



Questions and Answers for ONA Members

The Ontario Nurses' Association held a Telephone Town Hall on Tuesday, January 28, to answer members' questions regarding the 2019 Novel Coronavirus (nCoV). The town hall was co-hosted by ONA President Vicki McKenna, RN, and ONA CEO Bev Mathers, RN.

Below are a number of questions and answers that stemmed from the discussion. Additional questions and answers will be added to this document, as needed. More information and guidelines can be found on the ONA website at www.ona.org/coronavirus

Personal Protective Equipment (PPE)

Question

The N95 mask does not fit me. What are my options?

Answer

One option is not assigning you to the patient. Your employer is required to do whatever is necessary to keep you safe.

There are other devices known as Powered Air Purifying Respirators (PAPRs) that are available that will also keep you safe. Please speak to your ONA Bargaining Unit leadership and/or the Joint Health and Safety Committee (JHSC) representatives about how to access these.

Question

I'd like more information about PAPRs. We had a meeting with our hospital leadership and they say the directive from the Ministry of Health is to use contact and droplet precautions. Hospital administrators note they are going above, and are using airborne precautions, but have no plans to use PAPRs as yet. Could you provide some clarification?

Answer

Every hospital should have a supply of PAPRs. If your employer does not have PAPRs, you should ask your health and safety reps to speak to your employer. In the meantime, you should be accommodated on another unit.

The Ministry guidance at the moment is for droplet precautions. However, droplets could be aerosolized via Aerosol Generating Medical Procedures (AGMP) like intubation. We are aware that a number of employers are making the PAPRs available to employees who want to wear them. Please contact your Bargaining Unit leadership to get them in supply.

Your employer should be exercising the Precautionary Principle (err on the side of caution).

ONA has heard from some members that their employers are struggling with supply. However, ONA was assured by government that there is adequate PPE, including PAPR supply. If you ~~did~~ have a coronavirus patient that needed to be intubated, you would need a PAPR.

On Tuesday, January 28, ONA met with the Minister of Health and there was no resistance to using airborne precautions as it could easily become airborne.

Based upon the precautionary principle, ONA believes that both federal public health and the World Health Organization recommendations should be heightened to airborne precautions.

Question

Should we have adequate supplies in Long-Term Care?

Answer

Yes, and the appropriate fit-testing of N95 masks and other equipment. This includes education and testing for any equipment. The risk in long-term care may be less of having a resident with nCoV, but it is not zero.

Question

In what kind of room should patients with 2019-nCoV or suspected of having 2019-nCoV receive care?

Answer:

Patients should receive care in a negative pressure room. If one is not available, then an isolation room with an ante room should be made available. If not being treated in a negative pressure room, the employer needs to ensure you have all necessary PPE, which includes a PAPR and full body protection, and that you are trained tested on how to put the equipment on and take it off.

Question

With regards to the recommendation to have an airborne isolation room ready for any patient who comes into emergency with a suspected nCoV, is the intent to have a negative pressure isolation room available and empty 24/7? Over capacity impacts this. We have a limited number of isolation rooms.

Answer

Yes, employers should have a negative pressure isolation room available 24/7.

Alternative locations can include making ante-rooms and even cohorting patients may be required. These alternatives are less than ideal and have their own issues.

Question

What kind of screening/triaging is being done?

Answer

One example of triaging is a family saying they suspect they may have nCoV. EMS is calling ahead to emergency staff, who are going out and meeting the EMS team, the ambulance team, in the ambulance bay. Emergency staff are going out with full PPE on and they are freeing up a room at that time where they can isolate and then they have an opportunity to properly don personal protective equipment. The patients are masked before they are even brought into the hospital so that they limit spread getting them to rooms.

Question

What if the OR has no negative pressure rooms to perform surgery in?

Answer

Each employer should be doing a risk assessment for caring for infected patients in all sectors and settings of health care. Any unaddressed concerns need to be escalated to your union leadership and/or the Joint Health and safety Committee (JHSC) rep.

Question

What if we have no access to negative pressure rooms in long-term care?

Answer

If the patient/resident cannot be accommodated in a negative pressure room, they may require to be transferred to a facility that can accommodate. Any resident that requires negative pressure room will likely need acute care.

Question

Why is there a discrepancy in what PPE paramedics are wearing (full hazmat) and nurses wearing just N95 masks?

Answer

PPE is based upon setting, risk and control over environment. ONA's position is that the precautions and PPE in hospitals should be increased and nurses should have access to the appropriate level of PPE, including PAPRs.

Question

Are workplaces required to have employees wear N95 all the time or even have it fit tested?

Answer

Yes, workplaces are required to have employees appropriately sized, fitted, tested and trained. It may depend on the situation as to ascertain if it's needed. However, N95 masks do need to be replaced frequently to ensure effectiveness. Discuss with local union and/or JHSC rep.

Question

Can the employer mandate shaving of beards? Can they mandate if a beard is a religious symbol?

Answer

Based on our experience with SARS, yes, they do have the right to ask for you to be clean shaven, for mask fitting purposes, except if there is a religious objection. The employer would then be obligated to accommodate you with other proper protection to protect you, your colleagues and patients safely.

Question

Are goggles sufficient, or do we need a full clear face mask?

Answer

Face shield with N95 is a must. This will cover and protect the skin on your entire face as well as your eyes and all of your mucus membranes.

Question

Are we to be provided scrubs so we don't go home in our uniforms?

Answer

You should not be going home in your uniform; you should be changing into and out of your uniform at work. This is a part of a risk assessment and a discussion should to be had with local union and/or JHSC reps.

Screening

Question

What sectors are going to have guidance documents provided by the Ministry of Health?

Answer:

The Ministry has completed acute care, long term care, community and home care, and primary care documents. Those documents are posted on our website at www.ona.org/coronavirus other guidance documents will be developed.

Question

I work in OR/Day Surgery. Should we be doing the screening or should it be done prior? What if they fail screening?

Answer

As people come into the facility doors, everyone should be screened. Your clinic manager should have a risk assessment done as to how this is to occur. If they fail the screening, they should be given a mask and sent to ER to start the referral to local Public Health. Send to ER unless the employer's process is to refer them elsewhere. Finally, all sectors of health care have been recommended to initiate signage and screening.

Question

I work at a smaller community clinic and I was wondering if there are any recommendations for work environments like this where it might not be a tertiary care hospital environment? Are guidelines for public health clinics, such as our dental clinics and immunization clinics any different?

Answer

Guidance documents are now available for acute care, long-term care, community and home care, and primary care. This includes clinic settings and clinics in Public Health. The screening

recommendations are the same as for a hospital. For hospital ambulatory care clinics, you should be screening every patient asking them the question, “Have you been traveling, or have you traveled to China?” And whether they are febrile? And that should lead to a secondary series of questions. However, if they're answering no to those questions at this point, they're not febrile, they weren't in China or in contact with anyone at risk, we are not seeing that there are any precautions being taken anywhere beyond that.

Additionally, if you could prescreen outpatients by phone and ask them the screening questions, there would be minimal risk of somebody showing at your clinic. But if patients and family come to your clinic, they should both be pre-screened before entering.

In home care, your employer should be setting up a method where there are pre-screening calls happening before you are going into homes.

Regardless of setting, in hospital or in the community, if adequate risk assessments or adequate PPE is not provided, then you may have “The Right to Refuse Unsafe Work” under sections 43(3) of the *Occupational Health and Safety Act*. Such a refusal needs to be made to your supervisor and should involve your local union and/or JHSC rep.

Question

Are there any restrictions put on the public coming in, visitors and volunteers coming into the hospital during this time?

Answer

Ministry of Health guidance recommend screening of all members of the public accessing health-care services regardless of setting. At present, this appears to be just signage. Based upon the “precautionary principle,” ONA believes this should include screening with additional questions. We know at least one hospital that is restricting visitors who have been traveling to Wuhan. To our knowledge, this is not a widespread practice and we are not expecting that to happen, unless there is a greater spread of the virus and an increase to the risk level.

Restricting visitors is prudent and they should be prohibited if they have relevant symptoms, contact or travel history. If your workplace is not screening or restricting visitors, get in touch with your local union and/or JHSC rep.

If the employer has implemented access control and is screening all patients and visitors at one controlled access point, it is easier to monitor and assess the situation.

Question

Regarding the Triage screening questions, we have always asked if they have had recent travel, or been exposed to people that are ill, that have traveled. What is the period of time we are trying to cover? Also, is the screening to enquire if they have been in contact with someone who is ill and been to Wuhan?

Answer

One of the screening questions is, "Have you traveled or have you been in contact with someone who has traveled to Hubei Province?" Facilities are to follow the Ministry guidance, including ascertaining contact within the last 14 days. We need to know if this is not happening, so we can raise that with the Ministry.

There have been febrile respiratory symptom screening questionnaires for all health settings, for a significant period of time. It's just now because of the coronavirus, they've added the extra question about travel to the regions, to China and in particular the Wuhan region, but also to the other areas. However, there's nothing that would prevent one of any of our members if they failed some questions to ask more probing questions. That is part of a health assessment.

The screening is 1) Presentation of symptoms? **And any** 2) Travel to Hubei Province within last 14 days **or** close contact with a probable case **or** close contact with someone with symptoms who has traveled to Hubei province within the last 14 days.

There is not at this point a case that we have been told of where the person with 2019-nCoV did not spend time in Hubei Province or contact with someone who did. If that changes, then there will likely be an update to the screening questions by the Ministry of Health. It is ONA's position that given the employer should err on the side of caution, it makes sense to ask not only if someone has travelled to Hubei province (includes Wuhan City) China, but if they have had prolonged contact with someone who has travelled to Hubei province (includes Wuhan City), China.

Question

Are the provisions any different when one works in a long-term care facility or, no, we should be screening visitors?

Answer

Both residents and visitors should both be pre-screened before entering/re-entering, including letting visitors know to inform staff about contact that residents might have while on any leaves or external appointments. This includes preventing them from entering until they pass the screening. This would include adequate signage for all entering the long-term care facility.

If you are concerned, check our website at www.ona.org/coronavirus. Your local union leadership and/or JHSC rep can advise. Local leadership can check with the servicing Labour Relations Officer.

Question

We are getting people in ER from Wuhan and they are self-reporting. They are mildly symptomatic, they are febrile, and they have cold-like symptoms. Are we supposed to be keeping track of this for the 14-day incubation period so that if there are some symptoms that come up?

Should they be isolating themselves or what should we be doing in that situation? And if they are just concerned with no symptoms?

Answer

Yes, the 2019-nCoV is now a mandatory reportable illness, to be reported to public health. Public health would follow them at home, and then advise them whether they need to self-isolate and take any other steps. Patients who self-report being in the Hubei region and even have minor symptoms, should automatically be reported to public health.

If no symptoms and no other reason to be in ER, then they can contact Public Health themselves.

Question

Now that the virus has spread to multiple areas, what are the indicators that the screening won't necessarily just be for travel to Wuhan anymore? When will it be travel to any of these countries that have had cases show up?

Answer

Should our case numbers start to rise dramatically, plus domestic re-infections, then it will be absolutely universal screening. ONA is closely monitoring this issue.

Question

Are there any precautions/screening for staff that have traveled to China in the last month?

Answer

We do know that at least one hospital is asking staff to self-report. Remember, that we are talking about a specific region in China, and not everyone who has traveled to China is in the high-risk area, but staff should talk to Occupational Health, especially if they have any kind of flu-like symptoms.

Question

How is a "dedicated team" defined and how it differs from training and preparing front-line staff in areas likely to have cases present?

Answer

ONA's position is that each facility needs to be ready to respond appropriately when a patient who has or is suspected to have 2019-nCoV arrives at the facility for care. This includes training, testing and drilling a select group of clinicians on donning and doffing of PAPRs and full body protection and having a team of these individuals available on every shift, should a suspect or confirmed coronavirus patient require a high-risk aerosol generating medical procedure (AGMP).

A team of dedicated clinicians who could also be available to the triage nurse or other nurses (all shifts on site) to immediately transport, isolate and be able to care for any suspect or confirmed cases in a negative pressure room wearing as a minimum their fit-tested N95 respirators and other personal protective equipment (e.g. gloves, gowns, face shields, head/foot protection) is a good practice to contain the exposure to this infectious disease. However, if workers are in the room where an AGMP is being performed, it is our position they must wear a PAPR and full body protection as above. What we want to ensure is that no matter what shift the patient arrives at, that each hospital has sufficient staff available who have the necessary PPE for the various types of procedures and have been trained in the care of the patient who could have 2019-nCoV such that they can do this work safely. There are a number of ways for employers to achieve this outcome and we have set out only a couple examples here.

Question

There are recommendations that nursing homes send their residents to the ER if there are issues. Will there be any recommendations to agencies to let the ER know they are sending patients (concern regarding crowding)?

Answer

Your facility should discuss transfer procedures even prior to this disease. However, such a recommendation is timely. Please discuss the need for a risk assessment with your ER manager and keep the union informed.

Question

What is the testing method and what does “presumptive” mean?

Answer

The testing method, if they are nasopharyngeal swabbing or sputum, the tests are being done in Ontario and if is positive is referred to as presumptive. The testing being done in Ontario is about 98 -100 per cent accurate. However, it takes about 48 hours to get a result at the same time they are sending the specimen off to the national lab in Winnipeg and that takes about 24 to 48 hours beyond that to confirm. But they are going with the timeframe from here in Ontario with the initial presumed positive.

Accommodation of Staff

Question

Are there any special directions around health-care providers who are pregnant?

Answer

We learned from SARS that anybody who is pregnant, has chronic lung disease, and so on, that the work of breathing plus retention of CO2 can be exacerbated with the N95 respirator. They need more frequent breaks so they can get the mask off and rest. If the precautions are working correctly, there should be no risk to the pregnancy.

Labour Relations

Question

If I have to go under quarantine, who do I get pay from? Do I get paid at all? Or do I claim under WSIB benefits or is the Ministry of Health going to have a lump sum similar to when we had SARS?

Answer

If you need to be quarantined, you should get sick pay. If part-time, we have raised with the Ministry and made our position known around keeping pay whole.

As for EI Benefits, we know there is a one-week waiting period. If you are quarantined for two weeks, there is an issue.

WSIB will only be if you become injured or infected from workplace exposure and likely not going to work. If this occurs, then members need to get in touch with local union leader who will discuss with a Labour Relations Officer.

Question

Can they mandate that if another organization you work for has an outbreak that you not work there or choose between employers?

Answer

We do not believe at this point that employers can refuse to let you work or not allow you to work. That would have to be a Ministry directive and we have not seen any such directives to date. We suggest that if that is the case that your local union leadership discusses with a Labour Relations Officer.