



Joint Statement: COVID-19 and Personal Protective Equipment

Protecting the health and safety of health care workers is an imperative for employers and unions. During the current COVID-19 pandemic, it is critical that the appropriate steps are taken to protect the health and safety of all health care workers in Nova Scotia and prevent exposure to and transmission of COVID-19. Ensuring that appropriate personal protective equipment (PPE) is used by all staff and physicians, while also preserving supplies of specialized equipment for when they are required to safely provide care, is critical.

This joint communication issued by the health care Council of Unions (CUPE, Unifor, NSGEU, NSNU) and IUOE is intended to provide clarity on the approach in Nova Scotia. The parties agree to the following PPE standards for front-line health care workers in Nova Scotia dealing with suspected, presumed, or confirmed COVID-19 patients:

1. All health care workers who are within two metres of suspected, presumed or confirmed COVID19 patients shall have access to appropriate PPE. This will include access to; surgical/procedure masks, fit tested NIOSH-approved N-95 respirators, gloves, face shields with side protection (or goggles), impermeable or, at least, fluid resistant gowns. The employers commit to provide all health care workers with information on safe utilization of all PPEs and employees shall be appropriately trained to safely don and doff all of these supplies. There is not a scientific consensus on the appropriate level of respiratory protection for health care workers. While new research emerges daily there are conflicting reports of airborne transmission so, using a precautionary approach the best protection would be provided by an N95 respirator. We recognize that due to supply shortages they are not available in sufficient quantity and employers are deciding to ration their use for aerosol-generating medical procedures (AGMPs), which do have a demonstrated higher likelihood of airborne transmission. The parties recognize that there are no viable alternatives due to how unprepared our health system was for this emergency and health care workers are being asked to bear additional risks as a result. Surgical masks and face shields do provide some protection but not to the degree that an N95 respirator would.
2. A point-of-care risk assessment (PCRA) must be performed before every patient interaction. The PCRA should include the frequency and probability of routine or emergent AGMP being required. If a health care worker determines on reasonable grounds that specific PPE is required, they shall have access to the appropriate PPE based on their PCRA, and this will not be unreasonably denied by their employer, or they shall be deployed to another area. Note: EMS personnel are required to wear N95 respirators in all ground and air ambulances.
3. Contact and droplet precautions must be used by health care workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
4. N95 respirators must be used by all health care workers in the room where AGMPs are being performed, are frequent or probable, or with any intubated patients. AGMPs include; intubation

and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation, bronchoscopy, sputum induction, nebulized therapy, non-invasive ventilation (i.e. BiPAP), open respiratory/airway suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy/aerosolized medication administration, high flow heated oxygen therapy devices (ex. ARVO, optiflow).

5. The employers and unions that prepared this communication will assess the available supply of PPEs on an ongoing basis. The employers commit to continue to explore all available avenues to obtain and maintain a sufficient supply. In the event that the supply of PPEs reach a point where current supplies are anticipated to last for only 30 days (i.e. a shortage), or where utilization rates indicate that a shortage will occur, the employers will be responsible for developing contingency plans in consultation with the unions and applicable Joint Worksite Health and Safety Committees to ensure the safety of health care workers.