

## Guidance to Employers Performing Work in Private Residences Amid COVID-19

The current public health emergency has created challenges for those individuals who may be required to carry out **emergency/life safety maintenance or repair work** in private residences. Work that is not deemed “emergency” should be rescheduled for a time when all members of the residence are no longer under a self-isolation order.

**The following is not intended to fit every possible scenario and employers are required to conduct a risk assessment to identify and control any potential hazards to which workers might be exposed. These procedures have been reviewed and accepted by the OHS Division of ServiceNL as appropriate guidance, at this time. Deviation from these procedures may result in a lower level of protection for workers, and must be reviewed and approved by the OHS Division of ServiceNL.**

### Client screening questions:

Prior to accepting work, the client must respond to the following questions:

1. Are you, or anyone else in the residence, experiencing symptoms consistent with COVID-19?
2. Have you, or anyone else in the residence, been diagnosed with COVID-19?
3. Have you, or anyone else in the residence, been in close contact with someone diagnosed with COVID-19?
4. Have you, or anyone else in the residence, been assessed by Public Health for COVID-19 and/or are waiting to hear the results of a laboratory test for COVID-19?
5. Have you, or anyone else in the residence, travelled anywhere outside of Newfoundland and Labrador, within the past 14 days?
6. Have you, or anyone else in the residence, been advised to self-isolate for any other reason by Public Health?

Where the client answers “**NO**” to all of the questions above **follow Scenario 1.**

If the client answers “**YES**” to any of the above questions, and the work is not considered emergency or essential, the work should be scheduled for a time when the household is no longer under self-isolation.

Where the client answers “**YES**” to any of the questions but the work **does not expose the worker to human biological hazards follow Scenario 2**

Where the client answer “**YES**” to any of the questions above and the work **will expose the worker to human biological hazards, follow Scenario 3.** Where the client **refuses to answer** the questions, **treat the situation as though they responded “Yes” and follow Scenario 2 or 3, as appropriate.**

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### Scenario 1

Where the client answers “**NO**” to all of the client pre-screening question.:

1. Advise the client of the “Social Distancing Requirements”. They must maintain at least 2 metres from workers at all times. This also applies to any pets in the household. Pets should be restricted to another area of the home.
2. Maintain proper social distancing while providing services (a distance of two arm’s lengths from others). **Where this cannot be maintained, additional controls will be required (follow Scenario 2).**
3. Wash your hands often with soap and water for at least 20 seconds, or using an alcohol-based hand sanitizer with at least 60 percent alcohol;
4. Avoid touching your face;
5. Practice proper cough and sneeze etiquette;
6. Clean and disinfect any work surface (i.e. plumbing, hot water tank, toilet etc.) with Lysol wipes, diluted bleach (1 part bleach to 9 parts water), spray nine or a regular household cleaner, prior to performing work.
7. Upon exiting the property, wash/sanitize your hands and disinfect any tools that were used.

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### Scenario 2

Where the client answers “**YES**” to any of the questions but the work **does not expose the worker to human biological hazards**; or where the client answered “**NO**” to all of the questions above but social distancing requirements cannot be maintained.

1. Advise client of “Social Distancing Requirements”. They must maintain at least 2 metres from workers whenever possible. This also applies to any pets in the household. Pets should be restricted to another area of the home.
2. Plan your job. Ensure that you have all tools necessary to perform the task prior to entering the residence.
3. Workers must don the following **prior to** entering the residence:
  - a. Clean latex gloves.
  - b. Tyvek suit or where this not available full coveralls.
  - c. Respiratory protection:
    - i. NIOSH approved white N95/N100 P95/P100 Respirators; or
    - ii. NIOSH approved half/full face respirator with approved cartridges N95/N100/P95/P100.  
**Where neither i or ii are available for commercial purchase, the organization may also substitute:**
    - iii. KN-90 mask.  
**Where neither i,ii, or iii are available for commercial purchase the employee may use:**
    - iv. a full face shield (similar to a grinding shield).
  - d. CSA approved safety glasses or goggles where full face respirator is not being used.
4. Disinfect Clean work areas with an appropriate disinfectant (i.e. Lysol/diluted bleach solution/Spray Nine. Consult with product SDS to confirm that it is not incompatible with any materials or products to be used during the work process.
5. Change gloves when they become damaged or excessively soiled.
6. Perform work.
7. **Exit residence :**
  - a. Remove all potentially contaminated clothing (gloves/mask/tyvek), place in a garbage bag, seal.
  - b. Where Tyvek suit was unavailable and personal coveralls were used, these must be removed, placed in a garbage bag and the bag sealed. They cannot be used at additional job sites that day. At the end of the day the coveralls must be laundered with hot water and detergent.
  - c. Using clean gloves, clean and disinfect:
    - i. any tools or equipment utilized during the course of work (i.e. kneel pad, ladders, hand tools)
    - ii. Reusable PPE (i.e. safety glasses, face shield, half or full face mask etc.)
    - iii. Outside of garbage bag

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- d. Using clean gloves, transport and dispose of the garbage bag. Do not allow the bag to come in contact with your person while transporting.
8. Disinfect any areas of the service vehicle that might have been exposed (i.e. worker returned to obtain tools from vehicle). Where possible utilize a helper/runner who may be able to obtain tools and drop them at the front door.
9. Dispose of gloves and wash/sanitize your hands

### Scenario 3

Where the client answers “YES” to any of the questions and the work **potentially exposes the worker to human biological hazards**.

1. Advise client of “Social Distancing Requirements”. They must maintain at least 2 metres from workers whenever possible. This also applies to any pets in the household. Pets should be restricted to another area of the home.
2. Plan your job. Ensure that you have all tools necessary to perform the task prior to entering the residence.
3. Workers must don the following **prior to** entering the residence:
  - a. Respiratory protection:
    - i. NIOSH approved white N95/N100 P95/P100 Respirators; or
    - ii. NIOSH approved half/full face respirator with approved cartridges N95/N100/P95/P100.  
**Where neither i or ii are available for commercial purchase, the organization may also substitute:**
    - iii. KN-90 mask.
  - b. Clean latex gloves.
  - c. Tyvek suit or where this not available full shield).
  - d. CSA glasses or goggles where a full face respirator is not used.
4. Disinfect all work areas with an appropriate disinfectant (i.e. Lysol/diluted bleach solution/Spray Nine. Consult with product SDS to confirm that it is not incompatible with any materials or products to be used during the work process.
5. Change gloves when they become damaged or excessively soiled.
6. Perform work.
7. **Exit residence :**
  - a. Remove all potentially contaminated clothing (gloves/mask/Tyvek), place in a garbage bag, seal.
  - b. Where Tyvek was unavailable and personal coveralls were used, these must be removed, placed in a garbage bag and the bag sealed. They cannot be used at additional job sites that day. At the end of the day the coveralls must be laundered with hot water and detergent.
  - c. Using clean gloves, clean and disinfect:

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- i. Any tools or equipment utilized during the course of work (i.e. kneel pad, ladders, hand tools)
  - ii. Reusable PPE (i.e. safety glasses, face shield, half or full face mask etc.)
  - iii. Outside of garbage bag
  - d. Using clean gloves, transport and dispose of the garbage bag. Do not allow the bag to come in contact with your person while transporting.
8. Using clean gloves disinfect any areas of the service vehicle that might have been exposed (i.e. worker returned to obtain tools from vehicle). Where possible utilize a helper/runner who may be able to obtains tools and drop them at the front door.
9. Dispose of gloves and wash/sanitize your hands.

## COVID-19 CLIENT HEALTH SCREENING TOOL

### Guidelines:

The current public health emergency has created challenges for those individuals who may be required to carry out emergency maintenance or repair work in private residences. Breaking a self-isolation order should not be done under normal work circumstances. **Should a client identify as being under an isolation order, or refuse to respond to the questionnaire, the organization must implement additional control measures to protect the health and safety of the workers and prevent the spread/transmission of COVID-19.**

### Confidentiality

Due to the nature of the survey and collection of health information, it is a requirement that employers ensure that this information is kept confidential. This would include ensuring that the answers to the health screening tool are kept in a secure location and answers are not discussed with other personnel.

DATE:		SCREENING COMPLETED BY:	
CLIENT:		CONTACT PHONE #:	

1.	Are you, or anyone else in the residence, experiencing any of the following: <ul style="list-style-type: none"> <li>• Fever</li> <li>• New onset or worsening of cough or other symptoms</li> <li>• Sneezing/Running Nose</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Severe Fatigue</li> <li>• Vomiting</li> <li>• Aches &amp; pains</li> </ul>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2	Have you, or anyone else in the residence, been diagnosed with COVID-19?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3	Have you, or anyone else in the residence, been in close contact with someone diagnosed with COVID-19?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4	Have you, or anyone else in the residence, been assessed by Public Health for COVID-19 and/or are waiting to hear the results of a laboratory test for COVID-19?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5	Have you, or anyone else in the residence, travelled anywhere outside of Newfoundland and Labrador, within the past 14 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6	Have you, or anyone else in the residence, been advised to self-isolate for any other reason by Public Health?	<input type="checkbox"/> No	<input type="checkbox"/> Yes