

March 30, 2020

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

Protecting the health and safety of health care workers and the patients they care for is an imperative for hospitals and the Ontario Nurses' Association (ONA). During the current COVID-19 pandemic, it is critical that the appropriate steps are taken to protect the health and safety of all health care workers, patients and the public in Ontario, utilizing the precautionary principle and preventing exposure to and transmission of COVID-19. It is also important to ensure that appropriate health and safety measures, including administrative and engineering controls and Personal Protective Equipment (PPE) are utilized, while also preserving supplies of specialized equipment for when they are required to safely provide care.

This joint statement issued by Chief Medical Officer of Health (CMOH), Ministry of Health (MOH), Ministry of Labour, Training and Skills Development (MLTSD), and ONA is intended to provide clarity on the approach in Ontario's hospital system. The parties acknowledge that they are guided by appropriate public health advice including consideration of the guidance on PPE usage from Public Health Ontario.

The parties agree to the following health and safety standards for front-line health care workers in Ontario's hospitals dealing with suspected, presumed, or confirmed COVID-19 patients:

1. A point-of-care risk assessment (PCRA) must be performed before every patient interaction. If a health care worker determines, based on their professional and clinical judgement that health and safety measures may be required in the delivery of care to the patient, then the worker shall have access to the appropriate health and safety control measures, including an N95 respirator. The employer will not unreasonably deny access to the appropriate PPE.
2. At a minimum, contact and droplet precautions must be used by health care workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
3. All health care workers who are within two metres of suspected, presumed or confirmed COVID-19 patients shall have access to appropriate PPE. This will include access to: surgical/procedure masks, fit tested NIOSH-approved N-95 respirators or approved equivalent or better protection, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns.

The employers commit to provide all health care workers with information on safe utilization of all PPE and employees shall be appropriately trained to safely don and doff all of these supplies.

4. The PCRA should include the frequency and probability of routine or emergent Aerosol Generating Medical Procedures (AGMPs) being required. N95 respirators, or approved equivalent or better protection, must be used by all health care workers in the room where AGMPs are being performed, are frequent or probable, or with any intubated patients.

AGMPs include but are not limited to; Intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation, bronchoscopy, sputum induction, non-invasive ventilation (i.e. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (e.g. ARVO, optiflow) and autopsy.

5. The Organizational Risk Assessment must be continuously refreshed ensuring that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This will be communicated to the Joint Health and Safety Committee including the review of the environment when a material change occurs.
6. The parties agree with the importance of conservation and stewardship of PPE and will assess the available supply of PPEs on an ongoing basis. The parties commit to continue to explore all available avenues to obtain and maintain a sufficient supply.

In the event that the supply of PPEs reach a point where current supplies are anticipated to last for only 30 days (i.e. a shortage), or where utilization rates indicate that a shortage will occur, the government and employers, as appropriate will be responsible for developing contingency plans, in consultation with ONA, to ensure the safety of health care workers.