



HEALTH HAZARD ALERT

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

Volume 1

Number 7, May 6, 2003

This Health Hazard Alert for OPSEU members is provided to supplement information from Public Health, Ministry of Health, and Health Canada, and explains your rights under the Occupational Health and Safety Act and the Workplace Safety and Insurance Act.

How many cases of SARS are there in Ontario now?

As of May 5, the Ministry of Health reported 31 active probable cases, compared with 44 on April 26. Sixteen active suspect cases remain hospitalized. Twenty-three people in the province have died of SARS. A total of 178 probable and suspect cases have been discharged from hospital. In the rest of Canada, there are 56 suspected cases and four probable cases. For complete reports on cases, go to the Health Canada or Ministry of Health links at the end of this document.

“SARS numbers show province’s containment measures are working,” says Dr. D’Cunha

The SARS situation, while not eliminated, has begun to wind down in Toronto. Dr. Colin D’Cunha, Chief Medical Officer of Health, notes that “the number of active cases continues to drop each day, there are fewer and fewer people in quarantine and the vast majority of people are getting better and returning to their normal lives.” Since April 23, the number of hospitalized cases has dropped from 104 to 47.

Currently, no facilities are listed as Level 2 or 3. Level 2 facilities are hospitals where there has been unprotected SARS exposure within the last 10 days but without transmission to staff or patients. Level 3 facilities are those with unprotected SARS exposure and transmission to health care workers and/or patients. Many SARS clinics are reducing their hours due to the reduction of SARS activity in Ontario. Regardless of the favourable trends, health care professionals must maintain their vigilance and adhere scrupulously to infection control protocols as set out in POC directives.

On April 30, the WHO lifted the April 23 Travel Advisory put in place for Toronto, when it was recognized that 20 days had elapsed since the last case of community transmission. However, Toronto is still listed as an affected area for SARS. Health Canada maintains that the risk of acquiring SARS from visiting Toronto remains low.

What is the latest information on how long the SARS coronavirus can survive outside the body?

On May 5 the World Health Organization reported that the SARS virus is stable in feces and urine at room temperature for 1-2 days and stable in diarrhoea for up to four days. The link to human waste reinforces the importance of cleaning all surfaces in hospitals that may have been contaminated with human waste. One study found the SARS virus can also live on chilled surfaces like those in a refrigerator for as long as four days.

Dr. Klaus Stohr, SARS chief scientist, said that Hong Kong University scientists confirmed that common disinfectants can kill the virus in five minutes. Toronto microbiologist Dr. Donald Low states that cleaning procedures at Toronto's hospitals are sufficient to ward off the virus, although he admits that the virus is hardier than previously anticipated.

New SARS Directives for the Healthcare sector: Acute Care Hospitals – May 1, 2003

In the new directive, a person who fails the "Screening Tool" on the basis of its Section A cannot enter the hospital, and is directed to contact Public Health for quarantine. This clarifies the previous April 14 2003 Directive.

Acute Care Hospitals for High-Risk Procedures in Critical Care areas during a SARS outbreak -- May 1, 2003.

Specific directions for oxygen delivery, bronchoscopy, intubation and mechanical ventilation are given. The Directive sets out a number of principles that must be adhered to when considering the performance of high-risk procedures.

Communication regarding Mother's Day May 11, 2003

Flexibility to accommodate gatherings for Mother's Day will be provided in all healthcare facilities as long as all visitors are screened and listed. Facilities may review the number of visitors for each resident to ensure the safety of patients and staff. Infection control principles must be followed when serving refreshments at gatherings.

Communication regarding mask fit testing services

One of the key pieces of personal protective equipment (PPE) is the N95 or equivalent mask. Proper fit testing of masks is critical to their performance as a barrier. An improperly fitting mask provides a false sense of security and is not effective in preventing the transmission of SARS. Some companies that provide mask fit testing services include: 3M Canada at 905-602-3769, Hot Zone at 1-888-898-8966, Levitt Safety at 1-800-668-6153, MSA Canada at 905-602-0338 ext. 5107 and North Safety Products at 416-675-2810.

How are health and safety issues being addressed in the Healthcare sector?

The Provincial Operations Centre (POC) continues to release Directives to all areas of the healthcare sector on infection control, screening and measures to protect the health and safety of workers in the sector. Links to the most recent Directives are at the end of this document.

As new Directives are released, they often contradict previous directives, or even have contradictions within them. In addition, some of the directions in the documents are vague, while in certain areas they are silent.

OPSEU continues to advise that JHSCs within the healthcare sector have frequent meetings as new directives are released to discuss and analyse them and to determine how to apply them to best protect the health and safety of workers. Committees must also consider if the Directives are protective enough for the risks in their facility.

Are there any other measures that can be taken to protect workers' health and safety in the healthcare sector?

The April 24 2003 Directive from the Provincial Operations Centre raises the issue of worker fatigue caused by compliance with infection control precautions. The Directive instructs hospitals to give consideration to shorter shifts, limitations on overtime, longer breaks and off-unit breaks. All workers who are required to wear personal protective equipment, particularly respirators, for extended periods find the experience exhausting. Respirators such as the N95 make breathing difficult and may lead some workers to experience headaches and fatigue. As well as the fatigue from the masks, workers must be constantly attentive to infection control procedures and deal with the emotional toll of working in areas with an unknown highly infectious disease.

OPSEU highly recommends that JHSCs and Local Executives take advantage of the advice from the POC in its April 24 Directive. They should meet with the employer and request that measures be taken to reduce the stress on workers who are facing these physical and emotional demands. At the very least insist that all workers take their appropriate breaks and be allowed to leave the unit for them.

It is also critical that all workers in the sector understand how and why to use their PPE and all of the infection control procedures. It is not clear whether employers have spent enough time ensuring all workers in the sector fully understand how to protect themselves and others. It is the employer's duty to take all reasonable precautions to protect workers' health and safety. It is the role of the JHSC to make recommendations to the employer if this duty is not being fulfilled.

For more information, contact OPSEU's Health and Safety Unit: 1-800-268-7376, 416-443-8888, ext. 772. Check the OPSEU website at www.opseu.org for future updates.

Directives from SARS Provincial Operations Centre

[NEW! Directives to All Ontario Acute Care Hospitals Regarding Infection Control Measures](#) – April 24, 2003

[NEW! Directives to All Ontario Acute Care Hospitals](#) – May 1, 2003

[NEW! Directives to All Ontario Acute Care Hospitals for High-Risk Procedures in Critical Care Areas During a SARS Outbreak](#) – May 1, 2003

[Healthcare Facility SARS Categories](#) – April 14, 2003

[Description of Activity for Acute Care Facilities by SARS Category](#)- April 14, 2003

[Emergency Department Barrier Precautions](#)

[Important Information for Health Care Professionals Regarding the Diagnosis of SARS](#) April 13, 2003

[Directives to All Ontario Non-Acute Care Facilities](#) – April 18, 2003

[Directives to All Ontario Community Care Access Centres Concerning the Provision of Services to Non-SARS Clients](#) – April 17, 2003

[Directives to All Ontario Community Care Access Centres Management of Clients Recovering from SARS and Receiving In-Home Service](#)

[NEW! Directives to All Ontario Health Care Providers in Community Settings and Community Health Care Agencies](#) – April 23, 2003

[NEW! SARS POC Questions and Answers](#), April 30, 2003

Useful Links:

Health Canada for updates and Guidelines: www.hc-sc.gc.ca/pphb-dgsp/sars-sras

Toronto Public Health updates: www.toronto.ca/health

Centres for Disease Control: www.cdc.gov/ncidod/sars/

World Health Organization for daily updates and guidelines: www.who.int/csr/sars/

Ministry of Health: www.health.gov.on.ca