REPORT OF THE RESOLUTION COMMITTEE

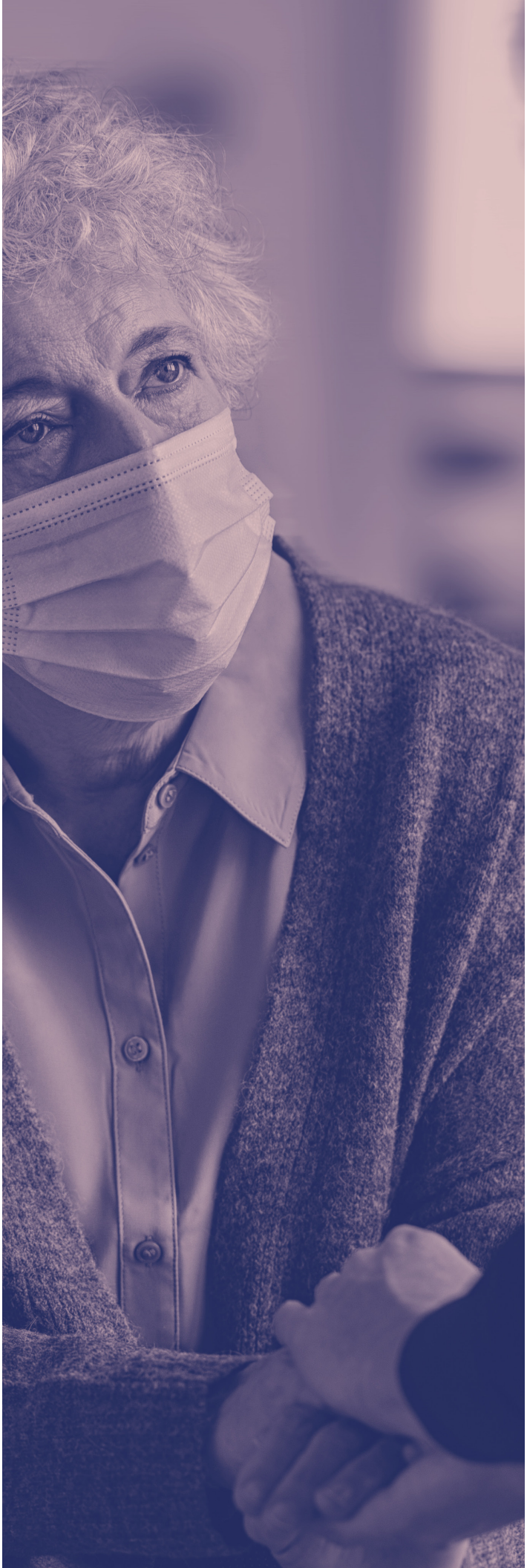
Report submitted by

Janet Hazelton, NSNU — Chair

Paula Doucet, President, NBNU

Cathryn Hoy, Vice-President, ONA

Danielle Larivee, Vice-President, UNA



NO BACKING DOWN.

CFNU/2021

Report of the Resolutions Committee

to the Canadian Federation of Nurses Unions
20th Biennial Convention
June 8-9, 2021

Resolutions Committee Chair

Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members

Paula Doucet, President, New Brunswick Nurses Union
Cathryn Hoy, Vice-President, Ontario Nurses' Association
Danielle Larivee, Vice-President, United Nurses of Alberta
Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and conference calls. The Committee reviewed the resolutions submitted at the 2019 Biennium.

A notice was sent to all counterparts regarding the March 10, 2021, deadline for submission of resolutions. The Committee will meet again following the June 8, 2021, emergency resolution deadline to review emergency resolutions.

CFNU Biennial Resolutions

We received four draft resolutions from the NEB. The Committee reviewed the resolutions and found them all in order. The Resolution Committee accordingly submits the following four resolutions.

Respectfully submitted,

Janet Hazelton, Chair

(on behalf of the Resolution Committee)

2019 Resolution Actions

RESOLUTION	ACTION
Resolution #1 – Equity and Human Rights BE IT RESOLVED that the Canadian Federation of Nurses Unions establish a Human Rights and Equity Committee of the National Executive Board by the 2021 Convention, to advance policies, guidelines, best practices and campaigns with regard to equity and human rights in the nursing profession, and to assist Member Organizations in the same. BE IT FURTHER RESOLVED that the CFNU establish a Human Rights and Equity Council by the 2021 Convention, comprised of a representative of each of the equity caucuses, who will advise the Human Rights and Equity Committee, as well as provide space for members to come together to address matters of relevance. **Carried**	• Included in CFNU Strategic Plan under "Strategic Direction: Safe Workplaces" • Yasmin Gardaad part of the CLC Human Rights Committee • We will host an Equity and Human Rights forum at CFNU convention 2021
Resolution #2 – United Nations' Sustainable Development Goals (SDGs) BE IT RESOLVED that the CFNU and its Member Organizations as part of our commitment to the United Nations' Sustainable Development Goals (SDGs) will become civil society partners acting to move forward to implement the SDGs – such as in our work with the Global Nurses United, the International Council of Nurses and the Canadian Labour Congress – to create a better, more sustainable future for all both in Canada and abroad. **Carried**	• Ongoing CFNU work

Resolution #3 – Nursing and Climate Change BE IT RESOLVED that the CFNU and its Member Organizations recognize within their position statements that climate change as a global crisis and health emergency; BE IT FURTHER RESOLVED that the CFNU and its Member Organizations support sustainable health care practices in hospitals and community facilities to reduce greenhouse gas emissions in health care settings; BE IT FURTHER RESOLVED that the CFNU and its Member Organizations engage with community stakeholders, such as the Canadian Labour Congress, in initiatives and campaigns that raise the public's awareness about the serious health implications of climate change; BE IT FURTHER RESOLVED that the CFNU and its Member Organizations call on the federal government and provincial governments to undertake the necessary policies to meet Canada's obligations under the United Nations Framework Convention on Climate Change (the Paris Agreement), including scientifically based and enforceable reductions in greenhouse gas emissions causing climate change. **Carried**	• Attended COP25 (ITUC) as CLC delegate • Prepare position statement for October NEB – done • Prepare action plan, i.e. local/hospital initiatives • Letter to federal government (new minister November 2019) – done • Consider development of workshops for labour schools and 2021 convention – in progress • Launch at CNSA National Conference – done • Part of CFNU FINA submission on Healthy Recovery • Doing Climate Webinar on Earth Day
Resolution #4 – Pharmacare BE IT RESOLVED that the CFNU and its Member Organizations recommit to advocate to provincial and federal governments for a national pharmacare program; BE IT FURTHER RESOLVED that the CFNU and its Member Organizations campaign to encourage every major political party to include national pharmacare in their platform during the 2019 federal election. **Carried**	• Ongoing work • Closely examine language in political parties' platforms – done • Part of CFNU FINA submission on Healthy Recovery • Prepare paper on provincial costs – to be done

Resolution #5 – Home Care and LTC Funding BE IT RESOLVED that the CFNU and its Member Organizations lobby all levels of government to increase and stabilize funding for home care (including palliative home care) and long-term care, ensuring clients and residents receive high-quality care, and care providers are given adequate time and resources to provide it. **Carried**	• Ongoing work with MOs and CHC • Possible research paper – exploring with CUPE-SEIU? • Federal election issues for CFNU; evaluate after election • *Aging Reimagined*, a Virtual Nurses Week event
Resolution #6 – Income Security BE IT RESOLVED that bankruptcy laws should be amended so workers are first in line to receive compensation when companies go bankrupt; BE IT FURTHER RESOLVED that, in order to support all workers in their transition to a secure retirement, in conjunction with the Canadian Labour Congress (CLC), the CFNU lobby the government of Canada to develop and implement workers' pension and benefits protection legislation. **Carried**	• Ongoing work with CLC
Resolution #7 – Nurses as Double-Duty Caregivers BE IT RESOLVED that the CFNU and its Member Organizations negotiate with employers to support the retention of nurses by offering 'family-friendly' working arrangements to enable nurses to effectively integrate their caring obligation. **Carried**	• To bring to Chief Negotiators meeting in March – done • Part of Long-Term Bargaining Goals • Collect sample language – ongoing
Resolution #8 – National Nursing Shortage BE IT RESOLVED that the CFNU and its Member Organizations lobby governments across Canada to take demonstrable steps to strengthen its health human resources planning, and effectively address Canada's national nursing shortage through hiring increased numbers of nurses to meet demand. **Carried**	• Linda McGillis Hall project – *Outlook on Nursing Study* – done • Focus at Health Ministers' meeting • Joint call to action to address critical health workforce data gaps and support the health workforce

Resolution #9 – Healthy Health Care Workplaces BE IT RESOLVED that the CFNU and its Member Organizations make creating healthy workplaces a number one priority for 2019 and beyond. **Carried**	• Ongoing work of 2020 – year of the pandemic
Resolution #10 – Workplace Violence BE IT RESOLVED that the CFNU and its Member Organizations call on Health Canada to develop a pan-Canadian prevention strategy to address the growing incidents of violence against health care workers; BE IT FURTHER RESOLVED that the CFNU and its Member Organizations call for legislative measures to hold both the employer, and the perpetrator of workplace violence, accountable for their actions or inaction. **Carried**	• Topic for Council of the Federation meeting in July 2019 • Post federal election to support HESA recommendations and Bill C-434
Resolution #11 – Supporting Nurses in Need BE IT RESOLVED that the CFNU and its Member Organizations call for provincial nursing colleges, in conjunction with associations and unions, to develop programs to support nurses struggling with mental health and addiction issues. **Carried**	• Wellness Together Canada's MindWell program
Resolution #12 – PTSD Legislative Frameworks Must Include Nurses and Health Care Workers BE IT RESOLVED that the CFNU and its Member Organizations continue to lobby every level of government, including at the federal level, to include nurses and all workers in the legislative framework around the prevention of PTSD and presumptive coverage for PTSD. **Carried**	• Ongoing • Dr. Nick Carleton's research to be completed • Post-federal election – Health Ministers' meeting topic

Resolution #13 – Nurse Practitioners BE IT RESOLVED that the CFNU and its Member Organizations investigate the potential for targeted public funding models for nurse practitioners in both acute and primary care settings to ensure governments' health care budgets, drawing on the evidence of the return on investment of investing in nurse practitioners, are optimally utilized to increase access to health care for all Canadians. **Carried**	• Producing value-added paper on Nurse Practitioner role – to be done
Resolution #14 – Supporting Nursing Practicum Students BE IT RESOLVED that the CFNU and its Member Organizations, as part of our commitment to equity, as well towards encouraging the sustainable development of our nursing workforce, will explore measures to better support nursing students during nursing placements. **Carried**	• Part of Strategic Planning • Working with CNSA and CASN • Chief Negotiators' agenda for collective agreement language
Emergency Resolution #1 – Canadian Federation of Students Response to the Ontario Government's Student Choice Initiative BE IT RESOLVED that the Canadian Federation of Nurses Unions supports, in principle, the Canadian Federation of Students', and the York Federation of Students' (one of Ontario's largest student unions) legal challenge against the Ontario Government's Student Choice Initiative. **Carried**	• Working with ONA, Canadian Federation of Students and York Federation of Students – done

Resolution #1 – Long-Term Care

WHEREAS deep-rooted and systemic problems have plagued the Canadian long-term care sector for decades, including underinvestment, insufficient staffing, and substandard living and working conditions;

WHEREAS Canada's nurses and health care advocates have called for urgent government leadership to address the lack of resources and high resident-to-staff ratios in most long-term care facilities;

WHEREAS close to 70% of all COVID-19-related deaths in Canada have taken place in long-term care facilities – 54% of which are privately owned;

WHEREAS data from Ontario shows that private, for-profit long-term care facilities have had far worse health outcomes during the pandemic than non-profit and municipally operated long-term care homes;

WHEREAS the CFNU has called for federal, provincial and territorial governments to eliminate private, for-profit care from the long-term care sector;

WHEREAS the CFNU and its Member Organizations have for years lobbied governments to provide appropriate funding for safe staffing, which must include 4.5 hours of direct care per resident per day;

WHEREAS the long-term care workforce is largely made up of women, often from racialized communities, who lack appropriate protections for their health, safety and jobs, and who have thus been disproportionately affected by the pandemic;

WHEREAS the catastrophic impact of COVID-19 on the long-term care sector was likely worsened by the outdated and unsuitable physical infrastructure in many facilities, which led to crowded conditions that hindered infection prevention and control measures,

BE IT RESOLVED that the CFNU work with stakeholders and allies to pressure the federal government, along with the provinces and territories, for a moratorium on private, for-profit care from the long-term care sector; and

BE IT FURTHER RESOLVED that the CFNU work with stakeholders and allies to eliminate the use of agency staff and ensure that at least 70% of long-term care staff have permanent, full-time positions with paid sick leave and benefits.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Fact Sheet 2021: Reimagining Long-Term Care by the Numbers

- Total Canadian spending on LTC represents just 1.3% of its GDP, below the OECD average of 1.7%.
- The current cost of public and private care in nursing homes – $22 billion – could triple by 2050.
- 16.9% – proportion of Canadian seniors 65 or older; projected to rise to about 25% by 2036.
- About 14% (7,500) beds in Canadian hospitals are filled with patients who are ready to be discharged but for whom there is no appropriate place to go to (alternate level of care patients).
- In LTC, 69% of residents have dementia, and 87% have some form of cognitive impairment; 82% require extensive assistance or are heavily dependent.
- 85 or older – average age of seniors in residential care; majority women residents.
- 199,000 new long-term care beds are needed by 2035.
- Public versus private LTC: majority of research studies favour public LTC as the quality of care was found to be lower in most for-profit nursing; not-for-profit ownership is associated with higher staffing levels, lower staff turnover and better health outcomes.
- 4.1 direct care hours per resident per day is the *threshold* below which poorer outcomes such as weight loss and pressure ulcers were more likely to occur – no jurisdictions in Canada are meeting the *minimum staffing standard* to keep long-term residents safe and healthy. To improve seniors' quality of life, experts recommend 4.5 direct care hours per resident day.
- 90% of home care and long-term care nurses say where they work the clients' acuity has increased within the past three years; 80% of LTC nurses say the core staffing is not sufficient.
- In April 2021, CIHI reported that COVID-19 deaths in LTC in Canada represented 69% of total deaths, a proportion significantly higher than the international average (41%).
- In terms of staffing levels at seniors' facilities (2017-2019), Canada had fewer health care workers (nurses and personal support workers) per 100 senior residents of LTC homes in 2017-2018 when compared internationally.
- 57% of the Ontario's reported COVID-19 deaths in long-term care homes in the first wave were in overcrowded wards. Most of these beds in Ontario are in for-profit homes; about half of the beds in for-profit facilities were still at the 1972 standard or below.
- B.C. data collected from March 1, 2020, to January 27, 2021, found 103 outbreaks in private for-profit facilities, 79 in private not-for-profit facilities and 32 in facilities run by the Health Authority.
- A March 2021 *Toronto Star* analysis of long-term care data concluded that "for-profit status has been undeniably associated with worse outcomes throughout Ontario's COVID-19 pandemic".
- Dr. Nathan Stall, a geriatrician in Ontario, highlights the importance of staffing in LTC: "Staffing cannot be understated. We know that they [for-profits] have lower levels and lower quality of staffing within the for-profit sector and we know that they're paid less, too."
- Doctors4LTCJustice, an Ontario coalition, has called for, at a minimum, an end to for-profit LTC, a minimum pay standard and 70% full-time permanent status for LTC staff, with paid sick leave and benefits, along with other demands.

Resolution #2 – COVID-19 Infection and "Long-hauler" Syndrome

WHEREAS the World Health Organization declared COVID-19 a pandemic on March 11, 2020;

WHEREAS the COVID-19 pandemic has had a disproportionate impact on nurses and other health care workers due to an increased risk of exposure to the virus;

WHEREAS, according to the Canadian Institute of Health Information, as of January 2021, 65,920 Canadian health care workers (representing 9.5% of all Canadian infections at that time) have contracted COVID-19;

WHEREAS clinical evidence increasingly shows the risk and severity of the "long-hauler" effects of COVID-19 infection, including fatigue, headaches, persistent shortness of breath, loss of taste or smell, muscle weakness, low fever and cognitive dysfunction,

BE IT RESOLVED that the CFNU lobby and advocate for legislation requiring presumptive workplace insurance coverage of any health impacts arising due to COVID-19 infection; and

BE IT FURTHER RESOLVED that the CFNU advocate and lobby government to ensure that no nurse or health care worker suffers any loss of occupational income due to an illness associated with COVID-19.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Fact Sheet 2021: Presumptive Legislation and COVID-19 "Long-haulers"

Glossary:

Managing the long-term effects of COVID-19

- Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from four to 12 weeks.
- Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection consistent with COVID-19 continue for more than 12 weeks and are not explained by an alternative diagnosis.

Presumptive coverage: means that if a worker is diagnosed with COVID, the illness is assumed to be the result of a workplace exposure unless the contrary is shown, thereby removing the onus on workers to prove workplace exposure.

British Columbia brought in presumptive coverage for occupational illnesses, including COVID-19, in October 2020. Newfoundland and Labrador's government notes that workers' compensation legislation exists listing infectious diseases in the schedule of presumptive occupational diseases, which includes COVID-19. No other jurisdictions have presumptive coverage for workers having tested positive for COVID-19.

Symptoms

One of the features of long COVID is the wide range of symptoms categorized as follows: (1) residual symptoms that persist after recovery from acute infection; (2) organ dysfunction that persists after initial recovery; and (3) new symptoms or syndromes that develop after initial asymptomatic or mild infection; relapsing nature is often referred to as the 'corona coaster'. For others, there is a single symptom but with atypical progress. This has significant implications for the management of the disease (UK National Institute for Health Research).

Prevalence of long COVID

- For those hospitalized, between 50-89% had at least one enduring symptom after two months.
- For those not hospitalized, 20-30% experienced at least one enduring symptom for one month; at least 10% experienced at least one symptom three months later.
- Among a sample of over 20,000 study participants in the UK who tested positive for COVID-19 between 26 April 2020 and 6 March 2021, 13.7% continued to experience symptoms for at least 12 weeks.
- Eight months after mild COVID-19, one in ten people still has at least one moderate to severe symptom that is perceived as having a negative impact on their work, social or home life, according to a new study.
- Among 236,379 patients diagnosed with COVID-19, the estimated incidence of a neurological or psychiatric diagnosis in the following 6 months was 33.62%.

Resolution #3 – Endorsing Joyce's Principle

WHEREAS anti-Indigenous racism in health care has existed for as long as health care has been administered in Canada;

WHEREAS the death of Joyce Echaquan in September 2020 – following racist remarks by health care workers – shone a light on systemic racism against Indigenous people in our health care system, and propelled the issue to national attention;

WHEREAS Joyce Echaquan's family and community channeled their pain from her tragic death toward producing a call to action aimed at confronting anti-Indigenous racism in health care, known as "Principe de Joyce" (Joyce's Principle);

WHEREAS Joyce's Principle is summarized as a guarantee to all Indigenous people of the right to equitable access – free from discrimination – to all health and social services, as well as the right to enjoy the best possible physical, mental and spiritual health;

WHEREAS Joyce's Principle also requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health;

WHEREAS Joyce's Principle not only calls on governments to implement the principle alongside associated actions, but also calls on teaching institutions and health and social service organizations to implement the principle;

WHEREAS the CFNU and its Member Organizations have been strong supporters of Jordan's Principle, which ensures unhindered access for First Nations children of the products, services and supports they need,

BE IT RESOLVED that the CFNU endorse Joyce's Principle, committing the organization to working with Indigenous stakeholders and allies towards its implementation by governments, teaching institutions and health and social service organizations; and

BE IT FURTHER RESOLVED that the CFNU acknowledges the existence of anti-Indigenous racism among Canada's nurses, and commits to addressing this through education and awareness.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Fact Sheet 2021: Anti-Indigenous Racism in Health Care by the Numbers

- Joyce's Principle constitutes a reminder and a formal request for a commitment by the governments of Quebec and Canada to respect and protect Indigenous rights relative to healthcare and social services
- A higher proportion of B.C. First Nations and Métis respondents surveyed had more difficulty accessing emergency/urgent care and their family doctor during the pandemic than the overall B.C. population. Lacking access to primary care, First Nations adults' in 2017/2018 use of the ED was two times higher than other residents. First Nations adults also had higher rates of hospitalization for conditions which are commonly treated in primary care.
- First Nations were over two times more likely to experience difficulty accessing counselling services and traditional wellness than the overall B.C. population.
- In all age groups, First Nations and Métis were more likely to have five or more health conditions, typically over two times higher for adults, in 2017/2018.
- First Nations infants were more likely to be not a healthy birthweight when born in 2017/2018.
- In B.C., the life expectancy at birth for the First Nations population decreased from 75.9 years in 2011 to 73.4 years in 2017. Suicide is a significant factor in this data.
- Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system. While there are disparities between Indigenous women and Indigenous men, comparing Indigenous women and Indigenous men to non-Indigenous residents reveals that Indigenous women face more extreme health status disparities than either indigenous men or non-Indigenous residents.
- When asked about feelings of safety in different health care settings or with various health providers, a lower proportion of Indigenous women reported feeling "completely safe" compared to men. This perceived lack of safety is also evidenced by the disproportionate rate at which Indigenous women leave hospitals against medical advice: First Nations women left the hospital against medical advice at a rate which was 11 times greater than that seen with other residents.
- First Nations women had lower access to antenatal care, obstetricians, midwives and home births.
- Indigenous women are disproportionately affected by poor health compared to their male counterparts. When compared to First Nations men, First Nations women carry a higher burden of disease. First Nations women have higher prevalence rates of most chronic conditions than First Nations men (with notable exceptions being cardiovascular conditions).
- Indigenous people in B.C. surveyed reported widespread and ongoing stereotyping and racism leads to discrimination at point of care:
    - 26% – Always assumed they're drunk or asked about substance abuse
    - 24% – Always treated as though they were dishonest
    - 30% – Never treated as if cultural traditions are appreciated
    - 13% – Always treated with stares, whispers or point
    - 31% – Never feel safe to speak up when treated inappropriately
    - 27% – Always felt like needs were taken seriously
    - 35% – Always received medication when needed or asked for
- Truth and Reconciliation Commission: 2015: includes seven health recommendations (recommendations 18-24). None of these recommendations have been fully implemented.

Resolution #4 – Securing PPE for Canada's Health Care Workforce

WHEREAS the COVID-19 pandemic highlighted the requirement for rapid access to appropriate PPE, including NIOSH-approved N95 respirators;

WHEREAS the pandemic revealed that Canada had failed to maintain and replenish its strategic national and provincial PPE stockpiles;

WHEREAS sustainable management of PPE stockpiles means governments must maintain a minimum PPE stockpile at all times, and regularly refresh existing stockpiles, in order to optimize stockpile use;

WHEREAS the supply management issue was in part due to Canada's dependence on foreign manufacturers for PPE manufacturing and production;

WHEREAS the precautionary principle should be the primary driver in determining the minimum levels of personal protective equipment in national and provincial stockpiles, with stockpiles being set and maintained at levels that ensure that all health care workers are protected at an airborne level;

WHEREAS guidance on the safety of health care workers must be made on a precautionary basis with health care worker unions and occupational safety experts working collaboratively on the decisions that form the basis of health worker safety guidance and protocols related to PPE, issued by federal and provincial public health agencies;

WHEREAS PPE shortages have meant many Canadian health care workers were inadequately protected from exposure to COVID-19 while at work, placing themselves and their families at risk;

WHEREAS PPE shortages have contributed to the COVID-19 infections of more than 65,000 health care workers across Canada, and been associated with increased anxiety and depression among health care workers;

WHEREAS the health and safety of health care workers is vital during a public health emergency,

BE IT RESOLVED that the CFNU calls on all Canadian health authorities to work in collaboration with health care unions as partners to ensure the stability and adequacy of an appropriate PPE supply (including N95 respirators) for HCWs, including ensuring transparency about PPE supplies through regular detailed updates on the status of PPE stockpiles;

BE IT FURTHER RESOLVED that the CFNU calls on all Canadian governments to develop a made-in-Canada PPE supply chain so that it can maintain a minimum PPE stockpile, and develop an effective stockpile management system; and

BE IT FURTHER RESOLVED that Canada establish a worker safety research agency to empower employers and workers to create safe and healthy workplaces, with staff representing a wide diversity of fields (i.e. nursing, medicine, epidemiology, occupational hygiene, engineering, etc.) modelled after the US National Institute for Occupational Safety and Health (NIOSH), with the authority to make decisions on worker safety, including the preparation of guidelines, directives and policies.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions

Fact Sheet 2021: Pandemic

- In January 2020, the CFNU began urging governments across Canada to heed the lessons of SARS and adopt a precautionary approach. This meant assuming the virus was airborne, and protecting health workers (eliminating potential vectors of transmission) accordingly. Instead of following the precautionary principle, Ontario abruptly downgraded its protection to limit N95 respirator masks to complex medical procedures early in March 2020.
- The precautionary principle means when facing a new pathogen, it calls for safety: protect health care workers at the highest level using airborne precautions until we better understand the new virus; scale the protection down if safe to do so. The point is not certainty but safety.
- Canada performed particularly poorly when compared to our Asian counterparts, who also experienced SARS in 2003. In China, for example, where airborne precautions such as an N95 respirator were implemented soon after the outbreak began, the health care worker infection rate stands at about four per cent. Similarly, the number of health care workers infected in Hong Kong and Taiwan, where N95 respirators are also routinely used when caring for patients with COVID-19, remained in single digits, as of the end of July 2020.
- Despite efforts by unions across the country, health care workers have been put at unacceptable risk, with implications for their families, patients and communities. Most health workers, even those caring for COVID-19 patients, were only provided flimsy surgical masks in the first wave, and in many jurisdictions masks were reused until they were soiled and damaged. Faced with supply issues, N95 respirators were often locked away.
- According to the Canadian Institute for Health Information, the number of COVID-19 cases among health workers has tripled since July 2020. As of January 15, 65,920 health workers had been infected with the COVID-19 virus, representing 9.5% of all infections in Canada. About 50 health workers are known to have died from the illness.
- More than 27,000 health care worker infections are in long-term care. More than 15,000 vulnerable residents have died from COVID-19, representing over 65% of all deaths in Canada.
- It took the Public Health Agency of Canada until January 2021 to acknowledge what unions and many experts have said all along. Health care workers are at risk of airborne transmission when in close proximity to an infected person. Yet PHAC still does not *require* health care workers in COVID-19 units and hot zones to wear protection from airborne transmission, such as N95 respirators.
- Only Quebec has followed the scientific evidence to its natural conclusion: as of February 11, 2021, Quebec requires health care workers in COVID-19 hot zones to wear an N95 respirator or superior level of protection – something the CFNU has been calling for since the spring of 2020.
- Lessons learned: 1. Need to establish a worker safety research agency as an integral part of the Public Health Agency of Canada, with legislated authority for decision-making on matters pertaining to worker safety, including the preparation of guidelines, directives, policies and strategies. It would be modeled on NIOSH, an essential part of the US CDC, and would be focused on worker safety and health research, and on empowering employers and workers to create safe and healthy workplaces. 2. Need to stockpile, refresh and manage N95 respirators and have a made-in-Canada supply chain.