HEALTH SCIENCES ASSOCIATION
The union delivering modern health care

January 18, 2022

Mark Armitage
Assistant Deputy Minister
Workforce Compensation, Agreements and Beneficiary Services Division
Ministry of Health
1515 Blanshard Street
Victoria, BC V8W 3C8
Delivered by email: Mark.Armitage@gov.bc.ca

Dear Mr. Armitage,

May we please have a response to our letter of January 12, 2022. In our letter of January 12, 2022, we requested acknowledgment and action on the following:

> It is our position that N95 respirators (or equivalent or higher protection) should be used by health care workers providing direct care to confirmed or suspected COVID-19 patients in all hospital and community health care settings. Further, no health care worker should be denied access to a respirator, regardless of occupation and clinical setting. As health care facility outbreaks continue to increase daily with a rapidly deteriorating staffing situation, we urge BC to update its guidance to align with that of Ontario. The extent of outbreaks, comments from the PHO, and >30% positivity in many communities demonstrate that Omicron is circulating widely. Protecting health care workers from infection must be paramount, both in terms of protecting their health as well as preventing the collapse of our health system.

We are now in receipt of recent recommendations, which cause our members grave concern. We have highlighted recent communication from Fraser Health Authority regarding revised IPAC guidelines:

Fraser Health Infection Prevention and Control (IPC) Acute Care COVID-19 Outbreak Recommendations

The **foundation** of all successful infection prevention and control practice remains strict adherence to **hand hygiene** and appropriate use of **personal protective equipment (PPE)** at all times.

With our growing experience with COVID-19 over the last year and the introduction of vaccine requirements for all health care workers, as well as a high proportion of vaccination among the general public we feel confident to recommend the following revisions that will align our COVID-19 recommendations with IPC respiratory illness guidance:

- Infection control best practice of cohorting staff when multiple cases are present will continue however, dedicated nursing is no longer required for single COVID-19 positive patients.
- In keeping with not requiring dedicated nursing staff there will no longer be a requirement for dedicated environmental services (housekeeping) staff for COVID-19 positive patients, COVID-19 positive cohorts and outbreak units.
- COVID-19 cohort cleaning guidelines will align with Fraser Health IPC isolation discharge clean guidance currently used for respiratory illness protocol.
- Routine point prevalence testing of patients will be focused at the beginning of an outbreak (generally done on Day 0, 3 and 7). After day seven of an outbreak, only symptomatic patients will be tested. (The majority of cases are found by day 7 and no further testing is required.) No routine point prevalence testing on asymptomatic staff on outbreak units is required.

…/2

- As with respiratory outbreak strategies, units will cohort positive patients in their geography and patient assignments. Outbreak management no longer requires units to be strictly physically separated into cold/warm/hot zones or to have separate nursing stations, medication rooms and team may decide, due to the particular outbreak and site characteristics, that physical separation may need to be implemented.
- Staff must continue to observe all break room strategies to prevent the transmission of COVID-19. There no longer needs to be separate break rooms for staff caring for COVID-19 positive patients.
- IPC will continue surveillance of COVID-19 in our acute care facilities to monitor the effectiveness of these measures. IPC may reinstate measures as necessary based on this monitoring.

Fraser Health has also issued the following guidance:

Due to the evolving epidemiology of the COVID-19 virus, specifically Omicron, and that this virus generally causes mild disease particularly in fully vaccinated individuals, we recommend the following:

- COVID-19 cohorts will be reserved for patients requiring medical management of significant respiratory symptoms due to COVID-19.
- COVID-19 positive patients who are asymptomatic or mildly symptomatic will receive care in the unit that best serves their care needs following IPC Droplet Precaution Guidelines.
    - A single occupancy room (a single-bed room or a multi-bed room with blocked beds) is the preferred accommodation for any patient with respiratory symptoms. If a single occupancy room is not available, accommodate the patient in a multi-bed room ensuring at least two metres of space from other beds. Patients on droplet precautions should not share a room with high-risk patients including immunocompromised patients, patients with chronic cardiac or respiratory disease, neonates, and patients with other respiratory illnesses. The IPC practitioner will support the unit if cohorting of patients and staff is required.
    - Dedicated toileting.
    - Place COVID-19 positive patients only with fully vaccinated roommates. (*Any time after second dose in a 2-dose primary COVID-19 vaccine series*)
    - COVID-19 Outbreak units will generally remain open to admissions after consultation with Infection Prevention and Control.

Revised mask policy urgently needed

Not all our members are in a position to carry out a point-of-care risk assessment in a timely manner. Even when they are in a position to carry out a point-of-care risk assessment, they do not have ready access in all settings.

The relaxation of precautionary measures in the health care settings is not acceptable to workers in this province. Contact tracing has all but ceased in health care and community settings, PCR testing is limited to small segments of the population, rapid tests are not widely accessible, quarantine guidelines have been shortened to five days, hospitalizations continue to rise rapidly, and we now have 50 facilities, including nine hospitals, with outbreaks. We also note that asymptomatic testing of staff on outbreak units will be discontinued, which increases risks to our members who may be infected by asymptomatic co-workers.

The above IPAC changes are at odds with the pandemic reality we face. COVID-19 continues to spread rapidly and widely, and our members are being needlessly exposed by public health policies. Relaxed cohorting, combined with privacy rules, mean that professionals are not likely to be aware that someone is positive. Furthermore, the extremely high levels of COVID-19 in the community make it very likely that members will be routinely coming into contact with positive patients or co-workers in inpatient and outpatient settings. In many cases, the Hierarchy of Controls, such as engineering controls are not available or even possible to provide the appropriate level of protection to our members and others.

…/3

With extreme staffing challenges and increasing COVID patients in all units, continuing to require a point-of-care risk assessment presents practical barriers to access (even if N95s are granted). Again, we request that **ALL** our members be provided with properly fitted PPE including N95s as considered necessary by our members to perform their duties in a manner which is safe for themselves, their co-workers and their clients/patients.

Finally, since our correspondence, the US CDC is now encouraging all Americans to use N95 or equivalent respirators. They have also removed concerns about supply shortages and have clearly stated that KN95s and N95s offer the best protection, even if they are not fit-tested. This represents a monumental shift in guidance from the US CDC, and is consistent with the revised guidance from the Public Health Agency of Canada.

Within this context, it is no longer defensible to state that health care workers do not require N95s in most instances. Scientific knowledge has improved and so has PPE virtually everywhere in the world. We urgently need BC to follow suit.

Yours truly,

M. Jeanne Meyers, Barrister & Solicitor
Chief Spokesperson, HSPBA
Executive Director, Legal Services and Labour Relations
HEALTH SCIENCES ASSOCIATION OF BC

MJM/mn

cc: Dr. Bonnie Henry, Provincial Health Officer, Bonnie.henry@gov.bc.ca
Evan Howatson, Executive Director, Labour and Agreements, Evan.Howatson@gov.bc.ca
Hon. Adrian Dix, Minister of Health, HLTH.Minister@gov.bc.ca

I:\DOCUMENTS\EXECUTIVE\EXEC DIR LEGAL\ Ministry of Health 01-18-22