



A HEALTHCARE WORKER'S GUIDE TO PANDEMIC INFLUENZA

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Ontario Public Service Employees Union

This guide is available in printed form and is available electronically from the OPSEU web site: www.opseu.org.

This document will be revised from time to time, as knowledge evolves and the Ontario Health Plan for an Influenza Pandemic (OHPIP) changes. The most recent version will be the web site version.

A Healthcare Worker's Guide to Pandemic Influenza



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Dedication

This guide is dedicated to all those healthcare workers who endured and met the challenges of SARS despite inadequate health and safety systems and protections in Ontario's healthcare workplaces. Thousands of workers risked their health and their lives in workplaces where employers often failed to protect them.

This guide is also dedicated to the late Mr. Justice Archie Campbell of the Ontario Superior Court of Justice, chair of the SARS Commission. His work and insightful recommendations, if implemented, will do much to address the shortcomings of health and safety systems in Ontario's healthcare workplaces. His work must not be allowed to gather dust at the Ministry of Health and Long Term Care, the Ministry of Labour and on the employers' bookshelves.

Finally, this guide is dedicated to those healthcare workers who will meet the challenges of the next infectious disease emergency, whether it is an influenza pandemic or some other new contagious illness.

PANDEMIC INFLUENZA: THE BASICS

Introduction

Why is this guide needed?

What is Pandemic influenza?

What are the symptoms of influenza?

Why do I need to need concerned about pandemic influenza?

How is influenza spread?

What is avian influenza (Bird Flu)?

How long will an influenza pandemic last?

What can be done to stop pandemic influenza?

Will a vaccine be available?

Can medicines prevent or treat pandemic influenza?

How many people are likely to get influenza during a pandemic?

PANDEMIC INFLUENZA: THE BASICS

Introduction

This guide is not intended to be a comprehensive authority on every health and safety measure for pandemic influenza, but as a tool to assist local unions, workers, and members on Joint Health and Safety Committees and Health and Safety Representatives, who are involved in pandemic influenza planning in their healthcare sector workplaces.

This guide is intended in part to assist you to navigate the Ministry of Health and Long Term Care (MOHLTC) pandemic plan – the Ontario Health Plan for Influenza Pandemic (OHP/IP). We hope that this guide and its references will give you enough information to work more confidently and effectively on pandemic influenza planning in your own workplaces.

Exposure to infectious diseases such as influenza is an occupational hazard in most healthcare workplaces. Workers at risk of exposure to infectious diseases have the same rights and responsibilities under the *Occupational Health and Safety Act* (OHSA) as workers exposed to any other workplace hazard. Under OHSA, healthcare workers have the right to know about the hazards they face. They have the right to participate in activities related to their own safety. And they have the right to refuse unsafe work.

Under OHSA, employers have the responsibility to take all precautions reasonable in the circumstances for the protection of workers. It is not necessary to prove with our bodies that we have been harmed or that we are certain to be harmed before action is taken to prevent harm. This is the essence of the “Precautionary Principle,” a principle and an approach that was absent during the SARS crisis in 2003.

OPSEU has an excellent guide to the *Occupational Health and Safety Act* available in printed and electronic form – A Worker’s Guide to the Occupational Health and Safety Act – which makes a useful companion document to this guide. It will provide helpful information and explanations about how to effectively use OHSA and its regulations to improve health and safety conditions in your workplace as you work on pandemic flu planning and other

issues. It is available by contacting the Health and Safety Unit at head office and is also viewable online: <http://www.opseu.org/hands/Bill2082003.pdf>.

Why is this guide needed?

OPSEU healthcare sector members have repeatedly asked OPSEU for guidance about pandemic influenza and pandemic influenza planning. Because of the serious shortcomings of the Ontario Health Plan for an Influenza Pandemic (OHPIP 2007) which is the key provincial document for pandemic planning in the healthcare sector, the union has prepared this guide, which we hope will assist you. This OPSEU guide also provides a list of useful resources in the final chapter.

Following are some of the weaknesses or shortcomings OPSEU has identified in the OHPIP document:

- The OHPIP, at 463 pages in length, remains dense and difficult to read. It is extremely difficult to find what one is looking for, a point repeatedly made by OPSEU to the government planners. Some of text is so small that it is difficult to read. In places, the plan refers to material that is no longer readily available. Some of the referenced material requires payment of a fee to access.
- Although the latest version of OHPIP (2007) contains a new helpful chapter which focuses on worker health and safety and infection control information, it remains an overwhelming task for many to go to the MOHLTC website, find the massive OHPIP and then to search out necessary information from Chapter 7, *“Occupational Health and Safety Measures and Infection Prevention and Control in Health Care Settings.”*
- The introduction to Chapter 7 recognizes the importance of the “Precautionary Principle” but there are references to material later in the chapter that contradict the precautionary approach.
- There are numerous internal inconsistencies within the 2007 plan. There are still places where the use of surgical masks is advised in circumstances where N95 respirators are required.
- The provincial plan frequently omits to draw attention to the rights of workers under OHSA to participate in safety activi-

ties. Healthcare regulations under OHSA require that measures and procedures for the health and safety of workers are to be developed in consultation with Joint Health and Safety Committees (JHSC) and Health and Safety (H&S) Representatives. The employers' safety education and training programs must also be developed in consultation with JHSCs and H&S Representatives.

- Sector specific chapters of the plan contain almost no health and safety information; some sector specific chapters contain none. Most chapters merely reference Chapter 7 as an afterthought to worker safety.

Justice Campbell said in the final SARS Commission report that health and safety should, “*run like a steel thread*” throughout workplaces and their policies, procedures and measures. The OHPIP has not achieved that goal. In spite of these problems, OPSEU recommends all healthcare workers familiarize themselves with those sections of the plan relevant to their workplace, and in particular *Chapter 7: Occupational Health & Safety and Infection Control*. Bring forward any concerns that you may have with the application of the plan in your workplace. The time to implement changes is now, not in the middle of a crisis. Let us not repeat the tragic lessons of SARS.

What is pandemic influenza?

A pandemic is a rapid worldwide spread of a disease. A pandemic flu will occur when:

- There is a new influenza virus that can cause serious illness and death;
- People have little or no natural immunity to it; and
- The virus is capable of spreading easily from person to person.

What are the symptoms of influenza?

It usually starts suddenly. Common symptoms include:

- Fever
- Cough
- Headache

- Muscle pain
- Sore throat
- Runny nose
- Body aches

Sometimes older adults (over 65) and children under five do not get a fever with the flu. Sometimes children have nausea, vomiting, or diarrhea when sick with the flu.

Why do I need to be concerned about pandemic influenza?

Pandemic influenza will be a new strain of influenza. As such, there will be little or no pre-existing immunity in the population. Consequently, we expect that large numbers of people will be ill at the same time.

Our health system is now operating at full capacity. Millions of people will require care as 25 to 40 per cent of the population could get sick. The plan anticipates that 140 per cent of intensive care beds will be needed for influenza patients. Unfortunately 95 per cent of these are already occupied. Our health system has little surge capacity. Demand for healthcare services will be rising at the same time that the supply of healthcare workers will be falling.

Modern society is highly efficient but it is also highly fragile. Goods and services from around the world arrive “just in time” to where they are needed. This makes society more vulnerable to disruption if many people become sick at the same time. Many goods (ie. medical supplies) are manufactured and distributed just before they are needed. Once again there is little surge capacity in these complex systems.

Normal life will be disrupted if travel bans, school closures and public meeting cancellations are imposed to reduce the spread of the virus.

Healthcare workers will be affected by all of these societal issues, **just** as they will be experiencing a massive increase in workload. Healthcare workers may also experience new demands as their services are pressed into the areas of greatest need. This is the environment in which healthcare workers will be trying to protect themselves at work.

A pandemic may cause social and economic disaster for workers, citizens and communities. There is an obvious need for preparedness, through planning, to mitigate the potential consequences of a pandemic.

How is influenza spread?

Influenza may be transmitted when a person is exposed to droplets released when a person coughs or sneezes, through contact when a person touches a contaminated object such as a door handle and then touches their own mouth or nose, or when a person inhales microscopic particles which contain influenza virus. Certain medical procedures such as intubation and bronchoscopy are known to create aerosolized particles which can be inhaled deep into the lungs.

In recent years, there has been a great deal of debate and scientific inquiry to determine which of these routes of transmission is most likely to spread influenza. To date, scientists have been unable to establish with certainty which of the three routes is most important. Consequently, workers and employers are advised to practice precautions which will protect against all three potential routes of transmission – contact, droplet and airborne transmission.

What is Avian Influenza (Bird Flu)?

Avian influenza periodically circulates in flocks of wild birds and domestic poultry. Recently, an extremely serious type of avian influenza has been infecting domestic poultry flocks mostly in Asia. In the past few years, there have been a number of cases where this strain of avian influenza has been transmitted from birds to humans. However, transmission to humans remains extremely rare. Most cases have been associated with direct contact by humans with sick birds or their droppings. The disease is very serious and about 60 per cent of the reported human cases have died.

Avian influenza is not pandemic influenza but scientists are concerned that this particular type of virus might mutate (change) and develop the ability to spread easily from human to human. If the virus develops the ability to spread between humans and retains its ability to cause serious illness and death, the result will be an influenza pandemic.

How long will an influenza pandemic last?

It is expected that pandemic influenza will come in two or more waves, either in the same year or in successive years. It is expected that the second wave will occur within three to nine months of the first and that each wave will last about eight weeks in any geographical area.

What can be done to stop pandemic influenza?

Experience with previous influenza pandemics tells us that it will be impossible to stop a new pandemic. Previous attempts to isolate towns, islands or people have been unsuccessful. However, it may be possible to implement measures to slow its spread. Pandemic flu planners hope that if the spread of the illness can be slowed somewhat, there will be time between waves of illness to develop an effective vaccine.

Will a vaccine be available?

Once pandemic influenza virus has been identified, work will begin to create a vaccine. This is predicted to take at least four months and probably longer. Even when a vaccine becomes available, supplies will be limited. This is why basic measures to prevent infection are so important.

Priority to receive vaccine probably will be given to those most at risk for serious complications and to those providing essential services such as health-care workers.

Can medicines prevent or treat influenza?

Are they effective?

There are several antiviral drugs available to treat seasonal influenza. Two that are considered most effective are Tamiflu and Releзна. It is not possible to be sure how effective they will be to treat pandemic influenza, but it is anticipated that a pandemic strain will behave much like seasonal influenza and consequently, scientists and planners predict that existing antiviral drugs will be effective.

To be most effective, it has been found that antiviral drugs must be taken as early as possible after the onset of symptoms (within 48 hours). The drugs can reduce symptoms, shorten the duration of illness and reduce the risk of serious complications. Ontario has enough antiviral drugs stockpiled to treat 25 per cent of the population.

Antiviral drugs may also be used to prevent illness. Some healthcare facilities are stockpiling antivirals for this purpose. A provincial policy on using antivirals in this way has not yet been developed.

How many people are likely to get influenza during a pandemic?

OHP/IP makes certain assumptions about the number of people likely to become ill with influenza. These assumptions are based on previous pandemics and are being used for planning purposes. In the past, illnesses caused by pandemic influenzas have ranged in severity from relatively mild to severe.

- The OHP/IP assumes that 35 per cent of the population will be affected over the duration of the pandemic.
- The calculations below cover the range from a mild to severe pandemic:
 - o 1.8 to 3.5 million Ontarians will require outpatient treatment;
 - o 24,000 to 82,000 Ontarians will be hospitalized;
 - o 7,000 to 27,000 Ontarians will die.

PANDEMIC PLANNING PROCESS

What are the responsibilities of various levels of government?

What is the role of the LHINs?

Where do I fit into the plan?

Where can I read the plan?

I haven't heard anything about pandemic planning. What should I do?

Pandemic Influenza Planning Checklist

PANDEMIC PLANNING PROCESS

What are the responsibilities of the various levels of government?

Because of the constitution and political structure of Canada, pandemic planning is largely a matter of voluntary coordination between the levels of government, from the federal, provincial and territorial governments down to municipal governments and their Chief Medical Officers of Health. The World Health Organization (WHO) also plays a key role in influenza surveillance and coordination around the world.

Following is a brief description of government responsibilities:

World Health Organization

- Responsible for coordinating a global response to an influenza pandemic
- Makes recommendations on how to plan for and manage a pandemic
- Declares the existence of a pandemic.

Government of Canada

- Responsible for coordinating the national response
- Communicates with other international/national organizations
- Coordinates surveillance, investigation, and vaccine-related activities
- Establishing a vaccine manufacturing capacity in Canada
- Acquiring vaccine and antiviral drugs and coordinating their equitable distribution
- Developing and maintaining the Canadian Pandemic Influenza Plan for the Health Sector.

Government of Ontario

- Responsible for coordinating the provincial response to a pandemic
- Implementing national recommendations for surveillance and immunization

- Reporting influenza disease and participating in the national surveillance program
- Investigates outbreaks of influenza like illness (ILI)
- Confirmation of pandemic activity in Ontario
- Bulk purchasing of equipment and medical supplies and stockpiling them
- Distributing vaccines and antiviral drugs
- Provides guidelines and direction to local public health authorities
- Coordinating public education programs
- Developing and maintaining the Ontario Health Plan for an Influenza Pandemic (OHPIP).

Municipal governments and local Public Health Authorities

- Responsible for coordinating the local response to a pandemic
- Local surveillance, investigation and reporting of clusters and outbreaks
- Confirmation of local pandemic activity
- Coordinate with local agencies (emergency services, hospitals, schools, workplaces, etc.)
- Assessing the capacity of local health services and helping to identify additional/alternate resources
- Planning and delivering mass vaccination and antiviral drug programs
- Distribution of vaccines, antiviral drugs and medical supplies
- Each health unit is to have a coordinating plan setting out the steps local healthcare organizations should take to prepare and respond to a pandemic.

For more complete descriptions, see Chapter 2; “Roles, Responsibilities and Frameworks for Decision Making” in OHPIP.

What is the role of the Local Health Integration Networks (LHIN)?

Good question. Unfortunately the role of the LHINs is not yet clear. The LHINs are seldom mentioned in the plan. They are not included in the communication strategy or Daily Information Cycle. The plan focuses on federal and provincial levels of government and the administrative areas of

the Public Health Units. The geographic regions of the Public Health Units are not aligned with those of the LHINs. This unsatisfactory arrangement will blur lines of responsibility during a pandemic response.

One area in where the LHINs may have an adverse effect on worker safety is if/when they begin to play a role in the purchase of supplies related to worker safety such as Personal Protective Equipment (PPE). Workers have a right to be consulted in these matters, but if the purchasing becomes centralized through the LHINs, how will local Joint Health and Safety Committees (JHSCs) or Health and Safety (H&S) Representatives exercise the right to be consulted in these matters?

OPSEU Locals, JHSCs and H&S Representatives should be alert to this issue as the LHINs start to exercise more authority and control within the healthcare system.

Where do I fit in the Plan?

Employers should consult with unions and local JHSCs and H&S Representatives as they develop Emergency Plans which include Pandemic Flu plans. Two parts of every emergency or pandemic plan are critical to all workers:

- Sections of the plan which establish staffing/human resources plans
- Sections which may affect worker health and safety.

Some employers have developed Emergency and Pandemic Plans without consulting with unions and JHSCs. There may be plans to modify what, where and how you work during an emergency such as a pandemic. You may be completely unaware of these changes until the employer tries to implement them.

Ask your supervisor for the details of your agency's Pandemic Influenza Plan. If you have difficulties getting access to a copy or have concerns with what is in the Plan ask your union local to investigate.

Plans change. It is important that you and your union local and JHSC stay informed when they do. It is a good idea to review your workplace plan pe-

riodically. This can be done as part of the JHSC annual review of workplace health and safety policies and measures.

Where can I read the plan?

- Your workplace plan: Request it from your employer
- Your local community plan: This can be obtained from your local Public Health Unit. All local Public Health Units have websites and some have posted their plans on their websites. The Ministry of Health and Long-Term Care (MOHLTC) has a directory of local public units at: http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html
- The Ontario Health Plan for an Influenza Pandemic 2007 (OHPiP): Available online through the Emergency Management Unit of the Ministry of Health and Long-Term Care. It is available by chapter or in its entirety. (These are large files and may take some time to download.) http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html
- Canadian Pandemic Influenza Plan for the Health Sector (CPIP): Available through the Public Health Agency of Canada <http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php>

I have not heard anything about pandemic planning from my employer. What should I do?

All healthcare employers should have a workplace pandemic plan. Ask your supervisor to allow you to review it. Your employer's pandemic plan should have been developed in consultation with your JHSC or your H&S Rep. Ask your representative on the JHSC how you can review the plan. Bring any concerns that you may have about how the plan applies to you to your supervisor and JHSC representative.

Pandemic Influenza Planning Checklist

How ready are you?

The Canadian Health Professionals Secretariat (CHPS), an umbrella group created by the National Union of Public and General Employees (NUPGE) to advocate for the interests of health science professionals across Canada has developed the checklist below for Pandemic Influenza Planning. OPSEU is a member of NUPGE. This checklist can be modified to meet individual workplace needs, or can be used in this form.

Written plan

There is a written pandemic influenza plan for my workplace that has included input from health and safety representatives and union officials. It clearly identifies the person authorized to implement the plan and the organizational structure that will be used. The plan has been distributed to all employees.

- Completed
- In Progress
- Not Started

Multidisciplinary planning committee

The plan includes a multidisciplinary planning committee (including a union representative and a worker health and safety representative) that has been assigned to address pandemic influenza planning and a specific individual has been assigned responsibility for coordinating the plan.

- Completed
- In Progress
- Not Started

Points of contact

Local, provincial and national public health points of contact have been identified for information on pandemic influenza planning resources and someone has been assigned responsibility for monitoring public health advisories and updating the planning committee and coordinator.

- Completed
- In Progress
- Not Started

<p>Information on coordinating</p> <p>The planning coordinator has contacted other local, provincial, national pandemic planning groups to obtain information on coordinating the facility's plan with other plans.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<p>Communication plan</p> <p>An internal and external communication (including inter-facility communication) plan has been developed to ensure delivery of timely and accurate information.</p> <p>A specific individual has been assigned responsibility for communications with public health authorities, staff, unions, health and safety committees and patients.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<p>Surveillance and detection</p> <p>A policy is in place for surveillance and detection of the presence of pandemic influenza in staff and residents.</p> <p>A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system will be used to implement prevention interventions.</p>	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started
<p>Infection control plan</p> <p>An infection control plan has been developed for reducing spread of pandemic influenza at the worksite, including:</p> <ul style="list-style-type: none"> - information promoting hygiene etiquette; - more frequent cleaning on premises; - an admission protocol to evaluate incoming patients for pandemic influenza and the appropriate placement and isolation of patients with pandemic influenza-like illness. - criteria and protocols for closing units or the entire facility to new admissions and for enforcing visitor limitations. 	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started

Labour legislation and standards

The plan clearly states that all labour legislation and standards and Occupational Health and Safety legislation will be fully respected and it allocates the necessary resources to protect employees.

The plan contains detailed health and safety measures and procedures developed with health and safety committees to protect employees.

The health and safety section of the plan includes consideration of the hierarchy of controls – engineering controls, administrative controls, work practices and personal protective equipment.

The plan specifies that all employees be protected using at the minimum a fit-tested NIOSH approved N95 respirator, which is designed to protect against 95 per cent of all airborne particulates.

- Completed
- In Progress
- Not Started

Education and training

The plan includes a policy that all employees will receive education and training so that protective equipment is used properly at all times and other safety measures are implemented consistently and effectively.

A person has been designated with responsibility for coordinating education and training so that all staff understand the health risks present in an emergency situation, basic prevention and control measures for pandemic influenza, and how to self-assess and report symptoms of pandemic influenza before reporting for work.

Easily-accessible information on pandemic influenza and relevant facility policies have been developed and a plan is in place to disseminate these materials to staff and patients.

- Completed
- In Progress
- Not Started

Anti-virals and vaccinations

The plan includes a protocol and system for the use and monitoring of anti-viral drugs and vaccinations for staff. The plan includes provisions for prophylaxis to staff as negotiated in a Collective Agreement or protocol or as recommended by public health departments.

- Completed
 In Progress
 Not Started

Sick leave and family leave

The plan respects the sick leave and family leave policies outlined in the Collective Agreement, and establishes leave policies to address issues unique to a pandemic, and includes a non-punitive policy that addresses the following situations:

- the needs of symptomatic staff;
- the needs of staff at increased risk of complications (e.g. pregnant women);
- the family responsibilities of staff (e.g. they may need to care for family members who become ill or may need to look after their children because of day care and school closures).

The plan is in compliance with reporting requirements under health and safety legislation and workers compensation legislation.

- Completed
 In Progress
 Not Started

Mental health resources

The plan includes the dissemination of materials, which list mental health resources that will be available to provide counselling to staff during a pandemic.

- Completed
 In Progress
 Not Started

Surge capacity

Issues related to surge capacity during a pandemic have been addressed including:

- a contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services and plans for employee absences;
- an individual has been assigned responsibility for conducting a daily assessment of staffing status and needs during a pandemic;
- protocols are in place that deal with issues related to staff who work in multiple facilities;
- a contingency plan has been developed to address likely shortages of beds and supplies including personal protective equipment (PPE)

- Completed
- In Progress
- Not Started

OCCUPATIONAL HEALTH & SAFETY

- Who is responsible for my health and safety during a pandemic?
- What is the role of the employer for pandemic influenza planning?
- Does my supervisor have a role in pandemic influenza planning?
- What is the role of my union local in pandemic influenza planning?
- What is the role of the Joint Health and Safety Committee or the Health and Safety Representative for pandemic influenza planning?
- What is the role of my OPSEU Joint Health and Safety Committee member or OPSEU Health and Safety Representative?
- What should workers be doing about Pandemic Planning?
- What is the Hierarchy of Controls and what does it have to do with pandemic planning?
- What is the Precautionary Principle?
- What is the three-foot (one-metre) rule?
- How will I know whether I am using all the appropriate measures to protect myself from Pandemic Influenza at work?
- How should hazards and risk for pandemic influenza be assessed?
- What kinds of Personal Protective Equipment (PPE) are available to protect workers from pandemic influenza?
- Do I need to wear an N95 respirator?
- What is a respiratory protection program?
- Do I need a medical evaluation to use a respirator?
- My boss says we are an essential service and cannot refuse to work during a pandemic even if it is unsafe. Is that so?
- I'm concerned that I won't be safe during a pandemic. What should I do?

OCCUPATIONAL HEALTH & SAFETY

Who is responsible for my health and safety during a pandemic?

Everybody in the workplace has a role to play. Employers, supervisors and workers all have responsibilities when it comes to health and safety. Remember, infectious diseases are a workplace hazard. The same responsibilities exist to control this hazard as any other. The Occupational Health and Safety Act and its Regulations will still apply during an influenza pandemic.

Employers have the responsibility to take all reasonable precautions for the protection of workers. Supervisors are responsible to ensure that these precautions are taken. Workers are responsible to work in accordance with these precautions.

What is the role of the employer for pandemic influenza planning?

The employer is responsible for developing a workplace Pandemic Influenza Plan, which will contain measures and procedures to protect workers from pandemic influenza. The measures and procedures must meet the standard of “reasonable precautions” as required by OHSA. OPSEU strongly supports the application of the Precautionary Principle as a guide when developing policies, procedures and measures. This approach is reflected in OHPIP. The employer must consult with the JHSC or the H&S Rep as it develops health and safety measures and procedures. Also, the employer has a responsibility to ensure that all affected workers are trained about the plan, the hazards they may face and the measures and procedures they must follow to protect themselves. Under the Regulation for Health Care and Residential Facilities, the employer must consult with the JHSC or H&S Representative as it develops education materials to train workers.

Does my supervisor have a role in pandemic influenza planning?

Your supervisor may assist in pandemic influenza planning and should be able to respond to workers’ concerns about the planning process. Once the plan has been developed, the supervisor has an obligation to ensure that workers are following the safety measures and procedures in the plan and are wearing any necessary personal protective equipment.

What is the role of my union local in pandemic influenza planning?

There is no limit to the creativity of union members. Different activities and strategies will work for different workplaces. Be prepared to work with your local executive in developing and implementing strategies that work for your workplace.

Coordinate local union activities with the JHSC or H&S Representatives. While the JHSC or H&S Representatives have a critical role to play in pandemic planning to ensure that worker health and safety concerns are addressed appropriately, they cannot do this work in isolation from the rest of the local. OPSEU representatives on the JHSC should frequently update the local on their planning activities and seek feedback from the local. Local union executives must be aware of plans to make changes to the workplace and to the work which will be performed during a pandemic. The links between the local executive and OPSEU representatives on the JHSC are critical to ensure that collective agreements are upheld and that members are aware and informed of the planning process.

Have a strategy to communicate quickly to OPSEU members. You may already have a good one from bargaining activities. Keep it updated.

Communicate with OPSEU members. Discuss pandemic planning concerns at meetings. Consider holding special meetings for this purpose. Consider using newsletters or fact sheets to make members aware of pandemic preparedness issues. Make sure members know where to bring their concerns. Investigate all concerns. Report the results of your investigation back to the member.

Stay informed. Make sure that the Local Executive stays informed about the Pandemic Plan and changes to it. Make sure the local OPSEU JHSC members or H&S Representatives report regularly to the Local Executive.

Make sure the employer consults with the union. Plans are often made by people who don't know how it really is on the ground. Ensure that OPSEU members on the JHSC are actively involved with Pandemic Planning.

Negotiate a *letter of understanding* following the OPSEU process for doing so. Consider how members should be treated in emergency situations such as a pandemic. Include supportive, not punitive attendance policies. Try and get agreement on how the employer should handle issues such as: Salary continuation for sick or quarantined workers; workers who work at multiple sites; workers who are unable to attend because of family responsibilities, etc. If you negotiate a letter of understanding, remember that the OPSEU process requires the agreement to be ratified by your membership.

Negotiate protective language into the contract. Health and safety laws and regulations are a minimum standard and can be changed, either strengthened or weakened, by the government. Many unions and locals negotiate health and safety provisions superior to the OHSA into their collective agreements. Laws and regulations are often general and vague; contract language can be more specific.

Sample language:

(A) In making decisions which affect occupational health and safety, the employer will use, as its guiding principle, the Precautionary Principle that reasonable efforts to reduce risk need not await scientific certainty.

(B) The employer will use the Precautionary Principle in all relevant health and safety related operational policies, measures, procedures, plans, programs, standards, directions and training. These shall be developed and annually reviewed in consultation with the joint health and safety committee. The parties will incorporate the Precautionary Principle in their Joint Health and Safety Committee terms of reference.

C) Recognizing that a pandemic will affect all workplaces the employer agrees to prepare a pandemic plan in consultation with the Joint Health and Safety Committee. The employer will consult the JHSC whenever the plan is to be revised. The Precautionary Principle will be the guiding principle of the plan

Prepare Emergency Kits. Consider making suitable emergency kits available for your members. Use the guidelines from Public Safety Canada, and input from the members, to determine the contents of the kit. A working party may be able to obtain supplies in bulk and assemble the kits at a lower cost than if done individually. Members could pre-order at cost. Order pizza; make it fun!

Public Safety Canada - Emergency kit: (http://getprepared.ca/kit/kit_e.asp)
Emergency Management Ontario - Emergency checklist: (www.health.gov.on.ca/english/public/program/emu/pub/prep/broc_clist_010606.pdf)

Stay connected. The SARS crisis demonstrated that healthcare workers need social supports during disease outbreaks. Workers experienced quarantine, isolation and fear – fear for their families, friends and community, and fear from them because of their work. Develop ways to keep in touch with and assist members who are away from the workplace. Phone trees work well. A kind word and help getting groceries can make a huge difference.

Remember that you are the union. Don't be shy with your ideas and concerns. Remember that your local stewards, executive and Joint Health and Safety Committee members volunteer their time and energies. Work with them. Offer to help if you can.

What is the role of the Joint Health and Safety Committee or the Health and Safety Representative for pandemic influenza planning?

It is the role of the JHSC or the H&S Representative to be familiar with the hazards of pandemic influenza and the precautions that are recommended to protect workers. The employer must consult the JHSC as it develops the pandemic plan for each workplace. The JHSC or H&S Representative should review all sections of the plan which will have an impact on worker health and safety. The JHSC should make recommendations to the employer to address any weaknesses in the health and safety measures described in the workplace plan. The employer must also consult with the JHSC and H&S Representatives about any worker training required to assist them understand the plan and to work safely during a pandemic.

As the JHSC or H&S Representative reviews the pandemic plan, they must make sure that the plan clarifies that OHS and its regulations will remain in force, even during the emergency situation caused by the pandemic. For example, the employer continues to have the same obligations under OHS s.51 and s.52 to report occupational injuries and illnesses to the union and the JHSC. And a worker member of the JHSC continues to have the right under OHS s.9(31) to investigate critical injuries or illnesses.

What is the role of my OPSEU Joint Health and Safety Committee member?

Your OPSEU JHSC member is your point of contact with the Joint Health and Safety Committee. Your representative can bring your unresolved issues to the committee. If, for example, a group of OPSEU members or an individual member believes that their workplace plan does not address their health and safety concerns, and their supervisor is unable to answer their questions, they should request that their OPSEU representative on the JHSC take these concerns to the committee for resolution.

The committee has the power to investigate and make recommendations about workplace hazards such as infectious diseases. If the JHSC or a H&S Representative makes a recommendation to the employer to address a workplace hazard, the employer is legally obliged to respond to the recommendation within 21 days. If the response to the recommendation is ‘no,’ the employer must provide reasons; if the response is ‘yes,’ the employer must provide an implementation timetable.

What should workers be doing about pandemic planning?

Get informed. Review the sections of the provincial plan (OHPIP) that apply to you. The most important sections are:

- Chapter 7: Occupational Health and Safety Measures and Infection Control
- Chapter 12: Communications
- The section(s) of the plan that apply specifically to your workplace (eg EMS, Laboratories, Long-Term Care, Community Health, Acute Care etc)

Review your workplace pandemic plan and see how it applies to you. It may contain proposals for re-assigning staff to different areas or tasks. It may change the use of the areas where you work. Will these changes expose you and your co-workers to unfamiliar hazards?

You have the right to know about all the hazards you might be exposed to at work and what measures and procedures are in place to control them.

What is the “Hierarchy of Controls” and what does it have to do with pandemic planning?

Hierarchy of controls is a term used in health and safety to describe an approach to protecting worker health and safety. When trying to protect a worker from a hazard, the most effective method is to control the hazard at its source – isolate the hazard in some way, so that it is impossible for the worker to be exposed. Better still would be to get rid of the hazard altogether by substituting something safer. This approach is more practical in an industrial environment where hazardous products can be removed or dangerous machinery can be guarded. It is more complicated to control a hazard at its source, when the hazard is a patient with an infectious disease. It is possible to implement different engineering controls, however, such as installing physical barriers like Plexiglas between patients and clerical workers in a hospital emergency department to prevent exposure to droplet or airborne infections. Such measures would be considered an ‘at the source control.’ Isolating an infectious patient is a partial ‘at the source’ control, but workers must still enter the patient’s room to deliver care, risking exposure. A negative pressure room used to perform certain patient procedures which can produce infectious airborne particles is another example of an ‘at the source’ control.

The next level of control in the hierarchy is termed ‘along the path.’ An example of an ‘along the path’ control is the exhaust systems in an operating room that remove dangerous anaesthetic gases being exhaled by a patient so that workers do not inhale them. Along the path controls for infectious diseases include engineering controls such as appropriate ventilation systems that regularly cleanse and/or replace air with fresh air in patient care areas. Various other administrative and work practices such as: managing the flow of potentially infectious or infectious patients; reducing overcrowding in waiting areas of infectious or potentially infectious patients and visitors; good cleaning practices; cohorting infectious patients into separate units or areas of a facility; are all attempts to control exposures to infectious illnesses such as influenza.

The final level of control is ‘at the worker.’ Controls at this level depend on workers understanding risks, understanding how to safely use protective equipment, being provided with appropriate protective equipment and

having the time to use the equipment appropriately. Supervisors also have an important role to play as they are responsible under OHSA to ensure that workers are working safely and are following health and safety policies, procedures and measures. ‘Control at the worker’ is sometimes seen as the least effective means of controlling a hazard because it is dependent on so many variables. However, when working with infectious illnesses such as pandemic influenza, measures to control the hazard ‘at the worker’ are often the only way to reduce exposures.

What is the “Precautionary Principle”?

This is an approach to protecting workers, the public and/or the environment when scientific knowledge is incomplete. For the purposes of occupational health and safety, it means that where the nature of a hazard or potential hazard is not well understood, it is prudent to take measures to control the hazard until such time as it is better understood. It is not necessary to prove with scientific certainty that something will cause harm before taking reasonable precautions to control the hazard.

In a healthcare setting, the responsibility for control of infection hazards for patients and staff, was (and continues to be) the realm of infection control practitioners. Unfortunately, these practitioners are, by and large, not trained in occupational health and safety principles and have traditionally focused all of their attention on patient safety.

During the SARS crisis of 2003, there was a great deal of confusion about how best to prevent transmission of SARS, who was responsible to protect healthcare workers and what measures should be taken. There was much debate about the possibility of airborne transmission of SARS and whether healthcare workers should be provided with respiratory protection against airborne transmission. This debate about airborne transmission and appropriate worker protection has been important for pandemic influenza planning also.

In the discussion, OPSEU and other unions have strongly supported SARS Commissioner Justice Archie Campbell’s words:

The point is not who is right and who is wrong about airborne transmission. The point is not science, but safety. Scientific knowledge changes

constantly. Yesterday's scientific dogma is today's discarded fable. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty.

If the Commission has one single take-home message it is the precautionary principle that safety comes first, that reasonable efforts to reduce risk need not await scientific proof. Ontario needs to enshrine this principle and to enforce it throughout our entire health system.

OPSEU advises that workers, Local Executive Committees and OPSEU Joint Health and Safety Committee representatives insist that this principle form the basis of their workplace health and safety culture. All the employers' Pandemic Influenza plans, policies, procedures and practices must be consistent with the "Precautionary Principle."

What is the three-foot /one-metre rule?

This is the belief that respiratory droplets large or numerous enough to contain enough virus to cause infection, are not propelled more than three feet (one metre) from the patient.

The earliest mention of this "rule" appears to be 1920. An army doctor (Glover) observed that when overcrowding in an army barracks reduced the space between barracks beds from three feet to nine inches, infection transmission between soldiers increased. However this change occurred at the same time as ventilation in the barracks was decreased which also may have affected infection transmission rates. It is difficult now to determine the effect of each change. However, since this time the three-foot "rule" has been ingrained as an absolute truth in the world of infection control practitioners as the 'safe' distance to prevent respiratory infection transmission.

Health and safety professionals working largely in industrial settings have for a long time studied workplace respiratory hazards and their control. They have looked at the behavior and dispersal patterns of dusts, mists, droplets and particles of various sizes and have studied the effects of other factors such as ventilation and humidity on droplet dispersal.

It was occupational hygienists and other scientists who sounded the alarm on the perception that procedure or surgical masks offer healthcare workers appropriate respiratory protection and that the three-foot “rule” could be relied upon in all circumstances.

The most recent reliable scientific evidence convincingly refutes the three-foot rule. A 2007 report from the Council of Canadian Academies expands the distance of “short-range transmission” to a distance of about two metres or six feet. And recent reviews of available evidence indicate that while some droplets released by coughs and sneezes may fall to the ground quickly, some droplets affected by factors such as humidity, temperature and ventilation rates may travel much further and stay in the air for hours and even days.

How will I know whether I am using all the appropriate measures to protect myself from pandemic influenza at work?

Decisions about levels of protection should be made following a thorough assessment of hazards and the risks to workers who may be exposed to them. Assessment of risk to workers, using the Precautionary Principle, should be performed by the employer in consultation with the JHSC or the H&S Representative for all workplace hazards.

While it is the employer’s duty under OHSA to take all reasonable precautions to keep workers safe in the workplace, they must consult with JHSCs about health and safety policies, procedures and measures. The employer must tell workers about workplace hazards and instruct them on how to protect themselves.

How should hazards and risk for pandemic influenza be assessed?

Typically, risk or hazard assessment is the process where you:

- identify hazards,
- analyze or evaluate the risk associated with that hazard, and
- determine appropriate ways to eliminate or control the hazard using the hierarchy of controls.

For pandemic influenza, the assessment of risk to workers should focus

on two main aspects: the factors involved which place workers at risk, and the severity of the consequences to workers if they are not protected from exposure. This evaluation will lead to decisions about appropriate measures to protect workers.

In all healthcare workplaces, the employer, in consultation with the JHSC, must evaluate which workers are at risk of exposure to pandemic influenza in the workplace. There is no definitive evidence yet about how far influenza virus can travel in air or how likely it is that influenza can be transmitted from one human to another at long distances. The most recent evidence from WHO and the U.S. Centres for Disease Control, is that influenza is more likely to be transmitted at distances of up to two meters; although transmission at greater distances may be possible, it is less likely.

The second factor to consider when beginning the risk assessment is the potential severity of the consequences if a worker exposed to pandemic influenza becomes ill. For pandemic influenza little is known with certainty. The virus has not yet emerged, but given the more than 50 per cent fatality rate among humans who have contracted avian influenza, predictions are that the new pandemic will cause severe illness and a high mortality rate. The relative importance of the various routes of exposure is also not fully understood. For these reasons the “Precautionary Principle” must be used when assessing risk.

In Chapter 7 of OHPIP, there is a requirement for the employer, in consultation with the JHSC, to perform a risk assessment for pandemic influenza. OPSEU does not support what is sometimes called a ‘numerical’ or ‘quantitative’ risk assessment where the level of danger from a hazard is translated into a numerical value which then becomes the basis for a decision about what, if any, steps to take to protect workers. Using this method, some risks or numbers of injuries/illnesses are deemed to be acceptable and no steps are taken to reduce or prevent them.

In contrast, OPSEU and other unions, support the application of the Precautionary Principle, when assessing hazards. This means to ‘err on the side of caution’ which will lead to steps to protect workers from a hazard or danger even when the nature and effects of the hazard are not fully understood. Further scientific study of a hazard or experience with it may lead to a decision to reduce some protective measures. However, while that study is taking place, workers are protected.

When performing an assessment for pandemic influenza, all workers and their duties must be considered. Which workers enter patient care and diagnostic areas where pandemic influenza patients may be present? How close do they get to patients? Clerical staff, cleaners, dietary workers and laboratory staff in a hospital may all enter areas where they may be exposed. Other groups of workers in administrative or records areas may not have the same risks of exposure. In long term care facilities, probably all workers have risks of exposure to pandemic flu, once the virus enters the facility. For workers who enter client/patient homes, assessments will have to consider whether services will be provided to patients during a pandemic. In home settings, there are few, if any, ‘at the source’ or ‘along the path’ controls. Workers will depend on personal protective equipment to prevent exposures.

It is critical, especially given the potentially severe consequences of contracting pandemic influenza, that the assessment is done thoroughly and in consultation with the JSHC. OSPEU representatives on the JHSC must be actively involved to ensure that jobs are not assessed purely on a quick look at a job description or a superficial idea of what a job entails.

What kinds of Personal Protective Equipment (PPE) are available to protect workers from pandemic influenza?

Personal Protective Equipment (PPE) is the last line of defense for a worker. It should be used only when a hazard cannot be eliminated and engineering and administrative controls cannot be put in place to effectively control the hazard.

Sometimes the “personal” part of the PPE program is overlooked and a “one size fits none” approach is used. JHSCs and workers should be consulted on the selection, fit and use of PPE. When choosing PPE, JHSCs and workers should select from among two or three models to allow for personal preferences and to ensure that properly fitting equipment is purchased. PPE should be individually assigned. When several forms of PPE are worn together, interactions between the pieces of equipment must be considered so that one piece of equipment does not interfere with another.

The type of PPE you will require will depend on an appropriate risk assessment being conducted for your job, *or any anticipated changes to your job* under the employer’s pandemic plan.

PPE available for an infectious hazard such as pandemic influenza include:

- Face Shields: Protect eyes, nose, mouth and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions and excretions
- Gloves: Worn when directly handling potentially infectious materials or in contact with contaminated surfaces
- Goggles: Provide barrier protection for the eyes and should fit snugly over and around the eyes or prescriptive lenses. Prescription glasses do not provide adequate eye protection
- Gowns: Worn when contamination of clothing with potentially infectious material is possible. Gown should fully cover the torso, fit close to the body and cover the arms to the wrists. Choose a gown appropriate to the situation. Consider the following choices:
 - Disposable or re-useable (requires laundering).
 - Fluid-resistant or non fluid-resistant.
 - Sterile or clean.
- Head Covers: Worn to protect the hair and scalp from possible contamination when sprays are anticipated
- N95 respirators: These devices seal against the face. When properly fitted, tested and used by trained workers, protect against breathing in particles and small droplets that may be suspended in the air. The "95" in N95 refers to a standard of the filter efficiency
- Powered Air Purifying Respirators (PAPR): A PAPR uses a blower to pass contaminated air through a filter, which removes the contaminant and supplies purified air to a facepiece or hood. A PAPR may be selected for use if:
 - The N95 respirator choice(s) does not fit.
 - Employee has facial hair or facial deformity that would interfere with mask-to-face seal
 - The N95 respirator choice(s) are unavailable
 - For high-risk aerosol-generating procedures.
- Protective suits: Full coverage of body in highly contaminated environments
- Surgical/procedure masks: A surgical mask is not respiratory

protection. Surgical masks are designed to prevent large droplet contamination from the worker to the patient. They may offer some protection to a worker from a direct splash or large droplets.

All workers required to take new precautions or to wear unfamiliar PPE must be trained by the employer. Training must explain when workers are to wear PPE, how to put it on and remove it safely without contaminating themselves, and any other measures workers need to take in order to work safely.

Do I need to wear an N95 respirator?

The need for an N95 respirator should be determined by an assessment of risk to a worker based on the Precautionary Principle. OPSEU's position is that all healthcare workers who may be exposed to patients with pandemic influenza should have N95 or better respiratory protection. Health Canada recommends N95 for use by healthcare workers in contact with patients with infections that are transmitted from inhaling airborne droplets. OHPIP now recommends N95 respirators for workers exposed to patients with pandemic influenza.

Surgical or procedure masks do not provide respiratory protection to workers. Surgical masks are designed to prevent large droplet contamination from the worker to the patient. They may offer some protection to a worker from a direct splash or large droplets. It may be appropriate for patients with pandemic influenza who are being transported by ambulance or through a facility to wear a surgical mask to prevent the release into the air of large droplets when they cough or sneeze.

Masks, high efficiency or otherwise, are not certified to any known standard of protection against respiratory hazards and should not be used as respiratory protection. Only a properly fitted respirator (such as N95, N100) issued as part of a comprehensive Personal Protective Equipment (PPE) and Respiratory Protection Program, will provide acceptable protection from airborne infection hazards.

Even N95s may not be sufficient in some circumstances. For example, a Canadian Centre for Occupational Health and Safety (2003) publication states:

High risk procedures such as bronchoscopy and autopsy require additional protection. For example, protection may include full face-piece negative-pressure respirator, powered air-purifying respirators, and positive pressure airline respirators equipped with a half-mask or full facepiece. A supplied-air respirator with a hood may be needed for staff who cannot be properly fitted with respirators with a facepiece.

However, since this advice was published, further study has been done on the issue of proper respiratory protection for procedures that generate aerosols, such as bronchoscopy and intubation. The most recent advice (2007) from the Centres for Disease Control (CDC) and the World Health Organization (WHO) is that an N95 respirator is the minimum level of protection for healthcare workers performing or assisting in aerosol-generating procedures on patients with infectious respiratory illnesses. If workers in your workplace will assist in procedures such as bronchoscopies, intubations or autopsies of pandemic influenza patients, JHSCs should review the latest evidence and consider recommending that employers provide exposed workers with greater respiratory protection than N95 respirators.

What is a Respiratory Protection Program?

In healthcare workplaces, the employer has an obligation to assess the risks to workers of being exposed to respiratory hazards such as tuberculosis or pandemic influenza. They must do this in consultation with the JHSC or H & S Representative. If you work in a workplace where it has been assessed that some or all workers will need to wear an N95 or other respirator, the employer must have in place a Respiratory Protection Program. All workers who may have to wear respirators must be enrolled in the Respiratory Protection Program.

A Respiratory Protection Program must:

- Be developed in consultation with the Joint Health and Safety Committee
- Meet the standards set by Canadian Standards Association standard Z94.4-02 Selection, Use and Care of Respirators
- Be in writing
- Contain an assessment of the hazard(s) and the degree of protection required

- Have a medical evaluation component
- Have a fit-testing component to ensure workers are assigned a respirator which fits properly and offers appropriate protection
- Have initial and ongoing training for workers in:
 - Safe use of the respirator.
 - Selection and fit of the respirator
 - Inspection, care, cleaning, repair, and proper storage
 - The limitations of the respirator
 - A user seal check each time the respirator is put on.

Fit-testing should be performed by properly trained persons. It should be redone at least every two years, and whenever the worker reports, or the employer or supervisor observes, changes that could affect respirator fit. Such conditions include, but are not limited to, facial hair, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

Your employer's Respiratory Protection Program should include screening to see if you require further evaluation of your ability to safely use a respirator. This screening should not intrude on your medical privacy.

Do I need a medical evaluation to use a respirator?

Some health problems may prevent you from safely using a respirator. If you, your supervisor, or your employer has any doubt or concern about your ability to use a respirator, you should be examined by a doctor knowledgeable in occupational health.

The doctor should advise the employer only whether you can use a respirator. The doctor cannot disclose any of your personal medical information without your informed consent.

If you have a medical condition that limits your ability to use a respirator, you must be accommodated in the workplace. This can include modifying work and should include a plan to ensure you will not be placed in situations where the PPE is required.

Medical conditions that may prevent you from using a respirator include, but are not limited to:

- Claustrophobia
- Problems with breathing during normal work activities
- A history of breathing problems such as asthma, emphysema, bronchitis, or shortness of breath
- High blood pressure or heart disease
- Use of medications with side effects that might affect lung or heart function or cause drowsiness or lowered alertness
- Diabetes
- Seizure disorders
- Facial skin problems
- Physical factors that make it hard to put on or adjust the respirator, such as arthritic or missing fingers or a limited range of motion in the upper body
- Past problems with respirator use.

In addition, if you have facial injuries or facial scars or if you wear dentures, it could be difficult to fit you with a respirator. These factors should be taken into account when fitting and using a respirator.

My boss says we are an essential service and cannot refuse to work during a pandemic even if it is unsafe. Is that so?

No, that is not correct. Under OSHA, healthcare workers have limitations on their right to refuse unsafe work but in some circumstances they do have the right to refuse. Often employers interpret these limitations to mean that healthcare workers have no right to refuse.

The right to refuse unsafe work by healthcare and other designated groups of workers is prohibited in the following situations:

- When the hazard or circumstance is inherent or a normal condition of work. If an assignment deviates from established and prevailing safe practices, the new circumstances may allow the worker the right to legally refuse under OSHA. *The Ministry of Labour Guide to the Occupational Health and Safety Act*, offers the following example:

An experienced medical lab technologist could not, in the course of his or her regular work, refuse to handle a blood sample from a patient with an infec-

tious disease. But the technologist could refuse to test for a highly infectious virus where proper protective clothing and safety equipment are not available.

- When the work refusal would “directly endanger the life, health or safety of another person.”

For example: An ambulance officer could not refuse to aid an accident victim because a dangerous circumstance exists at the accident site. The work refusal could directly endanger the health and safety of the accident victim.

However an ambulance officer could refuse to go out on a routine transfer or non-urgent call if the ambulance vehicle had a safety defect, or if the officer was not provided with equipment to do the job safely.

It is important to know that under the *Emergency Management and Civil Protection Act*, which will probably come into play during a pandemic, workers’ rights under OHSA will remain untouched. There are no powers granted in the Emergency Act to override the provisions of OHSA.

I have concerns that I will not be safe during a pandemic. What should I do?

Don’t be silent. Use the internal responsibility system. Notify your supervisor, preferably in writing. If your concerns are not properly addressed, raise these concerns with your OPSEU Health and Safety Representative. If your representative is unable to fully address your concerns, ask that the issue be considered at the next Joint Health and Safety Committee meeting. Keep a written record of your attempts to resolve the issue, including dates and who you spoke to.

Discuss the issue with your colleagues. See if they share your concerns. They might not have considered the issue before and may share your concerns when they are pointed out. You might find that they have had similar concerns but didn’t know how to go about raising the issue. Consider having your steward present the issue to your supervisor as a group concern. Working together as a group is always more powerful. It makes it harder for your legitimate concerns to be ignored.

If you are still unable to resolve the issue internally call the closest Ministry of Labour, Health and Safety Branch office. (The numbers are in the government pages of the phone book.) Ask to speak to an inspector. Tell the inspector that you have an unresolved health and safety complaint and that the danger still exists in the workplace. Tell the inspector about your attempts to resolve it and ask him/her to investigate.

In February 2008, the Ministry of Labour launched an initiative which gave its healthcare inspectors training on pandemic influenza in the healthcare sector. Ministry inspectors will be visiting healthcare workplaces to ensure employers are complying with health and safety guidance set out in Chapter 7 of OHPIP. If you complain to the MOL about your employer's Pandemic Influenza Plan or shortcomings in it, let the inspector know you are aware of the initiative and are familiar with OHPIP Chapter 7.

COMMUNICATIONS

How will I stay informed during a pandemic?

What is the Daily Information Cycle?

How will JHSCs keep informed during a pandemic?

COMMUNICATIONS

How will I stay informed during a pandemic?

During a pandemic, it is important to stay up-to-date with reliable information. Getting and keeping informed will help you to do your job, and help you to protect your own health and safety, as well as that of your family, patients and coworkers. It is important to know where to turn for accurate and credible information.

The media has an important role to play and can be useful in raising awareness of particular issues. But frequently, the media are not reliable sources of complete, accurate, and relevant information.

At the federal level, the Public Health Agency of Canada (PHAC) maintains contact with key international organizations such as the World Health Organization about influenza activity within and outside of Canada. It publishes a weekly FluWatch report for health professionals which reports on influenza activity in Canada and the rest of the world. FluWatch reports are available at: <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>

The Ministry of Health and Long Term Care (MOHLTC) has a Communication Plan to help keep healthcare workers informed which includes the following:

- Publishing and updating fact sheets available in 23 languages from the MOHLTC website at: http://www.health.gov.on.ca/english/public/program/emu/pan_flu/pan_flu_materials.html
- Distributing Important Health Notices (IHNs) advising healthcare workers of emerging and potential health emergencies. The IHNs will be available at: <http://www.health.gov.on.ca/english/providers/program/emu/ihn.html>
- The Emergency Management Unit Health Care Provider Hotline will provide information for healthcare providers, employers and first responders. Contact by: Toll-free phone 1-866-212-2272; email emergencymanagement@moh.gov.on.ca

- Operating a Daily Information Cycle to keep important stakeholders such as your union, regulatory college, and the Ministry of Labour health and safety inspectors informed.

The Ministry of Labour publishes Health Hazard Alerts to raise awareness of new and under-recognized hazards. MOL Health Hazard Alerts are available at: <http://www.labor.gov.on.ca/english/hs/alerts/>

Professional colleges will likely make important practice guidelines available to members during a pandemic.

Employers should have Emergency Communication plans. The employer must ensure that you are aware of and trained to control or protect yourself from hazards in the workplace including infectious diseases. In an emergency, your employer must be able to keep you informed of any modifications to policies and procedures. They must review and revise safety measures as new information becomes available. They must conduct training on revisions to usual practice. They must do this in consultation with the Joint Health and Safety Committee, so your JHSC member(s) should also be a good source of information.

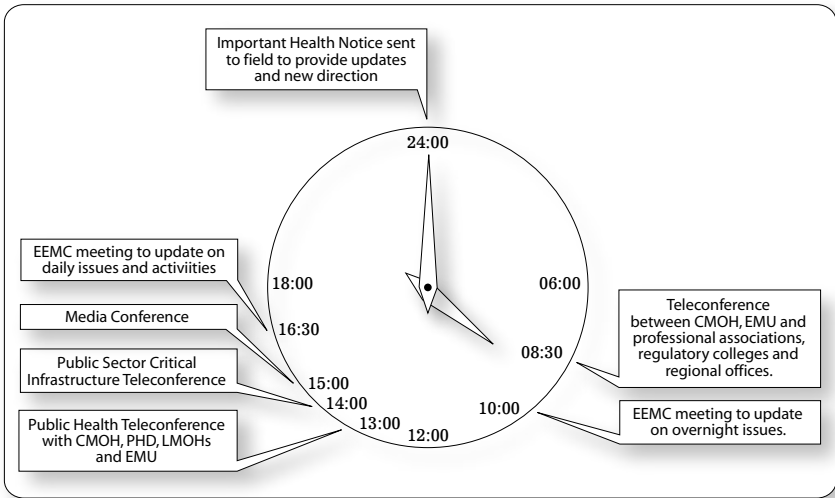
Your union, OPSEU will continue to be an excellent source of information. Monitor OPSEU's website on a regular basis at: www.opseu.org. Follow the links to health and safety information.

What is the Daily Information Cycle?

This is the principal communications tool the Ontario government plans to use during a pandemic. It includes a daily teleconference at 8:30 a.m. with the Healthcare Stakeholder Council. This council includes representatives from healthcare unions including OPSEU. The council also includes representatives from the regulatory colleges, the Ministry of Health Emergency Management Unit and the Chief Medical Officer of Health.

Other agencies important in the pandemic response, such as public health and the media will conference at different times. The cycle ends at midnight with the issuing of an Important Health Notice (IHN) as necessary, providing updates and any new directions.

MOHLTC Daily Information Cycle



EEMC – Executive Emergency Management Committee

CMOH – Chief Medical Officer of Health

PHD – Public Health Division

LMOH – Local Medical Officers of Health

EMU – Emergency Management Unit

How will Joint Health and Safety Committees be kept informed during a pandemic?

Joint Health and Safety Committees are to be kept informed through the Daily Information Cycle and Important Health Notices (IHNs). How effective this will be depends in part on how well the employer's internal communications system is functioning.

Today, many JHSCs are often not provided with information that may be useful in performing their duties. For example, in late 2007, the MOHLTC conducted a province-wide survey of healthcare workplaces to determine what kinds of N95 respirators were being used and the status of respirator fit-testing. The survey was done to obtain information needed to determine numbers and types of N95 respirators to assist the government in making decisions about respirator stockpiling. OPSEU has learned that many

hospital JHSCs and even some Occupational Health and Safety departments were unaware of the survey.

During a pandemic, health and safety information will flow from the Ministry of Health, the Ministry of Labour, from Public Health units and the Chief Medical Officer of Health. Most likely, the information will be directed to workplace CEOs or senior managers, or perhaps to Occupational Health or Infection Control departments where they exist. Unless your workplace has developed a good communications plan, there are currently no effective mechanisms to get important information directly to JHSCs.

OPSEU is concerned that if there are no formal processes to include JHSCs in the information loop now, communication is unlikely to improve during an emergency. Even JHSCs that have good communications are often dependant on individuals for this function. These individuals may be absent or reassigned during a pandemic.

JHSCs should evaluate their internal communications system with this in mind. It is critical that each workplace, in consultation with its JHSC, design and test a communication plan to ensure that JHSCs and workers get the information they need on time. Locals and JHSCs should satisfy themselves that information flows appropriately, and will continue to do so in a pandemic. OPSEU members of JHSCs should consider if the flow of information to the JHSC needs to be supported by policy. If so, a formal recommendation should be made to the employer.

WHEN PANDEMIC INFLUENZA ARRIVES IN ONTARIO

- What public health measures might be taken during a pandemic?**
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- What are the responsibilities of healthcare workers during a pandemic?**
- Can I be required to work at a different job during a pandemic?**
- Can I be required to have a vaccination?**
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- What can I do if I believe my work is unsafe during a pandemic?**

WHEN PANDEMIC INFLUENZA ARRIVES IN ONTARIO

Many things may change during an influenza pandemic or other infectious disease emergency. Two things will remain the same:

- OPSEU's commitment to assisting you and other members to make your workplaces as safe as possible; and
- The *Occupational Health and Safety Act* and its associated regulations will remain in full force and effect. OPSEU lobbied hard during the creation of Bill 56, *An Act to Amend the Emergency Management Act (and others)* to maintain these minimum protections. Even in the midst of an emergency declared by the government, the OHSA remains in effect to protect workers.

OPSEU has worked hard and continues to work to ensure that your health and safety is given full consideration in the OHPIP.

What public health measures might be taken during a pandemic?

Measures that may be taken by Ontario's Chief Medical Officer of Health (CMOH) and the Public Health Agency of Canada (PHAC) are: public education campaigns; travel advisories; voluntary travel restrictions; border closings; reducing public transit use; school and day care closures; and, restrictions on public gatherings.

The measures taken will depend on the severity of the pandemic.

What will be the role of regulatory colleges during a pandemic?

The regulatory colleges govern the professional standards workers are expected to meet in professions covered by the *Regulated Health Professionals Act*. In an emergency, the regulatory colleges may grant temporary or restricted licenses to people not currently licensed to practice. This might include students, foreign trained workers, retirees and former members.

The colleges are included in the OHPIP communication strategy and are expected to participate in making information about the pandemic available to their members.

What are the responsibilities of healthcare workers during a pandemic?

In general, the responsibilities of healthcare workers should not change from those that exist today. In many cases, professional responsibilities are determined by a regulatory college. Workers governed by the *Regulated Health Professionals Act* should review the requirements established by their professional college.

Healthcare workers have a legal responsibility under the *Occupational Health and Safety Act* to work in a safe manner. Under OHSA, they have an obligation to report hazardous situations and violations of this Act to their supervisor. Healthcare workers must follow all required procedures and wear all required protective equipment. Healthcare workers have an expectation — and the right — that their employers will take all reasonable precautions to protect them from sickness and injury in the workplace.

Current health human resources planning under OHPIP describes a skill-based method of staffing during a pandemic influenza emergency. It is predicted that workers may be assigned to different workplaces and will see their duties changed according to needs. However, all workers will continue to have the same rights to safe and healthy workplaces as required under the *Occupational Health and Safety Act*.

Can I be required to work at a different job during a pandemic?

The Emergency Management and Civil Protection Act gives the government wide powers to secure and direct supplies and services and, presumably, the people that provide them. *Bill 56, the Emergency Management Statute Law Amendment Act*, amended several acts to allow the government to authorize people to work in different jobs if able to do so.

The OHPIP calls on employers to identify the core competencies possessed by staff and consider how they might be redeployed in an emergency, based on their abilities rather than their job titles.

Before your job duties are changed, voluntarily or otherwise, you must be made aware of any hazards associated with the change of duties. You must

be adequately trained and equipped to deal with those hazards before working with them. This is a requirement of the *Occupational Health and Safety Act* which cannot be ignored, even in an emergency.

OPSEU's position is that the terms of the Collective Agreement regarding work assignments will still apply. Any changes must be negotiated with the union.

Can I be required to have a vaccination?

Nobody can force you to have a vaccination against your will. However, if you choose not to have an influenza vaccination and you present a risk to patients or coworkers, the employer can tell you not to report to work during an outbreak. If you are unable to take the vaccine for medical or religious reasons, your employer must try to accommodate you. Some OPSEU healthcare workplaces have language under their collective agreements to describe this process.

What should Joint Health and Safety Committees and Health and Safety Representatives be doing during a pandemic?

The JHSC should meet immediately when government announcements indicate that pandemic influenza is coming or is here, to discuss implementation of the organization's Pandemic Influenza Plan. The Committee should meet as often as necessary during the emergency to monitor the situation, to consider and respond to feedback from workers about measures and procedures, and to review and investigate incidents and illnesses believed to be related to workplace exposure. Any changes to the plan and its implementation should be done in consultation with the Committee.

Committee members should ensure they are getting all relevant information and reports, such as Important Health Notices (IHNs) and Directives, in the possession of the employer. Committees should ensure they are included on the employer's pandemic communications team.

Even during an emergency, the JSHC maintains its ability to make recommendations to the employer. If JHSC members determine that aspects of the pandemic plan or its implementation are failing to protect the health

and safety of workers, they should develop recommendations to address the problems. The employer has obligations under OHSA s.9(20) to respond to recommendations of the JHSC in 21 days.

Inspection activity should be increased.

Committee members should be highly visible in the workplace and available to discuss and address workers' concerns.

Health and Safety Representatives have essentially the same rights and powers as Joint Health and Safety Committees. They should meet with the employer as often as necessary to review and consult on pandemic measures. They should make themselves readily available to discuss workers' concerns.

The JHSC and H&S Representatives should monitor the Ministry of Labour website for Health Hazard Alerts (<http://www.labour.gov.on.ca/english/hs/alerts>)

What can I do if I believe my work is unsafe during a pandemic?

The *Occupational Health and Safety Act* and its Regulations will continue in full force and effect even in a declared emergency. The Act and Regulations trump any other directive. As such, you will have the same rights and responsibilities under OHSA as you do now.

If you believe your health and safety is at immediate risk, you must stop work and refuse to continue unless the circumstance is a normal or inherent part of your work or unless your work refusal would “directly endanger” another person (OHSA s.43(1)). You must immediately inform your supervisor of the circumstances of the refusal. The supervisor must make available a union representative or worker member of the committee and investigate why you are refusing the unsafe work, in their presence. If the matter is not resolved and you have “*reasonable grounds*” to believe that you are still at risk, you may continue to refuse, providing your refusal does not directly endanger another person. If you continue your work refusal, you, your union representative or the employer must call the Ministry of Labour to request that an inspector come to investigate the situation.

If you do not believe that the circumstances warrant a work refusal, report the concern to your supervisor, verbally, but follow up in writing. If you are not satisfied with your supervisor's response ask a worker member of the Joint Health and Safety Committee or Health and Safety Representative to investigate your concern.

If you are unable to resolve your concern working with your supervisor, Committee member (or H&S Representative), call the Ministry of Labour Health and Safety Branch. Ask to speak to an inspector, tell them you have an "unresolved safety complaint" and ask them to investigate. Be prepared to describe the circumstance and the steps you have taken to get it resolved.

GUIDANCE TO OPSEU HEALTHCARE DIVISIONS & SECTORS

Acute Care Services
Canadian Blood Services/Public Health Laboratory
Community Healthcare Services/Mental Health Division
Emergency Medical Services/Ambulance Division
Flu Centres
Health Care Support Division
Hospital Professionals Division
Long term Care Facilities Division
Paediatric Services
Public Health Units
PIDAC Febrile Respiratory Illness (FRI) document –
all divisions

GUIDANCE TO OPSEU HEALTHCARE DIVISIONS & SECTORS

The following section offers guidance specifically to OPSEU healthcare divisions or responds to sector advice found in OHPIP. Although the sector-specific chapters in OHPIP offer much useful information, the health and safety information offered in each sector specific chapter varies greatly. In some chapters, such as Chapter 14 which covers laboratory services, there is good health and safety guidance; other chapters, such as Chapter 19, Long-Term Care Homes, refer the reader to Chapter 7 for health and safety information. Additionally, some of the specific chapters contradict recommendations made in Chapter 7.

The best approach is to use Chapter 7 as the main tool to guide the health and safety aspects of pandemic planning in your workplace. Use the sector-specific chapters to complement Chapter 7. If there appears to be a contradiction in advice, rely on Chapter 7. If you are confused, consult with your OPSEU representative on the JHSC or the OPSEU Health and Safety Unit.

Acute Care Services (OHPIP Chapter 17)

This chapter has no specific reference to worker health and safety. Healthcare workers in acute care settings must look to OHPIP Chapter 7 for health and safety information and guidance. Workers in acute care facilities are advised to pay particular attention to local plans. These plans may include changes to area functions and to staff assignments. Often these plans include changes to access and transportation of patients through the facility. Where possible any proposed changes should be tested and drilled to see if they will work in an emergency.

Canadian Blood Services and Diagnostics (CBS)/HPD/ Public Health Lab

Laboratory Services (OHPIP Chapter 14)

The preparedness checklist in *OHPIP: Chapter 14 A: Laboratory tools*, is com-

prehensive and can be adapted to many workplaces, even to non-laboratory settings. However it omits the requirement to involve Joint Health and Safety Committees.

Despite the useful checklist, there are problems with some of the chapter's content. For example, it contains inconsistent guidance about Personal Protective Equipment (PPE). The chapter advises the use of "high-efficiency masks" for aerosol-generating procedures (page 14-14) rather than N95 respirators. It describes the procedure for collecting a naso-pharyngeal swab from a suspected pandemic influenza patient and recommends that the worker wear a surgical mask rather than an N95 respirator. This is unacceptable advice. The procedure is highly likely to generate a sneeze or cough potentially releasing dangerous virus particles into the air which could be inhaled. Proper respiratory protection such as an N95 respirator, not a mask, should be worn.

Masks, high efficiency or otherwise, are not certified to any known standard of protection against respiratory hazards and should **not** be used as respiratory protection. Only a properly fitted respirator (such as N95, N100) issued as part of a comprehensive Personal Protective Equipment (PPE) and Respiratory Protection Program, will provide acceptable protection from airborne infection hazards.

Wherever possible, specimen handling that may result in the production of droplets or aerosols should be done within a biological safety cabinet.

The Canadian Society of Medical Laboratory Science (CSMLS) publishes a guide on laboratory safety which clearly states that respirators should be used when there is potential for generating aerosols outside of a biological safety cabinet.

Community Healthcare Professionals Division/ Mental Health Division.

Community Health Services (OHPIP Chapter 16)

This is one of the few chapters where attention is directed to fundamental principles of health and safety, such as the hierarchy of controls, risk assess-

ment and training programs developed in consultation with Joint Health and Safety Committees.

The typical home is not designed for healthcare delivery. Workers have limited access to technology and supplies and less contact with colleagues and supervisors than in other sectors. They have less ability to implement safety policies and procedures than in more controlled and regulated environments such as hospitals or long term care settings. As such, consultation with front-line staff is vital to ensure that worker protection measures are appropriate to the work environments encountered.

Workers in this sector should understand their rights under OHS: their right to be informed about hazards; their right to be involved in the planning process to protect them from hazards; and, their right to refuse unsafe work. The right to refuse unsafe work under OHS for healthcare workers who work in clients' homes is not limited by the same restrictions faced by workers in hospitals and other facilities.

Pandemic planning for this sector will include decisions about personal protective equipment, when and how it should be worn, how it is to be safely removed and how to transport potentially contaminated PPE.

Because it is expected that hospitals and other facilities will be overwhelmed with admission demands during a pandemic, the pressure to deliver influenza care in home and community settings will be intense. Pandemic planning for the community sector should be based on this assumption.

Ambulance Division

Emergency Medical Services (EMS) (OHPIP Chapter 15)

The EMS section lists PPE such as N95 respirators for air-ambulance personnel, but its direction on respiratory protection for other EMS workers is ambiguous.

This chapter references another document, *Infection, Prevention and Control Best Practices Manual for Land Ambulance Paramedics Vol. 1.0*, as a useful source. However, the referenced document is confusing in its direction for respira-

tory protection, referring to “sub-micron respiratory masks” or “sub-micron particulate respirator masks.” The document refers to using a mask rather than a respirator when performing aerosolizing procedures. It also describes a standard, which may be N95, without naming it as such. Masks are masks. Respirators are respirators. They should not be confused with each other. The shortcomings of this document are particularly worrisome given its recent release in March 2007.

The document “*Preventing and Assessing Occupational Exposure to Selected Communicable Diseases*,” listed in the EMS website library, is outdated (1994) and should be revised, guided by the Precautionary Principle. It is particularly weak on worker safety issues and fails to properly describe legislative reporting requirements to the WSIB, JHSC and Ministry of Labour.

Given the limited engineering controls possible within EMS vehicles (ventilation, distance), greater reliance has to be placed on PPE for worker protection. Procedures performed inside an ambulance on potential pandemic influenza patients likely to cause aerosols, such as intubations and airway suctioning, should be done by workers using appropriate respiratory protection. Some experts such as those at the U.S. Occupational Safety and Health Administration (OSHA) recommend that N100 respirators or Powered Air Purifying Respirators (PAPR) be used for aerosolizing procedures inside an ambulance.

EMS employers, in consultation with their JHSCs, should carefully assess the risks of pandemic influenza to their employees, and draft plans to address those risks. As they develop their plans, they should be aware that some EMS documents referenced in OHPIP are outdated and confusing.

Flu Centres

Community-based Influenza Assessment, Treatment and Referral Centres (OHPIP Chapter 11)

During a pandemic, current OHPIP planning requires that many influenza patients are to be referred to a Flu Centre. These temporary units may be part of an existing facility, or be a stand alone facility. Staff for these centres will have to be drawn from other existing healthcare organizations.

This section of the plan is not at all clear on health and safety responsibilities within the Flu Centres. These temporary workplaces will need a functioning health and safety Internal Responsibility System (IRS). Workers who are assigned to these temporary units must know where to report health and safety concerns and who is responsible for acting on them. They must have access to a ‘competent supervisor.’ Under the *Occupational Health and Safety Act*, a competent supervisor is one who is familiar with the work, familiar with the Act and its Regulations and who has knowledge of hazards and dangers in the workplace.

Workers who work in these Flu Centres will require instruction from employers about health and safety policies, procedures, measures and PPE. They must be familiarized with the safety features of the facility such as fire equipment and procedures, location of eyewash stations and other safety equipment.

This chapter is also confusing and contradictory with respect to PPE required when transporting patients to and from the Flu Centre. Respiratory protection such as N95 respirators should be used by all healthcare workers who may be in close proximity to a coughing and sneezing influenza patient whether they are involved in patient transport or caring for patients in the Flu Centre. Workers involved in patient screening activities also should have respiratory protection.

Workers who learn in advance that they will be working in Flu Centres should begin working with their union and asking questions about what health and safety policies, procedures and measures will be put in place.

Workers assigned to Flu Centres continue to have the same rights under OHSAs as all other workers, even during an emergency.

Health Care Support Division

Workers in this sector work in a wide range of classifications and workplaces. Experience has shown that these workers are the most likely to be overlooked in risk assessments for hazards such as infectious diseases. Planners often are unfamiliar with the work they do and make assumptions based on job titles.

Workers in this sector should examine their current duties and workplace plan to see if they have potential for exposure to patients who may have pandemic influenza. Ensure that your health and safety concerns are addressed by your workplace pandemic plan. Workers should raise any concerns they have with their supervisor and OPSEU member of the JHSC. Nobody knows your job like you do.

Provisions for support workers in a worksite pandemic plan may include: changing the location of your work to avoid exposure to potentially infectious patients; altering your route into a workplace to reduce opportunities for exposure to infectious patients; installing Plexiglas or other barriers between support workers and patients and the public to prevent exposures; provision of PPE such as N95s, gowns and gloves to prevent exposure; training in infection prevention and control.

Hospital Professionals Division (HPD)

Workers in this sector work in a wide range of classifications, often in acute care facilities. Particular attention should be made to identify workers who may come in contact with influenza patients or patients who have not been screened or assessed. These workers should be enrolled in the Respiratory Protection Program and fit-tested.

Local hospital pandemic plans may call for staff to perform unfamiliar tasks or work in unfamiliar locations. Workers must be advised of, and trained to, safely work with the associated hazards. For example, a laboratory worker may be re-assigned to work in a laboratory that she has not been in for 20 years and may be unfamiliar with the current health and safety procedures there. The worker must receive training on the hazards and how to work safely with them.

Long Term Care Facilities Division

Long-Term Care Homes (OHPIP Chapter 19)

Workers in long-term care facilities may find they have to care for ill patients who normally would be transferred to an acute-care facility. Because of pressures on the acute care system during a pandemic, very ill long-term

care patients may have to remain in their own facilities. Workers in these situations will not only be required to deliver unfamiliar acute care services, they may be unfamiliar with appropriate health and safety measures to protect themselves. Additionally, these workers may not have access to specialized safety equipment for high-risk procedures likely to cause aerosols.

Long-term care workers should consult their local facility and community plans to determine whether they contemplate an expanded role for the facility and its workers. Health and safety policies, procedures and measures in many long-term care facilities are frequently inadequate. Pandemic planning provides an opportunity for JHSCs and union locals in these facilities to renew their activism to ensure that their workplace pandemic plan will protect workers. Insist that your employer consult with the JHSC as they develop their plan and the training which must accompany it. Ensure that training and appropriate PPE will be provided to workers.

This chapter refers to the PIDAC Febrile Respiratory Illness (FRI) document, which is problematic. See a discussion of the FRI document below.

Paediatric Services (OHPIP Chapter 18)

Contradicting the health and safety guidance in Chapter 7, the paediatric chapter does not recommend the need for an N95 respirator when dealing with known pandemic influenza patients. This is inconsistent and does not meet the standard of the precautionary principle. Workers should confirm their employer's intentions with respect to respiratory protection.

Other than contradicting the recommendations about respiratory protection, the paediatric chapter gives no other useful health and safety guidance. Like the long-term care chapter, this chapter also refers to the problematic PIDAC FRI document discussed below.

Public Health Units (OHPIP Chapter 13)

Although workers in Public Health Units will be a key component of the pandemic influenza response, there is no reference to health and safety of Health Unit staff in this chapter.

Workers and JHSCs and H&S Representatives should carefully review the Health Unit's pandemic plan. Risk assessments should be completed to determine which workers may come into contact with potential influenza patients. If Health Unit workers will have contact with pandemic influenza patients, they should be enrolled in a Respiratory Protection Program and fit-tested for appropriate respirators. The need for other personal protective equipment will have to be determined.

Duties and locations of Health Unit staff may be altered during a pandemic and workers may be exposed to new, unfamiliar hazards in unfamiliar settings.

As in any other workplace, the employer must consult with the JHSC or H&S Representative as it develops its plan and the training to accompany it.

One of the OHPIP Fact Sheets directs healthcare workers individually to contact their local Public Health Unit for information on community pandemic plans. Health Units can reasonably expect difficulties in responding to the call volume.

The “PIDAC FRI” document – All divisions

This document was developed by the Provincial Infectious Diseases Advisory Committee (PIDAC) and is titled “Preventing Febrile Respiratory Illness.” It is usually referred to as the ‘PIDAC FRI’ document. References to this document appear throughout the OHPIP. It also appears as part of many workplace infection control policies and procedures.

This document advises workers to use surgical masks rather than N95 respirators when working in close proximity (less than a metre) with patients symptomatic for Febrile Respiratory Illnesses (FRIs). It also advises workers to use surgical masks during procedures that generate droplets and aerosols. If workers followed this advice, they would wear surgical/procedure masks when caring for, or in close proximity to patients with pandemic influenza and SARS.

The guidance given in the FRI document conflicts with recommendations in the Ontario and Canadian plans, as well as with advice given by the U.S.

Centers for Disease Control (CDC). OPSEU has argued that this document is not consistent with the Precautionary Principle or the legal duty under OHS Act to “take every precaution reasonable in the circumstances” to protect workers’ health and safety. References to the FRI document should be removed from OHPIP. Early in 2008, the Ministry of Health and Long-Term Care agreed to remove references to the PIDAC FRI document in OHPIP but did not commit to a time frame to do so.

PERSONAL & FAMILY CARE

What are the symptoms of influenza?

Why do individuals and families need their own pandemic influenza plans?

Do I need an emergency kit?

What should I have in my emergency kit?

How can I protect myself and my family at home during a pandemic?

What should I do if I get sick with influenza?

PERSONAL & FAMILY CARE

What are the symptoms of influenza?

It usually starts suddenly. Common symptoms include:

- Fever
- Cough
- Headache
- Muscle pain
- Sore throat
- Runny nose
- Body aches.

Sometimes older adults (over 65) and children under five do not get a fever with the flu. Sometimes children have nausea, vomiting, or diarrhea when sick with the flu.

Why do individuals and families need their own pandemic influenza plan?

Everybody should be prepared for emergencies. It is not possible to predict when the next pandemic will be, nor how disruptive it will be to everyday life. Preparing for a pandemic emergency will also help to prepare you and your family for other emergencies such as a natural disaster. A disaster can strike anywhere at any time. It is important to have an emergency plan. You should be prepared to be self sufficient for at least 72 hours.

Here are some of the things you should consider when developing your plan. You should be able to answer the following questions:

- Who will take care of you if you become sick?
- Who will help care for ill or dependant family members if you become sick?
- Does anyone in your family have special medical needs?
- How will you get to work if transportation services are disrupted?
- Do you have enough non-perishable food and water in the house

to last for 72 hours if you cannot get out for supplies.

- Who will look after the children if schools and daycares close?
- Are there people in your community who might require your help?
- Who will take care of your pets?

Discuss your plan with your family and friends. This is particularly important if you live alone, or are a primary caregiver or a single parent.

Do I need an emergency kit?

Yes! Everybody should have an emergency kit. Disasters can strike without warning. Even if there is a warning, emergency supplies can quickly run out. Have an emergency kit so that you and your family can be self-sufficient for at least 72 hours. Check the contents regularly and keep your emergency plan updated. This should be done at least every six months. Your emergency kit should be easily accessible and easy to carry.

What should I have in my emergency kit?

Following is a standard list which can be modified to meet an individual or family's needs:

- Water – two litres of water per person per day. Include small bottles that can be carried easily in case of an evacuation order.
- Food – that won't spoil, such as canned food, energy bars and dried foods (remember to replace the food and water once a year)
- Manual can opener
- Flashlight and batteries
- Candles and matches or lighter
- Battery-powered or wind-up radio (and extra batteries)
- First aid kit
- Special needs items – prescription medications, infant formula or equipment for people with disabilities
- Extra keys – for your car and house
- Cash – include smaller bills, such as \$10 bills (travellers cheques are also useful) and change for payphones
- Personal Emergency Plan – include a copy of it and ensure it contains in-town and out-of-town contact information.

These items can be used in any emergency. During a pandemic you may have to take care of a sick family member. It will be helpful to have basic infection control supplies such as the following to assist with home hygiene practices when someone is sick:

- extra cleaning supplies
- alcohol based hand cleanser
- procedure masks (for the coughing and sneezing *patient*)
- gloves
- extra garbage bags for contaminated items such as tissues.

Excellent guidance on this subject is available through Public Safety Canada. (http://getprepared.ca/_fl/guide/national_e.pdf)

A good checklist is available through the Ministry of Health and Long-Term Care (http://www.health.gov.on.ca/english/public/program/emu/pub/prep/broc_clist_010606.pdf)

How do I protect myself and family at home during a pandemic?

It is important to take measures to stay healthy and reduce the risk of catching or spreading influenza to your family, friends, co-workers, and neighbours during a pandemic. Following are useful tips to reduce exposure to infections, especially during a pandemic:

- Practice good hygiene. The influenza virus can survive on hard non-porous surfaces for 24-48 hours and on cloth and tissues for 8-12 hours. The virus only survives for about five minutes on our hands but it is believed that unwashed hands contribute significantly in spreading the virus.
- Avoid touching your nose, eyes and mouth with your hands
- Clean often-touched surfaces, such as door knobs and kitchen counters frequently.
- Don't share eating utensils or drinks.
- Cover your mouth and nose when you cough or sneeze, preferably not with your hands. Use a tissue if you have one, or your upper arm if you don't. Dispose of tissues in a garbage container.
- Always wash your hands after using the bathroom or handling dirty laundry. Wash hands before preparing or eating food.

- Practice social distancing. Avoid traveling and crowds whenever possible.
- Teach good hygiene practices to your children and other family members.

What should I do if I get sick with influenza?

- If you have symptoms of the flu stay home!
- Seek medical attention quickly. You may have to go to a flu-center. for treatment Anti-viral drugs are more effective when taken early
- Practice good hygiene at home.
- Drink lots of fluids and avoid alcohol
- Let your employer know that you might have influenza.
- If necessary activate your personal emergency plan.
- File a WSIB claim if you have reason to believe you have contracted influenza from work. (Note: The WSIB decides if your illness is work related, not the employer.)

LINKS & RESOURCES

LINKS & RESOURCES

Plans and Planning:

Ontario Health Plan for an Influenza Pandemic (OHPIP)

www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

World Health Organization (WHO)

www.who.int/csr/disease/influenza/pandemic/en

The Canadian Pandemic Influenza Plan for the Health Sector (CPIP)

www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php

A directory of local Public Health Units

http://www.health.gov.on.ca/english/public/contact/phu/phuloc_mn.html

Governmental pandemic plans:

<http://www.ccohs.ca/pandemic/subject/governmentalpandemicplann.html>

The Pandemic Planner: A Monthly Newsletter for Health Care Professionals

A publication of the Emergency Management Unit, Ministry of Health and Long-Term Care

www.health.gov.on.ca/english/providers/program/emu/pan_flu/planner.html

U.S Centers for Disease Control (CDC)

<http://www.cdc.gov/flu/pandemic>

Canadian Centre for Occupational Health and Safety

<http://www.ccohs.ca/pandemic>

Personal Preparedness:

Emergency Management Ontario- Emergency checklist

(www.health.gov.on.ca/english/public/program/emu/pub/prep/broc_clist_010606.pdf)

Emergency planning guide from Public Safety Canada

(http://getprepared.ca/fl/guide/national_e.pdf)

Personal Emergency Kit checklist from Ministry of Health and Long Term Care

(www.health.gov.on.ca/english/public/program/emu/pub/prep/broc_clist_010606.pdf)

Public Safety Canada: Emergency kit

(http://getprepared.ca/kit/kit_e.asp)

Legislation:

OPSEU: A Worker's Guide to the Occupational Health and Safety Act

(www.opseu.org/hands/Bill2082003.pdf)

Service Ontario e-laws – relevant legislation

(<http://www.e-laws.gov.on.ca/navigation?file=home&lang=en>)

Other documents referenced:

SARS commission Report

(<http://www.sarscommission.ca/report/index.html>)

The PIDAC FRI document

(www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_fri.html)

The Auditor General's report on the status of Ontario's Outbreak Preparedness

www.auditor.on.ca/en/reports_en/en07/312en07.pdf

Ambulance Service: Infection Prevention & Control Best Practices Manual

www.ambulance-transition.com/pdf_documents/infection_prevention_and_control_best_practices_manual.pdf

Organizations:

Workers Health & Safety Centre

www.whsc.on.ca

Occupational Health Clinics for Ontario Workers (OHCOW)

www.ohcow.on.ca

Ontario Safety Association for Community & Healthcare (OSACH)

<http://www.osach.ca/new/SaftInfo/PanPlan.shtml>