


## OPSEU COVID-19 Pandemic Prep Checklist for Healthcare

	<b>Employer Obligations:</b>
	<p>Consult the Joint Health and Safety Committee (JHSC) on all measures, procedures and training and PPE supply with respect to COVID-19. JHSC members work in tandem with their union reps.</p>
	<p>Communicate measures and procedures to workers and provide all Chief Medical Officer of Health (CMOH) and system guidance to the JHSC and make the information available to workers.</p>
	<p>To protect against COVID-19 (or any novel pandemic virus), adopt the precautionary principle and issue N95s to every frontline worker if possible (or according to established priorities).</p>
	<p>Review and update existing institutional pandemic plans, developed in conjunction with the JHSC, to ensure they include staffing, communication, education and training for staff with respect to pandemic preparedness plans and the health risks of the current emergency and/or pandemic situation.</p>
	<p>Ensure that workers have ready access to the required PPE, are up to date on all their PPE training, such as for surgical masks, N-95 respirators and powered air-purifying respirators (PAPRs). Use of N-95 respirators requires fit testing prior (ideally biennially). Training should include the reason for and how to use it, all safety protocols, and how to don and doff (and dispose of) all equipment.</p>
	<p>Ensure that health care providers are fully trained, tested and drilled in the care provisions/ protocols required during a pandemic, including conducting a point-of-care risk assessment before each interaction with a patient and/or the patient's environment to evaluate the likelihood of exposure to contact, droplet and/or aerosols in care procedures, equipment and treatment settings to determine the appropriate safe work practices.</p>
	<p>Conduct a comprehensive organizational risk assessment, including determining all points of potential entry (and how to restrict them using prominent signage and limiting access) and other points of potential exposure for workers (e.g., screening, triage, isolation rooms).</p>
	<p>Implement changes in policies, procedures, equipment and the environment to eliminate or minimize identified risks in accordance with a hierarchy of controls and approach to hazards (using engineering and administrative controls at the source, along the path and at the worker to control hazards).</p>
	<p>Have in place relevant travel screening and worksite/unit exposure controls. Ensure that sufficient protective measures and equipment are in place for all screening locations at all entry points.</p>

	Have in place suitable structural barriers (e.g., ceiling-to-floor plexi-glass barriers at triage and registration), disposable equipment, and separate examination rooms and waiting area.
	Update N-95 respirator fit testing as needed and provide training for all workers who may be required to use them. Also provide information about the specific health risks present during an emergency pandemic situation so that protective equipment is used properly at all times (ie. donning, doffing, and disposal); if applicable require all health care workers to carry identification indicating the size of the fit-tested N-95 respirator needed.
	Have an adequate supply of all types of PPE, including surgical masks, N-95 and air-purifying respirators, gloves, impermeable gowns, head protection, face shield and foot protection, full body protection on hand and readily available as needed.
	Have airborne infection isolation rooms (negative pressure rooms) available and prepared for immediate occupancy whenever possible.
	When a suspect patient is identified, implement isolation measures in a negative pressure room if at all possible. If not available or possible, separate from other patients, with access to a dedicated washroom or commode, and ensure that only trained, properly equipped personnel (using PPE as directed) are assigned as care providers and enter these rooms.
	Create dedicated teams of clinicians who are protected with and trained, tested and drilled in the use of all personal protective equipment required for COVID-19, including teams trained in the use of N-95 respirators and PAPRs.
	Ensure sufficient staffing is available to supplement nurses and other health workers who need to care for patients in isolation and schedule work in a manner that allows for multiple rest periods and recovery periods, and implement systems for monitoring fatigue.
	Implement surge capacity (staffing) protocols as needed.
	Implement cleaning protocols requiring PPE such as fit-tested N-95, face shield, gloves, gowns, head and foot protection, and waste disposal protocols. Use disposable equipment whenever possible; non-disposable equipment should be dedicated to the patient.

- Notes: 1)** Content not exhaustive.
- 2)** Adapted from the Canadian Federation of Nurses (CFNU)’s Position Statement (February 19, 2020)— Safety is not negotiable: Pandemic Preparedness. The Coronavirus (COVID-19)
- 3)** This document references OPSEU’s Position on PPE during COVID-19: That available PPE (N95 and PAPRs) to be distributed and used by the workers at highest risk until supplies are ramped up. At best, the research on COVID-19 is unclear. Once supply ramps up, maximum protection should be the standard.