

## Sample Exposure Control Plan

To limit exposure to COVID-19, all employers are required to develop and implement an exposure control plan for their workplace. Part 6-22 of the Government of Saskatchewan's [Occupational Health and Safety Regulations 2020](#) specifies the informational elements that must be included in your exposure control plan. This is a template for an exposure control plan that the home operator can use.

*Sections in yellow need to be added to/changed for each home operator.*

1. Identification of workers who may be exposed to infectious organisms.

In this section, identify the positions of workers who could potentially be exposed to infectious organisms in the home (e.g., cook, environmental cleaning staff, nurse, care aide).

2. Identification of tasks/procedures that may put a worker at risk of exposure.

In this section, identify tasks or procedures that may put workers at risk of exposure to infectious organisms.

Examples: Conducting personal care e.g., assisting someone with activities of daily living, provide medical treatment, programing, or other activities etc.

Do your residents have aerosol generating medical procedures (AGMP) e.g., CPAP, nebulizers?

With certain illnesses such as COVID, if your resident is receiving an AGMP, staff will need to wear a N95 respirator (they must be fit tested).

3. Description of the way in which infectious organisms can enter the body of a worker, and risks associated with entry\*

### **Droplet/Contact Organisms**

Some examples are Influenza, common cold, COVID-19. These organisms (germs) spread through respiratory droplets that occur through coughing and sneezing and more (droplet transmission). These germs may also be spread by touching surfaces with the germs on it and then touching your mouth, nose or eyes before washing your hands. How long germs last on surfaces depends on the organism and the surface, but it could be a few hours to several days; therefore, isolation in personal care and group homes is important to prevent transmission.

***Influenza*** Causative Agent: Three strains of human influenza virus exist: they are type A, B, and C. Influenza types A and B are associated with seasonal epidemics. Emergence of completely new subtypes (antigenic shift) occurs at irregular intervals and occurs only with type A viruses. They are responsible for pandemics and result from the unpredictable recombination of human, swine, or avian (usually duck) antigens. The relatively minor antigenic changes (i.e., antigenic drift) of A and B viruses, that are responsible for frequent epidemics and regional outbreaks, occur constantly. **Symptoms - acute upper respiratory tract infection (URTI) characterized by abrupt onset of fever and chills; headache; malaise; myalgia; prostration; sore throat and cough (Taubenberger, 2008). Abdominal pain, nausea, and vomiting may also be present.** Reservoir/Source Primarily humans. Birds and mammalian reservoirs such as swine are likely sources of new human subtypes thought to emerge through genetic reassortment. Incubation period - usually 1-3 days. Period of communicability - contagious from 24 hours before the onset of symptoms to 3-5 days after peak symptoms appear (Saskatchewan Communicable Disease Control Manual).

***COVID-19*** Causative Agent: COVID-19, caused by SARS-CoV-2, is the most recent of seven known strains of Coronavirus. Of the six others, four cause only minor respiratory symptoms similar to those of a cold, and two (severe acute respiratory syndrome [SARS CoV] and Middle East respiratory syndrome [MERS CoV]), have been associated with more serious and life-threatening diseases. Significant additional information is still required to identify the origins of the pandemic. More information is needed on longer term consequences of infection. Viruses such as SARS-CoV-2 naturally mutate over time. The majority of mutations do not change the characteristics of the virus. Some mutations, or combination of mutations, can impact disease characteristics in a meaningful way (e.g., increased transmissibility, increased severity of disease, or decreased effectiveness of therapeutics and vaccines), leading to designation as a variant of concern. These types of mutations improve the “fitness” of the virus and over time, become the dominant strain (Saskatchewan Communicable Disease Control Manual).

Symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold. Symptoms may include one or more of the following:

- fever
- cough
- headache
- muscle and/or joint aches and pains
- sore throat
- chills
- runny nose
- nasal congestion
- conjunctivitis
- dizziness
- fatigue
- nausea/vomiting
- diarrhea
- loss of appetite (difficulty feeds for children)
- altered sense of taste or smell
- shortness of breath
- difficulty breathing

These may be unexplained new or worsening symptoms and may vary. Some people experience mild symptoms or no symptoms at all. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Older people or those with chronic illnesses are at higher risk for a more severe form of the disease. **Older adults may present differently than others with signs of delirium and lack of oxygen, fast heart rate or fast breathing.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7211267/>

## Contact Organisms

Some examples Gastrointestinal illness, Norovirus, *C. difficile*, food born illness, Antibiotic Resistant Organisms (AROs).

### ***Gastrointestinal Illness (G.I. illness)***

- A disease caused by a virus or bacteria.

#### ***How does a person get a G.I. illness?***

- The virus or bacteria has to enter the body in order to infect them. It is spread by:
  - person-to-person contact if hands are not washed thoroughly
  - drinking water or eating food contaminated with a virus or bacteria
  - contact with contaminated surfaces such as doorknobs, railings, taps and/or contact with infected stool
- It may be spread through the air when an infected person vomits.
- Outbreaks of G.I. illness commonly occur in group living facilities such as hospitals, schools, cruise ships and where groups of people gather in close proximity.

#### ***What are the signs and symptoms?***

- Symptoms may include abdominal cramps, nausea, vomiting, diarrhea, headache and low grade fever.
- Symptoms usually develop suddenly, but may occur anytime from several hours to several days after a person has become infected.
- The illness can last from a few hours to several days.

## ***Norovirus***

- A gastrointestinal infection and the most common cause of viral gastroenteritis in humans.
- The virus is found in the stool and vomit of infected persons. The virus then has to enter the mouth of another person in order to infect them. This can happen by:
  - Person-to-person contact (i.e., by sharing foods with infected persons, changing diapers of infected persons).
  - Drinking water or eating food which are contaminated with the virus.
  - Contact with contaminated surfaces or objects such as doorknobs, light switches, railings, sink taps, telephones.
  - Spread through the air when an infected person vomits.
  - Outbreaks of Norovirus commonly occur in group living facilities such as long-term care facilities, hospitals, schools, cruise ships, and where groups of people gather in close proximity.
- This virus is often the cause of foodborne outbreaks.

**NOTE:** Although this is a contact organism, it can spread through the air when a person vomits or has explosive diarrhea. For this reason, in outbreak situations Public Health may ask the home to implement Droplet/Contact Precautions.

### ***What are the signs and symptoms?***

- Symptoms develop quickly and may include abdominal cramps, nausea, vomiting, diarrhea, headaches, and low grade fever.
- Symptoms usually develop 12 to 48 hours after a person has become infected.
- The illness usually lasts 24 to 48 hours.

(SHA Public Health Quick sheets)

## ***Antibiotic Resistant Organisms (ARO)-MRSA, VRE, Carbapenamase Producing Organism (CPO)***

Antibiotic resistance is accelerated by the misuse and overuse of antibiotics, as well as poor infection prevention and control. Steps can be taken at all levels of society to reduce the impact and limit the spread of resistance. To help prevent the spread of antibiotic resistance, workers in personal care and group homes can prevent infections by ensuring hands, instruments, and environment are clean. As well, our society needs to work together to educate and only prescribe and dispense antibiotics when they are needed, according to current guidelines. (WHO, 2021).

The daily use of routine practices, if followed properly, should be enough to contain the spread of AROs in the home, however, there are times that additional precautions may be required.

***Additional Precautions*** are recommended only when the Risk of Transmission is assessed to be higher.

Factors to consider in deciding when Additional Precautions are needed:

- resident's mental status, ability to cooperate, level of self-care and personal hygiene
- ability to contain secretions, drainage, or excretions to prevent soiling of the environment

(Alberta Health Authority 2018).

## Airborne Precautions

Some examples are chicken pox, measles, tuberculosis, & other new emerging respiratory illnesses. Depending on the age and population of your home, you may not see airborne illness in your home.

See the Saskatchewan Communicable Disease Manual for further information on the illnesses described in this document, as well as others. <https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx>

In the section below, based on the CDC manual, add additional infectious organisms that may be applicable to your home. For example, a child & youth group home may want to add information about chicken pox.

#### 4. Description of control measures to be used

In the section below provide a description of the control measures to be used in your personal care/group/residential home

Examples: hand hygiene, personal protective equipment, isolation procedures for residents, cohorting of sick residents, staff and resident screening prior to work, vaccinations.



Topic	Link
Hand hygiene – training and practices	<a href="https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq">https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq</a> <a href="#">see module 2-Routine Practices.</a>
<b>Home Operator Plan:</b>	

Topic	Link
Cleaning practices	<p><a href="https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq">https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq</a>  <a href="#">See Module 2 Routine Practices</a></p> <p><a href="#">PIDAC: Best Practices for Environmental Cleaning for Prevention and Control of Infections   January 2018 (saswh.ca)</a></p> <p><a href="#">Routine Practices - SASWH</a></p>
<b>Home Operator Plan:</b>	
Personal protective equipment – training and use	<p><a href="https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq">https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq</a>  <a href="#">See Module 2 Routine Practices</a></p> <p>Do you know SASWH offers a PPE Train the Trainer Program? Train one or two of your staff to train the staff in your home in the proper use and donning &amp; doffing of PPE. SASWH also provides N95 Respirator fit testing. For both services, please contact <a href="mailto:info@saswh.ca">info@saswh.ca</a>.</p>
<b>Home Operator Plan:</b>	

Topic	Link
Isolation of sick residents	<a href="https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq">https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq</a> <a href="#">See Module 3-Additional precautions &amp; Module 4 Outbreak preparedness &amp; Management</a>  <a href="#">Outbreak Preparedness &amp; Management (saswh.ca)</a>
<b>Home Operator Plan:</b>	
Screening processes for staff	Process needs to be developed e.g., upon entry clean hands. Do not come to work sick. When to come back after an illness e.g., 48 hours after feeling significantly better. Your home may conduct random COVID antigen testing as a screening tool.
<b>Home Operator Plan:</b>	

Topic	Link
Resident sick	What to do if a resident is ill. Do not wait - Isolate!! See <a href="https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq">Module 3 &amp; 4 of the SASWH IPAC Modules</a> <a href="https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq">https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq</a>
<b>Home Operator Plan:</b>	
Visitors' policy	Process needs to be developed e.g., upon entry, clean hands; sign placed at front entrance "Do not enter if you are sick!" Your home may conduct visitor COVID-19 antigen testing as a screening tool.
<b>Home Operator Plan:</b>	

Topic	Link
Admission screening	Follow Public Health and your licensing body guidelines for admitting into the home. Do not transfer or admit in an Outbreak without Public Health/MHO approval.
<b>Home Operator Plan</b>	
Outbreak Management	Preventing the spread of illness <a href="#">Outbreak Preparedness &amp; Management (saswh.ca)</a>
<b>Home Operator Plan:</b>	

5. Identify the limitations of the infection control measures described in Section 2. Example: if the setup of the home does not allow for isolation of residents e.g., shared rooms; staffing levels.

6. Identify procedures to be followed if a worker has been exposed to COVID-19 or other infectious illness or if a worker believes they have been exposed.

7. Describe methods of cleaning or disinfecting PPE or other equipment that may be contaminated and identify who is responsible for carrying out these activities.

e.g., Identify what products will be used for routine cleaning and who will carry out these tasks.

8. Investigation and documentation

If an employee is exposed to COVID-19 or other infectious illness (e.g., Influenza, Norovirus) the employer is required to investigate to determine the route of exposure and implement measures to prevent further infection.

Use the table below to describe your process.

Examples of measures to mitigate risk:

- Training e.g., a review of using PPE correctly.
- Resolve supply issues.
- Initiate enhanced cleaning.
- Isolating residents and sending sick staff home.
- Cohorting staff – so staff do not cross over between sick residents and well residents.

## Checklist

### Training & Resources re: proper hand hygiene, PPE use and what is needed for an exposure control plan.

Employees should be trained in donning and doffing PPE as well as proper hand hygiene. If an aerosol generating medical procedure (AGMP) is being performed by staff on a COVID-19 positive resident, they need to be fit tested for an appropriate N95 respirator and trained on the procedures to follow for cleaning and disinfecting. Reg 88 OH&S. (4)

(4) Where respiratory protective devices are used only for emergency purposes, an employer or contractor shall ensure that a worker who may be required to use a respiratory protective device is given semi-annual refresher training in its safe use.

- We have a training plan for new and existing staff in this exposure control plan and appropriate reviews as required.
- We have trained employees in routine practices, which includes, point of care risk assessment hand hygiene, proper PPE use and cleaning & disinfecting and more.  
<https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJag>
- We understand the limitations that PPE has in providing protection and how they need to be used in combination with other control measures.

## Checklist

### Screening Protocols

- We screen all staff and visitors that enter the home for any illness that could be infectious in nature. This includes respiratory illness (e.g., COVID-19, influenza, colds) and enteric (stomach bugs e.g., norovirus)
- Our policies prohibit anyone who is required to self-isolate from entering the workplace.
- Our workplace policies ensure that workers and others showing symptoms of COVID-19 and other infectious illness are prohibited from entering the workplace and if they do become ill at work to report or go home. Call 811 for guidance and get tested per current SHA/Government recommendations

## Checklist

### Cleaning Protocols

- Clean and disinfect any surfaces that an ill worker or resident come into contact with.
- Implement enhanced cleaning. High touch surfaces (light switches, doorknobs, bathroom fixtures, remote controls, etc.) should be cleaned and disinfected at least twice daily in cases of outbreak or if it is expected that an infectious illness has entered the workplace (home).

## Other Resources

### Information for Residential Homes - Personal Care Homes (PCHs), Group Homes and Assisted Living Facilities

Government of Saskatchewan – COVID-19 page

[COVID-19 | Emerging Public Health Issues | Government of Saskatchewan](#)

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare (2017) - [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings - Canada.ca](#)

Albert Health Authority Additional Precautions for ARO Positive Residents in Continuing Care (2018)

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-aro-info-cc.pdf>

World Health Organization - Antibiotic Resistant Organisms (2021)

<https://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance>

Saskatchewan Communicable Disease Manual

<https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx>