

To: Local Coordinators, Bargaining Unit Presidents, Health and Safety Network Leads, and Joint Health and Safety Committee Members from the Executive Booklet

From: Andy Summers, RN, Vice-President Region 3, Occupational Health and Safety Portfolio



Date: October 29, 2013

Re: Provincial Infectious Disease Advisory Committee (PIDAC) update (link):
[Tools for Preparedness: Triage, Screening and Patient Management of Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) Infections in Acute Care Settings](#)

C: Board of Directors, District Service Teams, Provincial Services Team

ONA Progress

ONA gained some ground yesterday when PIDAC posted an update to its MERS-CoV advice for health-care workers. The change came about after ONA questioned why a worker who had unanticipated, unprotected exposure to a suspected or confirmed MERS-CoV case, needed “15 minutes face-to-face contact” with the infected person before the worker would be put under surveillance.

Document Amended

In response to ONA’s concerns, PIDAC removed the “15-minute rule” for worker surveillance and substituted:

Health care workers are expected to use Routine Practices and Contact, Droplet and Airborne Precautions when at risk of exposure to a confirmed case, a probable case, or persons under investigation and/ or the patient’s environment. Following unprotected exposure to a confirmed or probable case, a risk assessment will be conducted by an appropriate infection prevention and control, occupational health or public health professional to determine the need for, and degree of, follow-up and surveillance of a worker.

The following health care workers are a high priority for follow up:

- *A worker who provided direct clinical or personal care to, or examined, a symptomatic confirmed or probable case involving direct face-to-face contact within two metres of the case*

OR

- *A worker in the same room at the time an aerosol-generating procedure was performed on a confirmed or probable case*

AND

- *who was not wearing gown/gloves/eye protection/N95 respirator.*

Going Forward

The change is progress but ONA still feels that all unanticipated unprotected exposures will be high priority for follow-up, not just those within two metres of an infected person.

Though the risk of contracting MERS-CoV in Ontario is currently low, last week the Hajj, the largest annual gathering in the world, took place in Saudi Arabia where most of the MERS-CoV cases originated.

The Ministry of Health and Long-Term Care (MOHLTC) and Ministry of Labour (MOL) guidance for health-care workers on MERS-CoV adopts the precautionary principle and is clear about who must wear Personal Protective Equipment (PPE) when caring for a known or suspected MERS-CoV patient, i.e. use routine practices and airborne precautions including use of gloves, gowns and fit-tested, seal-checked N95 respirators and eye protection when entering the same room as, transporting or caring for the patient.

A worker who has unanticipated, unprotected exposure to a confirmed or suspected case should report the exposure to her/his supervisor and expect surveillance. Raise any unresolved health and safety concerns in your facility as high as necessary and as quickly as necessary to protect workers and others. Engage the help of your Joint Health and Safety Committee, and contact your ONA Labour Relations Officer (LRO) for assistance as needed.