Meeting with P/T Health Ministers, Chaired by the Honourable Theresa Oswald

September 16, 2009

Speaking notes of Linda Silas, CFNU President

Thank you for agreeing to meet with us today. It may now only be a matter of weeks before the pandemic is in full swing, and we are deeply concerned that the Canadian Pandemic Plan as it is drafted now will not protect our members in a pandemic.

Recent polls of our members indicate that:

- Nurses largely agree that the H1N1 health threat is serious (85%).
- A significant majority of nurses (77%) feel that is it important for the government to take **all possible precautions** to minimize the risks to health care workers.

I raise this with you as it is important to consider nurse perceptions of safety and preparedness given the current HHR challenges we face.

We are here to request three things from you. These requests are founded on scientific research, OH&S legislation and the precautionary principle.

It appears that, with the exception of Ontario and possibly BC, the provinces and territories are set to follow the Canadian Pandemic Plan. The Canadian Federation of Nurses Unions represents 158,000 nurses in all health care sectors, and we are gravely concerned with the latest draft of Annex F, *Prevention and Control of Influenza during a Pandemic for all Health Care Settings*.

If the federal government releases Annex F as it is currently drafted and provinces and territories accept it verbatim, a nurse in Ontario will be better protected than a nurse anywhere else in Canada. This is not a message that our members, or the public, want to hear. They want to know that the government is taking all possible precautions to eliminate and, where it is not possible, minimize the risks to health care workers.

Several changes are necessary to ensure that the federal plan becomes the gold standard for Canada.

First,

1) The Annex lacks references to Occupational Health &Safety.

We feel strongly that the use of the term “Occupational Health and Hygiene” as opposed to “Occupational Health and **Safety**” downplays the legitimate work and concerns from the field of occupational safety (i.e. workplace- and employee-focused safety).

The Annex also fails to address the critical role that Joint Occupational Health & Safety Committees and unions must play in the design and implementation of any pandemic plan.

Recommendations to consult with OH&S Committees are omitted from key places throughout the Annex. This is a particularly critical issue because provincial legislation requires health care employers in consultation with the OH&S committees to develop measures, procedures, training and education for their employees on OH&S/infection control issues – which includes pandemics. This needs to be addressed in the document.

Secondly,

2) The Annex is deficient in its protection of HCWs and lacks any reference to, and influence of the Precautionary Principle.

This is an issue that CFNU has consistently brought forward to PHAC over the past several years. As reported in the SARS commission, the precautionary principle (1) greatly impacts worker safety and (2) must be used to guide decision-making with regards to infection control. It is evident that the precautionary principle which states that safety comes first and that reasonable efforts to reduce risk need not await scientific proof has not been applied to this document.

The current science suggests that inhalation may be the more significant and particularly dangerous way to contract the disease. Although the debate on transmission remains, it is scientifically certain that only respirators protect against inhalable hazards. We learned from SARS that it is too dangerous to wait for conclusive science before deciding on protective measures. Therefore, while scientific debates persist, we have to exercise the precautionary principle and be safe not sorry.

Unfortunately, PHACs guidelines disregard compelling scientific evidence that the more predominant route of transmission of influenza pandemic is through inhalation. The guidelines do not exercise the precautionary principle and instead encourages health care workers to rely on a number of unpredictable variables such as patient compliance

with respiratory hygiene and the forcefulness of coughing to determine which form of PPE is appropriate.

Also concerning to us is the tool itself. If you have seen Appendix D of Annex F you will see that it is a tool that is supposed to help a front-line health care worker to 1) evaluate the likelihood of exposure to the pandemic influenza virus and 2) choose the appropriate actions/PPE needed to minimize the risk of exposure.

The tool requires navigation through 4 separate tables, which is very confusing and inefficient. If we were simply abiding by the precautionary principle, we would have health care workers equipped with N95s when entering a room or area with patients with influenza-like illness during a pandemic and wearing the next level of protection for procedures that generate aerosols. No need to navigate through a maze of confusing guidelines.

But before I move away from this issue, I want to be clear about who should have access to N95s – this is any one at risk of exposure – or anyone in direct contact with a suspect or confirmed case of H1N1. This is regardless of the forcefulness of their cough, or their adherence to cough etiquette.

But this doesn't mean that everyone in the hospital needs to wear an N95. Let's take, for example, kitchen staff. If patients remain in isolation, there can still be an infection control policy on H1N1 where food trays will not be placed in the patients' rooms to protect the workers. We can determine who actually needs respirators by conducting risk assessments on site.

We are asking only that all health care workers entering a room or area with patients with influenza-like illness during a pandemic be fit-tested and given access to N95s at a minimum – and additional – precautions when performing higher-risk procedures.

We as nurses' unions are dedicated to taking the lead on OH&S education and recommending the use of these respirators – similar to what we did with gloves and IVs in the 1990s.

Let me remind you, of the 251 probable cases of SARS in Canada in 2003, 247 were in Ontario. Of these probable cases, 77% were exposed in a health care setting. HCW made up over half of these cases. Ontario has incorporated the precautionary principle and OH&S in its pandemic influenza plan. We urge you to protect our health care workers and make the SARS lessons a national lesson.

To conclude, CFNU is asking 3 things:

1) That Ministers of Health stand united in requesting that the precautionary principle be exercised in the Federal Pandemic Plan. This means that, as a minimum, health care workers are equipped with N95s when entering a room or area with patients with influenza-like illness during a pandemic and provided the next level of protection for procedures that generate aerosols. We also ask that references to Occupational Health and ***Safety*** and consultation with the Joint Health and Safety Committees are applied to Annex F of PHAC's Pandemic Plan.

2) That a cost-sharing program between the Federal and Provincial/Territorial governments (a 60-40 cost share as was used for vaccines) be implemented to ensure that all provinces have an adequate stockpile of N95 respirators and the capacity to have all affected workers properly fit-tested.

3) Given the current nursing shortage and the complexities of different collective agreements, CFNU is requesting that Health Human Resource strategies should be developed immediately and done so in consultation with all health care unions at the provincial/territorial level.

To conclude, in June 2009, Canada was first in the world to adopt the precautionary principle in banning the use of BPA in baby bottles. Canada must lead the race to the top in regards to protecting health care workers from unnecessary exposure by adopting the precautionary principle in its pandemic plan.

And if I can quote from the Canadian Nurses Association's Code of Ethics for Registered Nurses:

- During a natural or human-made disaster, including a communicable disease outbreak, nurses have a duty to provide care using appropriate safety precautions.

- Duty to provide care may be questioned when "unreasonable burden" exists: a nurse's ability to provide safe care and professional standards of practice are compromised by unreasonable expectations, lack of resources, or ongoing threats to personal well-being.

- Nurses are not obligated to place themselves in situations where care delivery would entail unreasonable danger to their personal safety.

Again, on behalf of the CFNU, thank you for responding so quickly to nurses' urgent request for action towards safety for all.