



Safety Is Not Negotiable

A Position Statement on Personal Protective Equipment when Planning for a Pandemic

Background

Nurses are expected to be prepared, often 24 hours a day, to face any number of health emergencies. The ability to respond quickly and efficiently to emergencies is fundamental to the nursing profession. However, rapid response requires the support of many parts of the healthcare system. It requires emergency preparedness planning, proper administrative and engineering controls, the support of the administrators of the health system, as well as the government to ensure the necessary protective equipment that takes into consideration risk and the precautionary principle.

A large portion of the world has now entered a phase of emergency preparedness planning for possible outbreaks of H5N1 influenza and for attacks with biological and chemical weapons. While the standards vary, the knowledge and understanding of the spread of disease are raising the minimum standards for acceptable risk. Whereas at one point a surgical mask was deemed acceptable in the outbreak of influenza, emerging evidence shows that airborne transmission does occur, requiring a greater standard of protection – the N95 respirator.

Position

It is the position of the Canadian Federation of Nurses Unions, representing over 135,000 nurses from nine provinces, that in the event of an outbreak of any virus, such as H5N1 influenza, all nurses and front line health care workers be protected using, a fit-tested NIOSH approved N95 respirator, at minimum, which is designed to protect against 95% of airborne particulates free of oil when tested against a 0.3 micron particle.

Our position states that:

- The precautionary principle¹ be applied and N95 respirators (or greater) be used as the minimum standard for the protection of healthcare workers. We must not wait and monitor unknown viruses, rather we need to use the precautionary principle to ensure the health of workers, patients and the public;
- This standard should apply for all viruses which are known or suspected to be airborne, or any virus with an unknown transmission route;

¹ The precautionary principle states that when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even in the absence of full scientific certainty.

- The removal of the 1 metre rule² from emergency planning policies as there is evidence to support that H5N1 and other pandemic influenza strains may be airborne, indicating that a mask should be worn in the general vicinity, for example, in the same room, of someone infected by the virus;
- Develop policies and programs to ensure N95 respirators are fit-tested annually, and health workers receive training, including information about the health risks present in an emergency pandemic situation so that protective equipment is used properly at all times;
- Require all health care workers to carry identification indicating the size of the fit-tested N95 respirator needed;
- Insist that employers develop institutional pandemic plans in consultation with nurses and other health care workers and provide education to all staff immediately; and
- All provinces and the federal government demand the same standard for Personal Protective Equipment (PPE) and pandemic planning³

Conclusion

We must ensure the safety of the population, including healthcare workers by requiring a proper standard of safety and training of health care workers in the event of a pandemic. We cannot take the risks associated with not providing adequate equipment in terms of the proper safety devices or in the quantity of stockpiled equipment.

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² The current policy for the Ontario Ministry of Health and Longterm Care states that an N95 mask should be worn within 1m of a patient in a pandemic that arises from the H5N1 influenza virus.

³ Ontario Nurses Association, *Submission on Bill 56 – Emergency management Statute Law Amendment Act, 2005*, by the Ontario Nurses Association to the Standing Committee on Justice Policy, May 15, 2006.