Best Practice Guideline
for Workplace Health & Safety During Pandemic Influenza

Including employment standards rights and obligations

This publication is available to view or order online at **www.gov.ns.ca/lwd**

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Section 1: Overview

During pandemic influenza, you may contact the virus inside or outside of the workplace. How can you protect workplace health and safety? How will employment standards apply during pandemic influenza? Read on to learn more.

Pandemic influenza is a potential biological hazard. During a pandemic, you need to

- assess the increased risk of exposure to pandemic influenza virus in job tasks and put appropriate controls in place
- assess workplace hazards due to absenteeism, resulting from illness or caring for ill family and friends, and establish controls to address any new hazards or operational changes absenteeism may create

The information in this document is, to the best of our knowledge, current at the time of printing. The document is a guide for all workplaces. It provides information on legislated requirements, best practices, guidelines, and strategies in workplace health and safety and employment standards during a declared influenza pandemic. Legislated requirements are specifically identified, but most of the information is general in nature. This is not a definitive guide to specific practices or procedures. Only you can identify the specific hazards and the controls required for your workplace.

Nova Scotia's requirements for health and safety are outlined in the Occupational Health and Safety Act and applicable regulations. You can view or download the act and regulations on the Nova Scotia Department of Labour and Workforce Development website at **http://gov.ns.ca/lwd/healthandsafety/pubs.asp**

RESOURCES

Copies of Occupational Health and Safety Act, Regulations, and the Labour Standards Code are available online at www.gov.ns.ca/justice

Section 2: What is Pandemic Influenza?

What is a pandemic?

A pandemic is a worldwide outbreak of a communicable disease that affects a large proportion of the population.

What is pandemic influenza?

Influenza is an infection of the lungs and airways caused by an influenza virus. Pandemic influenza occurs when a new influenza virus circulates worldwide and spreads easily from human to human. Most people have no immunity to this new influenza virus. Therefore, infections, illness rates, and number of deaths are expected to be higher than during seasonal epidemics of those influenza viruses that have been circulating for years.

The symptoms of pandemic influenza may be more severe than seasonal influenza. Influenza is different from the common cold or the stomach flu in a number of ways. It usually involves a high fever and a cough. It often involves the whole body, with chills, aches, and pain. It commonly includes extreme tiredness. Pneumonia may develop as a complication, which can be life threatening. Refer to Appendix 1 for a comparison of the symptoms between influenza, the common cold, and stomach flu.

Why did scientists expect another pandemic influenza?

In the 20th century, the world experienced three pandemics from the influenza virus:

- 1918–1919 Spanish influenza
- 1957–1958 Asian influenza
- 1968–1969 Hong Kong influenza

Over the centuries, the average time between influenza pandemics has been 25 years, but the range has varied. More than 35 years have passed since the last pandemic influenza.

How is pandemic influenza different from seasonal influenza?

seasonal	pandemic
• A disease caused by influenza viruses carried and spread between humans • Various strains circulate within the population, changing slightly from year to year • People are exposed to these viruses many times throughout their lives • Most people have some immunity to the slightly changed strains of the viruses that circulate each year—they may become ill from the virus, but the illness is usually mild • Most deaths occur in people whose immune systems are already weakened by other medical conditions • Vaccines are created each year to protect against the most common strains currently circulating	• A disease caused by a new strain of influenza virus that is carried and spread between humans • A new strain spreads quickly among people worldwide • Most people have no pre-existing immunity to the new strain • New strain has the potential to cause widespread illness and a large number of deaths, with deaths occurring even in people considered otherwise to be in good health • A vaccine cannot be developed until after the new strain has emerged

Seasonal human influenza is not addressed in this document.

Section 3: The Workplace During Pandemic Influenza

How does pandemic influenza relate to you and your workplace?

Pandemic influenza introduces a new biological hazard into the workplace. Health Canada estimates that 30 per cent of workers may be absent during pandemic influenza. Your overall workplace hazard assessment must consider the pandemic influenza virus and shortages in operational and safety-critical functions due to the anticipated increased absenteeism.

How can the workplace prepare for and respond to pandemic influenza?

This document addresses workplace health and safety best practices, options, and strategies for preparing and responding during pandemic influenza to preserve health and safety in all Nova Scotia workplaces.

The hazard assessment tool focuses on potential and actual health and safety issues during pandemic influenza and methods for controlling or reducing the risk of exposure to pandemic influenza in the workplace. Information is included on workplace emergency preparation for pandemic influenza. The final section of this document includes information to assist in developing policies to address employment standard issues.

Section 4: Roles and Responsibilities – Workplace Health and Safety

The Nova Scotia Occupational Health and Safety Act and applicable regulations set out the legal requirements that you and your workers must meet to protect the health and safety of both ourselves and others. These are **minimum** requirements.

LEGISLATED REQUIREMENTS

Under Section 13 (1) (a) of the Occupational Health and Safety Act, every employer shall take every precaution that is reasonable in the circumstances to ensure the health and safety of persons at or near the workplace.

Under Section 17 (1) (a) of the Occupational Health and Safety Act, every employee, while at work, shall take every reasonable precaution in the circumstances to protect the employee's own health and safety and that of other persons at or near the workplace.

LEGISLATED REQUIREMENTS

Under Section 13 (1) of the Occupational Health and Safety Act, every employer shall take every precaution that is reasonable in the circumstances to

(b) provide and maintain equipment, machines, materials or things that are properly equipped with safety devices;

(c) provide such information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees;

(d) ensure that the employees, and particularly the supervisors and foremen, are made familiar with any health or safety hazards that may be met by them at the workplace;

(e) ensure that the employees are made familiar with the proper use of all devices, equipment and clothing required for their protection; and

(f) conduct the employer's undertaking so that employees are not exposed to health or safety hazards as a result of the undertaking.

Best Practices

This document gives an overview of best practices in workplace health and safety for protection from pandemic influenza.

For the purposes of this document, a **best practice** is a program, process, strategy, or activity that

- has been shown to be effective in the prevention of workplace illness or injury
- has been implemented, maintained, and evaluated
- is based on current information
- is of value to, or transferable to, other organizations

Best practices are living documents. They must be reviewed and modified regularly to assess validity, accuracy, and applicability.

Section 5: Hazard Assessment and Control – Pandemic Influenza

What is a Hazard?

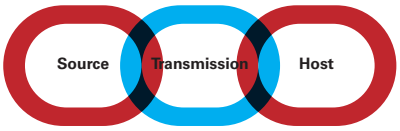
A hazard is any situation, condition, or thing that may be dangerous to the safety or health of workers.

Hazards may be grouped into four categories: biological, physical, chemical, and psychological.

Biological Hazards	• viruses, including viruses that can cause pandemic influenza • fungi • bacteria • moulds • blood and body fluids • sewage
Physical Hazards	• lifting and handling loads • repetitive motions • noise, vibration, or radiation • heat and cold stress
Chemical Hazards	• chemicals, such as battery acids, solvents, cleaners • dusts, such as from grinding, asbestos removal, sandblasting • fumes, such as from welding • mists and vapours • gases
Psychological Hazards	• working conditions • stress • fatigue

What category of hazard is pandemic influenza?

The pandemic influenza virus is a biological hazard. For the pandemic influenza virus, consider how it is transmitted in the hazard assessment.



The transmission of the pandemic influenza virus can be represented as links in a chain:

- the source of the influenza virus
  - droplets from infected co-worker or client
  - contact with a contaminated surface
  - contact with contaminated equipment
- the transmission of the influenza virus—between the source and the worker
- the host for the virus—a person

Infected droplets are released into the nearby space when a person with pandemic influenza coughs or sneezes. Droplets can be propelled a distance of about 2 metres (Canadian Pandemic Influenza Plan, 2006). The influenza virus is thought to be primarily transmitted through infected droplets that directly contact the nose, mouth, or eyes of a host. Influenza can be indirectly transmitted to a host through contact with an infected source, such as hands or objects contaminated with pandemic influenza virus.

DID YOU KNOW?

The virus contained in droplets can be propelled about 2 metres when a person with pandemic influenza coughs or sneezes. The virus can live on hard surfaces for 1 to 2 days; on cloth, tissue, and paper for 8 to 12 hours; and on hands for 5 minutes.

Responsibilities

LEGISLATED REQUIREMENTS

Employers

Under Section 13 (1) (f) of the Occupational Health and Safety Act, every employer shall take every precaution that is reasonable in the circumstances to conduct the employer's undertaking so that employees are not exposed to health and safety hazards as a result of the undertaking. For instance:

- Assess a work site and identify existing or potential hazards.
- Prepare a written and dated hazard assessment, including the methods used to control or eliminate the hazards identified. A properly completed checklist is acceptable as a written hazard assessment.
- Involve workers in the hazard assessment.
- Make sure workers are informed of the hazards and the methods used to control the hazards.

When to Repeat the Hazard Assessment

An employer must make sure that a hazard assessment is done at the following times:

- at reasonably practicable intervals to prevent the development of unsafe and unhealthy working conditions
- when a new work process is introduced
- when a work process or operation changes
- before the construction of a new work site

Identifying the hazards relating to pandemic influenza should be part of your overall hazard assessment. Review the hazard assessment regularly to ensure that any new hazards or operational changes are addressed.

Why assess?

Assessing hazards means taking a careful look at what could harm workers at the workplace. The purpose of including pandemic influenza in the hazard assessment is to address

- the biological exposure risk and control as appropriate
- the increased absenteeism from pandemic influenza and any resulting hazards or operational changes

There are a number of phases that occur before pandemic influenza is identified. The chart on the following page outlines the phases in the gradual progression to pandemic influenza.

Pandemic influenza phases (adapted from the WHO global influenza preparedness plan 2009)*	
Phase	**Characteristics**
Phase 1 Inter-Pandemic	Influenza virus subtype may be present in animals or birds. No new influenza subtypes detected in humans. The risk of human infection or disease is low.
Phase 2 Inter-Pandemic	A circulating animal or bird influenza poses a substantial risk of disease to humans. No new influenza viruses detected in humans.
Phase 3 Pandemic Alert	Humans have been infected with a new subtype of influenza originating from animals or birds, but there has been no significant human-to-human spread (except in rare instances of close contact).
Phase 4 Pandemic Alert	Small clusters of sustained human-to-human transmission, but the disease is not widespread (still localized at community level).
Phase 5 Pandemic Alert	Human-to-human transmission of the same new influenza virus with a sustained community level outbreaks in two or more countires in one WHO region.
Phase 6 Pandemic Influenza	Increased and sustained human transmission of the same new influenza virus within the general population with sustained community level outbreaks in at least one other country in another WHO region.

* For more specific information refer to **www.who.int/about/regions/en/**

During pandemic influenza, a worker at a public reception desk

- keeps a distance of more than 2 metres from clients (social distancing)
- limits sharing of equipment (for example, pens, phones) with co-workers and clients
- ensures the hard surfaces of the work area are cleaned with regular household cleaner at least daily or when changing work stations
- washes hands frequently and limits touching own mouth, eyes, and nose to prevent any virus from being transmitted from hands to mouth, eyes, or nose.

Six steps for preparing your pandemic plan

Include pandemic influenza as a potential biological hazard in the workplace hazard assessment and as part of emergency planning. (Section 6 elaborates on emergency planning.)

Step 1: List types of work and work-related activities

Give a general description of the work and a list of job tasks. Identify actual or potential exposure to the pandemic influenza virus in the workplace, specifically the risk of exposure to pandemic influenza in the job tasks.

When assessing the risk of exposure to pandemic influenza in the job tasks, consider that working with people who are symptomatic (such as coughing) from pandemic influenza in close proximity increases the risk of exposure to pandemic influenza.

A person infected with pandemic influenza may be contagious 24 hours before the onset of symptoms. However, we assume the risk to be a lower before onset of symptoms, because they are not spreading the virus through coughing, etc. The contagious period continues for up to 5 to 7 days after the start of symptoms, with the most efficient transmission of the virus believed to occur when symptoms that are at high risk to spread the virus, such as coughing, are the greatest. Use the chart on the next page to help with risk analysis. Determine if the job tasks and workplace activities may bring your workers into potential higher contact with pandemic influenza virus within small poorly ventilated workspaces.

Questions to ask

- What job tasks increase potential exposure to the pandemic influenza virus in the workplace?
- Who is potentially exposed to the pandemic influenza virus as part of their work?
- How often are workers exposed to the hazard?
- Do work processes increase exposure to the pandemic influenza virus, for example, aerosol-generating medical procedures?
- When is the greatest risk of exposure?
- Do the job tasks require contact with symptomatic pandemic influenza patients or persons in small, poorly ventilated workspaces?

FOCUS

Use the general guidelines on page 10 to estimate the pandemic influenza exposure risk—minimal, lower, and higher exposure job tasks—for people in your workplace. A summary of controls linked to minimal, lower, and higher exposure job tasks will follow.

DID YOU KNOW?

Social distancing means keeping a distance of more than about 2 metres from another person whether or not they are demonstrating any symptoms of pandemic influenza (coughing, fever, etc.).

General guidelines for assessing pandemic influenza exposure risk in the workplace by job task[1]

Risk assessment process: Determine the workspace exposure (column 1). Add the job task exposures (column 2). This process will help you determine the level/risk of workplace exposure to pandemic influenza virus for your workers. A summary of controls linked to minimal, lower, and higher job tasks follows on pages 20–23.

Workspace: 1. Where will workers be exposed to pandemic influenza infected persons?	**Job Task:** 2. Decide on the job tasks and the workers potential ability to limit exposure to pandemic influenza infected persons.
Minimal Exposure Job Tasks	
Workers with no contact to pandemic influenza infected persons in the workplace.	Job tasks that do not require close contact to another person.
Lower Exposure Job Tasks	
Workers who may be exposed to infected persons from time to time in relatively large well ventilated workspaces. (choose one from column 2)	Workplace contact to another person in job tasks that allow social distancing. Social distancing means keeping a distance of more than about 2 metres from another person.
	Job tasks that require close contact with clients or co-workers (within a distance of 2 metres). The individuals are **not** demonstrating symptoms of pandemic influenza (coughing, fever, etc.) at the time of contact.
	Job tasks in potentially contaminated environment[2]. Potential exposure can occur in work areas open to public, etc.
	Contact with symptomatic pandemic influenza patients in job tasks that allow social distancing or where the worker has the ability to keep a distance of more than about 2 metres from patient symptomatic with pandemic influenza (case).
Higher Exposure Job Tasks[3]	
Workers who may have contact with symptomatic infected persons in small, poorly ventilated workspaces. (choose one from column 2)	Job tasks require close contact within (2 metres) with a patient symptomatic with pandemic influenza (case[4]).
	Job tasks in the same room as aerosol generating medical procedure being performed on person symptomatic with pandemic influenza (case).

1 PLEASE NOTE: this table is for use as a tool in generally estimating risk of exposure to the pandemic influenza virus in the workplace

2 Laboratory workers may have higher exposure during pandemic influenza and will need to reassess risk of exposure frompandemic influenza in the work environment based on specific job tasks and apply appropriate controls based onworkspace exposure. Interim guidance recommendations are or will be available and updates provided at **www.phac-aspc.gc.ca/ols-bsl/banhsl-abnhgp-eng.php**

3 Case Definition – Medically diagnosed suspect or confirmed case of highly contagious, febrile, acute respiratory infection of the nose, throat, bronchial tubes, and lungs caused by the pandemic influenza virus.

Step 2: Identify the hazard

Determine the hazards associated with workplace exposures and job tasks. In addition to job tasks that increase the risk of exposure, consider the sources of pandemic influenza or spread from the source of the virus to the worker and potential routes of transmission.

Questions to ask

- What sources exist for potential exposure to the influenza virus as a workplace hazard?
- What are the potential routes of transmission based on exposures in this workplace?
- What are the routes of entry for the worker based on the exposures in this workplace?

How can pandemic influenza be spread?

Pandemic influenza is spread in the same way that seasonal influenza is spread, typically by contact with ill persons or with surfaces that an infected person has handled or touched.

Exposure to a pandemic influenza virus may occur in a variety of ways:

- Shaking hands with an infected person or touching a surface contaminated with the virus followed by touching one's eyes, nose, or mouth
- Having infectious droplets (from a coughing or sneezing person) land in the eye or onto the mucosa (moist inner surface) of the nose or mouth
- Breathing in air that contains smaller-sized droplets or particles containing influenza viruses (generated, for example, from coughing, sneezing, and aerosol-generating medical procedures in infected patients)
- Sharing food items or utensils with an infected person

What are potential routes of transmission of pandemic influenza in the workplace?

- *Contact transmission* – Both direct and indirect. Direct contact involves skin-to-skin contact, such as emergency response activity like resuscitation that requires direct personal contact. Indirect contact transmission involves contact with a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard and then touching the eyes, nose, or mouth.
- *Droplet transmission* – Droplets can be generated from an infected person's respiratory tract. The infection is transmitted when infected droplets are deposited on a susceptible individual's mucus membranes and leads to an infection. For example, droplets may be generated by an infected person through coughing or sneezing, or even talking, and also through certain medical procedures. Droplets travel a short distance through the air (about 2 metres) and can be deposited on inanimate surfaces, or in the eyes, nose, or mouth of people nearby.
- *Airborne transmission* – Smaller infected particles, called aerosols, are also generated from an infected person's respiratory tract. They are small enough to be suspended in the air for short distances, depending on size. These small, infected particles or aerosols may be transmitted through inhalation, when others breathe the same air.

Respiratory Hygiene

Use personal health practices called "Respiratory Hygiene" to break the chain of infection, "cover a cough" by:

- covering nose and mouth with a tissue when coughing or sneezing,
- throwing away tissues into a proper receptacle after using
- washing hands after coughing, sneezing, and using tissues.

When caught without a tissue, sneeze or cough into your sleeve or the bend in your elbow to contain the sneeze or cough. Ask others in your workplace to cover their cough.

BREAK THE CHAIN

A worker knows she can contact the influenza virus indirectly from contaminated surfaces, cloth, paper, tissues or even from a handshake with a contaminated hand. The worker washes her hands frequently and keeps her hands away from her mouth, nose, and eyes. This breaks the chain of infection by preventing transmission of the virus from her hands to her own eyes, nose, lips, or mouth where the virus enters through the mucous membranes. This worker also practices social distancing to stay away from the spray of cough or sneeze.

What surfaces are most likely to be contaminated in your workplace?

The virus can live on:	At your workplace the virus may live on:
• hard surfaces for 1 to 2 days • cloth, tissue, and paper for 8 to 12 hours • hands for 5 minutes	• instruments, doorknobs, keyboards, chairs, coffee cups • towels, reports • backs of hands, face, arms

DID YOU KNOW?

Inhalation is **not** the only route of entry into the body for the influenza virus. Remember that the influenza virus can enter the body in other ways:

Contact with contaminated surfaces
After an infected person coughs, sneezes, or talks, the expelled infected droplets travel about 2 metres before falling to a surrounding surface. When someone touches an infected surface and then touches their own eyes, nose or mouth, the virus can gain entry into the body.

Close contact with an infected individual when they cough, sneeze, or talk
Generally, the influenza virus droplets travels about 2 metres in the air after being expelled from an infected person's cough, sneeze, or talking. An individual positioned within about 2 metres from an infected person may contact the virus through their eyes, nose, or mouth.

Exposure to the influenza virus during aerosolizing medical procedures
Aerosolization—creating very small droplets of moisture—generally occurs when during certain medical procedures, such as intubation or bronchoscopy. When the influenza virus is aerosolized—broken into very small droplets of moisture (less than five microns in diameter)—the virus is in a small enough form to be inhaled into the lungs if the lungs are not appropriately protected.

Step 3: Assess the hazards

Review and identify the potential of exposure for workers

- Review tasks and jobs. Determine which workers are exposed in the workplace, when they may be exposed to the hazard, and if the exposure will be in a small, poorly ventilated space.
- During pandemic influenza, look again at the areas previously identified as areas where workers will be exposed: review the hazard assessment, identify new hazards, and introduce controls as needed.

Review and identify shortages in operational and safety critical areas due to staff absenteeism from pandemic influenza

- During pandemic influenza, identify areas where absenteeism will require ongoing review, new hazard assessment, and appropriate controls.

Other potential hazards in the workplace related to pandemic influenza

During pandemic influenza, consider other potential hazards including

- Stress – which may be related to fear, illness of family members, changing job roles related to absent co-workers
- Fatigue – if workers are required to put in extra hours
- Working Conditions – related to increased or different workloads

Step 4: Implement controls

Eliminate and control hazards

Whenever possible, hazards should be eliminated. If elimination is not possible, hazards must be controlled. Control means reducing the hazard to levels that do not present a risk to worker health. Controls must be based on identifying and assessing existing or potential hazards. To implement effective controls for the pandemic influenza virus, consider how influenza is spread. Controls, in order of preference, include engineering, administrative, and personal methods.

FIRST CHOICE	**Engineering controls**	• isolate the hazard • ventilate • add physical barriers such as Plexiglas
SECOND CHOICE	**Administrative controls**	• manage policies and procedures • administer safe work procedures, such as respiratory hygiene • enforce hand washing • train and supervise workers • vaccinate
THIRD CHOICE	**Personal Protective Equipment (PPE)**	• gloves, masks, gowns, eye protection, protective clothing, respirators, and others as appropriate • ensure that - the right type of PPE is selected for the job and hazard - the PPE fits properly and is comfortable under working conditions - workers are trained in the need for PPE, its use and maintenance - the PPE is stored clean and fully operational
	Combination of above	• engineering • administrative • PPE

Study the sample completed **Hazard Assessment and Control Sheet** at the end of this section. Blank sample hazard assessment forms are included in Appendix 2. Many other forms and tools can be used. You may use the samples included, another form, or develop your own. Ensure that your hazard assessment addresses all hazards specific to your work site.

Controls for the pandemic influenza virus

Controls must be based on hazard assessment and may include engineering, administrative, and personal protective equipment.

Engineering

The following are examples of engineering controls:

- Physical barriers to isolate, such as installing Plexiglas
- Ventilation (American Industrial Hygiene Association, 2006)
  - General ventilation that ensures the flow of non-contaminated to potentially contaminated air throughout the facility
  - Negative Pressure Rooms as appropriate, such as during aerosolizing medical procedures

Administrative

Administrative controls may be used in combination to protect and reduce workplace exposures during pandemic influenza. Administrative controls can include training, hand hygiene, respiratory hygiene, social distancing, alternate work arrangements, workplace cleaning, restricting workplace entry, prophylactic antiviral medication, and promotion of pandemic influenza vaccine when available.

LEGISLATED REQUIREMENTS

Hand Cleaning Facilities

Section 20 of the Occupational Safety General Regulations

(1) Where the workplace has running water, an employer shall provide a wash basin or equivalent hand-cleaning facility in a room with 1 toilet and sufficient additional wash basins or equivalent hand-cleaning facilities in the room for additional toilets or urinals.

(2) Where the workplace does not have running water and toilet facilities are provided, an employer shall provide hand-cleaning facilities or supplies, where it is reasonably practicable.

(3) An employer shall provide a hand-cleaning facility and supplies as close to the toilet as is reasonably practicable and provide sufficient additional hand-cleaning facilities as close as is reasonably practicable to additional toilets.

(4) Where a person works in an area that is exposed to a hazardous substance that may contaminate food, an employer shall provide the person with the opportunity, facilities and supplies for hand cleaning.

(5) Where a wash basin is provided, an employer shall provide

(a) hot and cold running water;

(b) soap or other appropriate cleansers; and

(c) sufficient sanitary hand-drying facilities.

Best Practices – Administrative controls and pandemic influenza

Hand hygiene and respiratory hygiene

Hand hygiene is the most important control measure. Respiratory hygiene will also play an important role in limiting exposure to pandemic influenza for most workplace exposures.

- Provide a work environment that promotes use of respiratory hygiene and hand hygiene. For example, provide tissues, no-touch waste containers, hand soap, and hand sanitizers.
- Provide workers with up-to-date training on influenza risk factors and proper behaviours including respiratory hygiene and hand hygiene, including information on where supplies are kept.
- Promote use of respiratory hygiene and hand hygiene with all people entering the workplace.

Because the influenza virus can live on the hands for five minutes, consistent, thorough hand hygiene is the cornerstone of preventing the spread of infection.

Hand hygiene decreases the number of disease-causing organisms on the skin surface. It can be achieved by either washing hands with soap and water, or by rubbing a waterless, antiseptic product on the hands.

Waterless, antiseptic hand-hygiene products containing more than 60% alcohol (CHICA Canada, 2006) are an excellent alternative to soap and water and may be used if hands are not visibly soiled (Community and Hospital Infection Control Association, 2005). Most alcohol-based hand hygiene products contain emollients to reduce skin irritation.

To prevent dry skin and chafing from frequent hand washing, wet your hands before using soap. If possible, use a mild lotion soap with warm water. Pat hands dry rather than rubbing them. Apply hand lotion liberally and frequently (CHICA Canada, 2006). Refer to chart on page 17.

Social Distancing

- Practice social distancing by keeping a distance of at least 2 metres from others: those with no pandemic influenza symptoms, those suspected of having influenza-like illness, and those demonstrating symptoms of pandemic influenza such as coughing or fever.

Workplace cleaning and environmental decontamination

- Clean surfaces that are frequently touched with hands often—preferably daily. While influenza viruses may live up to two days on a hard surface, regular cleaning with household cleaners and products will inactivate them.
- Clean shared workstations and equipment with regular household cleaners whenever people are changing workstations and at least daily.
- Thoroughly wash cups, dishes, and cutlery with soap and hot water after each use—use a dishwasher, if possible.
- Discourage workers from sharing phones, desks, offices, and other work tools and equipment, as much as possible.

Hand Hygiene

- Wash your hands to break the chain of infection
- Hand hygiene is the most important control measure to limit spread of pandemic influenza

Hand Hygiene and Respiratory Hygiene: Key work practices to reduce spread of pandemic influenza

Training in hand hygiene and respiratory hygiene is critical for effective use of these work practices

Hand hygiene: "How to wash your hands"

- remove jewelry
- rinse hands under warm running water
- lather with soap for 10 to 15 seconds, covering all surfaces of the hands and fingers
- rinse under warm running water
- dry hands thoroughly with a single-use towel
- turn off faucet without re-contaminating hands

(Canadian Pandemic Influenza Plan, 2006)

Break the Link Respiratory hygiene: "Cover Your Cough"

- throw away tissues after wiping nose
- cover mouth and nose when coughing or sneezing
- wash hands after coughing, sneezing, or using tissues
- keep fingers away from eyes, nose, and mouth
- sneeze or cough into the crook of the elbow if you do not have a tissue
- turn head away from others when covering cough
- try to keep a distance of 2 metres or more from others when coughing or sneezing

Restrict workplace attendance for workers with pandemic influenza symptoms

- Ask workers to report any symptoms of pandemic influenza to their supervisors. Advise workers that they should not come to work when they are exhibiting any influenza symptoms. Refer to **http://gov.ns.ca/hpp**

Additional considerations for reducing risk of exposure

- Reduce employee interpersonal exposure.
- Reduce close contact with customers or co-workers through the use of physical barriers, when possible, and increased use of mail, fax, telephone, and e-mail communication.
- Postpone customer interactions.
- Consider creating a buffer zone of at least 2 metres between an employee and a customer when customer service must be done in person and keeping meetings as short as possible.
- Work from home.
- Assign immuno-compromised and pregnant workers to job tasks with lower pandemic influenza exposure.
- Avoid locations or activities that may represent a high risk of exposure to influenza.
- Seek and follow travel advice provided by public health officials.

Vaccination

- Consider vaccination. The new vaccine will be distributed based on national priority groups. The criteria for the national priority groups take into account work duties, roles, and exposure risk. See Useful References for the Public Health Agency of Canada website.

Prophylactic antiviral medication

- Consider antivirals. Prophylactic antiviral medications, such as Tamiflu, have shown some effectiveness in slowing or minimizing seasonal influenza virus, but may be limited in prevention usefulness and availability for pandemic influenza. The Public Health Agency of Canada makes recommendation for the use of antiviral drugs.

Personal Protective Equipment

The employer must

- Identify what is required and when it is required based on the hazard assessment
- Ensure that workers are trained in its use
- Ensure that workers wear it and/or use it
- Ensure that it is maintained and is in condition to perform the function for which it was designed
- Ensure that the PPE meets standards listed in the Occupational Health and Safety Act and applicable regulations

Workers must

- Maintain and use appropriate PPE as required

Best Practices: Respiratory protective equipment and pandemic influenza

Surgical/procedural masks are different from respirators.

In the healthcare setting, infection prevention and control (IPC) recommendations to wear surgical and/or procedural masks are made for both patients and workers. Recommendations for symptomatic pandemic influenza patients to wear surgical or procedural masks are aimed at reducing transmission. To ensure that the risk of exposure to the biological hazard has been sufficiently controlled for the healthcare worker, OHS hazard assessment and controls for the emerging or known pandemic influenza must be done based on the specific exposure circumstances.

The contribution of each route of exposure (contact, droplet, or airborne transmission) has not been specifically defined (Bridges et al, 2003; Tang et al, 2006; Tellier, 2006; Occupational Safety and Health Administration, 2007; and Council of Canadian Academies, 2007). In the healthcare setting, for protection of workers against potential pandemic influenza virus in small droplets (less than 5 microns), donning of surgical and/or procedural masks on patients and/or workers may be used in combination with other controls.

For example, combine social distancing plus pandemic influenza patients wearing a surgical mask. To use surgical/procedural masks for protection as an OHS control, they must be combined with other controls based on the OHS hazard assessment. For more information on combining controls refer back to page 16, Step 4: Implement Controls.

Recommendations for the appropriate combination of controls for pandemic influenza for healthcare settings must be based on the emerging pandemic virus characteristics. Based on OHS hazard assessment, when higher risk of exposure (within 2 metres) to a symptomatic pandemic influenza patient cannot be avoided, generally initial interim recommendations for respiratory protective equipment will include use of a properly fitted, approved respirator for aerosol-producing procedures (e.g., nasopharyngeal swab/aspirate, intubation, bronchoscopy) OR when the pandemic influenza patient is coughing/sneezing forcefully AND is unable or unwilling to comply with respiratory hygiene. Interim guidance coordinating the IPC and OHS recommendations for the healthcare setting will be updated by the Public Health Agency of Canada as needed in response to the emerging data on the pandemic influenza virus. You can find the Interim Guidance recommendations and updates at **www.phac-aspc.gc.ca**

Respiratory Protective Equipment

LEGISLATED REQUIREMENTS

Respiratory Protective Equipment

Employer must determine the degree of danger and whether the worker needs to wear Respiratory Protective Equipment (RPE) if the worker is or may be exposed to an airborne biohazardous material. The employer must consider the nature and the exposure circumstances of any contaminants or biohazardous material. When the effects of airborne biohazardous materials are known, the employer must provide and ensure the availability of RPE appropriate to the worker's known exposure circumstances. Where the hazard assessment identifies the need for RPE the specific legislated requirements are outlined in Section 13 (3) of the Occupational Safety General Regulations.

Respiratory Protection Program

Some of the requirements under Section 3.4 Program Contents of CSA Standard Z94.4 - 93 Selection, Use and Care of Respirators are:

- program administration
- hazard identification
- selection of the appropriate respirator
- respirator facial fit
- training
- use, inspection, and monitoring of respirators
- cleaning, inspection, maintenance, and storage of respirators
- health surveillance of respirator wearers
- program evaluation

DID YOU KNOW?

The difference between a surgical or procedure mask and a respirator

Surgical and Procedural Masks

- provide a physical barrier for protections from splashes of large droplets of blood or body fluids
- when a worker inhales, contaminated small particles can pass through gaps between the face and the mask
- not designed to seal tightly against the face
- not certified to prevent inhalation of small droplets/particles
- used by workers to
  - prevent accidental contamination of patient's wounds by worker mucus or saliva
  - protect worker from splashes or sprays of patient blood or body fluids
  - help keep worker's contaminated hands from contacting their own mucus membranes

Respirators

- provide a seal at the worker's face, forcing inhaled air to be pulled through the filter material
- designed to reduce worker's exposure to airborne contaminants when fit-tested approved
- used by workers when required, based on hazard assessment, such as when within 2 metres of a forcefully coughing pandemic influenza patient

*Adapted from OSHA (2007) *Guidelines on Preparing Workplaces for an Influenza Pandemic*

Use the general guidelines on page 10 to estimate the pandemic influenza exposure risk in your workplace. Link the pandemic influenza exposure risk to the tables on pages 20 to 22 that summarize controls aimed at breaking the chain of infection based risk of exposure in job tasks.

FOCUS

Overview of Best Practices for control of exposure in Minimal Exposure Job Tasks		
		Job tasks that do not require close contact to another individual
ENGINEERING CONTROLS	Ventilation	as appropriate based on hazard assessment
	Physical Barriers	as appropriate based on hazard assessment
ADMINISTRATIVE CONTROLS	Hand Hygiene	yes, ***critical***
	Social Distancing	yes
	Respiratory Hygiene	yes
	Alternate work arrangements, such as work from home	yes
	Training	yes
	Workplace cleaning and environmental decontamination	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes
	Prophylactic antiviral medication	no
	Pandemic influenza vaccine	based on hazard assessment and availability
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Approved respirator (N95 or better)	no
	Gloves	no
	Gown	no
	Eye Protection	no
	Surgical Masks	no

Overview of Best Practices for control of exposure in Lower Exposure Job Tasks					
		Workplace contact to another person with job tasks that allow social distancing	Workplace contact with potentially contaminated environment*	Close contact with clients or co-workers/ no pandemic influenza symptoms	Workplace contact to a syptomatic pandemic influenza patient in job tasks that allow social distancing
ENGINEERING CONTROLS	Isolate the hazard				as appropriate
	Ventilation	as appropriate			as appropriate
	Physical Barriers	as appropriate		not applicable	yes as available
ADMINISTRATIVE CONTROLS	Hand Hygiene	yes, ***critical***	yes, ***critical***	yes, ***critical***	yes, ***critical***
	Social Distancing	yes	yes	not applicable	yes
	Respiratory Hygiene	yes	yes	yes	yes
	Alternate work arrangements, such as work from home	yes, as appropriate		as possible or appropriate	as possible or appropriate
	Training	yes	yes	yes	yes
	Workplace cleaning and environmental decontamination	yes	yes	yes	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes	yes	yes	yes
	Prophylactic antiviral medication	no			
	Pandemic influenza vaccine	based on hazard assessment and availability			
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Approved respirator (N95 or better)	no	no	no	no
	Gloves	no	no	no	no
	Gown	no	no	no	no
	Eye Protection	no	no	no	no
	Surgical Masks	no	no**	no	no**

* Laboratory workers may have higher exposure during pandemic influenza and will need to reassess risk of exposure from pandemic influenza in the work environment based on specific job tasks and apply appropriate controls based on workspace exposure. Interim guidance recommendations are or will be available and updates provided at **http://www.phac-aspc.gc.ca/ols-bsl/banhsl-abnhgp-eng.php**.

** Refer to IPC recommendations.

Overview of Best Practices for control of exposure in Higher Exposure Work Tasks			
		Close contact (2 metres) with a symptomatic pandemic influenza patient	Aerosol generating medical procedure being performed on pandemic influenza patient (case)
ENGINEERING CONTROLS	Isolate the hazard	as appropriate/single or isolation room/ward	isolation room
	Ventilation	as appropriate	negative pressure ventilation as available
	Physical Barriers	as available and appropriate	not applicable
ADMINISTRATIVE CONTROLS	Hand Hygiene	yes, ***critical***	yes, ***critical***
	Social Distancing	not applicable	not applicable
	Respiratory Hygiene	yes	yes
	Alternate work arrangements (i.e. work from home)	as possible, as appropriate	as possible, as appropriate
	Training	yes	yes
	Workplace cleaning and environmental decontamination	yes	yes
	Restriction from workplace of workers demonstrating pandemic influenza symptoms	yes	yes
	Prophylactic antiviral medication	no	no
	Pandemic influenza vaccine	as available	as available
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Approved respirator (N95 or better)	yes	yes
	Gloves	yes	yes
	Gown	yes	yes
	Eye Protection	yes	yes
	Surgical Masks	IPC	IPC

Hazard Assessment and Control Sheet (Sample)

List all identified hazards.
Identify the controls that are in place for each hazard—engineering, administrative, PPE, or combination.

Job or Task	Potential or Existing Hazard	Hazard Risk Assessment	Controls in Place			Follow-up Action Required	Date and Person Responsible
			Engineering	Administrative	PPE		
Receptionist in public area	*Influenza virus*	*meeting people; exposure distance equal to or greater than 2 metres; not exposed to known or suspected case*		*- hand hygiene - safe work procedures - social distancing - office cleaning - worker training - respiratory hygiene*		*worker training program needs to be repeated in one month*	*May 12, 2007 Sue Bird*

List potential or existing hazards here.

Identify controls that are in place. You may identify them by type of control.

Identify if follow-up action is required, such as more training or PPE.

Give name of person who is responsible for implementing controls.

Step 5: Communicate the information to workers and provide training

Communication

Under Section 13 (1) (d) of the Occupational Health and Safety Act, every employer shall take every precaution that is reasonable in the circumstances to ensure that the employees, and particularly the supervisors and foreman, are made familiar with any health and safety hazards that may be met by them at the workplace.

LEGISLATED REQUIREMENTS

Communication and consultation are key to keeping your workers healthy. When considering job tasks that are undertaken at your workplace, involve workers in decisions that may affect their health and safety. Generally, the people doing the job are most knowledgeable about the hazards they face and ways to work safely. For pandemic influenza further communication and training is required.

Clear and open communication channels at all levels in the workplace will encourage everyone's support for, and participation in, health and safety activities. Workers will be more likely to follow health and safety procedures when they have been involved in their development.

Be aware of and consider differing skills in language and literacy and cultural differences when communicating health and safety information. Adapt your communication style when necessary.

Training

Under Section 13 (1) (c) of the Occupational Health and Safety Act, every employer shall take every precaution that is reasonable in the circumstances to provide such information, instruction, training, supervision and facilities as are necessary to the health or safety of the employees;

LEGISLATED REQUIREMENTS

Employee Training

All employees with potential occupational exposure should be trained on

- the hazards associated with exposure to pandemic influenza virus
- appropriate control measures, such as respiratory hygiene and hand washing to prevent influenza
- the protocols in place in their workplace or facility to isolate and report cases or reduce exposure

During a pandemic, workers may be asked to do unfamiliar job tasks.

Best Practices

Training requirements should be based on the hazard assessment. These may include

- awareness of pandemic influenza, the potential ways of contacting the virus, and control measures to break the chain of infection
- awareness of social distancing strategies—keeping a distance of 2 metres or more from someone suspected of having pandemic influenza
- hand hygiene
- respiratory hygiene, which includes
  - covering the nose and mouth while coughing or sneezing with a tissue
  - proper disposal of the tissue and washing of hands afterwards
  - coughing or sneezing into the bend of the elbow when caught without a tissue
- use and care of PPE, including Respiratory Protective Equipment where required
- first aid
- use of routine practices
- operation of equipment.

Record of Training (Sample)

Company Name ABC Bakery

Location Halifax

Type of Training WHMIS

Date	Printed Name	Signature
10 Nov 2009	Jane Doe	
10 Nov 2009	Sam Whyte	

Enter place of training

Enter type of training completed

Enter date of training, name of worker who has taken the training, and signature of worker

Completion of this form is not a requirement under OHS legislation and does not indicate competency of workers. It may be used as a record.

Step 6: Evaluate the effectiveness of controls

The effectiveness of controls must be checked routinely.
This can be done throughout the day as well as during regular inspections.

Ask the following questions:

- Can the hazard be eliminated?
- Have the controls solved the problem?
- Is any risk to workers posed by the controls?
- Are all new hazards being identified?
- Are significant new hazards appropriately controlled?
- Are incident reports being analyzed?
- Are there any other measures required?

Answers to these questions may send you back to an earlier step to repeat the process. Keeping health and safety procedures up to date ensures preparedness during a pandemic influenza.

Section 6: Emergency Response Planning for Pandemic Influenza in the Workplace

Pandemic planning should be part of the overall workplace emergency response plan.

An emergency may be defined as "any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention" (Canadian Centre for Occupational Health and Safety, 2004).

Planning and preparing in advance for emergencies will protect the health, safety, and lives of people at your work site. It will also minimize business losses related to damage to the environment and property.

How do I develop an emergency response plan for pandemic influenza?

Your emergency response plan must be site specific. An emergency response plan for pandemic influenza considers the hazard assessment for actual and potential exposures in the workplace to the virus and potential consequences and responses due to increased absenteeism. The Industrial Accident Prevention Association (2006) recommends the following actions for emergency response planning:

- Assess risks to the workers and the organization.
- Set priorities and determine organizational and safety critical functions to maintain business and worker safety if absenteeism increases due to pandemic influenza.
- Establish plans to control exposures in the workplace before pandemic influenza.
- Build a foundation —
  - Establish and communicate policies and procedures for sickness and absenteeism to encourage people to stay home when sick with pandemic influenza
  - Plan succession options and cross-train
  - Define and communicate chain of command during pandemic influenza
  - Plan communication strategies
  - Create policies for alternate work arrangements and facilitate work-at-home technology (see Industrial Accident Prevention Association, 2006, for more elaboration)

RESOURCES

Helpful websites

www.gov.ns.ca/hpp
www.gov.ns.ca/emo
www.gov.ns.ca/lwd
www.pandemicflu.gov
www.ccohs.ca
www.phac-aspc.gc.ca

Section 7: First Aid

Health and safety programs at the workplace aim to prevent injuries and illnesses. Sometimes, despite the best prevention efforts, injuries and illnesses still occur. In the event of pandemic influenza, some workers will likely come to work even though they are ill. Biological hazards need to be included when planning for first aid at a work site.

Planning for first aid during pandemic influenza involves examining the same factors as those considered at any other time:

- the number of workers at the work site
- the type of work that is done
- the hazards to which workers are exposed

Proximity of medical treatment services to the work site will also decide the services and supplies needed on site.

When developing a first aid plan, always keep in mind the worst-case scenario. During pandemic influenza, availability of medical and emergency services may differ from what is normally available.

Refer to Nova Scotia First Aid Regulations and Reference Guide
www.gov.ns.ca/just/regulations/regs/ohsfirst.htm

RESOURCES

Section 8: Employment Standards During Pandemic Influenza

The Labour Standards Code establishes minimum standards regarding payment of earnings, hours of work, overtime, general holidays, vacations, leaves, termination of employment, employment of young people, and more.

Keeping your business open and functioning during a pandemic requires planning. Absenteeism could cause significant disruption. The plan should include specific policies you will need to manage the employment relationship during pandemic influenza and steps for the return to regular operation following. Decide how you will

- treat employee attendance and absences
- ensure that employees get paid
- apply temporary layoff and termination of employment provisions if you have to suspend some or all of your business for a time

Prepare employees by telling them about the actions you will be taking in the event of pandemic influenza. This table provides information about minimum standards for the issues most likely to affect workplaces during pandemic influenza.

Issue	Minimum Standards
Attendance	• The Code does not set maximum hours. Employees can be scheduled to work overtime, but are generally entitled to overtime pay after 48 hours in a week. • Employees receive one day off in seven. Emergency work is exempt from this requirement. • Employers and employees are encouraged to agree on mutually satisfactory vacation schedules. If agreement can't be reached, the employer can determine when the vacation will be taken and must provide at least 1 week's notice of the date the vacation will be taken.
Absence	• The Code does not require an employer to grant sick leave to an employee. Most employers will understand that it is in everybody's interests that potentially infectious employees stay home. The employer may have a policy around sick leave or there may be a specific provision in the collective agreement or contract or agreement of employment. • Employees are entitled to 3 unpaid days per year for medical appointments or to care for ill family members. These days may be broken into hourly increments. • There is also an unpaid compassionate care leave to allow employees to provide care and support to gravely ill family members, but this would only apply in cases of very serious illness, where the family member is at risk of death. Employment Insurance may be available for part of a compassionate care leave. (*Link to www.servicecanada.gc.ca/eng/sc/ei/benefits/compassionate.shtml*)

Issue	Minimum Standards
	• The Labour Standards Code includes an unpaid emergency leave for employees who cannot work because of an emergency declared by Public Health or Emergency Management officials, or who need to care for a family member because of the declared emergency. This means that if there is a pandemic so serious that the government declares an emergency, employees' job security is protected.
Paying Earnings	• Earnings must be paid within 5 working days of the end of each pay period.
Layoffs and Termination	• Under the Code, an employer can lay off or suspend an employee for 6 consecutive days without notice. For layoffs longer than 6 days, notice or pay in lieu of notice is generally required. The amount of notice required varies with the length of service of the employee and the total number of employees laid off. These rules do not apply to unionized workers, whose collective agreement will determine layoff procedures. • Special rules may apply to employees with 10 years or more service. • There are exceptions to the requirement to provide notice if the lay offs are caused by sudden unforeseeable and/or unpreventable events, if the employer has shown due diligence. • The Labour Standards Code includes an unpaid emergency leave for employees who cannot work because of an emergency declared by Public Health or Emergency Management officials, or who need to care for a family member because of the declared emergency. This means that if there is a pandemic so serious that the government declares an emergency, employees' job security is protected.

Strategies (or effective practices) offer employers some alternatives for meeting the requirements of employment standards legislation while protecting the health and safety of employees. Effective strategies can also come from employers and employees who are knowledgeable about what works best in their workplaces.

Issue	Strategies
Attendance and Work	• Establish work schedules and stagger work hours and work days to reduce contact between employees or offset problems created by pandemic influenza. • Adjust or reduce hours of work due to less product demand, supply problems, fewer available employees, or employee fatigue. • Develop technology resources to open up telecommuting options (working from home or another location away from the usual place of business)—access to IT systems, phones, and fax machines. • Establish communication and accountability processes for employees who may be able to work from home. • Designate a group of workers who could work from home as soon as pandemic influenza is identified, to limit the spread of disease. • Ensure that supervisors provide support for employees who may make more mistakes or take longer to complete unfamiliar tasks. • Consider the effects and costs of "presenteeism" (when employees who are sick come to work). If sick employees fear job loss or disciplinary action, they will be more likely to come to work and risk infecting their co-workers. • Attempts should be made to accommodate employees with sick dependents who will naturally be very concerned about their well-being.
Absence	• Establish policies for reporting absences—who employees should contact, how they should contact (e-mail, phone call, voice mail message), when they should contact. Ensure that employees who are experiencing pandemic influenza symptoms know not to come to work, even though they may not have been diagnosed with pandemic influenza yet. • Employers who provide paid sick leave should prepare for a large number of employees accessing this benefit. The high level of demand on the health care system may make it impossible for employees to get doctor's notes to verify employee illness. Procedures to facilitate access to illness related benefit programs may need to be revised. • Absence policies should take into consideration other reasons (other than personal illness) why employees may not be able to come to work: - Public transit not available, nor other means of transportation to and from work - Needed at home to care for sick dependents or spouse - Needed at home to care for dependent family members if daycare facilities and schools close - Family/home under quarantine • Establish processes for regular communication with absent and sick employees.

Issue	Strategies
Paying Earnings	• Cross train staff so that payroll occurs on time. • Set up automated pay systems and establish back-up manual pay systems to deal with possible disruption in established systems. • Clearly communicate wage rates for employees who do tasks that are different from their usual job.
Layoffs and Termination	• Use temporary layoff whenever possible rather than terminating employment relationships permanently. • Continue paying for employee benefits like pension or insurance programs. • Communicate regularly with laid off employees about the status of the business and when you expect normal business to resume. • Be aware that employers may still be subject to civil action even though the Code's minimum requirements for notice of termination are met. • Do not terminate employees who are on protected leaves, including the proposed emergency leave.

In some situations, the Human Rights Act may also require that employers grant employees time off to care for a spouse, child or parent, as a form of accommodation on the basis of family or marital status. The Human Rights Act also protects against discrimination based on an irrational fear of contracting an illness or disease. If an employee was ordered to stay home because of an irrational perception that the employee was infectious the employee could complain to the Nova Scotia Human Rights Commission.

RESOURCES

Employment Standards
www.gov.ns.ca/lwd/employmentrights/

Human Rights
www.gov.ns.ca/humanrights/

Useful References

Alberta Health and Wellness. **www.health.alberta.ca**

Alberta Health and Wellness (2005) Influenza Self-Care:
It's in your hands: How to care for yourself and others with influenza.

Alberta Health and Wellness (2003) Infection Control Subcommittee Report:
Alberta Pandemic Influenza Contingency Plan.

American Industrial Hygiene Association (2006) The Role of the Industrial Hygienist in A Pandemic AIHA Guideline 7-2006.

Bridges, C.B., Kuehnert, M.J., Hall, C.B. (2003) Transmission of Influenza: Implications for Control in Health Care Settings. Clinical Infectious Diseases. 2003;37:1094-1101.

Canadian Centre for Occupational Health and Safety (2004)
Emergency Response Planning Guide. First Edition. p. 2. **www.ccohs.ca**

Centers for Disease Control and Prevention**. www.cdc.gov/flu/pandemic**

Community and Hospital Infection Control Association (CHICA) (2005)
CHICA-Canada Position Statement. **www.chica.org/links_flu.html**

Council of Canadian Academies (2007) Influenza Transmission and the Role of Personal Protective Respiratory Equipment: An Assessment of the Evidence.
www.scienceadvice.ca/influenza.html

Health Canada (2006) The Canadian Pandemic Influenza Plan
for the Health Sector. **www.phac-aspc.gc.ca/cpip-pclcpi/**

Health Canada (2006) It's Your Health: Preparing For an Influenza Pandemic.
www.hc-sc.gc.ca/hl-vs/iyh-vsv/diseases-maladies/pandem-eng.php

Industrial Accident Prevention Association (2006) Avian Influenza
and the Pandemic Threat. **www.iapa.ca/pdf/2005_faq_avian_influenza.pdf**

Manitoba (2006) Preparing for Pandemic Influenza in Manitoba:
Preparedness Guidelines for Manitoba Business.

Nova Scotia Department of Health Promotion and Protection.
www.gov.ns.ca/hpp

Nova Scotia Department of Labour and Workforce Development.
www.gov.ns.ca/lwd

Nova Scotia Emergency Management Office. **http://emo.gov.ns.ca**

Occupational Safety and Health Administration OSHA (2007)
Guidance on Preparing Workplaces for an Influenza Pandemic
OSHA 3327-02N 2007 U. S. Department of Labor.
www.osha.gov

Public Health Agency of Canada. **www.phac-aspc.gc.ca/influenza/**

Public Health Agency of Canada (2006) "Annex D: Recommendations for the Prioritized Use of Pandemic Vaccine" in The Canadian Pandemic Influenza Plan for the Health Sector.
www.bvsde.paho.org/bvsacd/cd65/canadian/annexD.pdf

Public Health Agency of Canada (2006) "Annex E: Planning Recommendations for the Use of Anti-Influenza (Antiviral) Drugs in Canada During a Pandemic" in The Canadian Pandemic Influenza Plan for the Health Sector.
www.phac-aspc.gc.ca/cpip-pclcpi/ann-e-eng.php

Tang, J. W., Li, I., Eames, P., Chan, P. Ridgway, G. (2006) Factors involved in the aerosol transmission in infection and control of ventilation in healthcare premises Journal of Hospital Infection (64) 100-114.

Tellier, R (2006) Review of Aerosol Transmission of Influenza A Virus.
Emerging Infectious Disease Vol 12 (11).
www.cdc.gov/ncidod/eid/vol12no11/06-0426.htm

World Health Organization (2005) Ten things you need to know about pandemic influenza.
www.who.int/csr/disease/influenza/pandemic10things/en/

Appendix 1 Comparison of terms – influenza, cold, stomach flu

Is it influenza, a cold, or "stomach flu"?			
Symptoms	**Influenza**	**Common Cold**	**Stomach Flu**
Fever	Usually high	Sometimes	Rare
Chills, aches, pain	Frequent	Slight	Common
Loss of appetite	Sometimes	Sometimes	Common
Cough	Usual	Sometimes	Common
Sore throat	Sometimes	Sometimes	Rare
Sniffles or sneezes	Sometimes	Common	Rare
Involves whole body	Often	Never	Stomach/ bowel only
Symptoms appear quickly	Always	More gradual	Fairly quickly
Extreme tiredness	Common	Rare	Sometimes
Complications	Pneumonia; can be life threatening	Sinus infection Ear infection	Dehydration

Hazard Assessment and Control Sheet							
Company:				**Date of Assessment:**			
Location:				**Completed By:**			
List all identified hazards. Identify the controls that are in place—engineering, administrative, PPE, or combination—for each hazard.							
Job or Task	**Potential or Existing Hazard**	**Hazard Risk Assessment**	**Controls in Place**			**Follow-up Action Required**	**Date and Person Responsible**
			Engineering	**Administrative**	**PPE**		

Appendix 3 Record of training form

Record of Training

Company Name _____

Location _____

Type of Training _____

Date	Printed Name	Signature

Completion of this form is not a requirement under OHS legislation and does not indicate competency of workers. It may be used as a record.