



CFNU-FCSII

Canadian Federation of Nurses Unions Fédération canadienne des syndicats d'infirmières/infirmiers

Canadian Federation of Nurses Unions Policy Directive:
H1N1 Outbreak and Personal Protective Equipment (PPE)

The national voice for nurses

La voix nationale des
infirmières et infirmiers



pei nurses



On behalf of our 158,000 members and associate members, the Canadian Federation of Nurses Unions (CFNU) has been working in collaboration with the Public Health Agency of Canada (PHAC) and Health Canada over the past two years on policy development around personal protective equipment for healthcare workers. Some progress has been made, and we recognize the difficulty of any pan-Canadian organization to achieve consensus across scientific communities and federal/provincial/territorial tables. CFNU (i.e. provincial nurses unions), however, has a legal, ethical and moral responsibility to protect members and their families. We believe that the guidelines provided by PHAC (April 29, 2009) within the document “Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Acute Care Facilities”¹ do not go far enough to protect healthcare workers, especially at the first point of contact with the healthcare system.

The SARS Commission,² led by Justice Campbell, advised governments and employers to learn from the lessons of SARS when facing future infectious disease outbreaks. It has been said that if there is one single, take-home message from the SARS commission it is the importance of the Precautionary Principle, which compels us toward actions that reduce risk without awaiting scientific certainty. The Canadian Federation of Nurses Unions believes that the precautionary principle (1) greatly impacts worker safety and (2) must be used to guide decision-making with regards to infection control. There remains, to a certain degree, a lack of scientific certainty with respect to influenza transmission, but the precautionary principle, as explained by the late Justice Archie Campbell, tells us that “...safety comes first, that reasonable efforts to reduce risk need not await scientific proof.”³

As more people with suspected or confirmed H1N1 flu continue to appear in Canada, and with the spirit of the precautionary principle in mind, CFNU urges all levels of

- 1 Public Health Agency of Canada. “Interim Guidance: Infection Prevention and Control Measures for Health Care Workers in Acute Care Facilities” Retrieved from: http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/pdf/interim_guidance_infection_control-eng.pdf. Last Updated April 29, 2009.
- 2 Commission to Investigate the Introduction and Spread of SARS in Ontario. *The SARS Commission Final Report*. 2006.
- 3 Ibid. p.14



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government and all healthcare employers to take a comprehensive approach to safety. First, provide all front line healthcare workers who are first contacts in any setting where health care is provided with the highest levels of personal protective equipment (PPE). Second, all other healthcare workers in any area where healthcare services are provided, who are or may be at risk of contracting H1N1 as identified through risk assessments should also be properly equipped at a minimum with the appropriate PPE as indicated below.

Emergency preparedness efforts must include all healthcare settings: from triage nurses in hospitals to nurses working in the community.⁴ At a minimum, personal protective equipment for workers (who are or may be at risk as identified in a risk assessment) against presentation of influenza symptoms should include fit-tested, NIOSH⁵ -certified N95 particulate respirators and would also include eye protection, gloves and gowns. Every Joint Health and Safety Committee (JHSC) should ensure their employer has done a comprehensive risk assessment identifying all healthcare workers who may be exposed and ensure the employer has provided at a minimum the PPE identified above.

CFNU also urges all levels of government and all healthcare employers to post prominent signage at all access points, limit access into all healthcare facilities, ensure employers are conducting active screening at each access point and isolating patients with influenza-like illness (ILI) symptoms until it is determined if the patient has a confirmed case of H1N1.

Research evidence⁶ suggests that:

- influenza can be transmitted via inhalation of tracheobronchial and alveolar-sized particles;
- influenza can be transmitted via inhalation at short range;

4 CNA Position Statement. Emergency Preparedness and Response. November, 2007. Retrieved from: http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS91_Emergency_e.pdf

5 National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention. <http://www.cdc.gov/niosh/>

6 Council of Canadian Academies. December, 2007. Influenza Transmission and the Role of Personal Protective Respiratory Equipment: An Assessment of the Evidence. [http://www.scienceadvice.ca/documents/\(2007-12-19\)_Influenza_PPPE_Final_Report.pdf](http://www.scienceadvice.ca/documents/(2007-12-19)_Influenza_PPPE_Final_Report.pdf).



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- transmission of influenza by inhalation is more probable than by indirect contact;
- N95 respirators protect against inhalation while surgical masks offer no significant protection against inhalation of alveolar and tracheobronchial-sized particles; and
- lack of a sealed fit-on surgical masks will allow for inhalation of nasopharyngeal-sized particles.

It is critical for public health and infection control experts to be aware of occupational health and safety laws and principles. 'Right to Refuse Dangerous Work' legislation varies from province to province, but in essence, indicates that workers may refuse to perform any particular act or series of acts at a place of employment where they feel their health or safety is in danger. We urge employers and nurses to be aware of rights through their provincial Occupational Health and Safety Acts. By working together we can ensure quality care for patients and safe working environments for healthcare providers across all healthcare settings.

We also urge nurses to review all infection control guidelines and occupational health and safety policy, programs and legislation with a critical eye to ensure that they promote the precautionary principle. We also encourage our members to work with their organization's JHSC to ensure that, together with employers, they:

- Conduct risk assessments;
- Identify healthcare workers who may be at risk of exposure to H1N1;
- Equip any healthcare workers at risk of exposure with proper personal protective equipment, including at least properly fitted NIOSH-approved N95 respirators; and
- Develop measures and procedures for limiting exposure, including:
 - * Limiting access points in facility;
 - * Active screening of entrants (screeners should have appropriate personal protective equipment, including properly fitted N95 respirators);
 - * Isolating patients with symptoms of respiratory illness (patients should be asked to wear surgical masks if tolerated);
 - * At least two-metre distancing from symptomatic patients;
 - * Instruction on respiratory hygiene/cough etiquette should be provided; and
 - * Implement other administrative and engineering controls.



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The Canadian Federation of Nurses Unions recommends:

Immediate action around the identification and isolation of all patients with ILI symptoms and identification of all nurses and healthcare workers who may be at risk of exposure⁷ to H1N1, including those who are at the first point of contact in a care setting.

Immediate fit testing of NIOSH-approved N95 respirators and provision of all appropriate PPE to healthcare workers at risk of exposure, as well as the provision of education and training.

Immediate collaboration between all stakeholders⁸ is needed to formulate surge capacity protocols⁹ that can be carried out to ensure a safe supply of nurses and other health workers to manage health emergencies. This would include any accommodation rights as outlined per collective agreements.

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7 CFNU. October, 2006. Safety is Not Negotiable: A Position Statement on Personal Protective Equipment when Planning for a Pandemic.

8 "All stakeholders" include, but are not limited to: Unions, Governments, Employers, JHSCs, and health care workers.

9 CFNU. June 2007. The Position Statement on Staffing for a Pandemic.