

January 12, 2022

Mark Armitage  
Assistant Deputy Minister  
Workforce Compensation, Agreements and Beneficiary Services Division  
Ministry of Health

Dear Mr. Armitage,

We are writing to you in response to the January 7<sup>th</sup> meeting involving the bargaining associations to discuss the province's mask policy. There were a number of matters, as well as comments made recently by the PHO, that we want to bring to your attention.

### **Mask policy and use of N95 respirators**

As you will recall, HSA was the first health care union in BC to advocate that health care workers have unrestricted access to N95 respirators upon a point-of-care risk assessment conducted by that individual and based on their judgement. In March 2020, HSA asked Dr. John Murphy, an occupational hygienist and Adjunct Professor at the University of Toronto's School of Public Health, to [review the scientific literature](#) on aerosol transmission of COVID-19 and its implications for personal protection equipment. In the March 2020 review and subsequent October 2020 update, Dr. Murphy concluded that health care workers should have access to N95 respirators based on the precautionary principle and weight of the evidence.

Since Dr. Murphy's review, there is now incontrovertible evidence that aerosol transmission is the *primary* mode of transmission, and that airborne precautions are necessary to protect health care workers. Consensus articles have been published in major scientific journals conclusively stating that COVID-19 is an airborne pathogen. Importantly, the [WHO](#), [US CDC](#), [European CDC](#), and [Public Health Agency of Canada](#) acknowledge the airborne nature of COVID-19. Inhalation of aerosols, which can build up to dangerous levels in poorly ventilated spaces, are now accepted by these public health agencies as the primary mode of transmission. Public Health Ontario issued updated [guidance](#) in December recommending that all health care workers providing care to *confirmed or suspected* COVID-19 patients wear N95 respirators (or equivalent or greater protection).

Despite this, BC PHO and BCCDC are not acting on this science, which would require shifting from droplet to airborne precautions. The evidence of Omicron's dramatic increased transmissibility from previous variants makes the current guidance especially problematic. The BCCDC and PHO's position has consequences for health care workers and patients. As of January 10, there were 43 active health care facility outbreaks – up from two outbreaks on December 24. Clearly, droplet precautions are not preventing transmission and infection among health care workers and patients in health care.

It is our position that N95 respirators (or equivalent or higher protection) should be used by health care workers providing direct care to confirmed or suspected COVID-19 patients in all hospital and community health care settings. Further, no health care worker should be denied access to a respirator, regardless of occupation and clinical setting. As health care facility outbreaks continue to increase daily with a rapidly deteriorating staffing situation, we urge BC to update its guidance to align with that of Ontario. The extent of outbreaks, comments from the PHO, and >30% positivity in many communities demonstrate that Omicron is circulating widely. Protecting health care workers from infection must be paramount, both in terms of protecting their health as well as preventing the collapse of our health system.

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### **Access to PCR testing for health care workers**

The overwhelmed state of lab-based PCR testing raises a number of concerns. We have heard reports of health care workers being denied a PCR test (and given take-home rapid tests). Please clarify, as per the BCCDC's guidance as of January 7, that health care workers will not be denied access to PCR testing in any health authority. It is our position that health care workers should be prioritized for PCR testing, and should have timely access separate from the public testing lineups that can be in excess of three hours.

Access to PCR testing remains essential to provide confirmatory diagnosis if our members (and the public) need to seek care at the Long COVID clinics. Currently, BC's few Long COVID clinics require proof of COVID-19 infection from a PCR or serology test.

We also note that the BCCDC "COVID-19 Cases in Health Care Workers in BC" report has not been updated since October 28. Collecting and regularly reporting these data should be prioritized.

### **Sick leave under the collective agreement**

In multiple public appearances, the PHO raised the possibility that health care workers could be asked to work while infectious with no or mild symptoms due to anticipated staffing shortages. We want to be very clear: paid sick leave is a right protected by the HSPBA collective agreement. Paid sick leave is foundational to promoting individual health and wellness, and preventing healthcare-acquired infection. The consequence of a reactive – rather than proactive – public health response to the threat posed by Omicron as evident in early December should not be borne by health science professionals – or any health care workers for that matter.

Health science professionals will not be forfeiting their collective agreement rights.

### **Isolation period for COVID-19 positive health care workers**

Changing the self-isolation to five days (from ten) for vaccinated COVID-19 positive health care workers is not supported by the best-available science, and risks exacerbating outbreaks in health care facilities as staff return while they are still infectious and can spread to other workers and patients. A new [study](#) out of Japan finds that peak viral load for Omicron occurs between three to six days after symptom onset. [Taiwan](#) has rejected the move to five days because it found that Omicron-positive individuals were still infectious up to 12 days after testing positive. While the intent is to alleviate staffing shortages, this move is likely to have the opposite effect as more workers (and patients) are infected in greater numbers and more quickly, therefore adding to greater health care strain.

We look forward to hearing from you in response to these matters.

Yours truly,



M. Jeanne Meyers, Barrister & Solicitor  
Chief Spokesperson, HSPBA  
Executive Director, Legal Services and Labour Relations  
**HEALTH SCIENCES ASSOCIATION OF BC**

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cc: Dr. Bonnie Henry, Provincial Health Officer  
Evan Howatson, Executive Director, Labour and Agreements  
Hon. Adrian Dix, Minister of Health