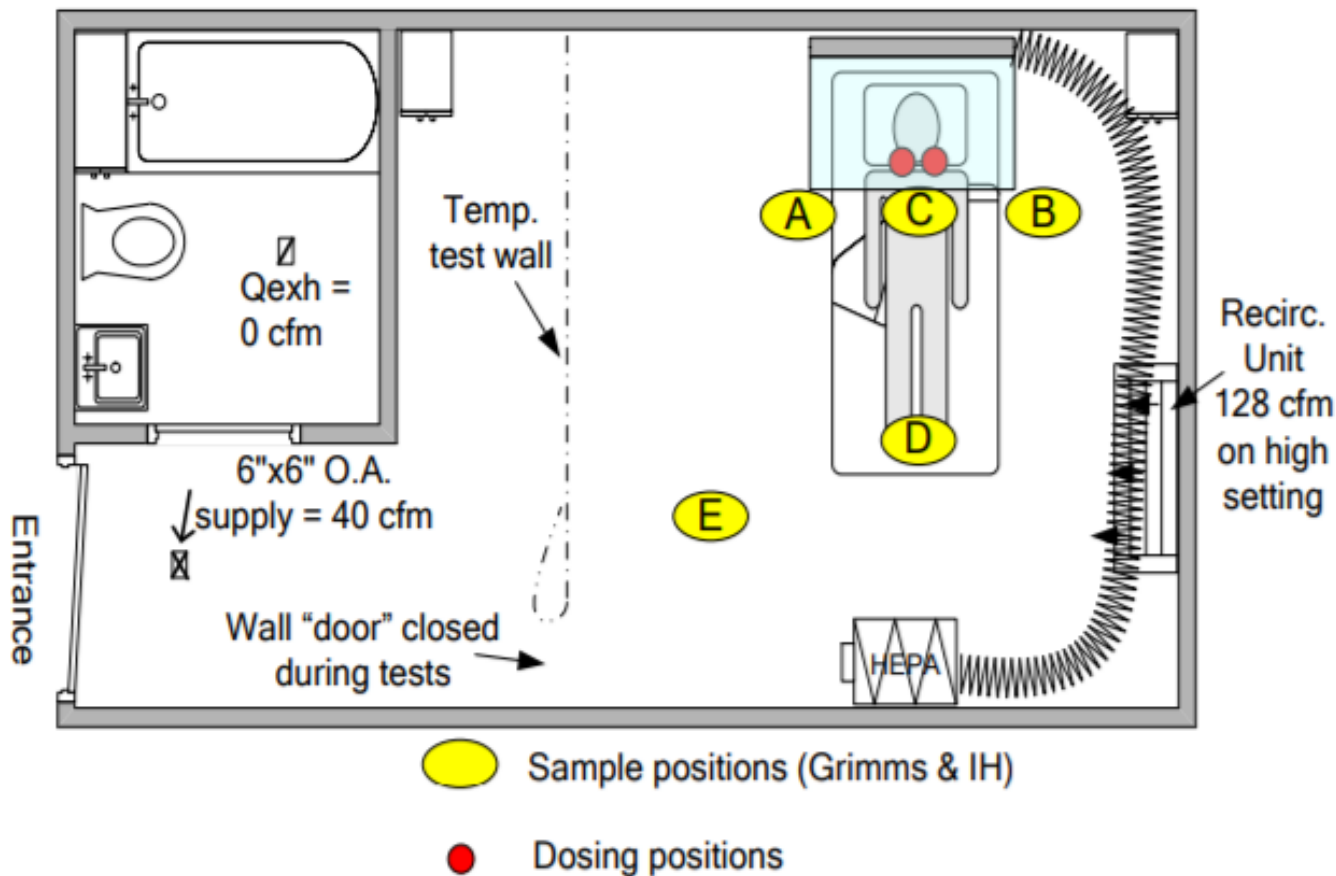
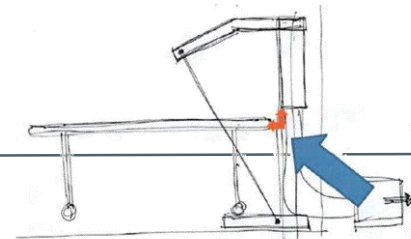


Minnesota Department of Health (2005)



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





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CDC / NIOSH (2012)

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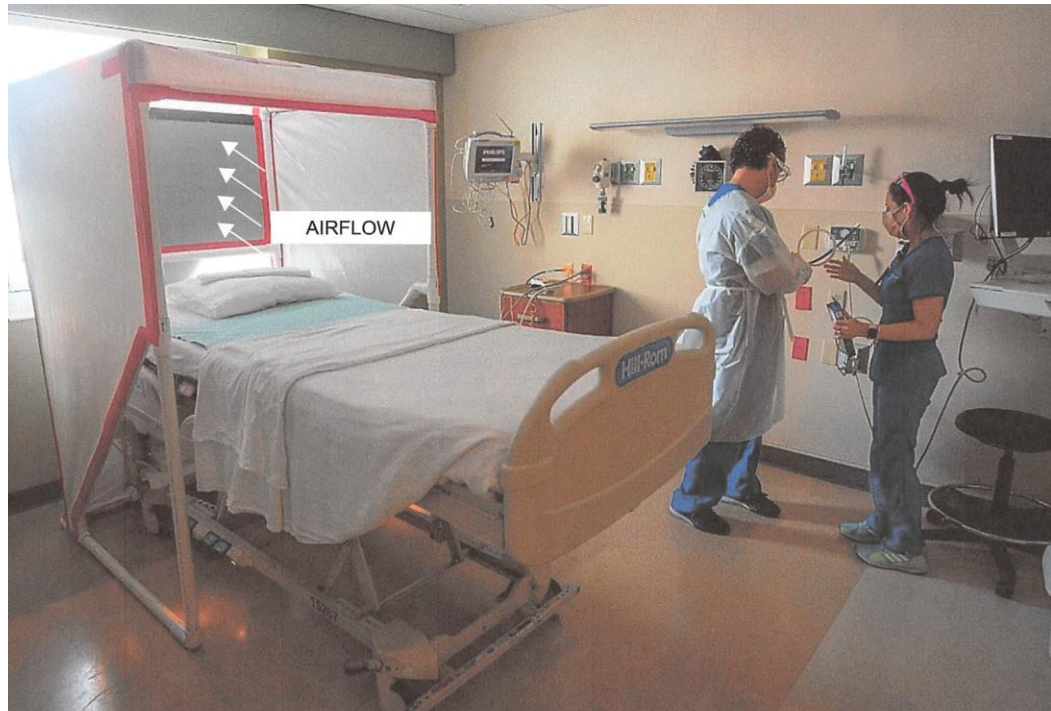


Oklahoma State Public Health (2005)

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NIOSH (2020)

www.cdc.gov/niosh/topics/healthcare/engcontrolsolutions/ventilated-headboard.html

<https://youtu.be/8H2kmZkbuR4>

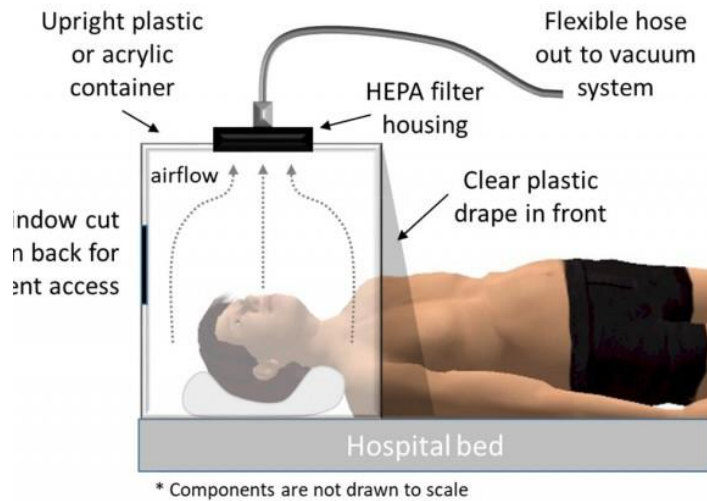


Local Exhaust Devices

- 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_biocontainment_unit_will_help_during_covid_19_crisis

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Neil McDermott, M.Sc., CRSP, CIH
Health & Safety Consultant
E nmcdermott@pshsa.ca
M (416) 895-8531

Connect with us:



@PSHSA.ca



Public Services Health and
Safety Association on LinkedIn



YouTube.com/PSHSA



Instagram.com/PSHSA

Phone: 416.250.2131

Toll free: 1.877.250.7444



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