The 25 Questions to Ask to Assess Your Preparedness for the Next Infectious Illness Outbreak



The Ebola Virus Disease (EVD) that's made its way into Canada poses little direct danger to workplaces. But just because Ebola isn't a threat is no assurance that the next outbreak—be it COVID, measles, hantavirus, avian influenza, or another virus—won't be. As OHS director, it's your responsibility to ensure that your company has an infectious illness prevention program so that it's is prepared if and when that infectious agent arises. If you haven't paid much attention to the issue since the pandemic, this is a good time to review your organization's readiness rather than waiting for an outbreak, exposure incident, or public health emergency to force your hand.

Here are 25 questions to ask grouped into six phases of preparedness:

- Phase 1. Risk Assessment (Questions 1 to 5).
- Phase 2. Exposure Control (Questions 6 to 10).
- Phase 3. Personal Protective Equipment (PPE) & Respiratory Protection (Questions 11 to 15).
- Phase 4. Cleaning & Hygiene (Questions 16 to 20).
- Phase 5. Training & Communication (Questions 21 to 24).
- Phase 6. Organizational Resilience (Question 25).

1. Do we know which infectious illness hazards could realistically affect our operations?

Not every workplace faces the same risks. Healthcare facilities, transportation operations, schools, long-term care homes, correctional institutions, laboratories, and customer-facing workplaces all have different exposure profiles.

2. Have we identified the specific tasks that could expose workers?

Many companies identify infectious illness hazards broadly but fail to identify the specific work activities that actually create exposure risk to their workers.

3. Do we understand how exposure could occur?

Viruses typically get into workers' bodies as a result of:

- Contact between the eyes, mucous membranes, blood, or other bodily fluids and a person or surface contaminated by the virus.
- Contact with contaminated equipment or other objects, such as being punctured by a contaminated needle.
- Ingestion, that is, swallowing or breathing in, infected materials, including aerosol vapours containing the virus.

4. When did we last update our

infectious illness hazard assessment?

A risk assessment conducted during the COVID-19 pandemic may no longer reflect today's workplace realities.

5. Who within the organization owns infectious illness preparedness?

If responsibility is unclear now you can bet that accountability will be unclear during an emergency.

6. Do we have written procedures for responding to potential exposure incidents?

Workers should never have to figure out what to do **during** an exposure event.

7. Could we quickly isolate a potentially infectious individual if necessary?

While the methods and timelines may vary by workplace, the procedure for isolating potentially infected individuals should already be in place at all companies.

8. Do we have controls for handling contaminated materials?

You should have procedures and controls for the handling of contaminated or potentially contaminated waste, laundry,

tools, equipment, biological samples, and surfaces.

9. Have we included contractors in our exposure-control planning?

As clearly demonstrated during COVID, physical interaction with outside contractors who enter your facilities or contact your workers at an off-site location poses a major infection risk that you must proactively address in coordination with those contractors.

10. Could we implement enhanced controls within 24 hours if conditions change?

Another takeaway from the COVID crisis is that public health emergencies and requirements constantly change making it essential for companies to monitor and react immediately to the evolving conditions.

11. Do we know which PPE is required for which hazards?

PPE for infectious illnesses generally includes protective gloves, goggles, face shields, gowns, aprons, surgical masks, and other respiratory protection. It's important not simply to have such equipment but also link it to specific risk scenarios involving different infectious agents.

12. Are supplies sufficient to handle a surge event?

The PPE shortages experienced during COVID-19 demonstrated the

importance of contingency planning.

13. Is respirator fit testing current?

An expired fit test may become a serious liability during a biological exposure event.

14. Do workers understand the required PPE & its limitations?

Ensure that your workers understand:

- Which PPE and respiratory equipment to use during an infectious illness outbreak or event.
- How to use that PPE and equipment.
- The limitations of that PPE and equipment.
- How to clean or dispose of it after use.

15. Could supervisors confidently verify proper PPE use?

Supervisors should be able to verify that the workers under their charge understand and are capable of safely using the required PPE and respiratory equipment in the event of an outbreak.

16. Are handwashing facilities adequate and readily accessible?

Workplaces should have readily accessible sinks or other handwashing facilities along with an ample supply of soap and other necessary disinfectants.

17. Are workers trained in proper handwashing & hand hygiene?

All workers should be trained and capable of carrying out proper handwashing protocols. Workers who handle contaminated blood or bodily fluids must be trained to wash their hands with soap and water or alcohol-based hand rubs frequently, including right before and after making contact with the material and before putting on and removing PPE.

18. Are we prepared to implement special cleaning and disinfection schedules?

Routine cleaning and disinfection may not be enough to control infection during an outbreak. So, companies need to be ready to adjust their normal housekeeping policies and procedures at a moment's notice, such as by providing for hourly disinfection of touch points or surfaces potentially contaminated with the virus.

19. Are safe cleaning & disinfection procedures in place?

Spraying or hosing contaminated fluids, objects, machinery, or surfaces may cause the virus to fly into the air as an aerosol mist that can hang around for few days. So, you should have special safety procedures for cleaning work areas where a virus may be present, which may include temporarily banning use of compressed air and similar blowing equipment for cleaning operations.

20. Are safe disposal procedures in place?

Another crucial hygiene measure is implementing procedures for the safe disposal of potentially contaminated rags, clothing, towels, equipment, debris, and other materials.

21. Are workers trained in infection hazards?

Workers must receive training on the viruses to which they're exposed, including:

- The hazards the particular virus poses.
- How it can get into their body.
- The signs and symptoms of infection.
- How to report potential exposure.

22. Are workers trained in the company's infectious illness safety procedures?

Verify that workers have received training in your company's infectious illness safety procedures and, just as importantly, demonstrated their competence to carry out their assigned responsibilities under those procedures in an actual emergency.

23. Have supervisors received specialized training?

Supervisors play a key role in preventing workplace infectious illnesses and must be trained to carry out their infection control assignments effectively.

24. Do we have a reliable method of communicating urgent health and safety instructions?

You should test your emergency communication systems before you need to actually use them to ensure they’re effective and make necessary adjustments.

25. Could we confidently explain our preparedness to regulators, inspectors, customers, and workers were a new infectious disease to emerge tomorrow?

This question captures all the others. A company that can answer “yes” likely has the essential elements of an effective infectious illness management program already in place. A company that can’t answer “yes” has identified its next improvement project.

Takeaway

Canadian Occupational Health and Safety (OHS) laws don’t require employers to prepare specifically for Ebola or any other infectious illness. They do, however, require employers to take every reasonable precaution to protect workers from foreseeable hazards, including viruses and other biological hazards. To comply, you must have robust systems for hazard assessment, exposure control, worker training, respiratory protection, incident response, and continuous improvement. And the best time to evaluate those systems is **before** the next outbreak occurs.