



# Canadian Federation of Nurses Unions

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THE NATIONAL VOICE FOR NURSES

## A Position Statement on Staffing for a Pandemic

### Background

The World Health Organization reports that with each new human case of avian influenza there is an increased opportunity for the virus to evolve towards a fully transmissible pandemic strain.<sup>1</sup> Since 1997, when the first human case was reported in the Hong Kong outbreak, research has shown that the epidemiology of the disease is changing. The disease is characterized by a sudden onset of severe illness and rapid death, with a mortality that can approach 100%.<sup>2</sup> Increasing reports of human infection present mounting fears that if the disease were to hit the human population it would be a devastating health emergency.

Frighteningly, the evolution of the threat cannot be predicted, nor can the nature or severity of the outbreak. For this reason, one of the greatest threats to the health system is not just the outbreak of a pandemic, but the ability to limit the transmission and to provide adequate care. Thus, emergency preparedness planning needs to identify that health human resources are the most important part of any plan.

Planning for a pandemic becomes more challenging given the lack of surge capacity within the system, resulting from the current shortage of nurses and other health care professionals, the known practices of working part time in more than one location, and overtime and absenteeism due to illness within the health system which certainly increase during a pandemic. It is predicted that 75% of the population will be infected with the influenza virus, 15-38% will be clinically ill (equivalent to missing 1.5 days of work), 6-17% will require out patient care, 0.1-0.3% will be hospitalized and 0.03-0.1% of the population will die.<sup>3</sup> In terms of workforce impacts, it is estimated that 30-40% of the overall healthcare workforce will fall sick. From the experiences with Severe Acute Respiratory Syndrome (SARS), we know first hand how existing nursing shortages “were magnified when fewer nurses were available to work because of home/work quarantine, additional demands for infection control, and restrictions on employment in more than one health care facility.”<sup>4</sup>

### Position

Discussions regarding health human resource planning and staffing should start immediately and include staffing and all workers protections (PPE). In preparation for a pandemic, it is the position of the Canadian Federation of Nurses Unions that emergency staffing plans must be developed at provincial and local levels to ensure that there is a safe supply of nurses and other health care workers to manage a health

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<sup>1</sup> World Health Organization, *Responding to the avian influenza pandemic threat: Recommendations and strategic actions*, World Health Organization Communicable Disease Surveillance and Response Global Influenza Programme. 2005.

<sup>2</sup> Ibid.

<sup>3</sup> Nova Scotia Health, *Pandemic Influenza: Important Information for Nova Scotians, Frequently Asked Questions*, Nova Scotia Health, 2006.

<sup>4</sup> Ontario Nurses' Association, *Submission on Bill 56*, May 2006; Justice Archie Campbell, *Final Report of the SARS Commission*, The SARS Commission, December 2006.

emergency. Unions should be involved in all staffing issues and at all levels (local, provincial and on a national front).

The Canadian Federation of Nurses Unions urges all levels of governments to immediately direct Employers and Bargaining Agents to negotiate specific collective agreement clauses on emergency, disaster and pandemic staff planning, training and PPE—personal protective equipment. Urgent discussions must also happen with provincial professional regulatory bodies for establishing and communicating fast tracked regulation between provinces, professions and or retirees.

In any emergency or disaster, nurses will be required to perform their duties with the understanding that their rights and protection granted under collective agreements will be respected. In the event of a major health alert such as a pandemic, it is understood that notification will be provided to the Provincial Bargaining Agent by the respective Minister of Health or Labour.

The current collective agreements will apply in the event of a pandemic, unless amended by Bargaining Agents. Compensation for unusual conditions related to such emergency will be determined by negotiations, between the Employers and the Bargaining Agents. All agreements must be subject to the Labour Relations and Occupational Health and Safety Acts in each province. No local or individual agreements will be legally recognized by the parties.

It is understood by all parties that all workers regardless of employment status will be treated with the same respects and rights. By definition, workers rights would be those honoured under collective agreements and Federal-Provincial laws. This would include but not be limited to, retired employees (e.g. nurses and persons not under the bargaining unit).

In the event of a pandemic, any HHR plan will need to go beyond traditional professional silos to include competency based plans, training and options for persons not included under the bargaining unit to provide assistance. The plans should also include a wider range of options for care providers, knowing in advance that shortages will likely create a crisis in health human resources and care. This will be done under the collaboration of employers and unions. For this reason, we recognize and support staffing plans that encourage and integrate care providers other than nurses or those currently working under the immediate bargaining unit as they will play a very important role in the assistance of care. It is also understood that these plans must include proper training, orientation and protection i.e. PPE and quarantine, sick leave and health benefits before being requested to assist in the care of patients.

## **Conclusion**

In the event of a health emergency all health care workers must be assured the health and safety precautions taken will protect them from exposure to the threat of disease in any form it may come.<sup>5</sup>

**Approved June 3, 2007**

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<sup>5</sup> See CFNU's position statement on Personal Protective Equipment "Safety is not Negotiable" and the backgrounder on pandemic planning.