McKenna, Neil

From: Khalil, Samantha
Sent: Tuesday, April 7, 2020 4:00 PM
To: PMO.F Senior Staff / personnel supérieur F.CPM
Cc: PMO.O.IM All Staff / Tout le personnel GE.O.CPM; Gagnon, Chantal; Deagle, Jordan; Nathoo, Farees; Lawrence, Alex
Subject: Canadian Federation of Nurses Unions Letter of Conceren
Attachments: 2020-04-06_CFNU to PHAC_Re. PHAC 2nd Interim Guidance for Acute Care Settings.pdf

Hi all,

The Canadian Federation of Nurses Unions President Linda Silas sent a letter detailing concern with PPE to PHAC. She also raised these concerns at Health Committee today. PHAC met with Linda today and Sabina has reached out to Linda and Hassan Yussuf. The guidance has not yet been released and has not been finalized.

Key concerns in letter

- They are staunchly against reusing PPE and mention the "pilfering of limited resources"
- CFNU indicates a failure by PHAC to include a broader list of individuals at risk of exposure (i.e. cleaners)
- A failure by PHAC to designate zones where N95s **must** be worn (the guidance says in the case of an emergency aerosol-generating medical procedure, health care workers should call a code and enter the room using only droplet and contact precautions (i.e. a surgical mask) until help arrives)
- The list of aerosol generating medical procedures does not include nasopharyngeal swabs
- "The entire N95 respirator use reads as justification of the government's position and not something that belongs in a public health document"

Full Letter sent to PHAC

Dear Ms. Elmslie:

The Canadian Federation of Nurses Unions appreciates the Public Health Agency of Canada's important efforts to make the public aware of the facts of the COVID-19 pandemic, and we are grateful that those efforts appear to be reaching people across our country.

At the CFNU, our duty is to protect nurses and health care workers, and we have a responsibility to draw PHAC's attention to the essential Occupational Health & Safety needs that your agency may have overlooked in its focus on public awareness and education.

The CFNU is deeply disappointed by the second iteration of PHAC's *Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings*. Once again, this document utterly fails to represent the reality of our workplaces for nurses and other health care workers. As public health officials are increasingly acknowledging that past assumptions about the virus are wrong, the precautionary principle – which the CFNU recommended from the onset of this outbreak – has become more relevant than ever.

The reality is that health care workers must be allowed to exercise their professional and clinical judgment to assess the risks of a situation in real time and determine what level of personal protective equipment (PPE) is required when caring for suspected, presumed or confirmed cases of COVID-19. Should they determine that a higher level of protection is required, they must have access to it. Joint agreements between unions and employers to this effect have now been signed in British Columbia, Alberta and Ontario.

However, in many parts of our country, PPE is not being provided to frontline workers who are directly involved in the care of presumed and confirmed COVID-19 patients. This is simply unacceptable. Their fears of exposure are all too real. Health care workers fear exposing their families and communities and are forced to seek out alternative accommodations to avoid potentially infecting others at home.

While there are many aspects of the updated infection prevention and control guidance with which we take issue, in the interest of efficiency, we will outline the areas of greatest failure which must be addressed by PHAC immediately:

- We are deeply concerned by PHAC's insistence that the guidance provided in its latest document is not driven by the lack of supply of appropriate personal protective equipment (PPE), as is mentioned in the preface. However, your guidance makes it appear that issues of supply actually do take precedence over concerns about the health and safety of workers, as it refers to the reuse of PPE and the potential for pilfering of limited resources. Health care workers and employers are essential partners in the health care system and require that governments be transparent about the availability of PPE. This failure to communicate clearly about supply has the effect of increasing risks to workers.

- There is a failure to include a broad and inclusive list of all health care workers who could potentially be exposed to COVID-19 patients (suspected, presumed and confirmed cases). PHAC's guidance contains no mention of PPE use by individuals engaged in environmental cleaning tasks. We reiterate that PPE is particularly essential for anyone (cleaners, food providers, etc.) entering the room following aerosol-generating medical procedures (AGMP).

- Rather than designate AGMP 'hot spots' or zones where N95s are to be worn at all times, as other international jurisdictions have done (and as the CFNU previously recommended) – the guidance suggests that in the case of an emergency AGMP, health care workers should call a code and enter the room using only droplet and contact precautions (i.e. a surgical mask) until help arrives. In so doing, your guidance explicitly recommends that health care workers expose themselves to unnecessary risk, including exposure to aerosol-generating medical procedures.

- The guidance notes that there is "debate" about whether a number of procedures can be considered aerosol-generating, but it fails to list nasopharyngeal swabs as one of these procedures currently being debated. Elsewhere, the ECDC and CDC indicate that specimen collection is an AGMP. While PHAC's document refers to mitigating exposure by standing to the side of the patient or moving away quickly after completion of the procedure, a more effective approach would be for a point-of-care risk assessment (PCRA) to be undertaken. But the professional judgement of the health care worker must also be acknowledged and respected in determining the level of PPE required for nasopharyngeal swabs based on their risk assessment of the real-time risk of exposure in the given situation.

- As previously indicated in our response to the draft version of this guidance, the section entitled "N-95 Respirator Use" reads as a justification of the government's position and does not belong in a public health guidance document.

    - The reference to health care workers wearing N95s contracting SARS CoV-1 was directly rebutted in Chapter 8 of the SARS Commission Final Report. When health care workers began wearing N95s halfway through SARS, these respirators were often not properly fit-tested, and inadequate training was provided on their use.

    - The CDC notes in its guidance with respect to surgical masks and SARS: "Surgical masks are not designed for use as particulate respirators and do not provide as much protection as an N-95 respirator. Most surgical masks do not effectively filter small particles from air and do not prevent leakage around the edge of the mask when the user inhales." It goes on to say that they should only be used as a last resort. Since SARS CoV-2 is far more transmissible than SARS CoV-1, the need to provide N-95s for respiratory protection would seem to be more important than ever.

- As noted by the U.S. Institute of Medicine, surgical masks are not certified or designed as a form of respiratory protection because they are loose-fitting and "allow substantial contaminant leakage into and from the mask".

- As emerging evidence from the U.S., Japan, South Korea, China and Europe points to short-range aerosol transmission of COVID-19, this distinction in levels of protection is significant. At this stage it does not appear that PHAC's guidance hinges on the science. As a recent comprehensive literature review (which was provided to you) of 84 documents since 2009, led by Dr. John H. Murphy, Adjunct Professor of Dalla Lana School of Public Health, University of Toronto, and President of Resource Environmental Associates Limited, makes clear, there is relatively little evidence to support droplet transmission; in fact, the evidence from previous research suggests aerosol transmission is likely. This evidence is now being confirmed by international science.

With respect to the reuse of PPE, your guidance recommends that individual facility policies be followed. This is unacceptable in the context of an infection prevention and control document since the reuse of PPE requires specific guidance to ensure that the PPE still provides effective protection. If reuse is to be added to this guidance document, explicit national-level guidance (such as that offered by the CDC) must be provided in order to ensure that PPE is not being inappropriately reused, thereby exposing health care workers to greater risks.

The CFNU and other health care unions have appreciated the recent opportunity for collaboration with PHAC on its interim guidance, and we welcome further efforts to work together – however, we are greatly dismayed by PHAC's failure to include most of the sensible solutions we have proposed, which are based on the latest science regarding the transmission of COVID-19 and basic principles of worker safety for acute health care settings.

In spite of our many good-faith attempts to advise PHAC on the vital need to base its guidance on the precautionary principle and key Occupational Health & Safety measures, we find our efforts to arrive at a set of guidelines that would protect health care workers and the Canadian public stymied.

The Canadian Federation of Nurses Unions will continue its relentless advocacy on behalf of nurses and health care workers across the country because we know that, ultimately, in order for patients to be safe, health care workers must be safe. We will continue to hold the Public Health Agency of Canada as well as federal, provincial and territorial governments, and employers, to account in fulfilling their duties to the Canadian public, and we will pursue all avenues of action to ensure the protection of health care workers.

Sincerely,
Linda Silas, CFNU President