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Joint Statement on Principles for Protecting the Health and Safety of Healthcare Workers, Patients, Clients and Residents

As unions representing frontline healthcare professionals and workers throughout Saskatchewan, we know that COVID-19 is affecting every aspect of our lives and workplaces and is placing enormous pressure on government, employers, unions, workers and communities.

During this pandemic, our members continue to go to work – they are caring for the people of Saskatchewan and putting their own and their family's health at risk to help contain and respond to COVID-19. We believe we need to work collaboratively to respond to these exceptional circumstances and to guide our healthcare system and our province through the storm. Protecting the health and safety of healthcare workers, and their patients, clients and residents is an imperative for all of us involved in the Saskatchewan healthcare system.

In addition to ensuring union representation, from each of the signatory healthcare unions, on the provincial Personal Protection Equipment Task Force, we call on the Ministry of Health and the Saskatchewan Health Authority to join us in committing to a set of shared health and safety standards when dealing with suspected, presumed, or confirmed COVID-19 patients.

These standards should form the basis of a joint statement from the Government of Saskatchewan, the Ministry of Health, the Saskatchewan Health Authority and the unions and associations representing health care workers, as has occurred in other provinces. The joint statement should include:

1. A point-of-care risk assessment (PCRA) must be performed before every patient interaction. If a health care worker determines, based on reasonable grounds (including but not limited to 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 based on the PCRA, including an N95 respirator. Employers 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 individuals. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.

3. All health care workers whose job duties require them to be within two metres of suspected, presumed or confirmed COVID-19 patients, residents or clients, shall have access to appropriate PPE (appropriate means level of PPE may vary). 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, minimally, fluid resistant gowns. In addition, health care workers required to go into a room that housed a presumed or confirmed COVID-19 patient, whether the patient is present or not, to provide cleaning or disinfection services will be provided airborne PPE.

   All health care workers are required to wear N95 respirators in all ground and air ambulances.

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. Where there is extensive contact, there will be drilling (mentored practice) in addition to training.

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. Organizational Hazard Assessments must be continuously refreshed ensuring that those identified are removed, or otherwise adequately controlled to protect the health and safety of workers, and reflect the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures.

   This will be performed with consultation and participation of workers representatives. This will be communicated to union partners and Joint Occupational Health and Safety Committees including the review of the environment when a material change occurs.

6. Conservation and stewardship of PPE is an important principle for everyone working in the healthcare system and continual assessment of the available supply of PPEs should be undertaken on an ongoing basis. All available avenues to obtain and maintain a sufficient supply shall be pursued.

   In the event that the supply of PPEs reaches 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 union partners, to ensure the safety of health care workers.

We look forward to receiving a response by Wednesday, April 8, 2020.

Sincerely,

Sandra Seitz, President, CUPE Local 5430
Karen Wasylenko, President, HSAS
Barb Cape, President, SEIU-West
Tracey Sauer, SGEU Health Providers Bargaining Chair/SGEU Health Sector Chair
Tracy Zambory, President, SUN

cc Dr. Saqib Shahab, Chief Medical Health Officer
Dr. Susan Shaw, Chief Medical Officer
Suann Laurent, Chief Operating Officer, SHA
Mike Northcott, Chief Human Resources Officer, SHA