



CANADIAN FEDERATION  
OF NURSES UNIONS  
LA FÉDÉRATION CANADIENNE  
DES SYNDICATS D'INFIRMIÈRES  
ET INFIRMIERS

## Speaking Notes

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**Appearance before HESA on April 7, 2020, in view of its study  
of the Canadian response to the COVID-19 pandemic**

Bonjour,

I'd like to thank the members of this Committee for coming together to tackle what represents our generation's biggest challenge.

Though I have the honour of being invited here as president of the Canadian Federation of Nurses Unions, I'm also here to give voice to the close to 1 million health care workers across Canada. We're all in this together, regardless of whether your job is to keep the place spotless or to perform an intubation on a critically ill patient.

Health care delivery is and has always been a team sport. This means that the recommendations your Committee will make to the Government of Canada impact not only the lives of those who care for the sick in our country, but also the millions of others who live alongside them in their families and communities.

I wish I were here to recognize the amazing work that the Public Health Agency of Canada (PHAC) and Dr. Tam's team – in which I include all Chief Public Health officers across the country – has done in terms of public awareness and education. People across Canada understand that they have an important role in flattening the curve of the outbreak to help our country out of this pandemic.

I wish I were here to comment on the many initiatives this government has announced to support Canadian workers today and build new projects that will kick-start our economy tomorrow.

Unfortunately, I'm not. I'm here to bring to light the sad and scary realities of our health care system.

As you know, PHAC was created in the wake of the SARS crisis, and since its inception, it has taken its public health duties very seriously.

However, workplace safety has never been PHAC's primary focus, and the agency has, unfortunately, failed over and over to consider and appropriately protect the health and safety of health care workers.

That's why I'm here to implore you to take a stand for our health care workforce by calling for the Prime Minister and government to invoke the measures in the *Emergencies Act* to help our health care system survive this global pandemic.

The CFNU believes that the current situation in both acute and long-term care settings across Canada fits the law's definition of an emergency that rises above the ability of one province to cope, therefore representing a risk to other provinces. The time for our government to act is now.

We are humbled by the gratitude government officials have expressed for our work, but gratitude will not save the lives of HCWs or patients.

Given the amount of uncertainty around this novel virus and the very real threat to the safety of HCWs across Canada, the CFNU is pleading with the government to – at a minimum – designate airborne precautions and the use of N95 respirators at all times in so-called clinical “hot spots”. These include intensive care units (ICU), emergency rooms, operating rooms (OR), trauma centres and units that are managing COVID-19 patients. Our goal is to make sure that HCWs are protected 100% of the time that they are providing care to those patients.

We also ask that you recognize the critical importance of the point-of-care risk assessment – the idea that individual health care workers are best positioned to determine the appropriate PPE required based on the needs of the situation or their interactions with an individual patient. The rules that are currently in place treat the safety of health care workers a little more than an afterthought, and this has to change.

I’m saddened to have to plead with a parliamentary committee to get the government to do the right thing.

I find it striking that as recently as a couple of months ago, governments, employers and managers around this country respected the clinical and professional judgement of health care teams both in identifying the most appropriate care for our patients, and in determining what health and safety measures we needed to take to protect ourselves. Today, these same governments, employers and managers are locking up personal protective equipment to keep it away from HCWs.

Shame on us all. We’ve clearly failed in our duty to those who care for our sick and vulnerable.

CFNU’s view, and that of the numerous experts we have consulted, is that the government’s approach fails to recognize the foundational importance of the precautionary principle in its guidelines.

Nurses and doctors have sadly learned from our experience with SARS that the precautionary principle must be applied. We lost two nurses and one doctor to SARS, with 44 deaths in all. Today, between 10 to 14% of those infected with COVID-19 are HCWs.

This is not fear mongering – this is our frontline reality.

We want decision-makers to understand that no infection prevention and control guidelines and PPE measures can be developed and implemented without working with unions and Joint Occupational Health & Safety committees.

Until PHAC’s guidance document for acute care facilities for COVID-19 is updated to reflect our very serious concerns, we will be encouraging all HCWs to follow the letter of the law when it comes to occupational health and safety – that is, to report any hazards and to protect their own health and safety.

I have shared with you the joint statement issued by Canada’s labour organizations representing HCWs, calling for the Public Health Agency of Canada and all provincial public health offices to protect health care workers and their patients by adhering to the precautionary principle.

I want to emphasize that it is not too late to get this right. We are lucky in Canada because we have the opportunity to learn from others – for example, from what has happened in Italy, where the health care workforce has been devastated by the deaths of doctors and nurses.

In a nutshell, our message to you is: when faced with this level of uncertainty around a new coronavirus, especially around something so fundamental as how it spreads, we should start with the highest level of protection for health care workers – not the lowest. This is the only safeguard we have to protect our care providers, our patients, our families and ultimately the broader community.

As members of the Health Committee, you are well aware that our health care system is already running over capacity. We simply can't afford to erode staffing levels any further if health care workers become sick and have to self-quarantine.

Frontline workers across the country who are directly involved in the care of presumed and confirmed COVID-19 patients are not being provided with the PPE they need to do their jobs. That's simply outrageous and unacceptable in a world-class health system like ours.

But there are examples of best practices beginning to appear across the country. Joint agreements between unions and employers to respect the clinical judgement of health care teams have now been signed in British Columbia, Alberta, Ontario and New Brunswick. In Quebec, uniforms are being provided for those caring for COVID-19 patients, and in Nova Scotia, new measures are being developed to assist the long-term care sector.

Some see the shortage of PPE supply as the driving factor behind regulations advocating the use of surgical masks over N95s, and the CFNU and other health care unions have offered to work hand-in-hand with government to address PPE supply issues and ensure their appropriate use. But we need transparency, honesty and leadership from our governments.

To conclude – you may be aware that I started my career as a critical care nurse. Since then, medical technology has come a long way, but the one thing that hasn't changed is that as HCWs, we can't anticipate or plan for every situation.

Patients who are anxious or in respiratory distress can't be expected to be calm. Patients won't always cough into their elbows, nor will a nurse always have the opportunity to maintain a two-meter distance from a patient. Machines fail, and human error is an unfortunate reality.

Quite simply – unpredictable and unforeseen circumstances are a part of working in health care environments.

That's why as a society, we need to protect our health care teams. Unlike many of us, they don't have the luxury of working from home.

As policymakers, we have to respect their clinical judgement because, ultimately, it's the health care worker who will be providing care to our loved ones.

Merci.