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Pandemic response — Social distancing and source control

Réponse en cas de pandémie — Distanciation sociale et contrôle de la source

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Foreword

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This document was prepared by Technical Committee ISO/TC 304, Healthcare Organization Management.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

Controlling the spread of infectious diseases have involved both pharmaceutical and non-pharmaceutical measures. The pharmaceutical measures involve vaccination. The most effective non-pharmaceutical measures involve social (or physical) distancing and source controls.

Vaccination reduces the risk of infection, but does not eliminate the possibility of reinfection or of asymptomatic transmission of the virus to others, nor provide immediate protection to the vaccinated. Herd immunity has been elusive despite vaccination campaigns for several reasons: (1) vaccination protection is less effective over time; (2) vaccinations may not protect against emergent variants; (3) pre-existing health conditions, including immunosuppression may make certain individuals more susceptible to infection; (4) and individuals have chosen to opt out of vaccinations.

In times of increased incidence of active cases, non-pharmaceutical infection control measures are necessary. For individuals who are most susceptible, personal protective equipment such as respirators may provide additional protection.

Health authorities around the globe have made available various generic guidance for social distancing. However, as the number of the vaccinated increases, social distancing should so reflect the changes in social behaviours of people with three levels of vaccination (the fully-vaccinated, the partially vaccinated and the unvaccinated) when they engage each other in daily activities. This new challenge in social distancing is dealt with as complementary, generic guidance to the existing sets of guidelines published by various authorities for social distancing. This document is intended to be applicable as long as individuals and organizations find themselves exposed to or interacting with people with varying vaccination levels.

This document is intended to provide guidance to individuals and organizations and to normalize guidance from various authorities. Organizations using recommendations of ISO/PAS 45005 for workplace safety can use this document to refine governance and management essential to the safe operation of the organizations during vaccinations, and to actively engage with changes in safety requirements.

By familiarizing themselves with this guidance, individuals will be able to:

1) Understand revised social distancing practices in places where they find themselves.

2) Feel secure in places such as public markets where individuals with differing vaccination levels are present.

3) Understand the dynamics of the preventive measures during vaccinations.

4) Plan and adapt social distancing practice when engaged with others in changing disease situations.

By implementing this guidance, organizations will be able to:

1) Put in place social distancing policy and safety messages, for both workers and visitors/customers/ patrons, commensurate with vaccination levels in the population.

2) Establish a framework that facilitates pre-emptive adaptation to evolving disease situations.

Pandemic response — Social distancing and source control

1 Scope

This document is intended to guide the daily activities to practice social distancing and source control as pre-emptive actions to prevent infectious disease. The recommendations in the document may be subject to change, depending on the trend of the infectious disease or other circumstances.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO/PAS 45005:2020, *Occupational health and safety management — General guidelines for safe working during the COVID-19 pandemic*

3 Terms and definitions

3.1
disinfection
process to reduce the number of microorganisms but not usually of bacterial spores, without necessarily killing or removing all organisms.

[SOURCE: ISO 15190:2020(en), 3.9]

3.2
pandemic
worldwide spread of a disease

[SOURCE: ISO/PAS 45005:2020(en), 3.5]

3.3
physical distancing
See 3.4 Social distancing keeping our distance of at least 2 meters or more, if possible, from one another for self-protection to prevent potential exposure

Note 1 to entry: The exact physical distance can vary depending on local and national recommendations

[SOURCE: Factsheet Covid-19 Guide, Physical Distancing, available at https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/factsheet-covid-19-guide-physical-distancing.pdf?la=en, modified – Note 1 to entry is added]

3.4
social distancing
also called *physical distancing* (3.3), avoiding close contact and maintaining 2 m and more from other people

[SOURCE: Centers for Disease Control and Prevention, available at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html, modified]

3.5
source control
use of *medical face masks* (3.6) and protective equipment masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing

[SOURCE: US CDC, Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html]

3.6
medical face mask
item of protective clothing designed to protect portions of the wearer's face, including at least the mucous membrane areas of the wearer's nose and mouth, from contact with blood and other body fluids during medical procedures.

[SOURCE: ISO 22609:2004, 3.6]

3.7
filtering facepiece
FFP
respiratory protective device entirely and substantially constructed of filter material

[SOURCE: ISO 16972:2020, 3.89, Note 1 to entry deleted]

3.8
personal protective equipment
PPE
equipment used to prevent or minimize exposure to hazards such as biological hazards, chemical hazards, radiological hazards, electrical hazards, mechanical hazards and etc

[SOURCE: Health products policy and standards, What is PPE?, available at https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/medical-devices/ppe]

4   Social distancing during pre- and post-vaccinations

One practicing social distancing keeps a safe space between oneself and other people. One may apply it at home, by reducing travel or avoiding congested gatherings such as theaters, or by shopping online. It is commonly recommended that one stays at least 2 m or more from other people in both indoor and crowded outdoor spaces. The rationale for social distancing is that when people are distanced enough apart, the risk of transmission of the virus is reduced. To effectively limit further spread of the virus demands a break in the chain of virus transmission. Figure 1 shows the area of dispersion plume of droplets and aerosols within 2 m from the source. While vaccination cannot 100 % prevent the transmission of the disease, social distancing may be effective in reducing the risk during times of outbreak.
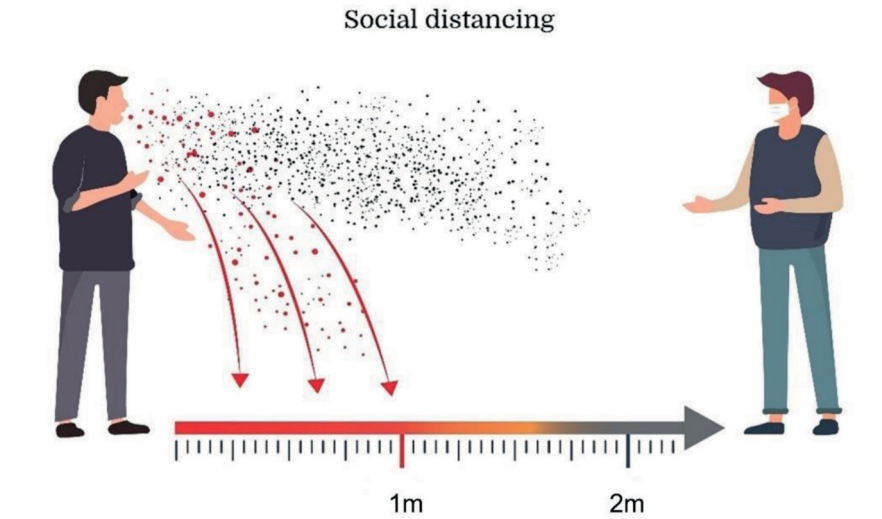
Figure 1 — Social distancing

5 Source control

A respirator provides filtration of aerosol, particulates and droplets for the user, particularly if fitted. When the exhaust of the respirator contains a filter, the respirator provides source control. A medical face mask (or its equivalent) controls the spread of droplets and aerosols from the user who wears the mask and provide source control. In some cases, the medical face mask also provides a short-term barrier for droplets and minor filtration of aerosols. Face shields provide moisture control for industrial respirators and masks. The use of a face shield in combination with a medical face mask, as shown in Figure 2, or FFP is particularly important when there remains uncertainty as to whether the wearer has developed immunity. The medical face mask protects others. FFP2 and FFP3 masks protect yourself and others without valve, and only yourself with valve.

5.1 Proper use of the medical face mask

— Before use: Disinfect your hands or wash with soap

— Placement: Place the mask properly over mouth, nose and cheeks. The mask should fit tightly. Replace the mask immediately if it becomes soaked.

— Straps: Use straps when removing the mask

— After use: Disinfect your hands or wash with soap

Figure 2 — Face mask and face shield

6 Social distancing and source control in everyday life

The general guidance below refers to social distancing guidelines set out by relevant authorities of each jurisdiction when the pandemic breaks out, and which remain in effect until further notice. The post-

vaccination guidance is adjustments, where applicable, to the general guidance and a response to global vaccination efforts with the principles that:

— For the safety of everyone, cultural and societal attitudes and differences toward social distancing and source control shall be duly considered when implementing the latter, provided they do not invalidate the public health objectives.

— human freedom and rights shall not be violated in places where the latter is implemented.

6.1 Public Transit

6.1.1 Public transit passengers

6.1.1.1 General guidance for social distancing

1) Wear a medical face mask or PPE mask in transit (e.g., bus, train, subway, taxi)

2) Maintain as much distance as possible from others in transit.

3) Use non-contact payment options, if possible (credit card, transit card, mobile payment).

4) Practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible.

6.1.1.2 Post-vaccination guidance for social distancing

Passengers should understand that during transit the following conditions may be present:

— Other passengers may be infectious and carry the active disease (regardless of vaccination status).

— Other passengers may not be vaccinated or may lack full coverage.

— Other passengers may not correctly wear a medical face mask or PPE mask.

— Other passengers may not adhere to social or physical distancing recommendations.

6.1.2 Public Transit authority

6.1.2.1 General guidance for social distancing

The general social distancing recommendations for safety of workers and workplace shall be in accordance with ISO/PAS 45005:2000.

6.1.2.2 Post-vaccination guidance for social distancing

The organization should ensure that flexible controls and management in maintaining social distancing are in place and adapt its messages and policy in line with potentially relaxed or abandoned social distancing measures from authorities for those fully vaccinated. The organization should:

1) communicate to all public-facing personnel that they may encounter relaxed or abandoned social distancing practices among the passengers.

2) ensure that the workers are educated on current regulations in regulations for social distancing for the fully vaccinated through

3) ensure that workers are well trained and educated on how to respond to the passengers who complain of the relaxed or abandoned social distancing practices in which they find themselves.

4) have a process to receive and address complaints from passengers regarding unsafe acts or conditions.

6.2   Healthcare Organization

6.2.1   Users

The term "user" refers to employees of the healthcare organization and, including but not limited to, outpatients, visitors and guardians.

6.2.1.1   General guidance for social distancing

1) Users in the outpatient departments (OPD) should follow the IPC (Infection prevention and control) measures imposed by the hospital and wear a mask when going to or leaving seating.

   Note   when the healthcare organization receives IPC requirements from the government and has its IPC measures, it shall use the most stringent requirements.

2) Users to the outpatient departments should observe preventive measures in place (e.g., such as notices posted at the entrance to the hospital)

3) Users should fill out health questionnaires, if requested, for respiratory symptoms prior to entering the hospital.

   Note   local, regional, and national government policies for visitor screening and management, if any, may vary (e.g., https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html).

4) Users should fill out visitor logs, electronic or non-electronic (e.g., logs that record expected visiting time, purpose of visit)

   Note   visitor tracking is especially recommended when there is high community incidence.

5) Users should avoid consuming food in non-designated areas.

6) Users should practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible

6.2.1.2   Post-vaccination guidance for social distancing

1) Users should practice social distancing regardless of the status of vaccination

2) Users should understand that there may exist different social distancing recommendations for the fully vaccinated.

   Note   local, regional, and national government guidelines for the fully vaccinated may vary.

6.2.2   Organization

6.2.2.1   General guidance for social distancing

The general social distancing recommendations for safety of workers and workplace shall be in accordance with ISO/PAS 45005:2000. More specific guidance for the organization to take into consideration includes, but not limited to:

1) The organization should communicate social distancing practices (e.g., notices at entrances to the hospital, TV broadcasting at waiting areas)

2) The organization should consider limiting the number of entrances to a minimum, if feasible, to promote effective social distancing and to prevent infection and to enable efficient visitor and staff screening, where indicated.

3) The organization should consider issuing entrance passes to outpatients through non-contact reservation methods (e.g., online reservation)

4) The organization, if technically available, should consider offering non-contact patient-physical encounters to outpatients (e.g., online, telephone)

5) The organization should communicate clearly and regularly its social distancing measures to everyone within the hospital (e.g., TV, notices, intercom)

6) The organization should introduce visitor logs (e.g., paper-based, or electronic) and keep them for a period (e.g., 1 month) for further use (e.g., contact tracing) or required by law and oversight body.

   Note   local or national guideline for the actual period may vary.

7) The organization should develop requirements for eating and drinking for staff and visitors, when allowed to be in the organization.

8) The organization should put in place separation measures that divide infected patients from the non-infected (e.g., separate movement paths for the infected)

9) Administrators and employees should wear medical face masks or FFP masks.

6.2.2.2   Post-vaccination guidance for social distancing

Healthcare organizations are at the forefront of the battle to overcome the pandemic, and as such, it may be the last entity to relax social distancing. Regardless of vaccination efforts, it is recommended that the organizations should maintain sustained measures of social distancing in effect,.

Note   local, regional, and national social distancing guidelines for the fully vaccinated may vary.

6.3   Educational facilities

6.3.1   Learners

6.3.1.1   General guidance for social distancing for air-borne transmission

1) Learners should be advised not to visit or attend if they have fever or respiratory symptoms (e.g., cough, sore throat)

2) Learners should maintain a safe prescribed distance from others (e.g., at least 2 m or more, if possible)

3) Learners should practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible

4) Learners should take caution not to spread droplets (e.g., by coughing or sneezing into the elbow)

5) Learners should take caution not to transmit saliva (e.g., by singing, yelling) nor to engage in physical contact (e.g., shaking hands, hugging)

6) Learners should always wear a medical face mask or a PPE mask (e.g., in classrooms, in gyms, when running tracks for physical education)

Note   local, regional, and national social distancing guidelines may vary.

6.3.1.2   Post-vaccination guidance for social distancing

In most countries, educational institutions - private, public, and commercial – abide by social distancing guidelines prescribed by the relevant authorities. Prior to countries starting to reopen the institutions back to normal, learners should be well prepared to face the interim environment in which mixed practices of social distancing by others could be in effect.

Note   local, regional, and national social distancing guidelines for learners at educational institutions may vary.
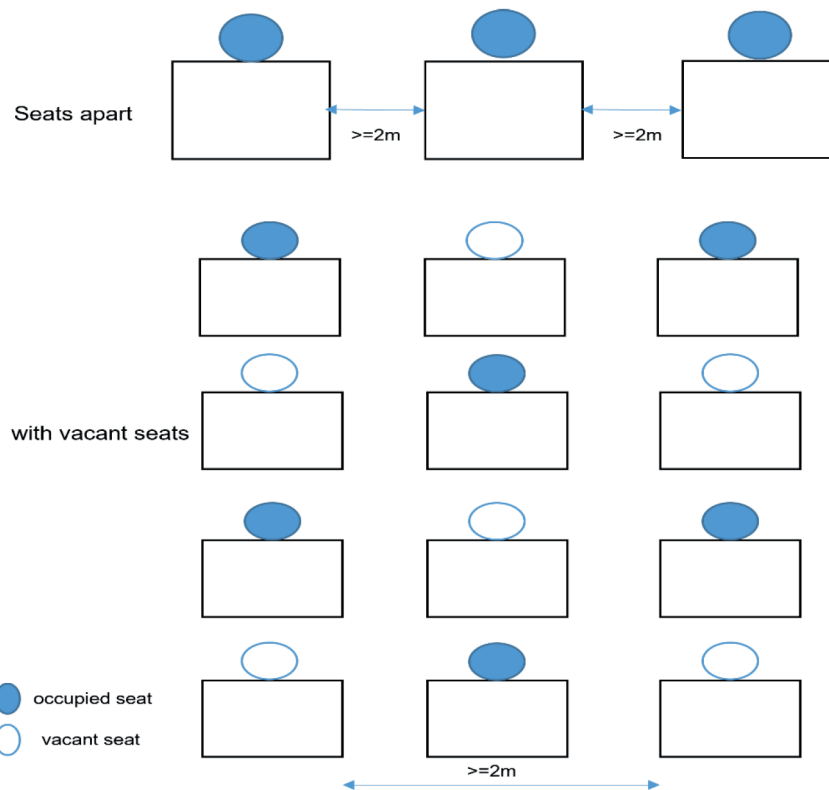
6.3.2   Organization

6.3.2.1   General guidance for social distancing

The general social distancing recommendations for safety of workers and workplace shall be in accordance with ISO/PAS 45005:2000. More specific guidance for the organization to take into consideration includes, but not limited to:

1) Seats (e.g. in classroom) should be arranged, if possible, in ways that ensure sufficient levels of seat vacancy are available (e.g. seats next to and in front of another seat is empty), or seats are apart (e.g., at least 2 m or more, if possible) from each other. Figure 3 is an illustration of seating arrangement. If practical, barriers (e.g., for a long table) should be installed to clearly mark each seating.

2) Teachers/lecturers/students should wear a mask if unable to distance at least 2 m or more, if possible.

3) Place sanitary lidded trash cans at entrances to any enclosed space within the facilities.

4) Regular disinfection and ventilation plans should be in place (e.g., daily disinfection of high-touch surfaces such as door handles, elevator buttons and etc.)

5) Employees are encouraged to use their own devices (e.g., computers, tablets, laptops) and practice strictly sanitary measures when using shared devices, or have access to disinfection wipes for shared devices

6) The organization should provide regular education on up-to-date social distancing guidelines.

Note   local, regional, and national social distancing guidelines for educational institutions may vary.

7) The organization should put in place the maximum number of learners allowed to be gathered in one place at a time (e.g., in the library, cafeteria)

8) The organization should implement ways to check symptoms relevant to the disease when people enter and leave the facilities. (e.g., fever, respiratory symptoms)

9) The organization should maintain visitor logs, if possible.

10) The organization should develop infection prevention measures (e.g.,, touching of surfaces, shaking hands).

11) Employees of the organization should practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible

Figure 3 — Seating arrangement

6.3.2.2 Post-vaccination guidance for social distancing

The organization should ensure that it stays up to date to the changing situation in vaccination and disease and implement proactive social distancing measures. The organization should:

1) communicate to all personnel that they may encounter relaxed or abandoned social distancing practices among the learners and visitors.

2) ensure that the workers are aware of the changes in regulations for social distancing for the fully vaccinated learners and visitors.

3) ensure that workers clearly communicate to the learners about the social distancing measures in place.

6.4 Restaurants and Cafeterias

6.4.1 Customers

6.4.1.1 General guidance for social distancing

For recommended seating arrangements for restaurants and cafeterias, please refer to Figure 3.

1) Minimize time spent in the premises and wear a medical face mask or PPE mask.

2) Sit as far apart as possible with other people than your own group (e.g., at least 2 m or more, if possible)

3) Sit side-by-side or diagonally, facing one direction, if possible.

4) Refrain from talking while eating

5) Refrain from sharing food on shared plates.

6) If outdoor facilities (e.g., patio) are available, customers are encouraged to use them for better ventilation.

7) Customers should practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible

6.4.1.2 Post-vaccination guidance for social distancing

1) Customers should understand that they may co-locate with other customers at different vaccination levels.

2) Customers should understand that they may encounter, within or without the premises, other customers who are not practicing social distancing due to relaxation of social distancing measures applicable to them.

Note   local, regional, and national government guidelines for the fully vaccinated may vary.

6.4.2 Organization

6.4.2.1 General guidance for social distancing

The general social distancing recommendations for safety of workers and workplace shall be in accordance with ISO/PAS 45005:2000.

1) Workers should be protected from direct contact with customers (e.g., by installing non-contact partitions or kiosks for ordering and payment).

2) Tables and seats should be apart from each other placed at enough distance (e.g. at least 2 m or more apart, if possible, installing partitions between tables).

4) Refrain from holding large-scale events.

5) Promote pre-packaged and delivery sales, if possible.

6) Promote personal hygiene and safety rules for public-facing workers.

7) Consider ways, if possible, to prevent crowding near the entrances to the facility (e.g., use of automatic number tags distributed to customers in waiting).

8) Promote individualized use of utensils (individual plates, ladles, and tongs for the customers).

9) Partition large tables into different sections (e.g., by installing transparent screens between sections).

6.4.2.2 Post-vaccination guidance for social distancing

In social gathering places such as funerals, religious facilities and restaurants, people tend to stay close to each other. The potential danger of disease spread increases due to vaccination, which may impart false security to those vaccinated. The organization should ensure that it stays up to date to the changing situation in vaccination and disease and implement proactive social distancing measures. The organization should:

1) communicate to all public-facing personnel that they may encounter relaxed or abandoned social distancing practices among the customers.

2) ensure that the workers are aware of the changes in regulations for social distancing for the fully vaccinated.

3) ensure that workers are well trained and educated on how to respond to the customers who complain of the relaxed or abandoned social distancing practices in which they find themselves.

6.5 Shopping

6.5.1 Customers

6.5.1.1 General guidance for social distancing

1) Customers should maintain a distance of at least 2 m or more, if possible, from other customers while remaining in the shopping space (e.g., standing in waiting line to a store, selecting items or standing in checkout line) and wear a medical face mask or a PPE mask.

Note   local, regional, and national social distancing guidelines may vary

2) Customers should practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible.

3) Customers should disinfect surfaces of objects that they come in contact with (e.g., communal shopping baskets or carts)

4) Customers should avoid using samples (e.g., cosmetic products) in ways that come in contact with the face or lips or eyes.

5) Customers should, if possible and applicable, utilize non-contact means of payment (e.g., mobile pay, QR code, NFC card, credit card)

6.5.1.2 Post-vaccination guidance for social distancing

With more people having been vaccinated, customers will move and interact with workers and other customers freely, increasing the danger of infection to a higher level than at the beginning of the disease outbreak.

1) Customers should understand that there may exist different social distancing recommendations for the fully vaccinated.

Note   local, regional, and national government guidelines for the fully vaccinated may vary.

2) Prior to entering a store, fully vaccinated customers should be aware of the social distancing measures in place within the store (e.g., a store may strictly enforce no-tolerance policy for relaxed social distancing even for the fully-vaccinated, contrary to the recommendations by the national government)

6.5.2 Organization

6.5.2.1 General guidance for social distancing

The general social distancing recommendations for safety of workers and workplace shall be in accordance with ISO/PAS 45005:2000. More specific guidance for the organization to take into consideration includes, but not limited to:

1) Cosmetic stores and food stalls should refrain from offering free sampling on the spot (e.g., tasting food, testing cosmetic samples)

2) Staff members should refrain from tagging along customers (e.g., trying to explain a product to a customer who is browsing through products on display)

3) Place hand sanitizer near shopping carts and disinfect handles regularly.

4) If possible, encourage the customers to pay electronically, instead of cash, to minimize contact between workers and customers.

5) The organization should limit the use of public facilities (e.g., reduced operation hours for a cultural center within a shopping mall) and place staff members to guide customers to practice social distancing within the facilities.

6) Place social distancing symbols (e.g., floor stickers, posters) at place where customers tend to flock together (e.g., at entrances to a mall, at checkout and waiting lines)

7) When flexible working hours are introduced for workers due to the pandemic, the organization should plan to secure alternative workforce, if need be.

Note   local, regional, and national social distancing guidelines for shopping facilities may vary.

8) Employees of the organization should practice good hand hygiene – hand wash – hand disinfection if hand wash is not possible.

6.5.2.2   Post-vaccination guidance for social distancing

An individual store or a collective such as a shopping mall should:

1) communicate to all public-facing personnel that they may encounter relaxed or abandoned social distancing practices among the customers.

2) ensure that the workers are aware of the potential changes in regulations for social distancing for the fully vaccinated.

3) ensure that workers are well trained and educated on how to respond to the customers who complain of the relaxed or abandoned social distancing practices in which they find themselves.

4) In case of a collective organization that contains multiple stores (e.g., shopping mall), it should clearly communicate its social distancing measures to its constituent stores.

   Note   local, regional, and national social distancing guidelines for such a collective may vary.

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