

# pei nurses' SPECIAL BULLETIN:

## BE PANDEMIC PREPARED

2009

### WHAT'S NEW ON THE FLU?

The World Health Organization (WHO) declared the H1N1 virus a pandemic this past June. As of September 26, 2009 there were 14 confirmed cases of the virus in Prince Edward Island with 1 hospitalization. With the annual flu season upon us, all reports seem to indicate that there will be a significant increase in the number of H1N1 cases. Taking action now is critical to ensuring maximum protection and minimum risk for you, your patients, and your families.

One of the first actions PEINU took was to adopt the Canadian Federation of Nurses Unions (CFNU) directive regarding personal protective equipment (PPE). This directive recommends:

- Immediate action around the identification and isolation of all patients with influenza like illness (ILI) symptoms and identification of all nurses and health care workers who may be at risk of exposure to H1N1, including those who are at the first point of contact in a care setting.
- Immediate fit testing of National Institute for Occupational Safety and Health (NIOSH) approved N95 respirators and provision of all appropriate PPE to health care workers at risk of exposure, as well as the provision of education and training.
- Immediate collaboration between all stakeholders to formulate surge capacity protocols that can be carried out to ensure a safe supply of nurses and other health workers to manage health emergencies, including any accommodation rights as per collective agreements.

The CFNU directive stems from a key lesson learned from the SARS experience in Ontario – the **precautionary principle**.

The precautionary principle compels us toward actions that reduce risk without awaiting scientific certainty. As there remains, to a certain degree, scientific uncertainty with regard to influenza, the precautionary principle as explained by Justice Campbell, tells us that “...safety comes first, that reasonable efforts to reduce risk need not wait scientific proof.”

Based on this, we advised Department of Health officials of our position that N95 respirators should be the



minimum standard protection during infectious disease outbreaks, including influenza. We urged the employer to take a thorough approach to safety.

The employer responded by saying they supported our position on N95s, but the reality is they do not go far enough in their actions to promote N95 use in situations where our members may be exposed to the virus. The employer is advising that N95 respirators are to be used only during aerosol generating procedures, based on some data that suggests H1N1 is spread via droplet transmission. The same assumptions were made during SARS, ultimately resulting in the death of several health care workers.

**N95s offer the best protection. Ask for them in your workplace.**

CFNU prepared a detailed analysis in response to the Public Health Agency of Canada's Annex F document, *Prevention and Control of Influenza During a Pandemic for all Health Care Settings*. Highlighted in that analysis are concerns around the lack of inclusion and respect for the precautionary principle. We share these concerns and have raised them with the employer.

Stay tuned to [www.peinu.com](http://www.peinu.com) for further updates over the coming weeks.

# pei nurses'

Prince Edward Island Nurses' Union

## WHAT YOU CAN DO

PEINU members can take action at the local level. You should be working with your local executives to identify and raise any health and safety concerns regarding your employer's readiness to protect workers from exposure to H1N1, influenza, and other infectious diseases. All worksites should already be prepared with an adequate supply of personal protective equipment for use during a pandemic, including NIOSH approved N95 respirators, gowns, gloves and eye protection. The employer should not be running low or scrambling to provide this protective equipment to employees. We strongly recommend each PEINU member ensure they are aware of and educated about their worksite's pandemic plan. These plans should include:

- Conducting risk assessments
- Identifying health care workers who may be exposed to this influenza
- Equipping any health care workers at risk of exposure with proper PPE, including at least properly fitted N95 respirators. At minimum, properly fitted NIOSH approved N95 respirators, not surgical masks, should be provided for all health care workers at risk of exposure. If the virus becomes virulent, workers performing or assisting with high risk procedures should be provided with powered air purifying respirators (PAPR).
- Provisions for stockpiling a supply of necessary PPE and training should be provided on use, care, and removal of N95 respirators and other PPE. Fit testing should be completed immediately and be repeated at a minimum of every two years.

Along with pressing for adequate pandemic plans, you can:

- Press for limiting access points and conducting active screening at each access point in your facility
- If not provided, assert the need for supply and fit testing of proper respiratory equipment NOW
- Assert the right to know important, unadulterated information (via employer and provincial health notices) to protect workers and patients.

If your health and safety concerns regarding the pandemic remain unresolved, please contact your Local President who can work with the PEINU provincial union office to assess further options.

## LESSONS FROM SARS

Sudden Acute Respiratory Syndrome (SARS) was a health and safety consciousness raising event for our entire country. It was especially so for our Ontario Nurses' Association colleagues who lost two members in the battle to bring the disease under control. Almost half of those who contracted SARS in Ontario did so while on the job. Nobody better identified the problem, consequences and steps required to prevent a recurrence than the late Justice Archie Campbell in his final report of the SARS Commission Inquiry.

Justice Campbell said the root of the disaster was our health care sector's *"lack of preparation against infectious disease, the decline of public health"* and the malnourishment and decay of our system's resources to protect health care workers.

Perhaps the single most important take home message from Justice Campbell's report is the precautionary principle. In the well known debate about whether to protect workers with proper respirators, Justice Campbell said ***"The point is not who is right and is wrong about airborne transmission. The point is not science, but safety. Scientific knowledge changes constantly... We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty...Until this precautionary principle is fully recognized, mandated and enforced... workers will continue to be at risk."***

Despite the SARS experience, our province has yet to employ the precautionary principle in dealing with the H1N1 virus. Prince Edward Island is relying upon the belief that surgical masks offer sufficient protection in most cases. This is despite research showing that transmission of influenza by inhalation is more probable than by indirect contact and that N95 respirators protect against inhalation while surgical masks offer no significant protection against inhalation of tracheobronchial and alveolar sized particles.

We now know that microbial threats like SARS can recur and we must apply the lessons learned. Justice Campbell was clear in his acknowledgement of the courage of health care workers. He said: *"The only thing that saved us from worse disaster was the courage and sacrifice and personal initiative of those who stepped up – the nurses, the doctors, the paramedics and all the others – sometimes at great personal risk to get us through a crisis that never should have happened."*

Nurses reputedly place everyone else's needs ahead of their own. In the area of infection control, this approach is dangerous. Justice Campbell warned that SARS taught us we need to act, *"... to protect ourselves or we risk not only our own health, but that of our patients and our families."*

# CHECKLIST TO PROTECT YOU FROM INFECTIOUS DISEASES

The time to prepare for an influenza pandemic is now! Follow these steps to ensure your employer is implementing measures to protect you from infectious diseases, including influenza, in your workplace.

## WHAT YOU CAN DO

Ask yourself:

1. Does the employer have a clear infection control program with occupational health and safety information to protect you from infectious disease?
2. Does it contain a respiratory protection program?
3. If so, have you been fitted with an appropriate respirator (i.e. at least N95)?
4. Have you been instructed on its care and use?
5. Do you have immediate access to this and other equipment (e.g. gowns, appropriate gloves, face/eye protection, etc.) if you need it?
6. Does the infection control program contain a pandemic plan with occupational health and safety components?
7. Have you been trained to understand the hazards you may face (e.g. pandemic influenza, TB, MRSA, etc.), and how to protect yourself as well as your patients?
8. Have you been trained in your employer's policies (e.g. infection control, respiratory protection, pandemic preparedness) that are supposed to guide workplaces on how to protect you from infectious disease?
9. Are all contaminated areas appropriately cleaned in a timely fashion to prevent spread of infectious disease?
10. If you have questions or concerns about infectious disease hazards and protections in your workplace, is it clear where you can go to get information (e.g. copies of the plans/policies) and/or issues resolved in a timely fashion?
11. Does the employer regularly, openly, and clearly communicate to you new information about hazards and what you need to do to protect yourself?
12. Are you aware of your right to refuse dangerous work?

If you answered "no" to any of these questions, please raise your concern to your supervisor. These are things that the employer should be prepared to provide and address. Given the looming threat of a broader outbreak of the unpredictable H1N1 virus, you should raise your concerns with your workplace occupational health and safety committee.

## ADDITIONAL RESOURCES

PEINU updates:

[www.peinu.com](http://www.peinu.com)

CFNU updates:

[www.nursesunions.ca](http://www.nursesunions.ca)

PEI Department of Health updates:

[www.gov.pe.ca/health](http://www.gov.pe.ca/health)

Canadian Nurses Association:

[www.cna-aiic.ca](http://www.cna-aiic.ca)

Public Health Agency of Canada:

[www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

PHAC Public Flu Site:

[www.fightflu.ca](http://www.fightflu.ca)

Canadian Centre for Health Occupation & Safety:

[www.ccohs.ca/pandemic](http://www.ccohs.ca/pandemic)

US Centers for Disease Control & Prevention:

[www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu)

World Health Organization:

[www.who.int](http://www.who.int)

## Precautionary Principle Must Still Apply

The Public Health Agency of Canada (PHAC) revised the Interim Guidance documents related to H1N1 Infection Control Precautions in July 2009. The new guidelines stress the need for source controls, like partitions, signage, and distancing. They state that *"Source control, achieved through administrative and engineering measures, is the most effective way to prevent the transmission of infectious agents, including H1N1 2009, in all health care settings."*

You should ensure your facility is complying with the source controls recommended in the PHAC document.

The new guidelines also recommend the use of surgical masks as sufficient protection for health care workers when caring for a patient with confirmed or suspected H1N1. **This is a change from the previous document.** These new guidelines only propose the use of N95 respirators during aerosol generating medical procedures. The goal of the revised recommendation is clearly stated in the fifth paragraph of the document:

*"One goal of this revised guidance is, using a risk assessment approach, to support use of personal protective equipment most appropriate to the risk associated with the care to be provided, thereby protecting limited resources for those situations where protection is most needed."*

The goal of *"protecting limited resources"* seems to be referring to the use of N95 respirators. The occupational health and safety goal is to protect the health of workers. Personal protective equipment (PPE) should be used where protection is needed – not only where it is most needed.

The new PHAC recommendations are less than those being recommended by the US Centers for Disease Control and Prevention (CDC). The PHAC recommendations do not provide adequate respiratory protection for health care workers as, according to the Council of Academics and the American Occupational Health and Safety Administration (OSHA) Pandemic Influenza Preparedness and Response Guidelines, surgical masks are not effective respiratory protection. While Canada, through PHAC, has recommended surgical masks as protection for health care workers, the CDC continues to recommend that health care workers wear N95 respirators while caring for persons with known, probable, or suspected novel H1N1 or influenza like illness.

*"Caring"* is defined as *"all activities that bring a worker into proximity to a patient with known, probable, or suspected novel H1N1 or ILI, including both providing direct medical care and support activities like delivering a meal tray or cleaning a patient's room."*

The CDC recommends that health care workers in high risk groups consider temporary reassignment, in addition to respirator use. PHAC requested research on the PPE and influenza, which was completed by the Council of Canadian Academics in 2007. The Council of Canadian Academics states that surgical masks offer no significant protection against the inhalation of alveolar and tracheobronchial sized particles. Since the surgical mask does not have a sealed fit, it will allow the inhalation of unknown quantity of nasopharyngeal sized particles.

Surgical masks do provide a physical barrier for large trajectory particles and contaminated hands. The authors wrote:

*“Rather, surgical masks and other “medical” masks are intended, from an Occupational Health and Safety perspective, to be worn by health professionals during surgery and at other times to catch the bacteria shed in liquid droplets and aerosols from the wearer’s mouth and nose – i.e., they are designed to protect the patient and not the wearer. Surgical masks may play a role in protecting against the spread of influenza by minimizing the amount of infectious material that is released into the environment. This can occur because covering the mouth and nose of an infected person will obviously reduce the amount of material expelled from the mouth and nose during talking, coughing or sneezing.”*

**The precautionary principle recommended by the CFNU and Justice Archie Campbell states that we need to err on the side of caution when determining what type of PPE to wear. PEINU stands by our position that nurses should wear N95 respirators whenever in contact with patients with known, probable, or suspected novel H1N1 or ILI.**

If you request N95 respirators for use with patients with confirmed or suspected H1N1 and your request is denied, immediately inform your OH&S committee representative. We remind you of your right under the provincial *Occupational Health and Safety Act* to refuse dangerous work. Should you choose at any time to refuse dangerous work, whether during a pandemic or otherwise, there are certain actions you should take. These actions are outlined in the attached documentation and are available on the PEINU website. Also important to note is the right to refuse work does not relieve a nurse of professional obligations not to abandon a patient.

**If you have not been fit-tested for an N95 respirator, if N95s are not available or if you fall within one of the high risk groups (eg. pregnant), you will need to be reassigned. Don’t gamble with your personal health and safety.**

## RIGHT TO REFUSE WORK In unsafe working conditions

According to Prince Edward Island’s Occupational Health and Safety Act, any employee may refuse to do an act at their place of work where the employee has reasonable grounds for believing that the act is likely to endanger their own or another worker’s safety.

The Act sets out the process for refusing such dangerous work. The first step is for the employee to immediately report the concern to the employee’s supervisor. The supervisor must investigate the situation in the presence of the employee.

If the Supervisor confirms there are reasonable grounds for believing in the existence of a dangerous work situation, the supervisor must take appropriate remedial action or recommend appropriate remedial action to the employer.

If the Supervisor does not confirm there are reasonable grounds for believing in the existence of a dangerous work situation, they will provide the employee direction to do the work in issue.

The employee then has the option of either doing the work in issue OR she/he may refer the issue to the appropriate committee, representative or officer for immediate consideration. The committee and representatives are the employee’s worksite Occupational Health and Safety committees or representatives. There are two O.H.&S officers in the Department of Health – Christine Newcombe Gallant for the Western Part of the Province and Ruth Phillips for the Eastern Part of the Province.

Again, an investigation into the issue will occur quickly. The findings of the committee, representative or officer will involve either recommend an appropriate remedy or will advise the employee to do the act.

If the employee is not satisfied with the findings or the recommended remedial actions at this stage, they have one further opportunity to challenge the issue and have it investigated for a third time. They may refer the issue to an Occupational Health and Safety Officer employed through the Workers Compensation Board. They may be contacted by calling the main switchboard at 368-5860 during the hours of 8am-4:30pm – Monday to Friday OR after hours at the O.H. & S 24 hour emergency telephone number at 628-7513.

The O.H. & S. Officer is to promptly investigate the issue and provide their response in writing as soon as practicable, to the employee, the employer and to any worksite O.H. & S representatives, committees or employees. Depending on the findings, the Officer must either order the employer to take appropriate remedial action OR advise the worker to do the work in issue.

Throughout this process, the employee must remain available at the workplace during the employee’s normal working hours.

The employee’s right to refuse to do the act/work in question is protected until the process is completed at any of the three levels of investigation and the employee chooses not to refer the matter to the next level of investigation (if one exists) and she/he has been directed or advised to do the work in issue.

While an investigation is ongoing, the employee may be reassigned to other work she/he is qualified and capable of performing, in accordance with article 16 of the collective agreement between PEINU and the Department of Health.

If the employee is not reassigned during the investigative process and is not offered alternative work, and are not actually working, they shall be paid as if working, IF the employee’s refusal is upheld.

It is important to note that there is a provision in the legislation which states that if the employee’s refusal is found to have been for frivolous reasons, the employee will not be entitled to wages/benefits for the applicable time period and may face discipline.

Where an investigation is ongoing, the employer CANNOT assign another employee to do the work in question UNLESS the other employee has been advised by the employer of the initial employee’s refusal to do the work, the reasons for the refusal and also their right to refuse work under the applicable sections of the O.H. & S. Act.

It is important to be aware of the names of and the contact information for your own worksite O.H. & S. representatives and/or committee members. Christine Newcombe-Gallant’s work number is 438-4531 and Ruth Phillip’s work number is 894-2149.

Lastly, the legislation also protects the employee from any discrimination, intimidation or coercion or threats of this nature that may occur as a result of seeking enforcement of the right to refuse dangerous work.