

# MANITOBA NURSES' UNION REPORT

Recommendations to the Government of Manitoba and The  
Regional Health Authorities Regarding the H1N1 Pandemic

Presented to the Minister of Health, Honourable Theresa Oswald

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## **Introduction**

The H1N1 Pandemic hit Manitoba particularly hard. With nearly nine hundred lab-confirmed cases across the province, the healthcare system's preparedness and ability to cope with the emergency situation were put to the test in many regions. Intensive Care Units in several facilities were running at maximum capacity for weeks at a time, while other areas in hospitals were forced to deal with a large influx of suspected flu cases.

Fortunately our healthcare system was up to the challenge. Nurses on the frontlines responded rapidly, caring for the sickest patients over long periods with compassion and diligence. Support and plans were in place in many facilities, ensuring that a situation which could have been disastrous ran relatively smoothly. There were indeed some issues which will be addressed below and must be remedied before a potential fall outbreak, but the Manitoba Nurses' Union (MNU) is proud of the way our members and our colleagues handled the summer outbreak.

While we know that the healthcare system stepped up and met the challenge, we must also recognize the difficulties healthcare workers faced during this time. Some nurses were pulled from their regular rotations and suddenly required to work long hours in unfamiliar settings, caring for patients with an unknown, life-threatening, communicable disease that was spreading quickly. These conditions would be trying even under ideal conditions, and while nurses and other healthcare workers handled the situation well, it is important to recognize that in doing so they place themselves and potentially their families at risk.

One of the most important aspects of pandemic preparedness is to make sure workers at the frontline of an emergency are fully equipped and prepared to deal with the situation. In a pandemic, nurses are at the forefront of the fight, and must be protected and supported with every tool available. While other healthcare workers play a vital role in the treatment of patients, it is the nurses who work closest to the infected patients, monitoring their condition, looking after their needs, and providing vital care twenty-four hours a day and seven days a week. These nurses who put themselves at risk must be supported and acknowledged for the work they do.

However, the importance of caring for nurses is not simply related to providing as much support as possible, but also making sure that nurses know their safety and security are being cared for as they care for others. We need to ensure nurses that their efforts will be supported and appreciated, especially in the event of a prolonged crisis, where the possibility of burnout inevitably becomes more prevalent.

The SARS epidemic in Toronto exposed several weaknesses and a lack of emergency preparedness in the Ontario healthcare system that was not uncommon in other systems across the country. In the following years many recommendations were made in order to ensure that Canadians were better prepared for any future outbreak. While all of us certainly hope that the recent H1N1 outbreak does not develop into a disaster-level situation in the fall, we simply cannot ignore the fact that a potentially grave pandemic may be looming. With that in mind, the lessons learned from the SARS experience must not be ignored. Though Manitoba was indeed prepared to a degree, further preparation is still required. Recommendations from the SARS

Commission must still be applied. All organizations involved in healthcare delivery must do their part to ensure that we do not have another SARS-like situation.

Among the many recommendations made following the SARS outbreak, many of which are discussed in detail below, Justice Archie Campbell identifies in particular, the need for government and health authorities to recognize the contributions that unions make in situations like this. Justice Campbell states:

the Ministry of Health would be well advised to listen more carefully to the reasonable concerns of health worker unions which have enormous frontline experience in the actual problems of worker safety on the ground. [...] It is important for Ministry officials to avoid any impression that the Ministry has adopted an adversarial or dismissive attitude towards those who voice the legitimate concerns of those at risk on the frontlines.<sup>1</sup>

It is in the spirit of caring and protection for patients and frontline healthcare workers that the MNU submits these ten recommendations. While we recognize and share the notion that caring for affected patients must be the government's top priority, we also submit that listening to and caring for nurses and other healthcare workers will only strengthen patient care, and will enable us to endure even a prolonged pandemic. With all this in mind, the MNU is pleased to submit its recommendations.

## **Staffing and Human Resources**

Staffing and workload are already issues of great concern in Manitoba. With almost a thousand nursing vacancies and almost six hundred health care assistant vacancies in Winnipeg alone<sup>2</sup>, and an undisclosed number vacant in other areas of the province that may rival the number in Winnipeg, the effects of staffing shortages and workload increases are already being felt. The recent pandemic has only made clearer that our healthcare system is overstretched. In addition to these concerns, the *Ontario Health Plan for an Influenza Pandemic* sets out guidelines which caution that "at the peak of a pandemic wave as many as 20 to 25% of healthcare workers may be absent from work – either because of illness or because of care-giving responsibilities at home."<sup>3</sup> A healthcare system that in many units is already operating at or below baseline staffing levels could see its health human resources depleted to an unworkable level in the event of a major outbreak. These are serious concerns and immediate action must be taken to ensure that health facilities in Manitoba are ready and able to cope with the expected outbreak. The MNU is deeply concerned with ensuring that our membership is able to provide proper care for their patients, and that their safety and well-being are not jeopardized because of unrealistic workload expectations. As such, the following recommendations have been crafted specifically to address the serious staffing and human resource issues that could arise in a pandemic.

## **RECOMMENDATION #1 – HOSPITAL SERVICES AND HUMAN RESOURCES DURING A PANDEMIC**

One of the primary areas of concern raised by our membership during the summer outbreak was the manner in which nurses were deployed. While many nurses volunteered to help, other nurses were involuntarily seconded, had their work rotations changed, and were required to work in unfamiliar units. As the summer outbreak progressed, cracks in the health human resource deployment system became more and more apparent. We heard from numerous locals that while they were able to sustain themselves during this brief period, a prolonged outbreak would have certainly led to increased burnout and great difficulty for staff. Results from our H1N1 survey demonstrate genuine concern for their ability to cope with a fall outbreak. Many respondents were clearly anxious, suggesting that a prolonged outbreak in the fall would be difficult to handle with their current staffing levels. Local presidents and other members also consistently reported that despite a pandemic outbreak which affected numerous facilities, led to the secondment of staff and a dramatically increased workload, most—if not all—facilities appeared to operate as if it were business as usual.

Many facilities refused to reduce non-essential services to compensate for the dramatic influx of flu-related illnesses. While management may be under the impression that continuing with business as usual during a pandemic denotes success in their organizational planning and service delivery, it must be understood that carrying out normal business while there is a huge influx in gravely ill patients is only accomplished by placing the burden squarely on the backs of frontline healthcare workers—especially nurses.

Four health facilities in Winnipeg (Health Sciences Centre, St. Boniface General Hospital, Victoria General Hospital, and Pan Am Clinic) declared emergencies under Article 10 of our Collective Agreement. Article 10 states that “In any emergency or disaster, nurses are required to perform duties as assigned notwithstanding any contrary provision in this Agreement.”<sup>4</sup> Invoking Article 10 is a strong action and ought to be used with careful consideration for all other options. If it has not been clearly demonstrated that other alternatives have been pursued, there is a real risk of jeopardizing the confidence of our membership in the article.

In the past the necessity of Article 10 declarations has been clear. With the 1997 flood we had a number of services either curtailed or relocated which included the movement of patients and staff from Emerson and the St. Boniface Hospital. Nurses and the public could see that care could not be safely provided with the rising Red River. In the mid 1990s, when the Health Sciences Centre’s emergency department was struck by falling scaffolding, patients needed to be rerouted and adjustments were made in care delivery. In these instances the immediate need for staff secondment has been predicated upon sudden, urgent needs.

During the recent H1N1 outbreak there was a gradual increase of patients in need of specialized respiratory services, requiring admissions to Intensive Care Units. However, an influx of patients in any given unit has not, in the past, been used to justify an invocation of Article 10. On a weekly—even daily—basis ICUs and other hospital units make decisions about the level of services they can offer based on care capacity and their available health human resources. When resources are unavailable, hospitals temporarily suspend certain services. During the summer

outbreak it is the understanding of the MNU that there was no significant curtailing of services in any of the affected hospitals. The MNU received reports that workers in some unaffected units were unaware that Article 10 had been put into effect. It was also reported that in some instances seconded nurses were brought into units to help reduce overtime that was common before the outbreak.

Article 10 cannot be invoked because of a staffing shortage. If hospitals have not taken measures to suspend services, as is often the case when there is an influx of patients, how can an invocation of Article 10 be justified?

The MNU recommends that clear plans for a reduction of services in facilities stricken by an influx of flu-related illnesses be developed and made. We recommend that services not medically required to the sustaining of life or limb and services not cancer-related should be considered for gradual reduction.<sup>5</sup>

## **RECOMMENDATION #2 – MAXIMIZING THE EMERGENCY POOL OF VOLUNTEER HUMAN RESOURCES**

The MNU believes that maximizing a pool of volunteer nurses who are willing to assist during a pandemic is vital to successfully caring for patients and sustaining a workforce during a pandemic. We have gone considerable lengths to research and develop plans for maximizing the volunteer human resources available and have several suggestions for redeployment models.

A volunteer pool should be developed that would cover the entire province. The volunteer nursing pool would be prepared and willing to be deployed to different facilities and to provide urgently needed support in the areas most affected by an outbreak. Most importantly, nurses willing to volunteer need not be solely capable of caring for flu-infected patients, as those without directly relevant training or experience could backfill in place of other nurses willing to assist directly. In the event of a serious disease outbreak, the volunteer list would be immediately available and used to determine who could be voluntarily seconded and who would cover the seconded nurses' absence, if necessary. In order to develop a pool that could function in this manner it is crucial to first identify individuals *willing to volunteer*. Second, a system to identify *competencies* of individual staff and to determine how and where they would be willing to be deployed must be implemented, whether directly related to flu patient care or through indirect support.

In a pandemic, a wide variety of support is required, possibly for a prolonged period. From triage nurses to administrative and coordinating staff, to ICU nurses, many people with different skill sets will be required for support. As such, it is imperative that organizers cast as wide a net as possible and implement strong recruitment strategies.

This type of volunteer pool has already been implemented in several places, including Ontario and Minnesota. Through research and through conversations with the original coordinators the MNU has learned that the VIANurse (Voluntarily Immediately Available Nurse) program in Ontario had strong support from major nursing organizations and the nursing community in general. The program had a large list of nurses willing to volunteer in an emergency situation,

training sessions set up for the volunteers, and had been through test runs where the program was implemented successfully. In their initial report *For the Public's Health*, Dr. David Walker and the Ontario Expert Panel on SARS and Infectious Disease Control noted that "On the basis of a simulation carried out in October 2003, it appears that VIANurse will be a useful tool in future emergency deployment of RNs and RPNs."<sup>6</sup> Unfortunately, the program, which was originally set up by the Registered Nurses' Association of Ontario, was essentially dismantled by the provincial government after they took it over in 2005 for reasons still unclear to the people who created it. In recent conversations developers expressed disappointment that the program had been terminated, and a strong belief that programs like VIANurse could be of extraordinary value in emergency situations.

In Minnesota, it is estimated that nearly four hundred nurses have volunteered to participate as part of emergency deployment units, along with doctors, pharmacists, and other health professionals, where medical assistance would be provided in an emergency disaster situation. Again, reports from Minnesota indicate very high levels of support for the program, with mutual agreement between the state's major nursing organizations on the system's implementation. Discussions are currently taking place to expand the program to other parts of the state. The Minnesota Nurses' Association claims there was such a strong response from nurses that some volunteers actually had to be turned away due to a lack of capacity!

One important element of establishing a program like VIANurse or the Minnesota program is to effectively recruit nurses through *one-on-one information sessions* in which nurses are presented with the facts about the program and provided an opportunity to volunteer if they so choose. The MNU believes that active recruitment is the key to broadening this pool of volunteers. Our membership—much like the nurses in Ontario and Minnesota—would support this program, given the opportunity.

Expanding the pool of support to include recent retirees, students, and other volunteers, who can assist in numerous ways outside of direct patient caring procedures, would be an important step and would be a vital tool in supporting nurses already combating an outbreak. In their report, *SARS Unmasked*, the Registered Nurses' Association of Ontario notes that nursing students were shut out during SARS, despite their overwhelming willingness to help. The RNAO's report points out that further problems arose because of:

The failure to appropriately utilize student nurses who were nearing graduation. This is an important human resource that could have eased system problems. We heard the disappointment of students, most of whom felt left-out of an important experience and frustrated in their genuine desire to help.<sup>7</sup>

The report goes on, stating:

Many of the nursing students reported that they wanted to continue their clinical placements and were not afraid of the risk; many shared that they had missed out on great learning opportunities. Indeed, students in their final year, one term away from graduation, were in possession of critically important skill sets that could have eased some of the staffing problems during the crisis.<sup>8</sup>

We should not allow this same mistake to occur here in Manitoba. Students can play a vital role in pandemic response and should be recruited as volunteers during a pandemic.

Beyond students, the Government of Canada's *Canadian Pandemic Influenza Plan for the Health Sector* specifically lists retired nurses and physicians, trainees (medical students and nursing students), registered nursing assistants, patient care assistants, emergency medical technicians, veterinarians, pharmacists, therapists, technicians, and healthcare aides as people who could be considered to provide support during a pandemic.<sup>9</sup> The MNU received a report that in the Selkirk/Interlake region, retired nurses were brought in to help with fit-testing for N95 masks. This kind of resourceful approach is needed across the province to provide adequate support in a pandemic situation. More generally, *The Ontario Health Plan for an Influenza Pandemic* also notes the importance of maximizing volunteers, suggesting that planners ask themselves "Are there non-registered providers (e.g., retirees) in our planning area who could be registered expeditiously? [and] How can we get those providers who are in administration and research back into patient care?"<sup>10</sup> Indeed, questions like these that assist planners in maximizing their pool of available human resources must be asked and answered before a major pandemic situation.

The Emergency Measures Office has assured us that the groundwork for this kind of system is already being put into place in some areas through human resource computer systems capable of tracking competencies, education, availability, and other important data relevant to this type of pool. We have also been told that early lists of volunteers willing to assist in northern communities have been put together. Given that such systems and planning are already underway, accelerating and solidifying the process and the system for future outbreaks would be the next step. Policies and plans developed in Ontario and Minnesota are of great value, and support between the various nursing organizations could be developed quickly by taking examples from systems that have already been implemented in these areas.

### **RECOMMENDATION #3 – INTEGRATING SECONDED NURSES**

In the event that nurses are required to work in different units during a pandemic, the MNU believes that certain steps should be taken to ensure that these nurses are integrated as smoothly as possible, and that consideration be paid to their personal well-being and workload during their time outside their usual unit. Nurses must be properly prepared and, if they haven't recently worked in the unit, should be reoriented with the work environment. Also, wherever reasonably possible, nurses should be kept in their original master rotation, to avoid major disruptions, not only to their personal lives but to their working habits as well. Nurses who are accustomed to eight hour shifts should, wherever reasonably possible, be kept on eight hour rotations rather than being switched to twelve hours. Shift work is already a reality for many nurses, and given that the ill-effects of shift work have been proven repeatedly,<sup>111213</sup> further disruption of a nurse's rotation only exacerbates these problems. Serious disruptions can jeopardize patient and nurse safety, especially during a prolonged pandemic, as there is an increased risk of burnout with increased variation in shift times and occupational demands.<sup>14</sup>

Much of the feedback the MNU received from our local presidents suggested that regular meetings between seconded nurses, union representatives and management would go a long way

toward alleviating some of the concerns of seconded nurses. Where available, active participation on the frontlines from management would also help strengthen worker-management relations. Affected nurses should also be made especially aware of employee assistance programs and other support systems in place to help them adjust to their new work environment. The MNU received reports that spiritual/psychological supports were put in place at HSC during the summer outbreak, however, nurses suggested that they may not have been effectively promoted and were unsure if nurses had taken advantage of them. Nevertheless, the MNU believes that programs like this could be extraordinarily helpful, particularly in a prolonged pandemic, and recommends that seconded nurses be supported in any means required to ensure that they are able to provide the best care possible for their patients.

## **Workplace Safety**

Workplace safety is a vital concern for the protection of patients and healthcare workers alike. In a pandemic the threat of nosocomial infections can be particularly prevalent and needs to be taken very seriously. Nurses and other frontline healthcare workers face the greatest risk of becoming infected by a patient in their care. As such, every possible action must be taken to make sure we maintain a healthy and capable workforce. Rather than debating scientific dogma surrounding appropriate protection measures, the best approach is to use the *Precautionary Principle* in making workplace safety decisions. The SARS epidemic in Ontario exposed a serious lack of preparedness for such an outbreak, where personal protective equipment (PPE) and proper training had been grossly neglected. This oversight played a significant role in raising fear and anxiety among staff as the illness spread through hospitals. Nearly half (45%) of all suspected and probable cases of SARS were discovered in healthcare workers.<sup>15</sup> Ultimately three healthcare workers died during that outbreak.<sup>16</sup> It is the position of the MNU that all healthcare organizations must take every reasonable measure to prevent a communicable disease outbreak from doing such harm to our frontline workers.

The possibility of facing a SARS-like situation here in Manitoba is frightening. Accounts from Ontario nurses who worked through the SARS epidemic reveal not only a lack of preparedness, but the fear and anxiety the staff experienced at the time. In the nurses' survey submitted to the SARS commission many nurses responded with feelings of uncertainty and concerns not only for their own safety, but often for the safety of their families. One nurse stated "I hated going to work and putting me and my family at risk; I feel that I did not sign up for this."<sup>17</sup> Another nurse responded, "My family was apprehensive and frightened for me. They think I should quit nursing—it's unsafe. [...] I felt emotionally drained and tired and lonely."<sup>18</sup> While the summer's outbreak demonstrated that many lessons have indeed been learned from Ontario's experience in 2003, it is important to continue to build on those lessons in implementing strategies for the fall.

Workplace safety is a group effort, where both employee and employer have a responsibility to maintain safe, healthy, and positive working habits. Both must work together to foster a healthy and positive culture of safety in the workplace. Dr. Annalee Yassi and Dr. Elizabeth Bryce highlight the importance of a culture of safety in a study of healthcare workers' knowledge of safety issues, stating "if the safety climate within healthcare was better and workers had more

confidence in their employers' commitment to worker health and safety, employees would have more confidence in the messages and directives they received during a crisis situation such as SARS."<sup>19</sup> The message is that workers surrounded by other workers and management who believe in the importance of workplace safety are more likely to be mindful of certain habits and procedures related to workplace safety. In the spirit of contributing to a culture of safety within Manitoba healthcare workplaces, the MNU has identified the following key areas where the safety of workers must be addressed.

#### **RECOMMENDATION #4 – THE USE OF N95 RESPIRATORS AND OTHER APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IN AFFECTED AREAS**

##### **A) ENCOURAGING THE USE OF N95s**

While the use of surgical masks may be considered adequate by some healthcare professionals, the MNU believes that nurses are entitled to more than adequate protection. Nurses are at the frontlines of the fight against influenza, and as such we believe that they are entitled to the best possible protection against becoming infected. We respectfully disagree with the notion that surgical masks provide sufficient protection based on the recommendations of the Center for Disease Control in the U.S. and based on the first recommendation of the Campbell Commission's SARS Report, which suggests that the *Precautionary Principle* should be implemented in dealing with workplace safety issues. Justice Campbell reminds us:

The point is not who was right and who was wrong in the debate [on how SARS was transmitted]. When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty.<sup>20</sup>

With this principle in mind, the MNU points to the CDC's recommendations that N95 masks are the best form of protection against influenza. According to the CDC's *Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting*,

**Respiratory protection:** All healthcare personnel who enter the rooms of patients in isolation with confirmed, suspected, or probable novel H1N1 influenza should wear a fit-tested disposable N95 respirator or better. Respiratory protection should be donned when entering a patient's room.

Note that this recommendation differs from current infection control guidance for seasonal influenza, which recommends that healthcare personnel wear surgical masks for patient care. The rationale for the use of respiratory protection is that a more conservative approach is needed until more is known about the specific transmission characteristics of this new virus.<sup>21</sup>

The MNU agrees with this position and recommends that all healthcare facilities adopt the precautionary principle in dealing with an influenza outbreak, not only in the prevention of

illness, but also in the spirit of demonstrating to healthcare workers that their protection is a top priority.

In many facilities, MNU members did report that N95s were readily available to them upon request. The MNU is strongly supportive of this practice and would like to see it adopted across the province. Unfortunately, we have also heard from members who state that they were mocked for requesting an N95 and bullied into withdrawing their request. We hope the provincial government and the regional health authorities will join us in condemning this practice and will offer positive support for all workers requesting N95s. Rather than taking a chance with nurses' and other healthcare workers' safety, we believe that N95s should be available and used in all areas where H1N1 is treated.

## **B) 24/7 FIT-TESTING**

Nursing is a 24/7 job. Their support and protection should be too. Many nurses had difficulty getting fit-tested for N95 masks. Nurses working evening or night shifts had particular difficulty, as testing only took place during regular business hours. Further, staff members were not properly fit-tested and educated. In some cases fit-testing machines were unavailable or there were insufficient staff members trained to operate the machines. In response to our survey, one staff representative reports "Most of the community staff still have not had N95 mask [fit-] testing. We only have 1 machine in the RHA and limited number of staff to run the test."<sup>22</sup> This situation is a great safety concern and must be addressed immediately, for the safety of patients and nurses alike.

Fit-testing should be happening right now. Every nurse province-wide must be fit-tested and properly trained in the event of an outbreak. Fit-testing during an outbreak is already too late. Swift action is required immediately for the protection of our frontline workers. The MNU recommends that fit-testing take place 24/7 immediately and that it be completed for all staff before the expected fall outbreak. The MNU also recommends that fit-testing be made mandatory for *all staff*. Protection of workers must be a priority, and workers must be compelled to participate for the safety and protection of their patients and each other.

## **C) MANDATORY USE OF PPE BY STAFF**

Having proper PPE available and ready to use is a crucial first step, but it is also vitally important that all staff actually use the appropriate PPE where necessary. Staff risk infecting both patients and their coworkers if they neglect to wear their equipment. Just one unprotected staff member could pose a huge threat to the security of all parties. Staff areas where PPE is not required suddenly come under scrutiny if proper safety precautions are not followed by *all* staff at risk of being exposed. Therefore the MNU recommends that wearing masks and PPE must be made *mandatory* for all staff wherever the use of masks and PPE are recommended.

## **D) ADEQUATE SUPPLY AND EASY ACCESS TO N95s AND OTHER PPE**

While many facilities in the province did have an adequate supply of masks, at times, staff could not find them, or in some cases, didn't realize they were there. The MNU recommends that all

healthcare facilities ensure that they are not only adequately stocked with ample PPE supplies, but that staff and management are able to easily locate the equipment and get it into the hands of nurses quickly. Situations can develop rapidly and as such, masks and other PPE need to be on hand and available at a moment's notice.

## **E) MANITOBA LABOUR SHOULD MONITOR WORKPLACE SAFETY AND HEALTH ISSUES**

One of the major recommendations that emerged from Justice Campbell's SARS Commission was that the Ministry of Labour in Ontario needed to play a more active role in the healthcare workplace both prior to and during the pandemic. Justice Campbell recommends "That the Ministry of Labour use its enforcement and standard-setting activities, and the Ministry of Health its funding and oversight activities, to promote organizational factors that give rise to a safety culture in health workplaces."<sup>23</sup> Here in Manitoba the Department of Labour should also play a role to ensure that nurses and other healthcare workers are being sufficiently protected. It is the responsibility of Manitoba Labour to ensure that employers are compliant with workplace health and safety regulations in other industries, and as such, the MNU expects Manitoba Labour to ensure compliance in the healthcare industry as well.

Justice Campbell also recommends that the Ministry of Labour play a role during a pandemic response, stating "That in any future infectious disease crisis, the Ministry of Labour [should] have a clearly defined decision-making role on worker safety issues in a future Provincial Operations Centre, and that this role [should] be clearly communicated to all workplace parties."<sup>24</sup> In a pandemic it may be difficult for a healthcare system running at full capacity to monitor all workplace health and safety issues. The MNU encourages Manitoba Labour to participate in the pandemic planning process and that they assist to ensure that employers take all necessary steps to protect their workers during a pandemic.

## **Internal and External Education**

Education is a vital part of handling any infectious disease outbreak. Healthcare workers and the public alike must be educated on the steps to ensure proper care and to prevent the spread of infection. Proper steps must be taken to ensure that both nurses and the public receive all the information needed.

### **RECOMMENDATION #5 – IN-SERVICES AND STAFF EDUCATION**

#### **A) PERSONAL PROTECTIVE EQUIPMENT**

All staff need to be properly educated on safety protocols in the event of an outbreak. One of the major findings in Justice Campbell's SARS Commission Report was that even in instances where N95 masks were available, staff frequently did not know when or how to wear them, and frequently wore the wrong size mask. Several examples from Justice Campbell's Report paint the picture:

One health worker with a beard who caught SARS despite his unfitted N95 had never been told that the N95 required a tight fit around the face. When asked if he had been given any instructions, he said no. [...] Another health worker who caught SARS more than two months into the outbreak placed facial tissue between her skin and her N95 because of an allergic reaction to the respirator. [...] A hospital assistant who caught SARS in late May 2003 wore a surgical mask under his N95 respirator, unaware that inserting something between the respirator and the face can prevent a tight seal.<sup>25</sup>

The MNU received similar reports describing instances in which staff were unsure when and how to wear their personal protective equipment. These situations are frightening and dangerous for healthcare workers and patients alike and underscore the importance of proper training related to all personal protective equipment. Local presidents in many facilities agree that training prior to the summer outbreak was inadequate in many instances and needs to be improved before the fall. Justice Campbell also reiterates the importance of training for healthcare workers, stating

Lack of training underlay most problems. Very few hospitals had a respiratory training program to ensure that workers when called upon to use the N95 were properly trained and fitted as required by law. Respirators can become hazards if not worn properly and can spread infection if not removed properly after contact with a sick patient.<sup>26</sup>

These important lessons from SARS must not be forgotten. Training can help reduce the spread of infectious disease and hopefully reduce mortalities. But the need for training goes beyond personal protective equipment.

## **B) POLICIES AND PROCEDURES**

Isolation procedures were often unclear. Locals reported that they weren't sure what to do with suspected cases identified in public areas and were unclear on when and how to swab patients for testing. Other locals reported that staff members were advised to investigate symptoms before donning protective equipment. Visitor protocols were also unclear, making it difficult to enforce them when patients had either too many or badly timed visits. In other facilities, appropriate points of entry for staff, patients, and visitors were often unclear or not enforced. These inconsistencies represent a serious breach of safety that ought to be easily containable. The Canadian Federation of Nurses Unions, with the support of the MNU and its other member unions, has issued a policy directive concerning these issues, stating,

CFNU [...] urges all levels of government and healthcare employers to post prominent signage at all access points, limit access into all healthcare facilities, ensure employers are conducting active screening at each access point and isolating patients with influenza-like illness (ILI) symptoms until it is determined if the patient has a confirmed case of H1N1.<sup>27</sup>

The recommendation does not just emphasize education and communication to staff and hospital visitors, but also the enforcement of these policies. The importance of communicating these directives to the public is addressed below, but most importantly these policies must be disseminated and enforced rigorously in order to be effective. Even nurses who have had proper

training regarding infection control in the past may not be up to speed on current appropriate procedures or may require a refresher on some of the finer points of influenza policies.

Many of our locals reported that nurses working evening or night shifts had trouble gaining access to training. Educational sessions are often only available during normal business hours, which exclude a large segment of frontline healthcare workers. Similar problems were noted in the SARS report, as one nurse states,

That's my big issue. There is no education except for Monday to Friday. Basically 9:00 to 5:00, sometimes in the evening. So if you do permanent night shift you have absolutely no education for off-hours. [...] And I brought it up over and over. Nursing is 24/7. They need to be accommodating, especially when most of the staff are nurses, for night shifts, somebody needs to be coming in at nights for in-services and education, and it just doesn't happen.<sup>28</sup>

Immediate and ongoing staff education through facility in-services and information sessions is crucial to ensuring that all staff members have the proper knowledge to handle a future outbreak.

Proper procedures for donning and removing personal protective equipment, point of entry procedures, isolation procedures, identifying symptoms, proper visitation procedures, and other safety measures must be clear and understood by all staff. Therefore, as the SARS Commission recommended in 2006, the MNU recommends that facilities hold in-services on H1N1 protocol to ensure that all staff members are up to speed on proper procedure, and to ensure that it is enforced consistently.

## **RECOMMENDATION #6 – MESSAGES TO THE PUBLIC**

### **A) – VISITOR PROTOCOL**

As mentioned in the previous section, the employer needs to aggressively promote and enforce strong visitor protocols aimed at protecting patients and reducing possible infections. The MNU received reports that in some cases up to 21 people visited a single H1N1 patient in care. Not having limits on the number and frequency of visits places patients and nurses at great risk. Establishing clear and effective visitor protocols was also an issue raised to the SARS Commission, as the report states that “Witnesses voiced a concern that as memories of the SARS outbreak fade, so will attention to infection control. Part of that concern is over the lack of consistent system-wide policies on visitor access at hospitals.”<sup>29</sup> The Commission goes on to make specific recommendations:

- That the Ministry of Health and every health institution develop consistent, safe and humane policies to lessen the impact of infectious outbreaks on the vital priority for the sick to receive visitors, unless medically dangerous.
- That visitors be educated to their important role in keeping hospitals safe, and to the need to respect limits on the number of visitors, particularly where the illness is not serious or life-threatening.<sup>30</sup>

While Manitoba Health and Healthy Living has released guidelines suggesting “restrictions in the number of visitors may be advisable during a community outbreak of influenza,”<sup>31</sup> the MNU believes that firmer, clearer policies must be put into place and enforced during a pandemic. It is

also important that proper procedures for personal protective equipment worn by visitors be clearly explained and enforced.

## **B) MORE AND EARLIER SIGNAGE IN HOSPITALS**

In several facilities signage for many pandemic-related issues was in place quickly. In other facilities signage was either lacking or put in place too late. As such, in conjunction with our recommendations above regarding early and ongoing education for staff and for the public, the MNU also recommends that all facilities ensure that signage be put in place immediately during an outbreak. Signage regarding transmission prevention, hand washing, coughing, proper personal protective equipment for visitors and patients, and awareness of the emergency relating to the public and to hospital staff (re: Article 10, if/where applicable) must be in place and visible in high traffic areas, in order to ensure that public and staff are aware of the situation.

## **C) AGGRESSIVE PUBLIC CAMPAIGNS**

The task of informing the public must be shared. While hospital employees have a responsibility to ensure that emergency protocols are being followed by patients and visitors, the government must also play a role to inform the public. In addition to ensuring that signage within facilities is adequate and in place quickly, the public outside of our health facilities must be educated on special rules and restrictions in place during a pandemic. As such, the MNU recommends that aggressive public campaigns regarding visitor protocols, personal protection and hygiene, point-of-entry plans at health facilities, and alternate places to seek medical treatment should be implemented during a serious communicable disease outbreak.

## **Communication between Employers/Authorities and Staff**

Effective communication between employers and staff is crucial to infection control. Staff must be made aware of new developments regarding the outbreak in a clear and timely fashion. Reports received by the MNU indicate that while many facilities did receive updates regularly, other facilities suffered obvious communication breakdown, where frontline healthcare workers were relying on each other for support and information about the crisis. In these facilities confusing messages and rumors lead to uncertainty and anxiety.

## **RECOMMENDATION #7 – CLEAR AND EFFECTIVE COMMUNICATION**

### **A) SINGLE COMMUNICATOR**

Several of our locals that experienced communication issues indicated that the most effective way to ease the problem would be to have a single communicator between management and employees. Conflicting messages from different people and from different levels of management can be difficult to reconcile, particularly in the midst of an outbreak. All management staff, from unit managers to health authority directors and coordinators must develop and promote a consistent message so that staff not only have a consistent plan to follow, but also so that they

are reassured that a consensus exists on the proper handling of an influenza outbreak. A single communicator would most easily be able to convey this message.

## **B) CLEAR LINES OF COMMUNICATION AND AUTHORITY**

Nurses should be clear on who is in charge and who has decision-making capacities in a pandemic situation. Also, frontline workers should be able to communicate issues or concerns easily, and their input should be seriously considered. Even in areas where communication between employer and worker was said to be strong, the availability of management to answer questions and address concerns of frontline workers was limited.

Frontline nurses often play a vital role in understanding new and unknown illnesses. They are the first and best source for understanding the logistics of caring for patients. Clear lines of communication must be made available so that our frontline workers can communicate with management. This issue was prevalent five years ago during the SARS epidemic in Ontario, as the SARS Commission recommended

- That effective processes and systems be established to provide a path for communication and consultation with front-line staff
- That the health concerns of health workers be taken seriously, and that in the spirit of the precautionary principle health workers be made to feel safe, even if this means continuing with levels of heightened precautions that experts believe are no longer necessary.<sup>32</sup>

The communication issue must be addressed during future outbreaks. Nurses must be provided with a clear means of communicating their concerns to management to ensure that the most effective means of combating the outbreak are being implemented.

## **C) THE USE OF DAILY CLIPBOARDS, BINDERS AND OTHER TOOLS**

Several of our locals suggested that while email was an effective form of communication for some staff, in many areas computer access is limited and staff have little or no time to actually use them. Therefore, while email remains useful for some, employers must also take the initiative to place physical copies of notifications and information in locations where staff can see and read them. In facilities where communication was said to be efficient the MNU learned that daily clipboards with the most up-to-date information were highly effective. The use of point-form directives was also said to be a practical way of presenting information clearly and quickly. Information binders in nursing stations were quite popular, as they featured detailed information for those who needed it. Another of our members suggested that an H1N1 fact sheet be sent out with pay stubs in September. The MNU believes that this could be a valuable means of sharing preparatory information and could also be used as a preliminary recruitment tool for volunteers in the fall.

The MNU recommends that these and other forms of clear, simple communication be available in *all facilities*. Discrepancies between facilities in the effective transmission and caliber of information available to staff is unacceptable and should be remedied immediately by following the example of those facilities where communication was strong.

## **RECOMMENDATION #8 – RESOURCE CENTRE**

Another important communications resource that was brought to the MNU's attention was the H1N1 Resource Centre established at the Health Sciences Centre. During the outbreak, staff concerned with any issue related to H1N1, like personal protective concerns, staffing and H.R. issues and other concerns could go to the Resource Centre for answers. Even answers not immediately available would be investigated and reported back to the inquiring staff member. The Resource Centre could also help to coordinate things like a help hotline, a website, or email services with answers for healthcare workers.

HSC representatives informed us that this was a very effective means of addressing inevitable issues that arose during the outbreak, and that their biggest concern with the program was simply a lack of awareness surrounding its existence. Therefore, the MNU recommends that all facilities affected by H1N1 immediately take steps to establish a Resource Centre for staff. These areas can be vital to the accurate and efficient dissemination of information, and to the easing of staff concerns. They can also serve as a vital tool for information control and consistency, which helps to alleviate problems of mixed or confusing messages identified above.

## **RECOMMENDATION #9 – REGULARLY SCHEDULED MEETINGS**

### **A) INFORMATION MEETINGS FOR ALL STAFF**

Staff must be kept up to date not only through memos and written notices, but also through meetings which will facilitate two-way dialogue. Members at the Victoria General Hospital reported that regular meetings were very effective in allowing staff to express concerns and to share information. Other facilities reported that regular meetings were not always scheduled, that employees in unaffected facilities were often uninformed regarding influenza issues, and that staff members were not provided with enough opportunity to ask important questions. The MNU recommends that other facilities use the example established at the VGH to ensure that all staff members are regularly and adequately informed through regular meetings during an infectious disease outbreak.

### **B) SPECIAL MEETINGS FOR SECONDED NURSES AND STAFF IN DIRECTLY AFFECTED UNITS WITH UNION AND MANAGEMENT PRESENT**

Seconded nurses and those working in directly affected units especially need to be kept up to date on the latest developments during an outbreak. As the staff chiefly responsible for providing crucial care and support these workers must be provided with an opportunity to express concerns regarding any aspect of patient care or their work situation, and must be made to know that they are being supported in their efforts. As these staff members are the most directly affected during an outbreak, the MNU believes it is important for union officials to be a part of these meetings.

## **RECOMMENDATION #10 – OPEN AND TRANSPARENT PLANNING FROM GOVERNMENT**

While we trust that the government is indeed preparing for the fall outbreak, the information currently available about the plan is disappointing. The MNU has had very little access to planning information from the Manitoba Government and Regional Health Authorities. Despite numerous requests plans for the expected fall outbreak have not, to this date, been shared with the union. The Ontario government has a plan for an influenza pandemic available in its entirety directly on their website.<sup>33</sup> While the Manitoba government does have some items available, information on special flu clinics, essential services during a pandemic, and health human resource deployment are still unclear. We have been told that parts of a plan are already in place. However the MNU has not been provided with any additional documents or written policy to confirm the existence of a deployment plan.

The union must be fully informed of plans underway affecting nurses and must be kept in the loop on policies to be implemented. Considering the realities of the nursing shortage the union has legitimate concerns regarding the implementation of these programs and requests that the government and the regional health authorities be more forthcoming with their planning initiatives. We believe that all parties involved can work together to develop the best possible plan for action in the fall. We seek to work cooperatively with government to ensure the highest level of patient care and to ensure that our health human resources are protected in the process. Our organization can play a constructive, useful role in planning for the fall and should be included in the process.

## **Conclusion**

Many of these recommendations are not merely stand-alone suggestions, but overlap with one another. A Resource Centre can be a vital central planning location in a facility to ensure regular, consistent messages for all staff, and can assist in one-on-one recruitment for volunteers. Fit-testing, education and recruitment for the volunteer pool should be completed concurrently. While the above list of recommendations may seem broad, they are closely related to one another.

Nurses must be well informed and prepared to handle a pandemic outbreak. Though we hope that all of the planning for the fall will prove to be simply an exercise in precaution, many signs point to a serious outbreak that could have a tremendous effect on our healthcare system. Nurses must be prepared and confident in their administrators to handle the situation effectively. Support systems must be put in place. Plans for a prolonged outbreak must account for the protection of health human resources that are such a vital part of the response. As one of our founding members, Joyce Gleason said, "To care for nurses is to care for patients." The statement is especially true during a pandemic. The MNU anticipates that our recommendations will be viewed as constructive and useful in the planning process. Though there is not much time before the fall, we believe that all groups involved can work together in the spirit of cooperation and caring to ensure a strong, effective response to any future outbreak.

## **Endnotes**

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- <sup>1</sup>The Honourable Mr. Justice Archie Campbell. Spring of Fear: Volume 3. The SARS Commission Final Report. Toronto, Commission to Investigate the Introduction and Spread of SARS in Ontario. 2006; 40-1.
- <sup>2</sup>Winnipeg Regional Health Authority. *WRHA Nursing Resources and Vacancies Quarterly Report*. March 2009.
- <sup>3</sup>*Ontario Health Plan for an Influenza Pandemic*. August 2008; 8-1.
- <sup>4</sup>*Collective Agreement between Concordia Hospital and Concordia Nurses Local 27 of the Manitoba Nurses' Union*. October 1, 2007 to September 30, 2009; 8.
- <sup>5</sup>Surgeries that might be curtailed include: 1) Elective reconstructive surgeries, 2) Elective hip or orthopedic surgeries, 3) Gastro-intestinal surgeries which could be considered elective.
- <sup>6</sup>Walker, D., et al. *For the Public's Health: Initial Report of the Ontario Expert Panel on SARS and Infectious Disease Control*. December 2003; 186.
- <sup>7</sup>*SARS Unmasked: A Report on the Nursing Experience with SARS in Ontario*. Presented to the Commission to Investigate the Introduction and Spread of SARS in Ontario Public Hearing; September 29, 2009. Registered Nurses Association of Ontario; 4.
- <sup>8</sup>*Ibid*; 24.
- <sup>9</sup>*The Canadian Pandemic Influenza Plan for the Health Sector*. Annex J. Her Majesty the Queen in Right of Canada, 2006; 16.
- <sup>10</sup>*Ontario Health Plan for an Influenza Pandemic*. August 2008; 8-2.
- <sup>11</sup>Shearer, J. *What Day Is It? Strategies for Shiftworkers*. New Brunswick Nurses Union, 2004-05.
- <sup>12</sup>Sitzman, K. *Tips for Shiftworkers*. AAOHN Journal, Vol 50, No 2; 96.
- <sup>13</sup>*Occupational Health Clinics for Ontario Workers Inc.* "Shiftwork: Health Effects & Solutions." Revised 2005. These are just a small sample of all the information available on the ill effects of shiftwork.
- <sup>14</sup>Kandolin, I. "Burnout of female and male nurses in shiftwork." *Ergonomics*. 1993 Jan-Mar; 36(1-3); 141-7.
- <sup>15</sup>The Honourable Mr. Justice Archie Campbell. Spring of Fear: Volume 3. The SARS Commission Final Report. Toronto, Commission to Investigate the Introduction and Spread of SARS in Ontario. 2006; 1046.
- <sup>16</sup>*Ibid*; 874.
- <sup>17</sup>*Ibid*; 981.
- <sup>18</sup>*Ibid*; 982.
- <sup>19</sup>Yassi, A., Bryce, E. "Protecting the faces of healthcare workers: knowledge gaps and research priorities for effective protection against occupationally-acquired respiratory infectious diseases." Occupational Health and Safety Agency for Healthcare in B.C.. April 30, 2004; 69.
- <sup>20</sup>The Honourable Mr. Justice Archie Campbell. Spring of Fear: Volume 3. The SARS Commission Final Report. Toronto, Commission to Investigate the Introduction and Spread of SARS in Ontario. 2006; 29.
- <sup>21</sup>[http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm#C](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm#C)
- <sup>22</sup>Manitoba Nurses Union Regional/Facility Survey on the H1N1 Outbreak. Conducted Aug 4-Aug 7/09.
- <sup>23</sup>The Honourable Mr. Justice Archie Campbell. Spring of Fear: Volume 3. The SARS Commission Final Report. Toronto, Commission to Investigate the Introduction and Spread of SARS in Ontario. 2006; 46.
- <sup>24</sup>*Ibid*; 46.
- <sup>25</sup>*Ibid*; 1079-80.
- <sup>26</sup>*Ibid*; 1082.
- <sup>27</sup>Canadian Federation of Nurses Unions Policy Directive: *H1N1 Outbreak and Personal Protective Equipment*
- <sup>28</sup>The Honourable Mr. Justice Archie Campbell. Spring of Fear: Volume 3. The SARS Commission Final Report. Toronto, Commission to Investigate the Introduction and Spread of SARS in Ontario. 2006; 1078-9.
- <sup>29</sup>*Ibid*; 1170.
- <sup>30</sup>*Ibid*; 1171.
- <sup>31</sup>Manitoba Health and Healthy Living. "INFECTION PREVENTION AND CONTROL GUIDELINES: Influenza-like illness including NOVEL A/H1N1 INFLUENZA: All health and healthcare settings. June 18, 2009; 15.
- <sup>32</sup>*Ibid*; 40.
- <sup>33</sup>[http://www.health.gov.on.ca/english/providers/program/emu/pan\\_flu/ohpip2/plan\\_full.pdf](http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/plan_full.pdf)

## **Final Recommendations**

### **RECOMMENDATION #1 – HOSPITAL SERVICES AND HUMAN RESOURCES DURING A PANDEMIC**

- The MNU recommends that clear plans for a reduction of services in facilities stricken by an influx of flu-related illnesses be developed and made public so that coping with a prolonged pandemic is not accomplished at the expense of our healthcare workers.

### **RECOMMENDATION #2 – MAXIMIZING THE EMERGENCY POOL OF VOLUNTEER HUMAN RESOURCES**

- One-on-one recruitment to ensure all potential participants have all necessary information.
- Pool would identify individual volunteer competencies, enabling primary care for flu patients and backfilling opportunities for indirect support.
- Models in other locations should be used as a guide for establishing a volunteer pool here in Manitoba.
- Students, retirees, and other potential volunteers should be considered as support during a pandemic.

### **RECOMMENDATION #3 – INTEGRATING SECONDED NURSES**

- Maintain master work rotations whenever possible.
- Nurses who haven't recently worked in the unit should be reoriented with the work environment.
- Disruption should be minimized through joint union-management meetings and through regular communication with all affected nurses.
- Affected nurses should be made especially aware of employee assistance programs and other support systems in place to help them adjust.

### **RECOMMENDATION #4 – THE USE OF N95 RESPIRATORS AND OTHER APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IN AFFECTED AREAS**

- A) ENCOURAGING THE USE OF N95s – In the spirit of the precautionary principle policy should recommend that nurses wear N95 respirators in all affected areas.
- B) 24/7 FIT-TESTING – Fit-testing must take place 24/7 immediately and should be completed for all staff before the expected fall outbreak. The MNU also recommends that fit-testing be made mandatory for *all staff*.

- C) **MANDATORY USE OF PPE BY STAFF** – Wearing proper masks and PPE must be made *mandatory* for all staff wherever the use of masks and PPE are recommended.
- D) **ADEQUATE SUPPLY AND EASY ACCESS TO N95s AND OTHER PPE** – All healthcare facilities must ensure that they are not only adequately stocked with ample PPE supplies, but that staff and management are able to easily locate the equipment and get it into the hands of nurses quickly.
- E) **MANITOBA LABOUR SHOULD MONITOR WORKPLACE SAFETY AND HEALTH ISSUES** – The Department of Labour should play an active role to ensure that healthcare facilities are compliant with workplace health and safety regulations.

#### **RECOMMENDATION #5 – IN-SERVICES AND STAFF EDUCATION**

- A) **PERSONAL PROTECTIVE EQUIPMENT** – Staff must be properly educated on the use of their personal protective equipment.
- B) **POLICIES AND PROCEDURES** – Proper procedures for donning and removing personal protective equipment, point of entry procedures, isolation procedures, identifying symptoms, proper visitation procedures, and other safety measures must be clear and understood by all staff. Facilities must hold in-services to ensure that all staff members are up to speed on proper procedure and to ensure that it is enforced consistently.

#### **RECOMMENDATION #6 – MESSAGES TO THE PUBLIC**

- A) **VISITOR PROTOCOL** – Firmer, clearer visitor policies must be put into place and enforced during a pandemic for the protection of patients, visitors and staff alike.
- B) **MORE AND EARLIER SIGNAGE IN HOSPITALS** – Signage regarding transmission prevention, hand washing, coughing, proper personal protective equipment for visitors and patients, and awareness of the emergency relating to the public and to hospital staff (re: Article 10, if/where applicable) must be in place and visible in high traffic areas in order to ensure that public and staff are aware of the situation.
- C) **AGGRESSIVE PUBLIC CAMPAIGNS** – Aggressive public campaigns regarding visitor protocols, personal protection and hygiene, point of entry plans for health facilities, and alternate places to seek medical treatment should be implemented during a serious communicable disease outbreak.

#### **RECOMMENDATION #7 – CLEAR AND EFFECTIVE COMMUNICATION**

- A) **SINGLE COMMUNICATOR** – A single communicator between management and employees would reduce confusion, enable the communication of a consistent message,

and reassure workers that a consensus exists on the proper handling of an influenza outbreak.

- B) **CLEAR LINES OF COMMUNICATION AND AUTHORITY** – Clear lines of communication must be made available so that our frontline workers can communicate with management and so that they understand who and where information is coming from.
- C) **THE USE OF DAILY CLIPBOARDS, BINDERS AND OTHER TOOLS** – In addition to email, clipboards updated daily, H1N1 binders in nursing stations, point-form information sheets, and other tools should be used to communicate important information to frontline workers.

### **RECOMMENDATION #8 – RESOURCE CENTRE**

- All facilities affected by H1N1 should immediately take steps to establish a Resource Centre for staff. These areas can be vital to the accurate and efficient dissemination of information and to easing staff concerns. They can also serve as a vital tool for information control and consistency, which helps to alleviate problems of mixed or confusing messages.

### **RECOMMENDATION #9 – REGULARLY SCHEDULED MEETINGS**

- A) **INFORMATION MEETINGS FOR ALL STAFF** – Facilities should schedule regular meetings with all staff members to ensure that they are regularly and adequately informed during an infectious disease outbreak.
- B) **SPECIAL MEETINGS FOR SECONDED NURSES AND STAFF IN DIRECTLY AFFECTED UNITS WITH UNION AND MANAGEMENT PRESENT** – As the staff chiefly responsible for providing crucial care and support these workers must be provided with an opportunity to express concerns regarding any aspect of patient care or their work situation, and must be made to know that they are being supported in their efforts.

### **RECOMMENDATION #10 – OPEN AND TRANSPARENT PLANNING FROM GOVERNMENT**

- The union must be fully informed of plans underway affecting nurses and must be kept in the loop on policies to be implemented. Considering the realities of the nursing shortage, the union has legitimate concerns regarding the implementation of these programs and requests that the government and the regional health authorities be more forthcoming with their planning initiatives.

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