

Protecting health care workers: Pandemic preparedness and personal protective equipment

CUPE members made it clear at the 2021 National Convention that stronger action is needed to protect workers in the face of global pandemics. The resolution called for action on personal protective equipment (PPE), air quality and clear policies and guidelines. Health care workers are on the front line of health and safety risks during the pandemic. This fact sheet provides information and tools for health care workers to advocate and bargain for stronger pandemic health and safety protections at work.

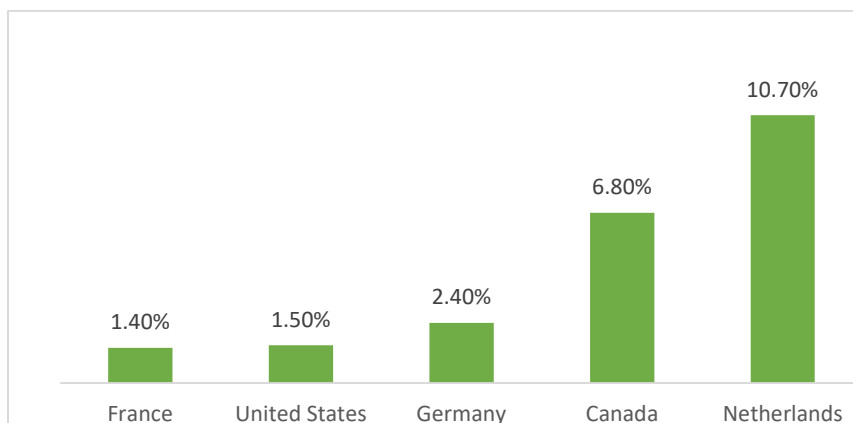
Health care worker COVID-19 infections

As of January 14, 2022, 150,546 health care workers had been infected with COVID-19 and 46 health care workers had died.¹ The numbers are likely much higher now.

Right now, almost six per cent of COVID-19 cases in Canada are health care workers. This proportion has dropped significantly. In the first seven months of the pandemic, health care workers made up 19.4% of the COVID-19 cases recorded.

A much greater proportion of health care workers got COVID-19 in Canada than in many other countries (see Table 1). This shows that other countries instituted better protections for health care workers than were present in Canada.

Table 1: Proportion of COVID-19 cases that were health care workers



Source: COVID-19 Cases and Deaths in Health Care Workers in Canada | CIHI (June 2021)

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Advocate and lobby for better pandemic preparedness among the federal, provincial, and territorial governments to eliminate any potential challenges in the advent of another health care crisis. This includes, but is not limited to, the following:

- Restocking of quality personal protective equipment (PPE),
- Adequate staffing,
- Vigorous inspection of all facilities and agencies regarding air quality,
- Clear policies and guidelines,
- Adequate accessibility for testing, and
- Adequate accessibility for all residents/employees to be vaccinated,
- Production of vaccines and PPE in Canada.

¹ "COVID-19 Cases and Deaths in Health Care Workers in Canada | CIHI," accessed October 19, 2021, <https://www.cihi.ca/en/covid-19-cases-and-deaths-in-health-care-workers-in-canada>.

Many CUPE members became ill with COVID-19 as a result of their work. On the Day of Mourning in 2021, CUPE acknowledged a tragic milestone marking the highest number of workplace fatalities our union has ever recorded.

Some classifications of workers were more at risk of getting COVID-19. Personal Support Workers / Continuing Care Aides were found to have a 1.8 times greater risk of getting COVID-19 compared with nurses and a 3.3 times greater risk compared with physicians.² This is likely due to the closer contact involved in providing personal care to patients and reduced access to N95 masks.

There are several protections that are key to protecting the health and safety of health care workers during the pandemic. Visit CUPE’s COVID-19 [health and safety page](#) for further information. This fact sheet will focus on the role of PPE and air quality.

Personal protective equipment

CUPE health care workers have struggled to access adequate PPE to do their jobs safely throughout the COVID-19 pandemic. Providing care to the sick and injured during a pandemic was never going to be easy. However, having to fight for basic occupational health & safety protections at the same time has greatly increased the physical and mental health toll for workers.

More than half of health care workers said they experienced at least one restriction on their access to PPE. The most reported restriction was extended use of PPE beyond normal use while one in five health care workers said that the respirator masks (KN95 or N95) they needed were sometimes or never available during the pandemic.³

A combination of PPE shortages, ignoring the possibility of airborne transmission and employer restrictions on PPE put health care workers at increased risk of COVID-19 infection. Some of the issues CUPE members faced include:

- Not being provided PPE at all,
- Having PPE locked up,
- Reusing PPE between patients,
- Using expired PPE,
- Workers bringing their own PPE,
- Not having access to appropriate PPE including N-95 masks

Collective agreement protections

The new collective agreement for the Ontario Council of Hospital Unions (OCHU) includes:

- Recognition of the precautionary principle. There is an obligation for hospitals to not await scientific certainty including in providing access to PPE.
- The employer must maintain adequate stocks of N95 and other PPE and make them available in event of reasonable indications of the emergency of a pandemic, epidemic or infectious disease outbreak.
- The employer must provide mandatory training and maintenance and care of PPE.
- Information is to be provided to Joint Health and Safety Committees, including pandemic plans and related risk assessments.
- Transfer of pregnant employees from current duties if a physician identifies potential risk to employee or pregnancy.

² “COVID-19 Cases and Deaths in Health Care Workers in Canada | CIHI,” 19.

³ Statistics Canada Government of Canada, “Health Care Workers’ Access to Personal Protective Equipment during the COVID-19 Pandemic,” November 16, 2022, <https://www.statcan.gc.ca/o1/en/plus/2296-health-care-workers-access-personal-protective-equipment-during-covid-19-pandemic>.

At the beginning of the pandemic, there were mass shortages of PPE due to inadequate emergency preparedness by governments and employers and a lack of PPE production in Canada. Governments and employers in Canada had to rely on global supply chains at a time when PPE was in high demand worldwide.

Even after mass shortages of PPE ended, public health officials, governments and employers were reluctant to acknowledge the possibility of airborne transmission of COVID-19 and provide N95 masks to workers.⁴ It was the responsibility of governments and employers to follow the precautionary principle, which states that every reasonable precaution should be taken to protect the health and safety of workers without having to wait for scientific certainty.

It is important to recognize that a lack of access to appropriate PPE has had a mental health impact on workers. Health care workers without restrictions or conditions for accessing PPE reported better mental health and stress outcomes than those with restricted access.⁵ Workers who could not access appropriate PPE experienced high levels of anxiety, stress, and fear⁶

Government stockpiles of PPE

CUPE has been advocating for stronger action from the federal government to protect the health and safety of health care workers. CUPE, National Union of Public and General Employees (NUPGE) and Service Employees International Union Healthcare (SEIU) Health Care [called](#) on the government to radically improve the national stockpile of PPE with a well-functioning electronic inventory management system, have PPE regularly rotated out to provinces and territories to prevent expired PPE, create agreements with provinces and territories on PPE management during public health emergencies and conduct a yearly report on stockpiled PPE. Provincial governments need to do the same.

Federal and provincial governments also need to ensure PPE is regulated and manufactured in Canada. This will help prevent PPE shortages in future global public health emergencies.

Air quality

It is now recognized that COVID-19 is transmitted through the air. Good ventilation can ensure that any infectious virus in the air is removed or at least diluted from the workplace. When air in the workplace is clean, the risk of exposure to the virus is lowered. Clean air can be achieved through increasing the air intake from outside the building and the use of filters with an adequate filtering factor.

During the pandemic, workplaces should have modified their ventilation systems to increase outside air and inspected for performance issues by a qualified technician or engineer. A [ventilation checklist](#) has been developed by the Occupational Health Clinics for Ontario Workers (OHCOW) which includes questions that a local and joint health and safety committee can use to assess building ventilation.

⁴ John Oudyk, "A Consideration of the Rationale Provided to Downgrade PPE Precautions for COVID-19," *Occupational Health Clinics for Ontario Workers Inc.* (blog), August 13, 2020, <https://www.ohcow.on.ca/posts/rationale-downgrade-ppe-precautions/>.

⁵ Statistics Canada Government of Canada, "The Daily — Mental Health among Health Care Workers in Canada during the COVID-19 Pandemic," February 2, 2021, <https://www150.statcan.gc.ca/n1/daily-quotidien/210202/dq210202a-eng.htm>.

⁶ James T. Brophy et al., "Sacrificed: Ontario Healthcare Workers in the Time of COVID-19," *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy* 30, no. 4 (February 1, 2021): 267–81, <https://doi.org/10.1177/1048291120974358>.

In some cases, health care settings have stronger ventilation requirements due to the prevalence of patients who are immune-compromised and the presence of infectious illnesses. For example, ventilation systems in Ontario health care settings must be inspected every six months. CUPE members have been advocating for improvements to ventilation standards in health care facilities. OCHU [wrote](#) to the Ontario government calling for additional measures to ensure adequate ventilation such as protocols for testing air quality.

Check out CUPE's [fact sheet](#) on ventilation for more information on ensuring clean air in your workplace.

Take action!

- Review your collective agreement for health and safety protections related to PPE, air quality, and pandemic preparedness
- Write to provincial and federal ministers of health calling for sufficient stock of PPE, PPE manufacturing in Canada and yearly reports on stockpile levels
- Get involved with your local health and safety committee
- Read CUPE's COVID-19 health and safety [fact sheets](#) for more information!

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