



## Joint Statement on Principles for Protecting the Health and Safety of Healthcare Workers, Patients, Clients, and Residents

DATE: May 20, 2020

Each of the signatory health care unions and associations, in partnership with the Ministry of Health and the Saskatchewan Health Authority, is committed to a set of shared health and safety principles when dealing with suspected, presumed, or confirmed COVID-19 patients, clients or residents.

In addition to these principles, the parties have committed to ensuring union/association representation on behalf of front-line health care workers in discussions and planning related to personal protective equipment (PPE), and to working together to share information, address challenges, and work collaboratively towards solutions.

Protecting the health and safety of healthcare workers, patients, clients, and residents is an imperative for all of us involved in the Saskatchewan health care system.

1. A point-of-care risk assessment (PCRA) must be performed before every patient, client or resident interaction, using current knowledge and best-available evidence. If a health care worker determines, based on reasonable grounds (including but not limited to professional and clinical judgement) that health and safety measures may be required in the delivery of care to the patient, client or resident, then the worker shall have access to the appropriate health and safety control measures based on the PCRA, including an N95 respirator. Employers will not unreasonably deny access to the appropriate PPE.
2. At a minimum, droplet/contact plus precautions must be used by health care workers for all interactions with suspected, presumed, or confirmed COVID-19 individuals. Droplet/contact plus precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
3. All health care workers whose job duties require them to be within two metres of suspected, presumed, or confirmed COVID-19 patients, clients, or residents shall have access to appropriate PPE (“appropriate” means level of PPE may vary by situation). This will include access to: surgical/procedure masks; fit-tested NIOSH-approved N95 respirators or approved equivalent or better protection; gloves; face shields with side protection (or goggles); and impermeable or, minimally, fluid-resistant gowns.

In addition, health care workers required to go into a room that housed a presumed or confirmed COVID-19 patient, client or resident, whether the patient, client or resident is present or not, to provide cleaning or disinfection services will also be provided PPE that is appropriate to the situation.

All health care workers will have access to appropriate PPE (as described above) at all times in all ground and air ambulances.

The employers commit to provide all health care workers with information on safe utilization of all PPE and employees shall be appropriately trained to safely don and doff all of these supplies. Where there is extensive contact, there will be drilling (mentored practice) in addition to training.

4. The PCRA should include the frequency and probability of routine or emergent aerosol generating medical procedures (AGMPs) being required. Fit-tested NIOSH-approved N95 respirators, or approved equivalent or better protection, must be used by all health care workers who are in a room where AGMPs are being performed, are frequent or probable, or with any intubated patients, or who enter a room before the prescribed settle time has elapsed.

Based on the current evidence, AGMPs include but are not limited to: intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning), cardio pulmonary resuscitation, bronchoscopy, sputum induction, 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 (e.g. AIRVO, optiflow) and autopsy.


5. Organizational hazard assessments must be continuously refreshed ensuring that those identified are removed, or otherwise adequately controlled to protect the health and safety of workers, and reflect the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures.

This will be performed with consultation and participation of workers representatives. This will be communicated to union partners and Joint Occupational Health and Safety Committees including the review of the environment when a material change occurs.

6. Conservation and stewardship of PPE is an important principle for everyone working in the health care system and continual assessment of the available supply of PPE should be undertaken on an ongoing basis. All available avenues to obtain and maintain a sufficient supply shall be pursued.

In the event that the supply of PPE reaches 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 government and employers, as appropriate will be responsible for developing contingency plans, in consultation with union partners, to ensure the safety of health care workers.

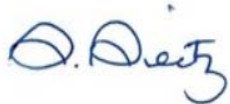
SIGNED in the Province of Saskatchewan, this 20 day of May, 2020.



**Max Hendricks, Deputy Minister, Saskatchewan Ministry of Health**



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**Sandra Seitz, President, Canadian Union of Public Employees Local 5430**



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**Tracey Sauer, Health Providers Bargaining Chair, Saskatchewan Government and General Employees' Union**



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