



# **Ebola: members say we're still not ready**

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## **HSA REPORT, DECEMBER 2014**

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Over the years, Canadian workers have fought for and gained important workplace health and safety rights.

The diligent exercise of these rights is proven to be the most effective way of ensuring workplace hazards are controlled.

These rights, enshrined in legislation and regulation, are:

- the right to know about workplace hazards;
- the right to participate in eliminating those hazards or in mitigating their effects;
- the right to refuse unsafe work;
- the right to exercise these rights without discrimination.

Have these health and safety rights been front and centre during the current Ebola outbreak?

Unfortunately, the answer is no. Instead, a top down and mainly bureaucratic approach has been used, often making it difficult for workers to obtain accurate and consistent information and to be active participants in improving infection control measures.

### **THE LEGACY OF SARS**

Ironically, much of the infrastructure in place to deal with the Ebola virus today was built as a result of recommendations after the SARS outbreak 11 years ago. In 2003, Canada was hit hard by the SARS coronavirus. There were more than 400 probable and suspected SARS cases in Canada and 44 related deaths, concentrated in Toronto and the surrounding area. The toll on health care workers was extremely high. More than 100 became ill and 3 died. It was a stark reminder of the risks experienced by those front line workers on a daily basis, but especially during outbreaks.

Following SARS, it was acknowledged that there needed to be better coordination of efforts in response to outbreaks. So in 2004, Canada's federal government created the Public Health Agency of Canada (PHAC), to provide leadership and action on public health matters including national response coordination on infectious disease outbreaks.

### **TEMPORARY MEASURES**

Fast forward to 2014. Over the past months, provincial governments have adopted Ebola protocols laid out by the PHAC. In BC, a Provincial Ebola Preparedness Task Force, co-chaired by Provincial Health Officer Perry Kendal and Associate Deputy Minister of Health Lynn Stevenson, oversees an array of committees and working groups coordinating various elements of Ebola preparedness. The task force and its subcommittees are updating infection control protocols, updating training for front line workers and dealing with hundreds of details in response to the Ebola outbreak.

A number of HSA members are directly involved in this provincial network, providing expertise in many areas, despite the fact that the Ministry of Health has created a structure that makes it difficult for active worker involvement, thereby compromising their abilities to exercise basic health and safety rights. This focus on the Ebola outbreak should be seen as an opportunity to build better and more proactive labour-employer relationships for dealing with workplace hazards. Instead, it appears the intention is to establish temporary

working groups that will work hard until this particular outbreak passes and then be disbanded to allow things to drift back to the way they were. Hopefully that isn't the case.

## **MOST FEEL UNPREPARED**

In October, at a time when the Ebola outbreak was dominating the news, HSA surveyed members working in five sites designated by the Ministry of Health to manage and treat suspected or confirmed Ebola cases. The survey questions were designed to measure our members' confidence levels around Ebola preparedness. Responses came from workers who could potentially be exposed to Ebola through interactions with patients and from those who could potentially be exposed through lab and testing procedures.

Surveys confirmed what was already suspected - the vast majority (nearly 90 per cent) of members surveyed did not feel adequately prepared to deal with an Ebola outbreak. Almost as many indicated the only information they had received about the outbreak at that point was through the media.

## **FOCUS ON FUNDAMENTALS**

Health care workers in BC and across North America have spoken out publicly and loudly about the gaps in preparedness and the need to have more attention paid to worker safety. These actions to refocus our employers' and governments' attention to include basic health and safety rights have been having an impact and must continue. The current outbreak will be brought under control, but the work being done now to establish Ebola standards should set a new benchmark for strong infection control measures for epidemics and outbreaks which are expected to accelerate in the coming years.

While infection control protocols are under scrutiny and revision, it's a prime opportunity to build in requirements for involving HSA representatives from your workplace health and safety committees. It's not a coincidence that this fits with another health and safety principle of continual learning and process improvement.

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