

August 26, 2009

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Public Health Agency of Canada  
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Dear Ms. Paton,

I am writing on behalf of the 340,000-member National Union of Public and General Employees (NUPGE) to express our concern about Annex F of the Canadian Pandemic Influenza Plan which provides infection prevention and control (IPC) and occupational health and hygiene (OHH) guidance for the planning and management of pandemic influenza in health care settings.

In our view Annex F does not go far enough to protect health care workers in the event of a pandemic influenza outbreak such as the H1N1 virus. More specifically we are concerned that Annex F does not adopt the precautionary principle and does not recommend that, as a minimum standard, all health care workers having direct patient contact with either suspected or confirmed cases of a pandemic influenza virus be provided with a fit-tested NIOSH approved N95 respirator.

Our membership consists of over 100,000 health care workers across Canada, including over 70,000 health science professionals who deliver the diagnostic, clinical, rehabilitation and preventive services that are essential to timely and quality care. Some of the highly trained professionals we represent include respiratory therapists, medical laboratory technologists, physiotherapists, social workers, pharmacists, medical radiation technologists, occupational therapists, dietitians and psychologists. These professionals work in various health care settings including hospitals, long-term care facilities, mental health services, laboratories, home care, and public health agencies.

These frontline professionals are intimately involved in our health care system, working with patients on a daily basis. Many of them have faced a number of serious health emergencies over the years including the 2003 SARS crisis. Based on the expertise and unique experiences of these professionals we believe we can provide valuable input to the development of Annex F guidelines and PHAC's comprehensive plan for pandemic influenza in Canada.

We believe there is ample current available scientific evidence suggesting that an influenza virus like H1N1 is capable of being spread through airborne transmission. However, we understand that PHAC's position is that there is not yet a scientific consensus on this issue. We argue, however, that in light of any scientific uncertainty, and given that any consensus is likely to emerge later rather than sooner, that our governments and health care employers have a legal, moral and ethical responsibility to put safety first and provide all potentially exposed health care workers with the highest quality and safest personal protective equipment that is available. .../2

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The SARS Commission, led by the late Justice Archie Campbell, urged all governments and employers to learn the lessons of SARS when facing future infectious disease outbreaks. We believe that the most important lesson of SARS as outlined by Justice Campbell was the importance of the precautionary principle which compels governments and employers to take actions that reduce risk without awaiting scientific certainty. In Justice Campbell's own words: "... safety must come first, and reasonable efforts to reduce risk should not await scientific proof."

Justice Campbell emphatically urged everyone to apply the precautionary principle in planning for an influenza pandemic or other public health crisis. We are very disappointed and concerned that PHAC has resisted in applying Justice Campbell's advice. This is most obvious in the sections of Annex F that deal with the provision and use of N95 respirators.

Our members need the appropriate equipment to help the patients who rely on their care, to ensure their own personal safety, and to support their families who depend on their safe return from work. There is clear evidence that a fit-tested NIOSH approved N95 respirator provides the highest level of protection for health care workers. Yet Annex F only recommends the use of N95 respirators in the most extreme and riskiest situations and instead recommends the provision and use of basic surgical masks in the vast majority of situations.

This is unacceptable to us. We agree with Justice Campbell's conclusion that if any risk exists at all then governments and employers must put safety first. We note that most jurisdictions have laws requiring employers to take every reasonable precaution to protect the health and safety of workers and our health care members rightly expect their employers to do so. We also note that the US Centres for Disease Control and Prevention (CDC) currently recommends that all health care workers who enter the room of a patient with suspected or confirmed H1N1 flu should wear an N95 respirator.

Some health care employers and public health officials have said that health and safety guidelines and precautions around H1N1 should be similar to those taken for seasonal flu. This approach sets the bar way too low and concerns us for two reasons. First, it assumes that current measures for protection of health care workers from contracting seasonal flu from patients are adequate. In the experience of most of our members this is just not the case. Second, it assumes that any further incremental incidence of health care worker flu contracted from H1N1 patients while following seasonal flu is also acceptable. If the population incidence for seasonal influenza is 15%, and H1N1 adds an additional population burden of 15%, then that means health care workers may incur a 30% incidence rate as their share of the "population burden", plus whatever additional incidence they experience from patient exposure.

Recommending anything less than the precautionary principle and N95 respirators has at its heart accepted a certain number of infected health care workers as acceptable collateral damage. It increases the probability of having more sick health care workers than usual in the midst of a pandemic and that is bad public policy. The approach instead should be to provide the highest level of protection in order to keep the numbers of sick health care workers as low as possible.

We recognize that N95 respirators cost significantly more than basic surgical masks. But this should not be an issue. Our governments and employers do not balk at the costs of providing police officers with bullet proof vests or our firefighters with fireproof suits – nor should they. The same attitude should be applied to N95 respirators and the serious and potentially deadly threat posed by a pandemic influenza virus like H1N1.


A potentially more severe and wide-spread second wave of the H1N1 pandemic influenza virus is a serious possibility this fall. In light of scientific uncertainty about modes of transmission, and the informed counsel of Justice Campbell, the PHAC and all governments and health care employers should not expect front-line health professionals to battle H1N1 with anything less than the best personal protective equipment.

In summary, our two proposals to amend Annex F are:

- 1) The clear adoption of the precautionary principle for the planning and management of a pandemic influenza in health care settings. Maximum risk reduction efforts must precede scientific certainty.
- 2) All health care workers having direct patient contact with either suspected or confirmed cases of a pandemic influenza virus be provided with a fit-tested NIOSH approved N95 respirator.

We agree that patient care is the primary goal in health care, especially during a public health crisis, and that the continued provision of timely and high-quality care must be a top priority. At the same time it is equally important that health care workers be protected. I am confident that by working together, we will be able to achieve both goals of ensuring high quality patient care and health care worker protection. Please do not hesitate to contact me if you have any questions or if you would like to discuss the proposals in this letter further.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'J' and 'C' followed by a horizontal line that ends in a vertical stroke.

James Clancy  
National President

c.c. NUPGE National Executive Board