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

POSITION STATEMENT

May 2025

Pandemic preparedness and health care workers in the aftermath of the COVID-19 pandemic

BACKGROUND

Nurses worked tirelessly and were forced to compromise on their own safety and well-being throughout the COVID-19 pandemic, as nurses have in all public health emergencies. Through these experiences, nurses have gained an important perspective that is critical toward shaping Canada's preparations for future pandemics.

It is important to recognize that nurses were disproportionately impacted during the COVID-19 pandemic, with preventable exposures to the virus due to delayed adoption of airborne mitigation measures. They faced physical and mental exhaustion, unsafe working conditions and insufficient support from all levels of government, public health authorities and employers, including gaslighting by employers in the face of inadequate protections. These conditions exacerbated already high pre-COVID-19 levels of poor mental health and staffing shortages.[1]

The Canadian Federation of Nurses Unions (CFNU) commissioned an extensive report on the governments', public health authorities' and employers' failure to adequately protect nurses and other health care workers during the first wave of COVID-19, entitled *A Time of Fear: How Canada failed our health care workers and mismanaged COVID-19*. Findings, analysis and recommendations from that report were adopted in past CFNU position statements related to COVID-19.[2]

The World Health Organization (WHO) declared an end to COVID-19 as a global health emergency on May 5, 2023[3]. In the two years preceding this announcement, and in the over five years since COVID-19 was declared a global health emergency, governments and public health authorities in Canada have yet to engage with nurses and other key stakeholders to develop and implement a plan to better protect workers and the public during a future pandemic.

Nurses' unions hoped that lessons would be learned from the 2003 SARS outbreak in Ontario, but little was done to prepare for future pandemics. Justice Archie Campbell wrote in the SARS Commission Report:

> *The importance of the precautionary principle that reasonable efforts to reduce risk need not await scientific proof was demonstrated over and over during SARS… One example was the debate during SARS over whether SARS was transmitted by large droplets or through airborne particles. The point is not who was right and who was wrong in this debate. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty.*[4]

Nurses' unions, other health care unions and occupational health and safety experts from various professional backgrounds advocated for the precautionary principle to be applied to COVID-19. Not only was the precautionary approach the responsible one to take, but there was also significant evidence of airborne transmission, along with persuasive evidence from respected aerosol scientists. Tragically, these calls for precautionary airborne protections for health care workers and other frontline workers were largely ignored by governments and public health authorities.

The failure of governments and public health authorities to take a precautionary approach was influenced by the insufficient stockpiling of proper personal protective equipment (PPE) that could protect against airborne viruses. The lack of processes in place to ensure stockpiled PPE was responsibly managed resulted in supplies being low when vast quantities of expired PPE were discarded but not replenished.

Canada's long-term care (LTC) sector was particularly vulnerable and should be far better prepared for future pandemics. The COVID-19 pandemic highlighted shortcomings in private for-profit LTC facilities in Canada, which were found to have lower staffing levels, fewer care hours delivered to residents and consequently higher mortality rates as compared to public and non-profit LTC facilities.[5]

Since the unfolding of COVID-19, other viruses have emerged or re-emerged across various parts of the globe, including Mpox, which has been transmitted between humans, and H5N1 avian influenza, which still risks spreading between humans, and has already been contracted by humans and has spread rapidly among other species. Early evidence suggests that an H5N1 pandemic could be significantly worse than COVID-19 with regards to human infection and mortality rates.[6]

An approach that governments around the world are beginning to adopt as a means of assessing risk and controlling the spread of zoonotic diseases is called One Health. As human populations expand into new geographic areas, they come into closer contact with wild and domestic animals, providing more opportunities for diseases to pass between them. Animals are also being pushed off their lands through climate change and deforestation, and the increased movement of humans, animals and animal products across borders means more opportunities for diseases to spread rapidly.

Monitoring and controlling these threats to public health, and ensuring workers are adequately protected from threats that arise, has been eroded in the United States. This has the risk of creating significant knowledge and research gaps, which will impact pandemic preparedness and occupational health and safety in Canada and elsewhere abroad.

The Centers for Disease Control and Prevention (CDC) announced significant job cuts, with 18% staff cuts (2,400 employees). One of its offices, the National Institute of Occupational Safety and Health (NIOSH), has had virtually all of its staff laid off.[7] This is part of a broader set of cuts to the Department of Health and Human Services, with 10,000 job cuts.

Among the jobs and areas of public health that were cut are the global health center, which is responsible for investigating hundreds of disease outbreaks occurring abroad each year, the National Personal Protective Technology Laboratory, which is tasked with vetting and approving N95 respirators among other PPE, and employees at the Administration for Strategic Preparedness and Response, which work for the strategic national stockpile.

CFNU POSITION

- Nurses' unions and other unions representing health care workers must be consulted on the development and implementation of pandemic preparedness measures and formalized plans.
- A One Health approach must be at the center of governmental efforts to prevent, monitor, control and respond to public health threats by continuously learning about how diseases spread between people, animals and their shared environment.
- Federal, provincial and territorial governments must urgently develop and implement comprehensive pandemic preparedness measures and plans to safeguard health care workers and the public, which should include but not be limited to:
    - Establishing clear and enforceable guidelines to protect nurses and other frontline health care workers rooted firmly in the precautionary principle. The precautionary principle must be enshrined in all relevant occupational health and safety regulations and legislation.
    - Ensuring a secure and sustainable stockpile of personal protective equipment (PPE), including N95 respirators (equivalent or better), medical supplies and essential

medications to prevent shortages in future health emergencies, with transparency on reporting quantities to the public and with processes in place to minimize expired PPE that end up in landfill. N95 respirators, equivalent or better, must be made available to patients, visitors and staff and be properly fitted to be effective. Health care workers must be trained on airborne risks and the proper use of PPE.

- Bolstering adherence to the most recent version of CSA Standard Z94.4, *Selection, use and care of respirators*[8] – a robust standard providing guidance to aid employers in health care and general workplaces on the selection and appropriate type of respiratory protection equipment for hazards encountered. This could occur by having health care facility accreditation reliant upon a demonstrated compliance with the standard, and by having the standard incorporated by reference into relevant provincial and federal occupational health and safety regulations.
- Adopting ASHRAE Standard 241, *Control of Infectious Aerosols*, in the Canadian National Building Code to reduce airborne disease transmission in our buildings through adequate ventilation, filtration, air distribution and the use of appropriate technologies[9]. This is of particular importance in care facilities such as hospitals and LTC homes.
- Investing in public health surveillance, early warning systems and research to detect and respond rapidly to emerging infectious disease threats. This is particularly urgent in light of the significant cuts at the Centers for Disease Control and Prevention (CDC) in the United States.
- Improving mental health and wellness support programs for nurses and health care workers to mitigate burnout and psychological impacts during future pandemics.
- Investing in domestic production of PPE to strengthen self-sufficiency in production and lessen our reliance on foreign procurement. Measures should be taken to ensure manufacturing capacity for PPE is maintained in reserve, to be activated during a pandemic.
- Mandating strict adherence to national long-term care standards and the complete phase-out of for-profit LTC facilities, which proved to be deadly for residents and workers in the context of the COVID-19 pandemic.
- Implementing standardized and systematic data gathering and reporting systems, enabling resources to be focused where needed and so that working with different inconsistent ways of measuring infections and their effects across the country can be avoided.
- Communicating clearly and regularly with the public about pandemic preparedness plans to increase public confidence in public health authorities. This should extend to times of emergency and crisis as well, with simple, consistent and reliable information provided regularly to the public to address vaccine hesitancy and misinformation about precautionary measures.

- Governments and public health agencies should adopt institutional mechanisms to ensure transparency and independence in relation to pandemic preparedness, including but not limited to:

- Ensuring the independence and transparency of Chief Medical Officers of Health (CMOHs) and the agencies they lead by having a transparent selection process for their appointment, which would include affected populations and interest groups.
- Establishing formal advisory councils to the CMOHs, including representatives of a broad range of civil society groups to advise on pandemic prevention and response measures and communications strategies to diverse populations.
- Creating interdisciplinary science tables at arm's length from government to provide advice on the implementation of response measures.
- Establishing a worker safety research branch within the Public Health Agency of Canada (PHAC) with a mandate similar to the National Institute for Occupational Health and Safety (NIOSH) in the United States, for which there is a heightened need following the significant funding cuts and layoffs at NIOSH.

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[1] https://www.statcan.gc.ca/o1/en/plus/2296-health-care-workers-access-personal-protective-equipment-during-covid-19-pandemic

[2] https://nursesunions.ca/position-statement-on-covid-19/

[3] https://news.un.org/en/story/2023/05/1136367

[4] https://www.archives.gov.on.ca/en/e_records/sars/report/v1-pdf/Vol1Chp3.pdf

[5] https://www.cmaj.ca/content/192/33/E946

[6] https://www.thestar.com/opinion/contributors/a-pandemic-worse-than-covid-19-could-be-lurking-in-our-midst/article_31b82258-fa05-11ef-8d11-7b4fcfcff58e.html

[7] https://www.cbsnews.com/news/worker-safety-agency-niosh-lays-off-most-remaining-staff/

[8] https://www.csagroup.org/store/product/CAN-CSA-Z94.4-11/?srsltid=AfmBOoo1pC9lWLd-RCb-eiTEtQIJ_STTyTm76A3d-DIK9o_icfvv0WPo Viewable version at: https://community.csagroup.org/docs/DOC-121294. Note this standard is being updated with expected publication in 2025.

[9] https://ospe.on.ca/advocacy/ospe-supports-adoption-of-ashrae-standard-241-in-the-canadian-national-building-code/