

ON HEALTH CARE

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PANDEMIC FLU PREPAREDNESS: THE NURSES' PERSPECTIVE

As Ontario and the world prepares for a flu pandemic, nurses and other health care workers question our state of readiness.

Nurses have one fundamental goal during a pandemic: to ensure they are supplied with the safest equipment so they can provide hands-on care to their patients.

We learned many lessons that can be applied to pandemic preparedness from the experience of SARS. Nurses hope those in positions of power learned these lessons as well.

During SARS, front-line nurses sounded the alarm and asked for better protective equipment to keep them and their families safe. But some of our members paid the ultimate price for the reluctance of hospital administrators and government to do so.

The Ontario Nurses' Association (ONA) has advocated for health care facilities to develop and enforce respiratory protection programs. We are firm that nurses be provided with N-95 respirators that are fit-tested, meaning they fit perfectly to the nurse's face to prevent infection. During SARS, nurses did not have such masks until it was too late. Nurses must be trained about the necessity and proper use of these respirators.

Nurses also question whether they will be able to work during a flu pandemic. They are understandably reluctant to expose themselves or their families to a possibly fatal illness, especially in view of the often lax infectious disease protocols of their hospitals and their employers' history of ignoring their health and safety concerns.

The good news is that the long-awaited final report of Justice Archie Campbell on Toronto's SARS outbreak is a handbook for the province on preparing for a pandemic. The report, which concludes that the system failed, echoes many of ONA's points about the need for better communication, preparation and planning during a pandemic. It also calls for the use of N-95 respirators. The arbitrator who awarded Ontario's hospital nurses a contract, also included the requirement that hospitals ensure they have an adequate supply of N-95s.

But many hospitals, having lived with budgets cut to the core for years, are reluctant to invest in N-95s, which cost more than simple cloth surgical masks, and to train and fit their staff with them. Hilary Short, head of the Ontario Hospital Association, said she disagreed with the need for N-95s, preferring to wait for scientific proof on the virus' mode of transmission.

The SARS report also calls for improved accountability, worker safety, infection control and surveillance systems, and independent safety inspections, along with more resources – people, systems, money, laboratories and infrastructure.

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From nurses' perspective, the two most important recommendations are that administrations and government listen to health care unions and that the "precautionary principle" (erring on the side of caution when an unknown infection is spreading) be used.

A group of OFL health care affiliates, including ONA, recently wrote to Premier McGuinty, urging swift and decisive steps, including amending legislation to adopt the precautionary principle; appointing health and safety champions to key positions to lead the health care sector away from current inadequate and dysfunctional health and safety systems; and appointing an independent occupational health and safety leader to oversee the complete and timely implementation of Justice Campbell's recommendations. In a letter to Premier McGuinty, our position was supported by the OFL.

The *Ontario Health Plan for an Influenza Pandemic* says all facilities should conduct risk assessments and establish respiratory protection programs to protect members from any health acquired respiratory diseases. But nurses aren't convinced that health care facilities have taken necessary precautions to deal with a respiratory disease outbreak.

There is a further issue of concern: the nursing shortage. There aren't enough nurses caring for the patients we have now – and certainly not enough to care for patients during a pandemic. Several scientific studies have demonstrated a clear correlation between the rise in complications and death of patients as the number of front-line nurses declines. For every patient added to an average nurse's workload, these complications rise 7 per cent.

Nurses believe we need to do two things to prepare for a pandemic flu: ensure there is an adequate supply of protective equipment that nurses and front-line health care providers are trained to use; and ensure there are enough nurses and front-line health care providers to handle the enormous strain the system will be under.

Although hospitals still have a long way to go, we have learned that we need to be ready for the unexpected. SARS means our government and health care system administrators have no excuse for being unprepared for a flu pandemic.

Justice Campbell said if we fail to learn the lessons from SARS, we will pay a terrible price in the face of future outbreaks. Surely SARS will serve as a template for what not to do during a pandemic outbreak. SARS could not be predicted, but we know that a flu pandemic is inevitable.

So let's all take precautions now, while we have the luxury of planning time, to ensure we are as prepared as possible.

PREPARED BY:

*The Ontario Nurses' Association
On behalf of the affiliates on the OFL Health Care Committee:
Canadian Union of Public Employees (CUPE)
Canadian Office and Professional Employees Union (COPE)
Canadian Union of Postal Workers (CUPW)
International Association of Machinists (IAM)
Ontario Nurses Association (ONA)
Ontario Secondary School Teachers' Federation (OSSTF)
Ontario Public Service Employees Union (OPSEU)
Service Employees International Union (SEIU)
United Food & Commercial Workers Canada (UFCW)
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Canadian Labour Congress (CLC)
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