

COVID-19 and Health and Safety Measures, including Personal Protective Equipment

Question & Answer

Why has the union reached this agreement with the Chief Medical Officer of Health (CMOH), Ministry of Health (MOH), Ministry of Labour, Training and Skills Development (MLTSD)?

ONA has been lobbying the Government for weeks about ensuring our front-line members have access to the appropriate Personal Protective Equipment (PPE) and utilizing the precautionary principle to prevent exposure and transmission of COVID-19. On the one side, we heard the Government saying that there were no supply issues and on the other, we were hearing from you that PPE was being rationed and/or locked up by employers.

A similar agreement was achieved by UNA in Alberta with their Government last week.

Does this mean that every nurse gets a N95 mask?

No. This agreement allows nurses to conduct a point of care risk assessment (PCRA) using their professional and clinical judgement to determine the level of PPE they need to care for the patient.

We have a responsibility to ensure that we are using PPE appropriately (not excessively) to ensure that those caring for suspected, presumed or confirmed COVID-19 patients shall have access to the level of PPE they require.

What is a point of care risk assessment (PCRA)?

A sample of a PCRA Tool follows. This tool enables the care provider to determine the risks associated with caring for the patient, the activity to be carried out, and the environment. The risk level determines the level of PPE to be accessed.

COVID-19 Point of Care Risk Assessment (PCRA)

POC Risk Factors	Risk description for COVID-19	Decision
Patient	Is the patient unable to follow instructions? (e.g., infants/young children, patients not capable of self-care/hand hygiene, cognitively impaired, have poor-compliance with respiratory hygiene)	Consider the need to replace Surgical/ procedure mask with N95* respirator
	Is patient displaying or verbalizing symptoms of increasing risk? (e.g., excretions/ secretions cannot be contained - respiratory secretions, frequent cough/sneeze)	
Activity	Will you be performing an activity that may induce significant respiratory secretions that cannot be contained? (e.g., cough inducing procedure)	Consider the need to replace Surgical/ procedure mask with N95* respirator

POC Risk Factors	Risk description for COVID-19	Decision
	Will AGMPs be performed, frequent or probable? Is the patient's condition changing? (e.g. manual or high frequency oscillatory or non-invasive ventilation, open endotracheal or airway suctioning, CPR, bronchoscopy, sputum induction, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices and autopsy)	MUST replace surgical procedure mask with N95* Respirator
Environment	Will care be provided outside of a regular patient room and patient is not able to wear a surgical/procedure mask?(e.g., hallway, public areas, outpatient unit, non-traditional/ leased environment)	Consider the need to replace Surgical/ procedure mask with N95* respirator

What happens if my Manager disagrees with my assessment?

If you have determined that you need the PPE, including a N95 mask, ONA suggests you continue have a conversation with your supervisor.

What is the dispute resolution process?

The supervisor and employee should review whether there are additional health and safety measures that should be implemented. This discussion should not just be limited to access to a N95 respirator, are there other options that might work. If there are other options, then the employer and employee should implement these first. If after this assessment the nurse determines, based on their professional and clinical judgement, that a N95 respirator is the appropriate health and safety measure, then the employer must not unreasonably deny access to this PPE.

You can also call your Bargaining Unit President at any time.

As a last resort, you can exercise your rights under the *Occupational Health and Safety Act*.

Under the *Occupational Health and Safety Act (OHSA)*, you have the right to refuse unsafe work; however, as a nurse or registered health professional that right is more limited than that of industrial and community health workers.

Our advice is that if you believe your work or task will endanger your health and safety and you exercise your individual right to refuse unsafe work, you must report the issue to your supervisor. You must then stop doing the work or task for it to be a legitimate work refusal thus triggering the actions required by your supervisor or your employer and others.

By law, the employer must investigate the refusal at this stage in the presence of you and a Joint Health and Safety Committee (JHSC) worker member or someone selected by your Union. If the employer orders you to continue to work, remind them of their obligation to investigate and to follow the process set out for the employer under the OHSA then immediately call your ONA JHSC worker rep and your Bargaining Unit President.

If the issue cannot be resolved after the investigation and you continue to have reasonable grounds to refuse the unsafe work, the Ministry of Labour must be called. If you are considering

a work refusal, please talk to your ONA Bargaining Unit President to learn more about this process and to protect your regulatory college standards.

What are the possible “safety control measures” to mitigate the transmission of infection?

Safety control measure could include:

- Ensuring that all suspected, presumed and positive patients are localized in the same units (ICU and or COVID patient care units) and ensuring that the same cohort of staff are providing the care. This would ensure that those health care providers have access to the higher level of PPE and staff on other units would not need those valuable resources.
- Controlling movement of patients around the hospital e.g. patients do not leave their unit to go outside to smoke or go to Tim Hortons for a coffee.
- Plexi-glass screens in screening areas.
- Employers also need to look at other solutions to protect workers, etc.

I have not been mask fit tested for some time, is the employer required to do that now regardless of the area I work in?

Yes, the employer must ensure that all care providers are mask fit tested (within the last 2 years and after significant weight loss or weight gain).

In addition, employers must ensure that all health care providers receive training in donning, doffing and disposal of PPE.

Employers must also ensure that they have a comprehensive pandemic plan in place including freeing up hospital beds for a potential surge in the number of cases.

How do we know that employers will have a sufficient supply of PPE?

The Government is requiring all hospital CEOs to report their inventory of PPE to the Procurement Branch of the Ministry of Health. This will help to ensure that there is an adequate supply for those that need it. We have been advised that hospitals that need PPE will have access; all they have to do is place the orders through the Procurement Branch. We have been advised that a greater numbers of supplies will be flowing over the coming weeks.

This does not mean there is an endless supply, thus the focus on conservation where it is possible. This means wearing the same mask for as long as possible unless it is wet or soiled. This may also prevent contact exposure while removing the mask.