



Preventing exposure to COVID-19

Emergency Medical Services Sector

June 17, 2020

Introduction:

As the global pandemic of COVID-19 persists, CUPE wants to ensure that employers and members continue to implement leading practices to prevent workplace exposure to the virus which causes COVID-19.

The guidance in this document is specific to addressing the hazard related to COVID-19. It is intended to assist CUPE health and safety activists in their efforts to ensure that adequate protections are in place for members. In the case of those workplaces that have suspended operations, the guidance is intended to assist in implementing effective controls prior to the resumption of normal operations.

The information linked below helps highlight some of hazards that increase the likelihood of exposure. Find CUPE's COVID-19 resources here:

- [General Occupational Guidelines for COVID-19](#)
- [COVID-19 Fact Sheet](#)
- [COVID-19 and the Right to Refuse Unsafe Work](#)
- [COVID-19 Cleaning and Disinfecting](#)
- [COVID-19 Personal Protective Equipment](#)
- [COVID-19 and the Use of Masks and Respirators](#)
- [COVID-19 Masks and Face Coverings](#)
- [Good Hygiene Practices and the Respiratory \(Cough\) Etiquette](#)

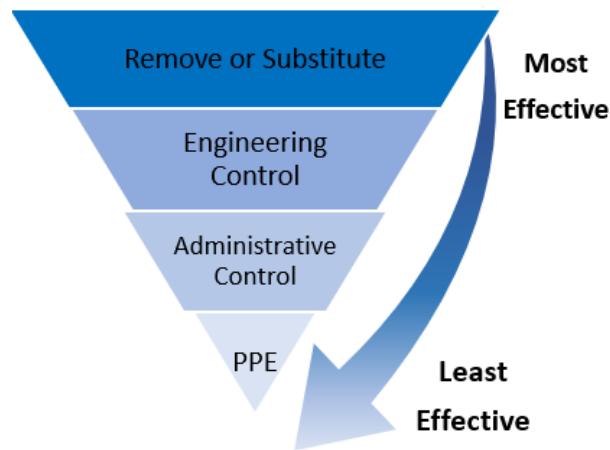
It remains vital that employers continue to work with their (joint) health and safety committee about the best way to control sector-specific hazards during this pandemic.

This document provides specific guidance to CUPE members working in the Emergency Medical Services Sector. General guidance can be found [HERE](#) and should be reviewed in conjunction with this document.

CUPE represents paramedics, communication officers, administrative, maintenance and support staff in emergency medical services.

Hierarchy of controls

Occupational Health and Safety (OH&S) is concerned with identifying workplace hazards and implementing control measures that reduce the risk of hazards leading to illness or injury. In the field of OH&S there is a concept called the “hierarchy of controls”. This is the broad category of controls that can be used to address hazards found in the workplace. They range from the strongest controls (eliminating the hazard) to the weakest controls (personal protective equipment (PPE)).



PPE is not the most effective hazard control. It is a last resort when the hazard cannot be adequately addressed using more effective controls “up” the hierarchy. Due to pervasive media coverage of PPE shortages across the world, and due to PPE’s vital role as one of many control measures that workplaces utilize, there is a common misconception that PPE is the best (or only) hazard control that can protect workers from COVID-19. This is a potentially dangerous assumption. It limits the discussion to, and consideration for, stronger control measures. CUPE members, locals and health and safety activists should be pushing for the best protections for their members.

When choosing controls, don’t forget other hazards and how they might be affected by new controls (for example, the hazard of working alone while practicing physical distancing and reduced number of people in the workplace or the PPE needed for cleaning).

All of the following sample hazard controls should be considered in addition to any other legislative and regulatory requirement such as policies and procedures for working alone, preventing violence, and so on.

Emergency medical services sector workers have a unique and important perspective in evaluating the effectiveness of controls proposed by the employer as they understand best how these tasks are performed in practice and what impediments there may be to implement administrative controls.

Remember: control of hazards related to COVID-19 are just one part of a much larger employer health and safety program. **All of the following hazard controls must be continuously monitored, evaluated, updated and revised in conjunction with your Health and Safety Committee or representative.**

Hazard Controls for the Emergency Medical Services Sector:

Elimination

All paramedic employers must take every precaution reasonable to eliminate the potential of paramedic exposure to COVID-19. Due to the nature of the work in emergency medical services sector settings, close contact with clients, patients/residents and staff is inevitable. As we've seen in other workplaces and sectors, the virus can be easily spread among staff or clients where adequate controls are not in place.

Emergency medical services sector settings should consider some of these elimination controls:

- Remote work arrangements remain among the strongest protections available and should be explored fully before other hazard controls are contemplated.
 - A thorough analysis of tasks should be performed to identify those which would be suitable for remote work.
 - If contemplating remote work, attention should be placed on ensuring that workers have the appropriate resources and support to perform those tasks. (e.g. they should have the appropriate telecommunication equipment, tech support or the name of their supervisor.)
- Workers who are sick must remain home. Employers should have clear rules around paid self-isolation and quarantine for those who are sick, or those who have been exposed to someone who has COVID-19. These plans should include how to handle situations with infected family members.
- Cancel all in-person non-critical programs until further notice.
- Conduct programs and meetings using a shared communications program (Facetime/Skype/Zoom). See further guidance on meetings below.
- Reduce the use of paper that will be handled by multiple workers using electronic documents.

Engineering Controls

This category of controls involves using barriers or separations to prevent employees from being exposed to hazards. For example, plexiglass barriers and other hard or soft material (including vinyl) surfaces have become a common application during the COVID-19 pandemic, installed at points of contact with clients or other staff or when two metres (six feet) of distance cannot be maintained in all directions.

Wherever possible, it is better to create permanent or semi-permanent barriers before utilizing administrative controls or personal protective equipment. For example, many of us have become accustomed to seeing plexiglass barriers for cashiers at the grocery store that separates them from the customers.

In the emergency medical services sector consider some of these engineering controls:

- Plexiglass shielding may be appropriate in different locations.
- Reduce shared offices to one-person offices and create additional office workspaces, properly spaced in all directions, within the facility.
- Ventilation systems can play an important role in preventing the spread of infections through the utilization of filters that catch most particles and adjusting the system to mix in more fresh air into a system. Ensure that ventilation systems are operating as designed.
- The furniture layout of workplaces should be used to promote physical distancing such as removing chairs around tables to promote a minimum of two metre (six feet) distance between others for seating.
- Visual markers (such as tape on ground and signage) should be used to help promote physical distancing throughout the facility.
- Distribute disinfecting and sanitization materials so that they are available to the workers at point of use for all work sites.
- Provide tissues and lined garbage bins. “No touch” garbage cans with a foot pedal (for example) should be used.
- Design workstations at crucial points for crucial tasks with the appropriate equipment and supplies. For example, having a location where paramedics who have been in contact with suspected or confirmed cases of COVID-19 have an appropriate and separate location where they can perform deep cleaning and discard contaminated materials after a call, and where paramedics can doff their contaminated PPE safely.
- Determine new limits for the number of people permitted to enter each building and room to ensure people are able to maintain a distance of two metres (six feet) in all directions.
- **Screening** (engineering considerations)
 - Implementing a process for effective and mandatory screening protocols by trained workers when entering the facility will help ensure people with potential COVID-19 symptoms are identified and not allowed access to the building.
 - Screening must apply to all who enter the building (staff, clients, essential visitors, external agencies and contractors etc.)
 - Information should also be provided to visitors about restrictions in place to limit the access to the workplace to essential visitors only.
 - Ensure people can only enter a building through an entrance where screening takes place.
 - Where possible, in person screening should be done through engineered barriers (such as Plexiglas) or appropriate PPE must be supplied to the persons doing the screening (see below).
 - Screening processes may include self-assessment, on-site screening (from two metres (six feet) and with appropriate controls) with daily logs kept for all

visitors, clients/patients/residents, and staff entering the building, and phone calls to members/contractors.

Vehicle use

- If it's practical, paramedics should use the same vehicle each day, and vehicles should be frequently disinfected in line with infection prevention practices for paramedic equipment.

Administrative Controls

Administrative controls are workplace rules that control or alter the way the work is done. These may include things like the timing of work, policies, and work practices such as standards and operating procedures.

In the emergency medical services sector consider some of these additional administrative controls:

General

- Employers must develop a comprehensive Exposure Control Plan, including ongoing hazard assessments (more than one may be required as circumstances, hazards and risks change) when anyone is confirmed or contact with cases of COVID or after having travelled internationally.
- If in-person meetings must happen, limit meetings and hold meetings outside or in a large space to allow for physical distancing of at least two metres (six feet) between people.
- As much as possible (recognizing the limitation of the work), practice physical distancing between coworkers, the public, and essential external visitors (where permitted).
- Food must be protected from contamination at all times. This may include ensuring guards or coverings for food, and utensils.
- Employers must have written COVID-19 policies, standard operating procedures and training programs for all classifications as part of their overall occupational health and safety information programs.
- Develop a method of clear and effective communication to workers because of how quickly information is changing. Workers need to *know what to do* in response to the changing working conditions.
- Perform Organizational risk assessments to identify those tasks that have direct contact with people and those where there is indirect contact. For example, in-person screening and deep-cleaning of contaminated ambulances and equipment should be considered higher risk tasks and controlled accordingly.
- Support safety-designed workstations by having processes in place to ensure that enough equipment is available and ready to use. These processes should be specific and include the frequency, equipment and necessary supplies that must be on hand at all times.

- Develop clear guidelines on what tasks new and inexperienced staff can perform and how they will be kept safe. For example, Essex service in Southern Ontario is using students to support their waste management program.
- Update the Pandemic Plan, in consultation with the Health and Safety Committee as often as necessary to protect workers.

Screening (administrative considerations)

- Employers need to provide appropriate training for the people staffing the screening areas (see screening in engineering controls above).
- Designated employees should be selected and trained to screen people who would enter the building (job should not be rotated).
- Employers must develop a response plan for how screeners direct visitors to not come into the workplace and maintain disinfection for when workers or visitors have been identified as suspected or confirmed or have symptoms of COVID-19.
- Staff should *self-assess* for symptoms prior to entering the location, mid-shift and at the end of the shift.
- Employers need to determine all the processes involved in screening including, what screening will be done, how screening areas will be stocked, how screening areas will be cleaned and sanitized and how waste management at these areas will be handled.
- Establish a designated area where ill/suspected workers may wait while either being screened or when they are awaiting to go home. That designated area would have dedicated staff & equipment to ensure proper familiarity with putting on and taking off PPE protocols and other safety processes.
- For external calls, employers will need to establish pre-screening procedures. During screening, dispatchers should ask about any other person who will be in the area during the appointment and where appropriate, screen this person for COVID-19 using the most recent medical definitions for COVID-19 from the provincial health officers, Ministry of Health and/or Centre for Disease Control. This applies to visitors to work sites such as where clients live. Point of work screening should be performed (following previous steps) if additional people not identified in the original pre-screen are present.

Physical Distancing

- Where workers must be in contact with the public (other than while providing medical services), or have meetings with the public, the employer should ensure that physical distancing of at least two metres (six feet) between persons occurs where possible (or with a physical barrier like plexiglass, as discussed above).
- If physical barriers aren't possible, communication should be done at distances greater than two metres (six feet).
- Stagger break times to reduce numbers of staff in close proximity in break rooms.
- While in station, if physical barriers aren't possible, communication should be done at distances greater than two metres (six feet).
- Employers should designate and affix signage indicating single direction travel paths for worksites and stairwells.

- If workers must work in proximity, keep them on the same team from day to day and avoid mixing to reduce the potential of exposure between work teams.
- Limit unnecessary on-site contact between workers and outside service providers.
- Avoid close greetings like hugs or handshakes.

Cleaning and Disinfecting

- Employers should have a procedure and supplies for hand hygiene (and other exposed areas if applicable) program that provide people the ability to wash for at least 20 seconds with soap.
- When washing with soap is not possible, workers should be supplied with a sanitizing liquid (at least 60% ethanol or 70% isopropanol disinfectant).
- Staff should wash their hands as soon as they enter the building. Handwashing or sanitizing stations should be made available in the entrance of the building.
- Keep a bucket or laundry basket close by for items to be deposited when they need to be cleaned.
- The employer should ensure enhanced disinfecting of surfaces, particularly “high touch” surfaces in all workplaces, vehicles and equipment or any other work duty related surface.
- There should be a particular disinfection program to deal with any confirmed cases of COVID-19 including what surfaces are to be cleaned, when, how often, with what disinfectants and by whom. This should include personal protective equipment as required by the Exposure Control Program and Hazard Assessment (see PPE section below).
- The employer must establish a tracking system of when the tasks were completed.
- While working, cleaning staff should close off the area to other people.
- Place posters that encourage hand hygiene, and respiratory etiquette at the entrance to the workplace and in other areas where they will be seen; graphics will be more useful than words.
- Use damp cleaning methods such as damp clean cloths, and/or a wet mop. Do not dust or sweep which can distribute virus droplets (fomites) into the air.
- It is important that when employers require workers to use hazardous products, that workers are trained ([See CUPE's WHMIS Sheet](#)).

Waste Management

- Have an appropriate waste management system to handle potential and contaminated waste (like used PPE) and ensure that workers know what those processes are.
- Contaminated items used by a person diagnosed or suspected to have COVID-19 should be placed in a plastic bag before disposing of it with other waste (double bagged).
- Wash hands appropriately with soap and water after handling contaminated items (even if gloves were used).

- Contaminated disposable cleaning items such as mop heads, cloths, etc. should be placed in a lined garbage bin before disposing of these items with regular waste via double bagging the items within a main garbage bag. Reusable cleaning items can be washed using regular laundry soap and hot water (60-90°C).

Personal Protective Equipment

PPE is worn by individuals to reduce exposure when in close contact to suspected or confirmed cases of COVID-19. PPE is a last resort and the lowest level of hazard control. If it is required to be worn, workers should be mindful of the following:

- Develop clear guidance about which workers will require PPE including when PPE needs to be inspected, put on, taken off or stored, decontaminated and/or sanitized. This clear guidance must be based on the manufacturer's instructions on care and use.
- PPE should be chosen and provided based on a Risk Assessment of the type of care or contact being provided including frequency of direct and indirect exposures, the number of infected, suspected or isolated persons that paramedics are in contact with and how COVID-19 is spread.
- For some activities related to PPE, paramedics may need additional monitoring to ensure that they are not unintentionally exposed and spreading viral particles to their co-workers, other patients, their family and friends and/or the community (sometimes knowns as doffing assistance).
- The equipment should be properly fitted, including respirator fit testing as necessary.
- Provide disposable gloves if an employee is not able to frequently wash or sanitize their hands and must contact people or surfaces that have not been recently sanitized.
- The employer must provide appropriate training about when PPE must be worn, how it must be put on and taken off and disposed of, and what its limitations are.
- If appropriate PPE cannot be worn or are not available, the worker should be reassigned to another work area. Workers have the right to refuse unsafe work [see fact sheet above].
- All PPE should be assessed for worker allergies or reactions to the PPE materials. If the worker is unable to wear the personal protective equipment, and hypoallergenic alternatives are not available, the worker should be reassigned to another work area without loss of pay or benefits as a result.
- All personal equipment should be regularly inspected for defects or damage.
- Develop a process to identify what hazards can safely be controlled with each piece/type of PPE (e.g. PPE must be suitable for work in the close confines of the ambulance).
- Employers must ensure appropriate hazard control measures are taken when paramedics are required to perform aerosol generating medical procedures ("AGMPs") (e.g. tracheotomy care with suctioning) to minimize aerosolization and protect paramedics and others from aerosolized fluids, including the provision of appropriate PPE.

- Eye Protection such as goggles are an important protection for paramedics in direct contact with suspected or confirmed cases of COVID-19. A full-face shield has the added benefit of protecting the mask underneath and can extend the useful life of a disposable mask by preventing it from contact with contaminants.
- Gowns/Body Coverings prevent clothing from becoming contaminated. Gowns should be considered if there is a potential clothing to become contaminated by another person's respiratory droplets.
- Determine usage rates of PPE and ensure that there is enough personal protective equipment, so workers are not required to share (this applies to either COVID-19-related PPE or regular PPE required to perform duties safely).
- Ensure staff vehicles are supplied with:
 - Hand sanitizers – with a concentration of at least 60% ethanol or 70% isopropanol disinfectant;
 - Tissues to catch coughs and sneezes; and
 - Wipes appropriate to ensure clean and disinfected surfaces, especially commonly touched vehicle surfaces and equipment (for example, steering wheel, door handles, dashboard, delivery carts).

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