



HSA survey reveals widespread concerns about staffing levels, patient safety and access to N95s

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Data now being used in ongoing talks urging government to improve guidelines

Almost 1700 HSA members have responded quickly to a short survey circulated by HSA over the last ten days, and the results indicate deepening concern about the impact of staffing shortages on both working conditions and patient safety.

Furthermore, there are ongoing concerns about access to N95 respirators and recent changes to infection control guidelines which increase risk of exposure to COVID-19 for both patients and health care workers.

- 52% of respondents feel that staffing shortages are creating unsafe working conditions and/or risks to patient care and safety all or most of the time - and a further 30% say risks to patient care and safety is happening some of the time.
- 13% of respondents who did a point-of-care risk assessment and determined the need for an N95 respirator were then denied one by the employer.

The information is now being used by HSA in ongoing discussions with the Ministry of Health and the Office of the Public Health Officer. **HSA continues to insist that N95 respirators or equivalent protection should be available to all health care workers providing direct care to confirmed or suspected COVID-19 patients in all hospitals and community health care settings, and that no health care worker should be denied access to a respirator, regardless of occupation or clinical setting.**

Further highlights of the survey are as follows.

LIMITED AWARENESS OF NEW INFECTION CONTROL GUIDELINES

- There is limited awareness among respondents of the new Health Authority Infection Prevention and Control (IPAC) guidelines.
- Recent changes to IPAC guidelines increase COVID-19 exposure risk to health care workers. These changes permit COVID-19-positive and COVID-19-negative patients to share rooms, and no longer require dedicated nursing staffing for outbreaks. This co-mingling means that health science professionals have a greater likelihood to be exposed to patients who are positive or co-workers who are routinely caring for positive patients.
- Among the 38% of respondents who are aware of IPAC changes, 37% do not feel protected in a medical (surgical) mask and 17% are not sure whether a medical mask provides sufficient protection.

ACCESS TO N95 RESPIRATORS

- A majority of respondents (51%) want N95 respirators as baseline protection, and 20% are "not sure". The percentage who want N95s as baseline protection increases to 68% for Occupational Therapists, 62% for Social Workers, 58% for Physiotherapists, and 55% for Dietitians.
- A majority of respondents (59%) never or rarely have used an N95 respirator at work in the last month.
- While the majority of respondents (87%) report having received training and fit-testing for using an N95 respirator, 13% have not been. Fit-testing must be performed annually and we do not know when respondents were fit tested. Some commented that their fit-testing has expired, and some report that fit-testing has not been provided by their employer.

- A majority across professions with the greatest response rates support N95s as the baseline
- High percentages of “not sure” responses suggests that members may not be aware of changes to Infection Prevention and Control (IPAC) guidelines and the elevated exposure risk to health care workers.
- Ministry of Health Mask Use Policy requires that workers perform a point-of-care risk assessment to determine if they require an N95 respirator. A majority of respondents have never conducted a point-of-care risk assessment, which suggests that workers are not necessarily being made aware or supported by their employer in conducting a risk assessment or they are unaware of the changes to Infection Prevention and Control guidelines (only 38% are aware of recent IPAC changes and elevated exposure risk).
- Among the minority of respondents who have conducted a point-of-care risk assessment and deemed an N95 respirator necessary, 13% report being denied N95 access by their employer. Justifications for denial of respirators include employer stating it isn't needed, respirators locked up, “limited supply”, “size often not available”, and “it's not well stocked throughout the hospital”.

MEMBER COMMENTS

- Key themes from analysis of the open-ended responses include distress (severe staffing shortages, unmanageable workload, patient safety concerns due to short-staffing), occupational health and safety concerns (barriers to N95 access and lack of airborne precautions including air filtration and ventilation), inadequate pay (employer not paying overtime, lack of pandemic or working short premium), and profession-specific concerns and recommendations to address staffing shortages. Members indicate the situation is dire, unsustainable, and they are “hanging by a thread”.

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