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Healthcare Organization Management --organization management — Pandemic response— Guidelines for — Guidance on social distancing and source control

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Foreword

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~~should~~~~This~~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 involves 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 does it provide immediate protection to the vaccinated. Herd immunity has been elusive despite vaccination campaigns for several reasons:

a) ~~a)~~ vaccination protection is less effective over time;

b) ~~b)~~ it is possible that vaccinations do not protect against emergent variants;

c) ~~c)~~ pre-existing health conditions, including immunosuppression can make certain individuals more susceptible to infection;

d) ~~d)~~ individuals can choose not to receive vaccinations.

In times of increased incidence of active cases, non-pharmaceutical infection control measures are helpful. For individuals who are most susceptible, personal protective equipment such as respirators can 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 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 standardize guidance from various authorities. Organizations using recommendations of ISO/PAS 45005 for workplace safety should 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 document, individuals can:

— ~~—~~ understand revised social distancing practices in places where they find themselves;

— ~~—~~ feel secure in places such as public markets where individuals with differing vaccination levels are present;

— ~~—~~ understand the dynamics of the preventive measures during vaccinations;

— ~~—~~ plan and adapt social distancing practice when engaged with others in changing disease situations.

By implementing this document, organizations can:

— ~~—~~ put in place social distancing policies and safety messages, for both workers and visitors/customers/patrons, commensurate with vaccination levels in the population;

— ~~—~~ establish a framework that facilitates pre-emptive adaptation to evolving disease situations.

The recommendations in the document can be subject to change, depending on the trend of the infectious disease or other circumstances.

Healthcare organization management — Pandemic response — ~~Guidelines for~~Guidance on social distancing and source control

1 Scope

This document provides guidance for the daily activities to practice social distancing and source control as pre-emptive actions to prevent infectious disease.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

— ~~—~~ISO Online browsing platform: available at https://www.iso.org/obp

— ~~—~~IEC Electropedia: available at https://www.electropedia.org/

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, 3.9]

3.2
pandemic
worldwide spread of a disease

[SOURCE: ISO/PAS 45005:2020, 3.5]

3.3
social distancing
physical distancing
practice of maintaining a greater than usual physical distance from other people or avoiding direct contact with people or objects in public places during the *pandemic* (3.2) of an infectious disease to minimize exposure and reduce the transmission of infection

[SOURCE: ISO/TS 16975-4:~~2020~~2022, 3.19~~—~~, modified — The admitted term “physical distancing” has been added; “/epidemic/outbreak” ~~is~~has been deleted~~].~~]

3.4
source control
intervention to reduce release of aerosols and droplets at or close to the point of origin or release into the atmosphere

[SOURCE: ISO/TS 16975-4:2022, 3.20]

3.5
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]

3.6
FFP
filtering facepiece
respiratory protective device entirely and substantially constructed of filtering material

[SOURCE: ISO 16972:2020, 3.89, modified — The abbreviated term "FFP" has been added; note 1 to entry has been deleted.]

3.7
personal protective equipment
PPE
any device or appliance designed to be worn or held by an individual for protection against one or more health and safety hazards

[SOURCE: ISO/TS 20141:2022, 3.8]

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 theatres, or by shopping online. One should stay 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. While vaccination cannot 100 % prevent the transmission of the disease, social distancing can be effective in reducing the risk during times of outbreak.

5 Source control

5.1 General

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 provides 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 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 oneself and others without valve, and only oneself with valve.

5.2 Proper use of the medical face mask and face shield

— ~~—~~Before use: Disinfect the hands or wash with soap with an alcohol-based handrub for 20~~-~~ s to 30 ~~seconds~~ s or wash with soap and water for 40~~-~~ s to 60~~ seconds~~ s.

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

— ~~—~~Removal: Place the face mask. Use straps when removing the mask.

— ~~—~~After use: Disinfect the hands

6 Social distancing and source control in everyday life

6.1 General

This clause 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 involves adjustments, where applicable, to the general guidance and a response to global vaccination efforts with the principle that

~~—~~cultural and societal attitudes and differences toward social distancing and source control should be duly considered when implementing the latter, provided they do not invalidate the public health objectives;

6.2 Public transit

6.2.1 Public transit passengers

6.2.1.1 General guidance for social distancing

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

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

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

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

6.2.1.2 Post-vaccination guidance for social distancing

Passengers should understand that during transit the following conditions can be present.

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

— ~~—~~Other passengers are vaccinated or lack full coverage.

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

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

6.2.2 Public transit authority

6.2.2.1 General guidance for social distancing

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

6.2.2.2 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:

a) ~~a)~~ communicate to all public-facing personnel that they can encounter relaxed or abandoned social distancing practices among the passengers;

b) ~~b)~~ ensure that the workers are educated on current regulations for social distancing for the fully vaccinated;

c) ~~c)~~ 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;

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

6.3 Healthcare organization

6.3.1 Users

6.3.1.1 General

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

~~6.3.1.1~~6.3.1.2 General guidance for social distancing

a) ~~a)~~ 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 1~~ When the healthcare organization receives IPC requirements from the government and has its IPC measures, it should use the most stringent requirements.

b) ~~b)~~ Users to the outpatient departments should observe preventive measures in place (e.g. notices posted at the entrance to the hospital).

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

NOTE ~~2~~ Local, regional, and national government policies for visitor screening and management, if any, can vary ~~(Reference [17]).~~

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

~~NOTE 3~~ Visitor tracking should be considered when there is high community incidence.