

H1N1 lessons can make your workplace safer

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DELEGATES TO THE 2010 HSA CONVENTION in Vancouver asked a number of questions about last year's outbreak of novel H1N1 influenza strain; why certain decisions were made, and what we've learned to help us prepare for the next outbreak.

Why weren't cardiology technologists considered frontline workers and immunized along with nurses and doctors?

Early in the response to H1N1 it became clear that employers were not consistent in determining the risk level for employees in different professions and ensuring that all high risk workers were able to get immunizations in a timely manner. HSA lobbied diligently on this matter and the employers gradually came around. In future we will demand that these concerns are considered in advance.

Does the employer have the right to send someone home with a flu-like illness if the worker has chosen not to have the flu vaccine?

Both the Health Science Professional Bargaining Association and Nurses Bargaining Association Collective agreements (Articles 6.01 and 32.02 respectively) contain a clause stating that immunizations may be required -unless the employee's physician has advised in writing that such a procedure may have an adverse effect on the employee's health." When an outbreak is declared, employers are required to ensure that clients, patients and employees are protected as much as possible. However an employee who has chosen not to be immunized can remain on the job if it is possible to obtain a protective medication like Tamiflu. Pregnant employees, or those with pre-existing conditions which preclude them from immunization, are entitled to protective re-assignment as long as the written opinion of the physician is provided.

In other words, during a declared pandemic, the employer may determine that it is unsafe for employees to remain at work if they are not immunized, are not taking preventative medication like Tamiflu, and are not under medical orders to avoid immunization. This action is not deemed discriminatory.

Any members with concerns or questions about this should talk to their local steward team or contact HSA directly for clarification.

How often should one be refitted for N95 masks?

N95 masks are the only masks providing reliable protection from H1N1. WorkSafeBC regulations state that employees who require these masks must be fitted annually to ensure that any physical changes have not affected the mask's ability to form a tight seal on the face.

Point of care risk assessments must be carried out in all cases of potential exposure. If the assessment determines the employee is at risk of exposure, N95 masks must be provided by the employer.


For more information on point of care risk assessments and N95 masks, members should talk to their local

steward team or contact HSA directly.

What is HSA's position on Powered Air Purified Respirator (PAPR) Devices?

These devices have been shown to offer a higher level of protection than N95 and other masks. However, WorkSafeBC regulations and other standards indicate that N95 is an appropriate level of protection, and HSA has been lobbying for this as the minimum standard. Once we are satisfied employers have achieved compliance with N95 we may be able to advocate for even higher standards.

I work in a private clinic and two of my co-workers contracted H1N1 while at work. How can the safety committee influence the employer?

HSA has provided members and stewards with materials and education sessions focussing on the core principles of dealing with an outbreak. Check out the "News" section of the HSA web site, where you'll find information about H1N1, personal protective equipment, point of care risk assessments, and employer responsibility for an exposure control plan. Your OHS committee should be aware of this material and make any recommendations necessary for the employer to ensure compliance. 

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