



United Nurses of Alberta

Provincial Office:

March 20, 2020

700-11150 Jasper Avenue NW
Edmonton Alberta T5K 0C7
(780) 425-1025
1-800-252-9394
Fax: (780) 426-2093

Dr. Verna Yiu
President and CEO

Alberta Health Services

Office of the President and Chief Executive Officer

14th Floor North Tower, Seventh Street Plaza
10030 107 Street NW Edmonton AB T5J 3E4

Southern Alberta
Regional Office:

300-1422 Kensington Road NW
Calgary Alberta T2N 3P9
(403) 237-2377
1-800-661-1802
Fax: (403) 263-2908

Dear Dr. Yiu,

Re: COVID-19 PPE for nurses and all front line health-care workers

www.una.ca
nurses@una.ca

We write to you in regard to concerns and recommendations we have regarding minimum PPE requirements for all nurses and all front-line health care workers for COVID-19. We want to start off by emphasizing that we fully acknowledge that PPE is only one part of a hierarchy of safety controls. We recognize that it is not PPE alone that will keep workers safe, it is many things working together in tandem. But PPE is truly the last line of defense for nurses and all front-line health care workers when taking care of patients who have COVID-19.

Our recommendation on PPE, specifically N95 masks for contact with all confirmed or suspected COVID-19 cases, is based on our assessment that there is currently no consensus from leading public health and disease control institutions across the globe on modes of transmission for COVID-19 and minimum PPE requirements for front-line health care workers, and as such, we believe the precautionary principle should be applied and the highest standard of protection should be applied.

The modes of transmission for SARS COV-1 are still being debated among experts 17 years later so it's not surprising that less than four months into SARS COV-2 emerging, uncertainties remain around transmission. And we can acknowledge this uncertainty while still recognizing that the majority of transmission likely occurs through droplets and contact based on the evidence we have so far.

To highlight the lack of consensus around PPE guidelines, we have the World Health Organization and the Public Health Agency of Canada both firmly recommending contact and droplet precautions for COVID-19 patients, unless performing an aerosol generating medical procedure.

On the other side we have both the US CDC and European CDC recommending airborne, contact, and droplet precautions for all suspected or confirmed COVID-19 cases, unless supply chain issues exist and if supply chain issues exist, prioritize respirators for aerosol generating medical procedures. But once the supply chain returns to normal, go back to using N95s for all



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suspected or confirmed cases. And both the US and European CDC continue to acknowledge the uncertainty that exists around transmission of small droplet nuclei.

And we also see differences of opinion on what is classified as an aerosol generating medical procedure. Both the world health organization and the Public Health Agency of Canada don't include nasopharyngeal swabs in that list but the European CDC does and both the US CDC and European CDC recommend N95s when performing nasopharyngeal swabs on suspected COVID-19 patients.

And recently, we've seen other jurisdictions recommending a more nuanced approach to PPE. For example, the United Kingdom COVID-19 IPC guidelines, updated March 13, 2020, recommend contact and droplet precautions but also recommend that airborne precautions be implemented at all times in clinical areas considered aerosol generating procedure 'hot spots' e.g. Intensive Care Units (ICU), Intensive Therapy Units (ITU) or High Dependency Units (HDU) that are managing COVID-19 patients.

And in BC, on March 15, 2020, the BC Nurses Union and the Health Employers Association of BC on behalf of all the BC health authorities, released a joint statement, which included their Provincial Health Officer's recommendation of contact and droplet precautions and airborne with aerosol generating medical procedures but also recommending that Nurses must use their clinical and professional judgement with respect to the need for personal protective equipment and use the most appropriate PPE for the circumstances. And if there is a shortage of PPE, that the employers and the union would work together to develop contingency plans to protect the health and safety of workers.

As the primary advocates for the health and safety of front-line Registered Nurses and Registered Psychiatric Nurses in Alberta, we cannot pretend that uncertainty doesn't exist around transmission and PPE recommendations. The risks are too great.

So given the uncertainty around transmission, the lack of consensus on PPE from leading institutions and jurisdictions, we would like to ask Alberta Health Services, if you would consider, at a minimum – designating airborne precautions and the use of N95 respirators at all times in clinical areas considered aerosol-generating medical procedure "hot spots" (e.g.: intensive care units (ICU), emergency rooms, and trauma centres that are managing COVID-19 patients).

Further, we are asking that you recognize the critical importance of the point-of-care risk assessment – that individual health care workers are best positioned to determine the appropriate PPE required based on the situation or their interactions with an individual patient. In other words, if a RN asks for a N95 based on their own assessment, they shouldn't be denied.

And I just want to finish by sharing a quote from the 2006 SARS commission report.

“Scientific uncertainty and scientific debate can go on forever. We do not need a personalized



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debate on further recriminations. What we do need is a common-sense approach to worker safety in hospitals coupled with a measure of scientific humility in light of the terrible and sometime fatal failures in scientific advice and hospital safety systems during the SARS outbreak. What we need to do is follow the precautionary approach that reasonable steps to reduce risk need not await scientific certainty. It is better to be safe than sorry.”

Thank you,

Heather Smith
President
United Nurses of Alberta

c.c.: Honourable Tyler Shandro
Deb Gordon, AHS
Brenda Huband, AHS
Mark Joffe, AHS
Todd Gilchrist, AHS
David Strong, AHS
Susan McGillivray, AHS
Tracy Chalaturnyk, AHS
Norma Wood, AHS
Stephen Tsekrekos, AHS
Jitendraa Prasaad, AHS
Robyn Harrison, AHS
Mike Parker, HSAA
Guy Smith, AUPE
Sean Chilton, AHS