

This tip sheet is intended for employers and workers involved with the administration of COVID-19 vaccinations.

In all cases, guidance from local public health authorities must be followed and general COVID-19 prevention practices should be implemented, as outlined in: www.ccohs.ca/pdfs/covid-general.pdf

Consider the Risks

The spread of COVID-19 increases in situations involving close interactions with others, in closed spaces, and crowded places. The chances of COVID-19 spreading during these activities depends on the number and characteristics of people who attend (e.g., age, maturity, physical ability, comprehension), proximity, length of the interactions between people, as well as the prevention measures put in place by employers.

Vaccines are currently being administered at vaccination centres (e.g., hospitals). Other locations are likely to follow. Some vaccines require storage in temperatures ranging from -90°C to -60°C and may require the use of specialized freezers or thermal containers. Health care providers will need to follow the manufacturer's instructions, such as storing the vaccine in dry ice (solid carbon dioxide) if the vaccine needs to be transported off-site.

Each centre may have unique situations. Employers are encouraged to complete a risk assessment for each interaction and implement measures to control the spread.

Distribution

- The vaccine is being administered in stages based on higher rates of infection.
- Initially, the vaccine will likely be given to:
 - Persons living and working in congregate living centres that provide care for seniors (e.g., long-term care, assisted living, chronic care, and retirement homes).
 - Adults aged 70 years and older, beginning with those over 80 years.
 - Health care workers and personal support workers providing direct patient care.
 - Adults in Indigenous communities.
- As more vaccine doses become available it will be given to:
 - Health care workers not included in the initial rollout.
 - Residents and staff of all other congregate settings (e.g., migrant workers, correctional facilities, homeless shelters).
 - Essential workers (e.g., police, firefighters, food production).
- Immunization will continue and will expand to all Canadians.

Communication

Clearly communicate any new practices and policies to manage expectations. Share information online, through advertisements, with notices at the front doors, and verbally through staff.

- Make sure communication is suitable for people's age, ability, reading level and language preferences.
- Make sure staff and clients know the preventative measures in place before they arrive on-site.





- Inform people that vaccination is not mandatory.
- Provide information about the vaccine including risks, benefits, and safety precautions. Check the manufacturer's and public health websites for tips.
- Encourage people to stay at home in certain situations (based on local/jurisdictional public health recommendations).
- · Consider an online reservation system to help manage the number of people receiving a vaccination and to reduce waiting time.
- Inform people at the time of booking not to enter the facility if they may be sick, suspect they may have been exposed, or have travelled outside of Canada within the last 14 days.
- Ask people to arrive no more than 15 minutes before their appointment time.
- Notify people about any closures to amenities and services (e.g., restricted access, washrooms).
- Post signs throughout the centre to encourage physical distancing, cleaning and disinfecting of equipment, hand hygiene, and respiratory etiquette.
- Help people understand that protective measures and reduced services are still necessary. Ask them to be considerate of workers and others.

Screening

- Screen everyone before they enter the building using a checklist from your local public health authority.
- Record the names and contact information of all people who enter the centre to assist with contract tracing if needed. Make sure that privacy is protected, and that the information is stored in a safe and secure manner.
- Establish procedures for people who do not pass screening or become ill while at the centre. They should wear a mask (if
 not already doing so), return home (preferably not by public transit), and call their health care provider or local public health
 authority for further instruction.

Physical Distancing

- Set occupancy limits for the centre to allow for spacing people at least 2 metres apart.
- Establish separate areas for screening, waiting, and injection areas to reduce the number of people in each area.
- · Provide a separate area for people to wait for 15 minutes following the injection and to leave afterward.
- Arrange or block off seating areas to promote physical distancing. Include areas in and outside the building, and in any vehicles (i.e., shuttle buses) used to transport people to vaccination centres.
- Prepare for exceptions to distancing guidance:
 - Anyone rescuing a distressed person, providing first aid, or performing cardiopulmonary resuscitation, with or without an automated external defibrillator.
 - Evacuating during an emergency.

Engineering Controls

- Install physical barriers, one-way routes, floor markings, and other visual cues where appropriate throughout the centre.
- Restrict access to areas where the general public does not need to go.
- Install plexiglass or other solid barriers that are higher than head height. (e.g., at the reception area).
- Install, inspect and maintain generators in accordance with manufacturer's instructions to ensure storage temperatures can be maintained in the event of an electrical outage.





Ventilation

- Follow the safety data sheet for proper ventilation when storing dry ice. A leak could displace oxygen from the room.
- Make sure the ventilation systems are operating properly.
- Increase circulation of outdoor air as much as possible by opening windows and doors or other methods. However, do not
 open windows and doors if it poses a safety risk.
- Ventilation systems should be adjusted to:
 - Increase filtration efficiency to the highest level appropriate for the system.
 - Increase fresh air flow/percentage of outdoor air (increase percentage of outdoor air in heating, ventilation, and air conditioning (HVAC) air supply, open windows and doors, etc.).
 - Limit use of demand-controlled ventilation; keep system running at the optimal setting.
 - Explore the use of portable high efficiency particulate air (HEPA) filtration units.
- · Consult an HVAC professional before making changes to the ventilation system.

Administrative Controls

- Set a policy for what is expected of employees if they get sick, have symptoms, receive a positive COVID-19 test or result, or if an exposure is reported involving a staff member, contractor or guest.
- Encourage employees to only work at one location and assign cohort groups of workers to the same shifts every week if possible.
- Stagger start, end, and break times to limit the number of employees at entrances and break rooms.
- Consider vaccine distribution to worker cohorts.
- Provide WHMIS training for workers handling dry ice (carbon dioxide), on how to safely handle, store, and respond in case of an emergency.
- If there are fewer employees available, make sure essential roles such as trained supervision, and first aid or emergency response persons are still present.
- Minimize contact during sign-in. Have the supervisor sign in for people (or provide separate pens), or have people text the supervisor. Clean any sign-in devices between users.
- Use videoconferencing or teleconferencing for meetings and gatherings. If this is not possible, hold meetings in open, wellventilated spaces or outside. Maintain physical distancing and wear masks as necessary.
- Remove communal coat check areas and shared footwear or clothing. Allow employees to store their personal items separately or in sealed bins or bags if they do not have lockers.
- Shut off water fountains or replace them with water bottle refill stations. Each person should use their own labelled water bottle.
- Discourage unnecessary physical contact such as hugs, handshakes and high fives.

Personal Hygiene

- Hand wash and sanitizer stations should be well stocked and easy to find near the entrance and other appropriate areas. Make sure they are accessible to persons with disabilities.
- Perform hand hygiene when entering and exiting the centre, after using washrooms, before and after touching shared equipment and surfaces and after contact with another person.
- Encourage good respiratory etiquette. Sneeze or cough into a tissue or into the bend of your arm instead of your hands.
- Encourage the use of tissues and other means to prevent the spread of bodily fluids. Immediately dispose of used tissues in lined garbage cans and follow up with hand hygiene.





Cleaning and Disinfecting

- Develop a cleaning and disinfecting program with a schedule and checklists for all areas and equipment.
- Clean and disinfect shared work areas, facilities, and equipment between users or shifts.
- Focus on high-touch surfaces and objects such as doors, counters, chairs, handles, railings, lounge chairs, touchscreens, phones, light switches, faucets, taps, sanitizer dispensers, water bottle refill stations, and protective barriers.
- Emergency equipment should be cleaned and disinfected after each use.
- Remove soft furnishings and objects (e.g., magazines, newspapers) that cannot be easily cleaned.
- Use a household or commercial disinfectant to destroy or inactivate the virus. Use a disinfectant with a drug identification number (DIN). This number means that it has been approved for use in Canada.
- Read and follow the manufacturer's instructions for the safe use of products (e.g., wear rubber gloves, use in well-ventilated area, allow enough contact time for disinfectant to kill germs based on the product being used).
- If approved household or commercial disinfectant products are not available, hard surfaces can be disinfected using a mixture of 5 mL of bleach (5% sodium hypochlorite) and 250 mL of water. Test surfaces before using a bleach solution. Bleach can be corrosive. Follow instructions for the safe handling of bleach.
- If the use of liquids can be withstood, disinfect high-touch electronic devices (e.g., touch screens, pin pads, keyboards) with alcohol or disinfectant wipes.
- Clean so that when the surface is wiped, the surface still appears wet.
- Provide staff with training on cleaning and disinfecting procedures, adequate supplies, and access to required personal protective equipment. Check the product's safety data sheet or label for safe use instructions.
- Use dedicated re-useable cleaning materials (towels, sponges, mops, etc.) that can be washed using laundry soap and then dried completely.
- Dispose of single-use tissues, wipes, gloves, and other cleaning materials in a plastic lined waste container. Empty garbage at least daily. Use disposable gloves when handling garbage.
- Replace garbage bins with no-touch receptacles or remove lids that require contact to open.

Personal Protective Equipment (PPE)

- Supply cryogenic gloves to workers who handle vials stored in freezers, thermal containers or dry ice.
- Wear gloves and use tongs, scoop or shovel when working with dry ice. Do not touch dry ice with bare hands or allow it to get on your skin. Consider wearing long sleeves and long pants.
- Gloves should be easy to remove so you can react if a piece of dry ice contacts your skin.
- Wear eye protection (e.g., goggles and face shield) to protect against dry ice contact.
- If working in cold temperatures, wear appropriate protective, cold-insulating clothing.
- If refrigeration fails or there is a leak, respirators such as supplied air breathing apparatus may be required for emergency personnel if the gases from the dry ice have displaced the oxygen in the room.
- Continue to use PPE for existing safety hazards and emergencies as directed by applicable laws and workplace procedures.
- Gloves are not needed to administer vaccines unless the skin is compromised.
- Situations where PPE may be needed include:
 - Gloves when cleaning.
 - Disposable gloves when cleaning blood or body fluids in the event an ill individual requires direct contact (i.e., for emergency first aid).
 - Use of a pocket mask with a one-way valve to help protect themselves should mouth-to-mouth resuscitation be required.
 Follow updated protocols for providing first aid.





- PPE such as a medical mask, eye protection, gown and gloves should be immediately available to all personnel who need to provide first aid or respond to a health emergency.
- If workers need to wear PPE, train them on how to wear, remove, work with, and care for the equipment, and to understand its limitations.
- Clean and disinfect any shared PPE before you wear it.
- Wash hands before wearing and after removing PPE.

First Aid after Contact with Dry Ice

- Refer to the first aid measures described in the safety data sheet provided by your supplier:
- In the case of skin contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Do not rub the affected area.
- In the case of eye contact:
 - Immediately flush eyes thoroughly with water for at least 15 minutes.
 - Hold the eyelids open and away from the eyeballs to ensure that all surfaces are flushed thoroughly.
 - Contact an ophthalmologist immediately.
 - Get immediate medical attention.
- In case of inhalation:
 - Remove victim to uncontaminated area wearing self contained breathing apparatus.
 - Keep victim warm and rested.
 - Call a doctor or 911.
 - Apply artificial respiration if breathing has stopped.

Non-Medical Masks

- To protect yourself and others, wear a non-medical mask when:
 - Indoors in a shared space (e.g., homes, workplaces, retail settings, backyards, parks) with people from outside of your immediate household
 - Outdoors and physical distancing is difficult to maintain or is unpredictable (e.g., outdoor markets, skating rinks, neighbourhood activities such as backyard/street get-togethers)
 - Advised by your local public health authority (e.g., when there is a case in the home)
- Non-medical masks should be made of at least 3 layers
 - 2 layers of tightly woven fabric
 - A 3rd middle layer of filter-type fabric
- Neck gaiters (neck warmers) are not recommended. They are not secure to the face and create challenges with contamination when removing them.
- Masks with valves are not recommended. They do not limit the spread of the virus because the valve can allow droplets to escape the mask.
- A mask should not be worn by anyone who is unable to remove it without assistance (e.g., due to their age or ability).
- Wear the mask correctly, making sure the nose, mouth and chin are covered without gaping.
- Do not touch the mask while wearing it.
- Be aware that non-medical masks have limitations, and improper mask use and disposal can increase the risk of infection.





- Instruct workers and others to change their mask if it becomes wet or soiled. They may wish to bring a second mask in a clean
 paper bag, envelope, or container that does not trap moisture.
- Reusable soiled masks should be stored in a separate bag or container.
- People should be instructed not touch the outside of the mask while removing it and to wash their hands when finished.
- Consider using a transparent mask or face shield, if appropriate, for individuals that may require that visibility (e.g., hearing impaired). Do not allow the mask to be a hazard to other activities, such as getting caught on moving machinery or equipment
- Remember that wearing a non-medical mask alone will not prevent transmission of COVID-19; you must also consistently maintain personal preventative practices (e.g. physical distancing, personal hygiene, etc.

If you or someone you know is in crisis, please contact your local hospital, call 911 immediately, or contact a Crisis Centre in your area.



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For further information on COVID-19, refer to the Public Health Agency of Canada https://www.canada.ca/coronavirus

Note that this guidance is just some of the adjustments organizations can make during a pandemic. Adapt this list by adding your own good practices and policies to meet your organization's specific needs.

Disclaimer: As public and occupational health and safety information is changing rapidly, local public health authorities should be consulted for specific, regional guidance. This information is not intended to replace medical advice or legislated health and safety obligations. Although every effort is made to ensure the accuracy, currency and completeness of the information, CCOHS does not guarantee, warrant, represent or undertake that the information provided is correct, accurate or current. CCOHS is not liable for any loss, claim, or demand arising directly or indirectly from any use or reliance upon the information.

