

Realigning Institutional Occupational Health and Safety Practices During COVID-19

Shaun Wellington¹ and Jacqueline Vigilance²

Offices of ¹Occupational Safety and Health and ²Research and Graduate Studies
Northern Caribbean University, Mandeville, Jamaica

1. INTRODUCTION

The Occupational Safety and Health Office (OSHO) at Northern Caribbean University (NCU) is responsible ensuring a safe environment for workers, including student workers, students and visitors to the Campus. This includes but is not limited to, the identification of hazards, the creation of safety Standard Operating Procedures (SOP), running Emergency Evacuation Drills, the carrying out of safety inspection and the completion of safety inspections.

The work of the OSHO is managed by an Occupational health and Safety Officer with oversight by the Campus Safety Management Committee. OSHO is supported by the University Health Center, Counseling Services and Campus Safety and Security Department. When the Ministry of Health & Wellness announced the first case of COVID-19 on March 10, 2020, NCU responded by implementing additional safety procedures and creating and activating the COVID 19 Protocols Implementation Committee. This Committee has oversight of NCU's response to the COVID-19 pandemic.

Several measures were taken to increase the monitoring of health and safety in an effort to mitigate the spread of the SARS-CoV-2 virus on the University Campus. These included (i) Point of Entry Screening (POES). Pertinent information concerning individuals entering the Campus such as name, contact number, temperature, person/intended location on the Campus would be collected and their temperature measured. Any individual that had a fever would be referred to our health facility or their private physician. (ii) The installation of Safety Warden in all departments. These individuals are responsible for ensuring that adherence to protocols and standard operating procedures. (iii) Creation of forms to capture all pertinent information relating to early detection of cases of the virus on the Campus, and forms relating to sanitization procedures.

With the exception of some labs, all classes have been moved to the online platform and for those classes that require face to face contact Mask wearing and the social distancing protocols are enforced. To date we have had only once case which was secondary to outside contact.

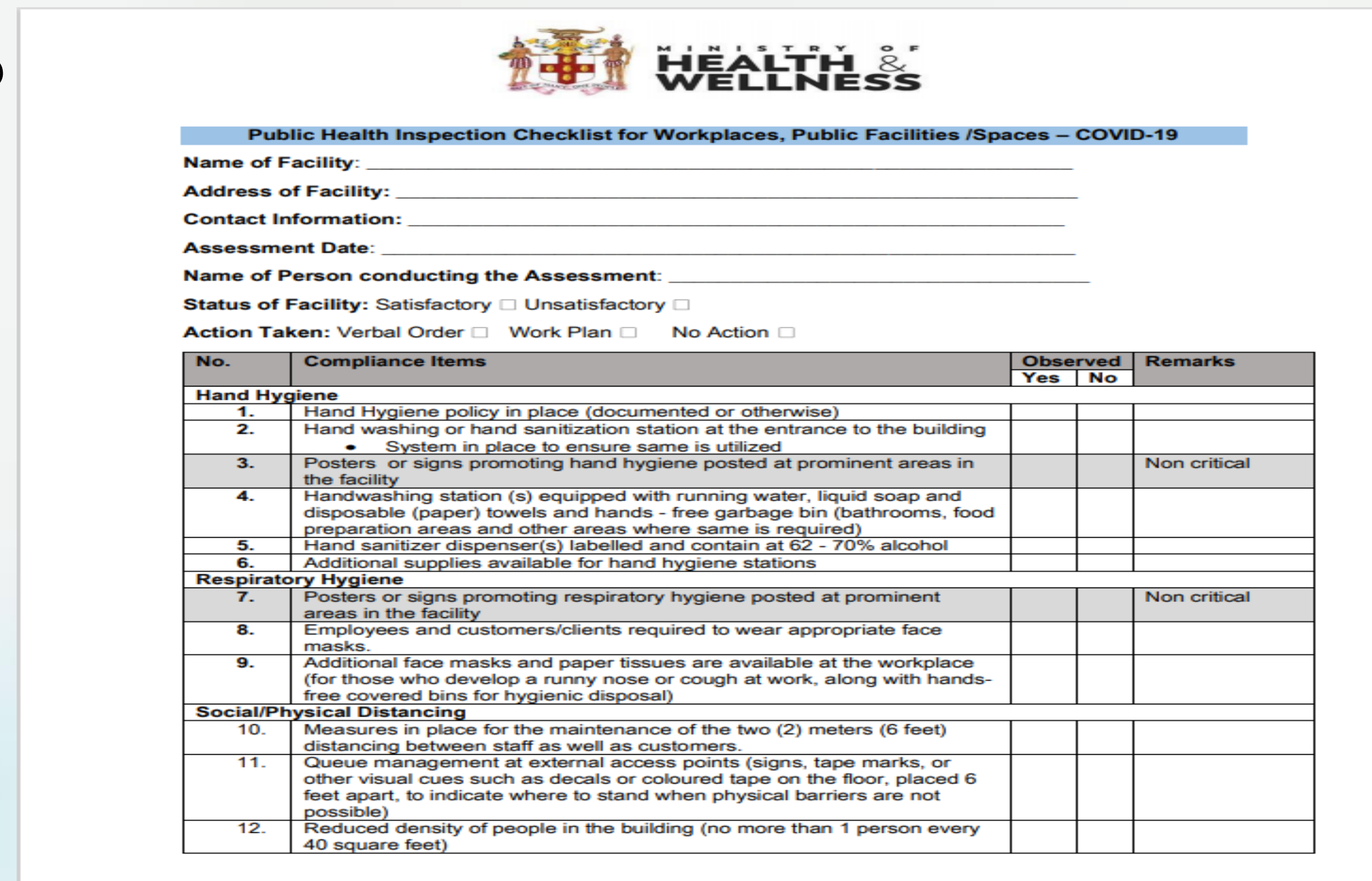
2. AIM

The aim of this study was to assess the compliance of individual Offices to the health and safety guidelines established by the Ministry of Health and Wellness to mitigate the spread of COVID-19 in the workplace.

3. METHODOLOGY

- Visits were made by the Occupational Safety and Health Officer to several Offices within the institution.
- The MOH&W The MOH&W COVID-19 Inspection Checklist for Workplaces, Public Facilities/ Spaces was adopted with a maximum compliance score of 31 points.
- The form was adapted to include the name of the Manager/Director/ Vice-President in charge of the Office. Only verbal or written warnings were given to Offices that failed to observe some protocols.
- Inspection visits were made between August 24 and Nov. 11, 2020.
- Upon the first visit, sites which scored less than 100% were given a verbal warning;
- If scores remained less than perfect upon a second visit five days later, a warning letter was issued.
- The average compliance for each criterion was scored for a total of 20 visits and the percentage of offices compliant was calculated.
- The compliance score of each department was calculated as a percentage of the total score when all criteria were considered..
- To support the proper cleaning and sanitization of office spaces, the Touch Area Cleaning Check-Sheet was created by OSHO.

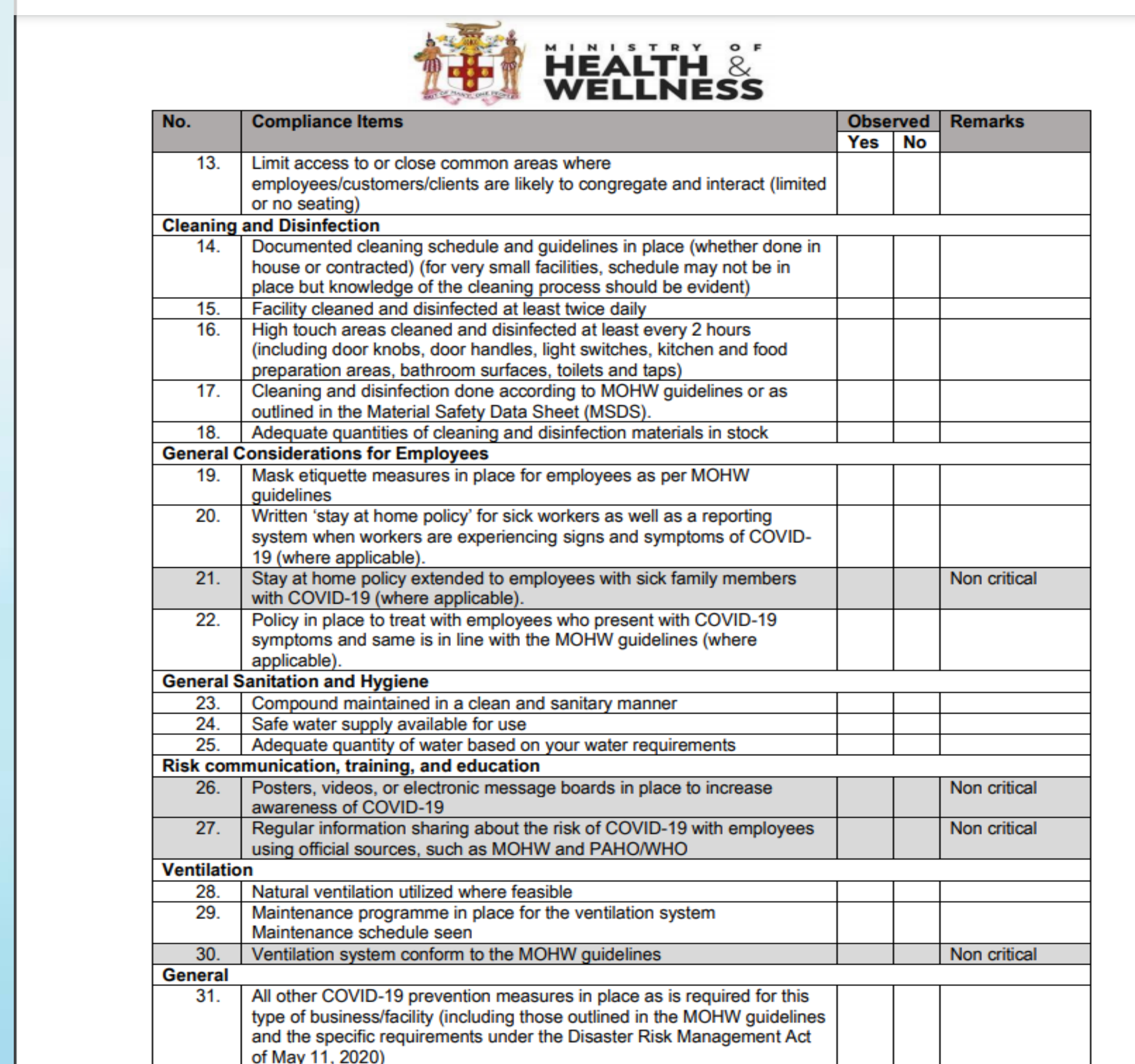
3. METHODOLOGY



Public Health Inspection Checklist for Workplaces, Public Facilities /Spaces - COVID-19

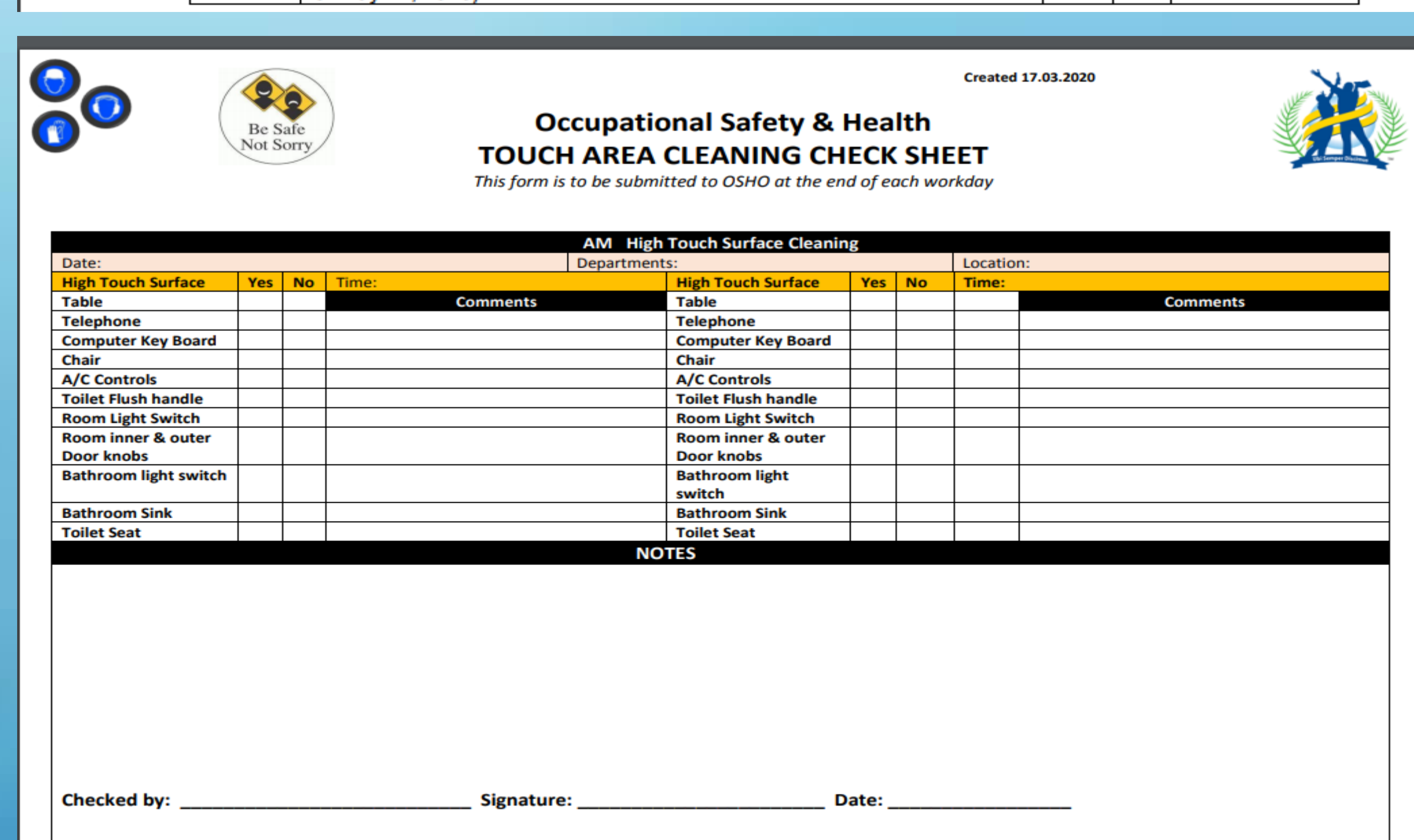
Name of Facility: _____
Address of Facility: _____
Contact Information: _____
Assessment Date: _____
Name of Person conducting the Assessment: _____
Status of Facility: Satisfactory Unsatisfactory
Action Taken: Verbal Order Work Plan No Action

No.	Compliance Items	Observed Yes No	Remarks
Hand Hygiene			
1.	Hand Hygiene policy in place (documented or otherwise)		
2.	Hand washing or hand sanitization station at the entrance to the building • System in place to ensure same is utilized		
3.	Posters or signs promoting hand hygiene posted at prominent areas in the facility		Non critical
4.	Handwashing station (s) equipped with running water, liquid soap and disposable (paper) towels and hands - free garbage bin (bathrooms, food preparation areas and other areas where same is required)		
5.	Hand sanitizer dispenser (s) labelled and contain at least 70% alcohol		
6.	Additional supplies available for hand hygiene stations		
Respiratory Hygiene			
7.	Posters or signs promoting respiratory hygiene posted at prominent areas in the facility		Non critical
8.	Employees and customers/clients required to wear appropriate face masks		
9.	Additional face masks and paper tissues are available at the workplace (for those who develop a runny nose or cough at work, along with hands-free covered bins for hygienic disposal)		
Social/Physical Distancing			
10.	Measures in place for the maintenance of the two (2) meters (6 feet) distancing between staff as well as customers		
11.	Queue management at external access points (signs, tape marks, or other visual cues such as decals or coloured tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible)		
12.	Reduced density of people in the building (no more than 1 person every 40 square feet)		



Ministry of Health & Wellness

No.	Compliance Items	Observed Yes No	Remarks
13.	Limit access to or close common areas where employees/customers/clients are likely to congregate and interact (limited or no seating)		
Cleaning and Disinfection			
14.	Documented cleaning schedule and guidelines in place (whether done in house or contracted) (for very small facilities, schedule may not be in place but knowledge of the cleaning process should be evident)		
15.	Facility cleaned and disinfected at least twice daily		
16.	High touch areas cleaned and disinfected at least every 2 hours (including door knobs, door handles, light switches, kitchen and food preparation areas, bathroom surfaces, toilets and taps)		
17.	Cleaning and disinfection done according to MOHW guidelines or as outlined in the Material Safety Data Sheet (MSDS)		
18.	Adequate quantities of cleaning and disinfection materials in stock		
General Considerations for Employees			
19.	Mask etiquette measures in place for employees as per MOHW guidelines		
20.	Written 'stay at home policy' for sick workers as well as a reporting system when workers are experiencing signs and symptoms of COVID-19 (where applicable)		
21.	Stay at home policy extended to employees with sick family members with COVID-19 (where applicable)		Non critical
22.	Policy in place to treat with employees who present with COVID-19 symptoms and same is in line with the MOHW guidelines (where applicable)		
General Sanitation and Hygiene			
23.	Compound maintained in a clean and sanitary manner		
24.	Safe water supply available for use		
25.	Adequate quantity of water based on your water requirements		
Risk communication, training, and education			
26.	Posters, videos, or electronic message boards in place to increase awareness of COVID-19		Non critical
27.	Regular information sharing about the risk of COVID-19 with employees using official sources, such as MOHW and PAHO/WHO		Non critical
Ventilation			
28.	Natural ventilation utilized where feasible		
29.	Maintenance programme in place for the ventilation system		
30.	Ventilation system conform to the MOHW guidelines		Non critical
General			
31.	All other COVID-19 prevention measures in place as is required for this type of business/facility (including those outlined in the MOHW guidelines and the specific requirements under the Disaster Risk Management Act of May 11, 2020)		



Occupational Safety & Health TOUCH AREA CLEANING CHECK SHEET
This form is to be submitted to OSHO at the end of each workday

Date: _____ Location: _____
Department: _____

High Touch Surface	Yes	No	Time	Comments
Table				
Telephone				
Computer Key Board				
Chair				
A/C Controls				
Toilet Flush Handle				
Room Light Switch				
Room inner & outer Door knobs				
Bathroom light switch				
Bathroom Sink				
Toilet Seat				

Checked by: _____ Signature: _____ Date: _____

4. RESULTS/FINDINGS

Our findings revealed several overarching issues which significantly affected compliance of Departments. These issues include:

- Lack of man-power to carry out regularly scheduled sanitization as required by the protocol. This meant that employees had to take the responsibility for sanitization of their work spaces. Hence, most departments adhered to the general sanitation and hygiene but was challenged with respect to cleaning and sanitation.
- Ready availability of supplies.

Compliance of Offices to Individual Criteria

Criteria	Average number of Offices Compliant (Total 20 visits)	% Offices Compliant
Hand Hygiene	15.2	75.8%
Respiratory Hygiene	15	75%
Social/Physical Distancing	17	85%
Cleaning and Disinfection	6.4	32%
General Considerations for Employees	10.75	53.75%
General Sanitation and Hygiene	18.6	93.3%
Risk communication, training, and education	18	90%
Ventilation	10.3	51.6%
General		
All other COVID19 prevention measures in place as is required for this type of business/facility (including those outlined in the MOHW guidelines and the specific requirements under the Disaster Risk Management Act of May 11, 2020)	16	80%
Total Average Score (Average Percentage)	14.14	70.7%

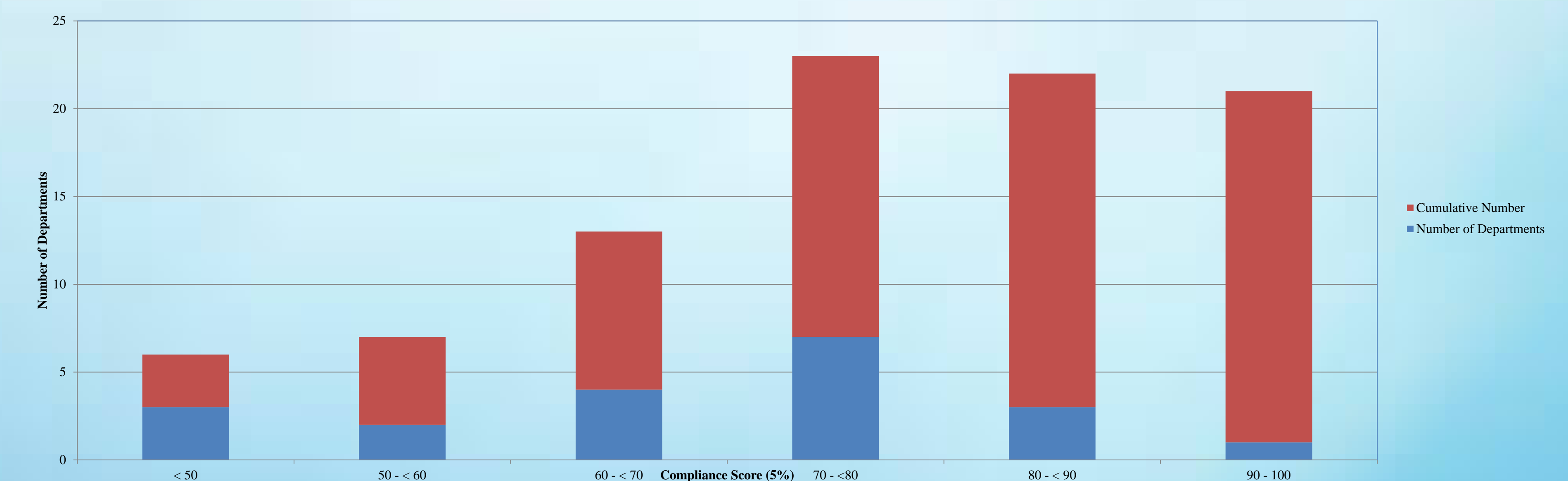


Figure 1. Cumulative Number of Offices for each Compliance Rating

Generally, repeated visits from OSHO resulted in increased compliance by Offices.



	Site 1	Site 2	Site 3
First Visit	32%	42%	77%
Second Visit	74%	58%	80%
Third Visit	90%	N/A	N/A



5. RECOMMENDATIONS and CONCLUSION

1. Increased custodial workforce. This may be influenced by financial considerations.
2. Greater uptake of the safety warden programme and accountability by stakeholders.
3. Regular training of custodial and safety wardens
4. Creation of a Stay-At-Home policy which addresses workers who have the ability and capacity to work from home and those who live in house-holds where a member is COVID-19 positive.

6. REFERENCES