



HEALTH HAZARD ALERT

SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

Volume 2

Number 1, June 19, 2003

This Health Hazard Alert for OPSEU members is provided to supplement information from Public Health, Ministry of Health (MOH), 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?

The Ministry of Health reported on June 17, 2003 that there are currently 37 active probable cases and 5 suspect SARS cases in Ontario. The active cases have dropped by 30 since June 4. To date, transmission has been limited to specific transmission settings such as households, hospitals, and specific community settings. A total of 34 people have died of SARS since it first arrived in Canada.

New Directives DOWNGRADE SARS precautions in the GTA

On June 16, 2003, a new Directive to All Acute Care Facilities in the Greater Toronto Area (Toronto, York and Durham regions) reduced the SARS precautions in patient areas to require SARS PPE (N95 mask or equivalent, gown, gloves, and protective eyewear) for health care providers only in emergency departments (including the emergency department screeners), and in critical care areas (intensive care units, SARS units, coronary care units and operating rooms). The GTA directive replaces the May 31 directive to Acute Care Facilities in the Greater Toronto Area (Toronto, York and Durham Regions) that had required workers to wear SARS PPE for **all** patient contact.

A few days earlier, a June 13, 2003 Directive to all Health Care Facilities in Central and Eastern Ontario, (Haliburton, Kawartha Lakes, Peterborough, Northumberland, Hastings, Lennox and Addington, Renfrew, North Frontenac, Central Frontenac, South Frontenac, and Prince Edward) directed all health care facilities to use SARS precautions in all patient care areas. Inconsistent? You bet! But instead of **increasing** the precautions in Toronto to match the requirements in Eastern Ontario, the eastern directive was subsequently **downgraded** to match Toronto's.

Consider that the SARS exposure that kicked off the most recent outbreak in Toronto was an undiagnosed SARS patient in a non-critical care area of North York General Hospital. It just doesn't make sense to downgrade SARS precautions in non-critical areas of the facility while keeping SARS precautions in critical areas. For SARS category 2 and 3 facilities, however, the directive says the precautions and restrictions may be applied to affected areas only, OR the entire facility in consultation with the local Medical Officer of Health and with concurrence of the SARS Operations Centre. OPSEU urges all the Joint Health and Safety Committees in these facilities to utilize this provision to enforce full SARS precautions in all areas of the facility.

SARS precautions downgrade a bi-product of work refusal?

There's been a scramble on proper fit testing lately—a result of a June 7, 2003 work refusal by an employee who hadn't received fit testing but was being directed to work in a SARS area. The Ministry of Labour (MOL) Inspector found the work likely to endanger because SARS was present at the workplace, and ordered the employer to ensure that the measures and procedures described by the Regulation for Health Care and Residential Facilities are carried out as per Section 25 (1) c of the Occupational Health and Safety Act. The MOL determined that the worker should receive properly fitting equipment and training in accordance with the Ministry of Health Directives. Until that worker was properly fitted, he/she was not required to work at a workplace that required respirator protection. Although the MOL's orders substantiate the worker's concerns, many wonder where the Ministry has been through the crisis up to now.

In a June 12, 2003 press release, OPSEU President Leah Casselman warned that unless hospitals and the Ministry of Labour work harder to ensure a consistent and rapid adherence to health and safety standards across the affected regions, more work refusals could follow.

Now that the fit testing that should have occurred in all health care settings all along has finally started, the directives have decreased the requirements of SARS precautions only to certain areas of the hospitals. If you are working in an area where you may be required to wear an N95 mask, and you have not been fit tested and trained on how to wear the equipment safely, immediately complain to your supervisor. If you are not satisfied with the response, contact your OPSEU rep on your Joint Health and Safety Committee. Make a complaint to the Ministry of Labour and request their assistance. You have the right to refuse work you believe will endanger you. OPSEU also advises that all JHSCs discuss this issue and request that fit-testing continue for all staff in any facility who would be required to don the equipment in a future outbreak.

What does “training and fit-testing” mean?

Recent Canadian Centre for Disease (CDC) infection control guidance documents provide recommendations that health care workers protect themselves from diseases potentially spread through the air (such as SARS or tuberculosis) by wearing a fit-tested respirator at least as protective as a NIOSH-approved N-95 respirator. An N95 respirator is one of nine types of disposable particulate respirators. Particulate respirators are also known as 'air-purifying respirators' because they protect by filtering particles out of the air you breathe. Workers can wear any one of the particulate respirators for protection against diseases spread through the air—if they are NIOSH approved and if they have been properly fit tested and maintained. NIOSH-approved disposable respirators are marked with the manufacturer's name, the part number (P/N), the protection provided by the filter (e.g. N-95), and 'NIOSH'.

Employers must ensure that workers required to wear personal protective equipment are trained on proper use, and fit-tested if necessary. The employer must also keep records of all fit-testing. The Canadian Standards Association's (CSA) "*Selection and Use, and Care of Respirators*" mandates standards regarding respiratory equipment.

Fit testing measures qualitative and quantitative aspects of equipment to ensure the user can achieve an acceptable seal with a specific tight-fitting respirator.

- Qualitative Fit Test

A qualitative fit test (QLFT) is a pass/fail test method that relies on the subject's sensory response to detect a challenge agent in order to assess the adequacy of a fit. The equipment should provide maximum comfort and a proper seal. This is the kind of fit-testing currently being required by the Provincial Directives.

- Quantitative Fit Test

A quantitative fit test (QNFT) uses an instrument to assess the amount of leakage into the respirator in order to assess the adequacy of a fit.

NEW ! Directives to All Ontario Acute Care Hospitals for High-risk Procedures (03-11) – June 16, 2003

This directive replaces the May 1 and May 13, 2003 versions, and stresses the viral hazards of high risk procedures with the potential to generate droplet transmission, including intubation, tube or needle thoracostomy, tracheostomy, and open thoracotomy. Such procedures should be avoided whenever possible, but if they must be performed, they should conform to the strict procedures outlined in the Directive. New in this Directive is the 'Protected Code Blue (PCB) Team', an in-hospital team made up of four individuals, at least one of whom is highly skilled in intubation and resuscitation measures. The team must be available in hospital 24/7 during times of "serious regional outbreaks such as SARS", or if a patient is admitted with a known high risk communicable respiratory disease.

The directive mandates that full face shields are used in addition to N95 mask or equivalent, gown gloves, and eye protection when intubating non-SARS patients.

In SARS units, ICU and other high risk areas, at least four (4) Personal Protection Systems (PPS) must be on hand and used when performing high risk procedures, such as intubation which generate droplet transmission. PPS apparatus consists of full head, face and neck protection with or without enclosed body protection. The Directive includes guidance on choosing the type of personal protective system, often a 'Positive Airway Pressure Respirator' (PAPR).

NEW ! Directive to All Ontario Rehabilitation, Complex Continuing Care and Specialty Hospitals (R03-01) – June 16, 2003

For these facilities, this directive replaces the Directives to All Ontario Non-Acute Care Facilities, dated May 13, 2003, and the Directive to the GTA/Simcoe County Rehabilitation and Chronic Hospitals of March 29, 2003. The directive incorporates precautions to be invoked routinely (Routine Practices Enhanced) and outlines measures to be taken during an outbreak. Such facilities should also comply with existing and updated recommendations for infection control—like Health Canada's "Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care".

NEW ! Directive to All Ontario Non-Acute Care Facilities (L03-04R) – June 16, 2003

All other non-acute care facilities than the ones listed in the above directive should refer to this directive, which also incorporates precautions to be invoked routinely (Routine Practices Enhanced) and outlines measures to be taken during an outbreak. Such facilities should also comply with existing and updated recommendations for infection control—like Health Canada's "Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care".

NEW ! Directive to All Ontario Health Care Providers in Community Settings and Community Health Care Agencies (Excluding Community Care Access Centres) (HCP 03-01) – June 16, 2003

This directive replaces the May 13, 2003 directive. As with the previous directive, it outlines enhanced routine procedures and procedures during a SARS outbreak. However, the directive now requires health care providers to wear eye protection in all instances where they are required to

wear N95 masks. In the previous Community Health Care directive, eye protection was optional when wearing the N95 mask. This directive also updates a number of its attached appendices to reflect the SARS case definitions that were changed at the end of May to match those of the World Health Organization (WHO). No other substantive changes were made to this directive.

For other updated or new documents, please see the links below.

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.

Current Directives from SARS Provincial Operations Centre

[NEW ! Directive to Acute Care Facilities in the Greater Toronto Area \(Toronto, York, and Durham Regions\) *\(Peel, Halton, and Simcoe County are excluded at this time\) \(03-10\) — June 16, 2003](#)

[NEW ! Directive to all Health Care Facilities in Central and Eastern Ontario \(03-HCF01R\) — June 16, 2003](#)

[NEW ! Directives to All Ontario Acute Care Hospitals for High-risk Procedures \(03-11\) – June 16, 2003.](#)

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

[Directives to All Ontario Acute Care Facilities – May 13, 2003](#)

[NEW ! Directive to All Ontario Non-Acute Care Facilities – June 16, 2003.](#)

[NEW ! Directive to All Ontario Rehabilitation, Complex Continuing Care and Specialty Hospitals \(R03-01\) – June 16, 2003](#)

[NEW ! Directive to Ontario Health Care Providers in Community Settings and Community Health Care Agencies \(excluding Community Care Access Centres\) – June 16, 2003](#)

[NEW ! Directive to All Community Care Access Centres – June 17, 2003](#)

[NEW ! Directive for Paediatric Facilities in the Greater Toronto Area \(Toronto, York and Durham Regions\) \(P03-01\) — June 17, 2003](#)

[NEW ! Case Definitions Health Canada and Ontario – June 16, 2003](#)

[NEW ! Process for Changing Facility Categories — June 16, 2003](#)

[NEW ! Procedure and Checklists for Upgrading a SARS Category 3 Facility — June 16, 2003](#)

[NEW ! Screening Tool — June 16, 2003](#)

NEW ! Directive to All Ontario Healthcare Facilities and Health Care Providers Regarding Quarantine — June 17, 2003

Interim Healthcare Alliance – Infectious Disease Control and Management Plan – May 30, 2003

NEW ! SARS Bulletin for Healthcare Providers – June 16, 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

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