

Swine Influenza

Respiratory Protection for Nurses

Position Statement from United Nurses of Alberta

Background

The recent outbreak of swine influenza first identified in the Federal District of Mexico on March 18, 2009 has now spread to the United States of America, the United Kingdom, Europe and Canada. To date, there are now over more than 1000 of pneumonia (more than 150 deaths) reported in Mexico, a total of 40 cases in California, Kansas, New York City, Michigan, Ohio and Texas and six cases from Nova Scotia, Quebec and British Columbia.

On April 27, 2009, the World Health Organization announced that the current outbreak of swine influenza A has been designated to a pandemic influenza phase 4. This phase is characterized by verified human-to-human transmission sufficient to sustain community level outbreaks. This marks a significant shift in the risk for a pandemic but does not mean that a pandemic is a foregone conclusion.

Influenza normally affects the very young and the very old, however, the majority of these cases have occurred in otherwise healthy young adults. Illness signs and symptoms have consisted of influenza-like illness, fever and respiratory tract illness. Persons with swine influenza should be considered potentially contagious for 7 days following the onset of illness. Persons who continue to be ill longer than 7 days might be contagious for longer periods.

The cases in Mexico progressed to severe respiratory distress in about 5 days, with many requiring mechanical ventilation. In contrast, the U.S. cases have a mild influenza-like illness with only one requiring hospitalization. All eight of the Canadian cases are the same strain of human swine influenza found in the U.S. and Mexico. The virus is resistant to the antiviral medications amantadine and rimantadine, but is sensitive to oseltamivir and zanamivir.

On April 26, 2009 the Government of Alberta issued a media statement informing Albertans that Alberta's Chief Medical Officer of Health has put the provinces health system on alert and asking them to take precautions against influenza virus and help stop the spread of infection.

Virus Transmission

The Swine Influenza A (H1N1) that has infected humans in the U.S., Mexico and Canada appears to be a new virus and none of the cases involves direct contact with pigs, which is the usual method of transmission. Human-to-human transmission has been confirmed.

It appears to be a new virus and authorities believe that the virus is spread the same way as the seasonal flu. However, the exact method of transmission (droplet and/or airborne) has not been determined at this time.

In a 2007 report from the Canadian Council of Academies commissioned by Health Canada they conclude that there is evidence that influenza is most likely transmitted by airborne particles and droplets. The ability of these organisms to be transmitted by smaller airborne particles increases the risk of infection for health care workers.

Precautionary Principle

In 2006 with the support of United Nurses of Alberta and other nurses unions the Canadian Federation of Nurses Unions (CFNU) issued a position statement on Personal Protective Equipment When Planning for a Pandemic. This position statement was based on the precautionary principle and called for the use of N95 respirators as a minimum standard when the exact mode of transmission of an organism is unknown.

The precautionary principle states that when an activity raises threats of harm to human health or the environment the highest level of precautionary measures available should be taken in the absence of full scientific certainty. This principle is very similar to the use of routine practices (universal precautions) in Infection Control and Prevention.

The January 9, 2007 final report of the SARS Commission showed broad support for the precautionary principle. Throughout the report the commissioner was unequivocal about the importance of this principle.

“Perhaps the most important lesson of SARS is the importance of the precautionary principle. SARS demonstrated over and over the importance of the principle that we cannot wait for scientific certainty before we take reasonable steps to reduce risk”

Respiratory Protection

On April 24, 2009 the Centres for Disease Control and Prevention in Atlanta, Georgia issued interim guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in A Healthcare Setting. In this document they recommend the following until additional, specific information is available regarding the behaviour of this swine influenza is available.

Interim Recommendations:

- Personnel engaged in aerosol generating activities (e.g. collection of clinical specimens, endotracheal intubation, nebulizer treatment, bronchoscopy, and cardiac pulmonary resuscitation) for suspected or confirmed swine influenza A cases should wear a fit-tested disposable N95 respirator.
- Pending clarification or transmission patterns for the virus, personnel providing direct patient care for suspected or confirmed swine influenza A cases should wear a fit-tested disposable N95 respirator when entering the patient room.

It is our understanding that the Public Health Agency of Canada will soon be issuing interim guidance for health care workers dealing with human cases of swine influenza A (H1N1). We will be posting a copy of these guidelines as soon as they are available.

It is the position of United Nurses of Alberta that until such time as there is scientific certainty regarding the mode of transmission of Swine Influenza A (H1N1) all Employees covered by the Multi-Employer/UNA Collective Agreement that are required to provide patient care for suspected or confirmed swine influenza A cases must be provided with an



appropriate supply of fit-tested N95 respirators and mandatory education regarding the care of procedures for donning and doffing N95 respirators.

Along with respiratory protection until the manner of causation is known, in addition to routine practices, infection control measures for suspected and confirmed cases of the swine influenza should include contact precautions, respiratory hygiene, accommodation, eye protection, surveillance and reporting.

What You Need to Know:

- **Get Fit Tested!** - The Multi-Employer/UNA Joint Committee has reached an agreement regarding N95 Respirator Provision and Fit Testing (see attached) which requires the employer to provide N95 respirator fit-testing to all employees covered by the Multi-Employer/UNA Collective Agreement.
- **Ensure you have enough N95 respirators** - The Joint Committee agreement obligates the Employer to ensure that an appropriate supply of N95 respirators is available.
- **You may be temporarily transferred** – In the event of an emergency Article 44: Mobility (44.05 (e)) allows the Employer to reassign Employees from any site to perform work at any other site in emergency circumstances. An emergency is defined as “an unforeseen combination of circumstances or the resulting state that calls for immediate action”. Contact your Local representative or Labour Relations Office for additional information regarding emergency transfers.
- **Do not report to work if you are sick** – Nurses should not be reporting to work if they have influenza like illness (fever and respiratory symptoms). Nurses who do report to work are putting patients and their co-workers at risk of infection and illness. The Alberta Government is asking that individuals with flu like symptoms stay home from work and avoid public places when ill.
- **You do not have to put your health at risk** – The agreement between the parties states that employees who have not been fit-tested for an N95 respirator or are unable to achieve an effective facial seal shall not be expected to enter or provide services in an area where a suspected or confirmed case of swine influenza A has been identified. These Employees may be deployed to another area.

In addition Section 35 of the Alberta Occupational Health and Safety act states that:

“No worker shall carry out any work if, on reasonable and probable grounds, the worker believes that there exists an imminent danger to the health and safety of that worker...”

You would have the right to refuse to provide services in an area where a suspected or confirmed case of swine influenza A has been identified if the employer fails to provide you with N95 respirators and/ or you have not been fit-tested.



References:

Alberta Government, News Release, April 26, 2009

Public Health Agency of Canada, Video Transcript, April 24, 2009

Public Health Agency of Canada, News Release, April 24, 2009

Public Health Agency of Canada, News Release, April 26, 2009

Public Health Agency of Canada, Travel Health Notice, April 25, 2009

World Health Organization, Information Bulletin, April 24, 2009

World Health Organization, Current WHO phase of pandemic alert, April 27, 2009

Centres for Disease Control and Prevention, Swine Influenza (Flu), April 27, 2009

Centres for Disease Control and Prevention, Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting, April 34, 2009

Council of Canadian Academies, Influenza Transmission and the Role of Personal Protective Respiratory Equipment: An Assessment of the Evidence, The Expert Panel on Influenza and Personal Protective Equipment.

Canadian Federation of Nurses Unions, Safety Is Not Negotiable, A Position Statement on Personal Protective Equipment When Planning for a Pandemic, June 2006

Ontario Federation of Labour, Occupational Health and Safety and the Precautionary Principle Collective Bargaining Language, July 2007

Regular Updates will be posted as soon as new information is available.

For additional information and assistance contact your Local representative, Labour Relations Officer or UNA Occupational Health and Safety Officer



Multi-Employer/UNA Joint Committee
Tentative Agreement
Re: N95 Respirator Provision and Fit-Testing
September 12, 2008

Multi-Employer/UNA Collective Agreement:

The parties recognize the need for a safe and healthy workplace. The Employer shall be responsible for providing safe and healthy working conditions. The Employer and Employees will take all reasonable steps to eliminate, reduce or minimize all workplace safety hazards.

Employers and UNA share a commitment to protect the health and safety of Employees covered by the Multi-Employer/UNA Collective Agreement from exposure to airborne infectious disease(s) in the course of their work.

UNA and Employers agree that:

- N95 respirator fit-testing will be provided for all Employees covered by the Multi-Employer/UNA Collective Agreement. In accordance with CSA standards, such Employee fit-testing will be conducted every two years or more frequently if something has occurred that would change the effectiveness of the facial seal of a previously fit-tested N95 respirator.
- Employees who cannot achieve an effective facial seal as demonstrated through a CSA approved fit-testing process, or who have not been fit-tested for an N95 respirator shall not be expected by the Employer to enter or provide services in an area where a suspected or confirmed airborne infectious disease outbreak has been declared by the Medical Officer of Health. Such Employees may be redeployed to another area.
- Annual in-service education regarding N95 respirators, other personal protection devices, infection prevention and control measures and health and safety procedures shall be provided to Employees.
- Employee compliance with the fit-testing and educational program shall be mandatory, in accordance with Article 35.02(a).
- The Employer will ensure that an appropriate supply of N95 respirators is available for use by Employees.
- Employers may require an implementation period to ensure that all Employees receive the initial N95 respirator fit-testing.