



# BCNU RESOURCE - COVID-19

## A GUIDE FOR BCNU MEMBERS

### WHAT IS COVID-19?

According to the World Health Organization, a coronavirus belongs to a family of viruses causing illnesses ranging from the common cold to severe diseases, like Severe Acute Respiratory Syndrome (SARS) or Middle East Respiratory Syndrome (MERS). A novel coronavirus is a strain previously unidentified in humans.

### HOW DOES COVID-19 SPREAD?

The BC Center for Disease Control (BC CDC) reports that COVID-19 is transmitted via large liquid droplets when a person coughs or sneezes and can enter through these droplets through the eyes, nose or throat if in close contact with an infected person.

Significant additional information is still required to fully understand the cause of the outbreak, how the disease is transmitted, and the severity of illness it causes in humans.

### WHAT PRECAUTIONS ARE RECOMMENDED FOR HEALTH CARE WORKERS TO MINIMIZE RISK OF EXPOSURE AND TRANSMISSION?

The BC CDC and BC's Provincial Health Officer (PHO) have recommended that health care workers use droplet and contact precautions for all interactions with clients who have suspected, presumed or a confirmed COVID-19 diagnosis. Contact and droplet precautions include gloves, eye protection (face shields or goggles), gowns, and surgical masks.

N-95 respirators (commonly referred to as N-95 masks) must be used by health care workers involved in aerosol-generating procedures including but not limited to:

- > Intubation, extubation and related procedures
- > CPR with bag valve mask ventilation
- > Bronchoscopy and bronchoalveolar lavage
- > Sputum Induction
- > Nebulized therapy
- > High concentration oxygen therapy
- > Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
- > Open airway suctioning
- > Nasopharyngeal aspirates, washes and scoping
- > Autopsies involving respiratory tissues

An N-95 respirator (or N-95 mask) is an air-purifying respirator that requires a close facial fit in order to block 95% of airborne particles from entering a person's respiratory tract. The BC CDC has published supporting guidance for respiratory protection [here](#).

Nurses must use their clinical and professional judgement with respect to the need for personal protective equipment (PPE) and the most appropriate PPE for the circumstances. If staff have any questions or concerns about the type of PPE to use, or correct donning/doffing practices, they must contact the Health Authorities/PHC infection control resource, occupational health and safety staff, or their supervisor to request advice. **If the above-mentioned PPE and guidance are not available, speak to your manager or contact your union representative.**



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BCNU and the Health Authorities/PHC will work together to implement strategies that focus on eliminating or minimizing the risk of hazardous exposures to keep healthcare workers safe. If there is a shortage of personal protective equipment, employers and BCNU will develop contingency plans to protect the health and safety of healthcare providers.

## YOUR OH&S RIGHTS

The BCNU supports the use of the precautionary principle in health care facilities to minimize potential risks of exposure and transmission of COVID-19. It is important that BCNU members understand their OHS rights in the context of the COVID-19 outbreak as well as engineering and administrative controls, and the types of PPE available to minimize risk of exposure and transmission.

All workers in BC have the overall right to a safe workplace. Specifically, you have:

- > **The right to know** about the hazards and controls in the workplace
- > **The right to participate** in OHS activities
- > **The right to refuse unsafe work** if an undue hazard is present
- > **The right to no discrimination** for participating in OHS activities

### RIGHT TO KNOW

You have the right to know about COVID-19 risks, what the employer has done to protect you from COVID-19, and what you must do to protect yourself from COVID-19.

Your employer must provide you with education, training and supervision to work safely with, and in proximity to, COVID-19.

A comprehensive, site specific exposure control plan (ECP) based on the precautionary principle for COVID-19 is required at every workplace in accordance with [Section 5.54](#) and [Section 6.34](#) of the [OHS Regulation](#).

You must ensure that you are comfortable applying the information, education and training provided to you to do your work safely. Don't hesitate to ask your employer questions or ask to be re-trained if anything is unclear.

The employer is legally required to investigate the reported unsafe condition and ensure that any necessary corrective action is taken without delay in accordance with Section 3.10 of the OHS Regulation:

#### 3.10 Reporting unsafe conditions

*Whenever a person observes what appears to be an unsafe or harmful condition or act the person must report it as soon as possible to a supervisor or to the employer, and the person receiving the report must investigate the reported unsafe condition or act and must ensure that any necessary corrective action is taken without delay.*

An unsafe condition might be not knowing how to access appropriate PPE for a work process, not having the training to use the PPE correctly or not being instructed in the facility's exposure control plan for COVID-19.



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#### **RIGHT TO PARTICIPATE**

You have the right to participate in OHS activities in the workplace. You could participate in COVID-19 planning by:

- Requesting education and training on the effective use of engineering and administrative controls and PPE (if not provided yet).
- Requesting that your fit testing is up to date if you may require use of an N-95 at work.
- Following policies and procedures that have been communicated to you to minimize risk of exposure.
- Asking questions about any information provided that is unclear (or not provided) by your employer.
- Provide feedback to your employer on ways to improve existing controls and suggestions for additional controls.
- Keep your BCNU Joint Occupational Health and Safety Committee member and/or site steward involved and up to date.
- Report all workplace incidents to your employer via Workplace Health Call Centre, PSLS, verbal conversations and follow up emails.

To report a workplace incident that impacted you physically, psychologically or emotionally, please call the Workplace Health Call Center at 1 866 922 9464. Time spent reporting workplace incidents is considered time worked for the employer and therefore you must be paid at the applicable rate of pay.

#### **RIGHT TO REFUSE**

You have the right to refuse unsafe work if you have reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person. The procedure for refusal is outlined in [Section 3.12 of the OHS Regulation](#).

##### **What is an undue hazard?**

*“Undue hazard”*

A “hazard” is identified in Part 1 of the Regulation as “a thing or condition that may expose a person to a risk of injury or occupational disease.” Further, “undue” is defined by the Oxford dictionary as “unwarranted, inappropriate, excessive or disproportionate.” Therefore, a thing or condition that may expose a worker to an excessive or unwarranted risk of injury or occupational disease represents an undue hazard for the purposes of section 3.12 of the Regulation.

##### **What is reasonable cause?**

*“Reasonable cause to believe”*

The use of the term “reasonable” in “reasonable cause to believe” means that the worker must assess the situation as a reasonable person, taking into account relevant and available information and exercising good faith judgment with respect to the hazard with due regard to the worker’s training and experience.

*“Reasonable cause to believe” and the susceptible worker*

Some workers may have an underlying condition which would lead them to suffer an illness or sustain an injury, even though others would not be affected in the same way. In this so-called “susceptible worker” situation, the “objective” test of whether the worker has reasonable cause to believe the work presents an undue hazard is to be applied in the context of the person’s specific health condition.



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To uphold a work refusal, there needs to be a clear connection between the undue hazard asserted by the susceptible worker, and his or her health condition. As part of the investigation into the refusal, the employer may ask for confirming evidence of the effect of the hazard on the person's condition. While the evidence is being obtained, the worker should be removed from the condition that the worker asserts is an undue hazard.

#### **RIGHT TO NO DISCRIMINATION**

You have the right to no discrimination for participating in OHS activities at work including enacting your right to refuse. Please contact a BCNU steward or JOHS rep immediately if you are concerned that this right is being violated.

#### **SELF ISOLATION AND COMPENSATION**

If you suspect you have been exposed to COVID-19, please contact 8-1-1, your primary care provider or local public health office via phone immediately.

Health care workers who have been directed by a qualified medical practitioner to self-isolate due to potential exposure to COVID-19 will be provided a COVID-19 paid leave of absence for the duration of the recommended self-isolation period. More specific details to be provided in a separate member bulletin.

**If you are concerned about the level of training or preparedness in your worksite, please contact a BCNU steward.**

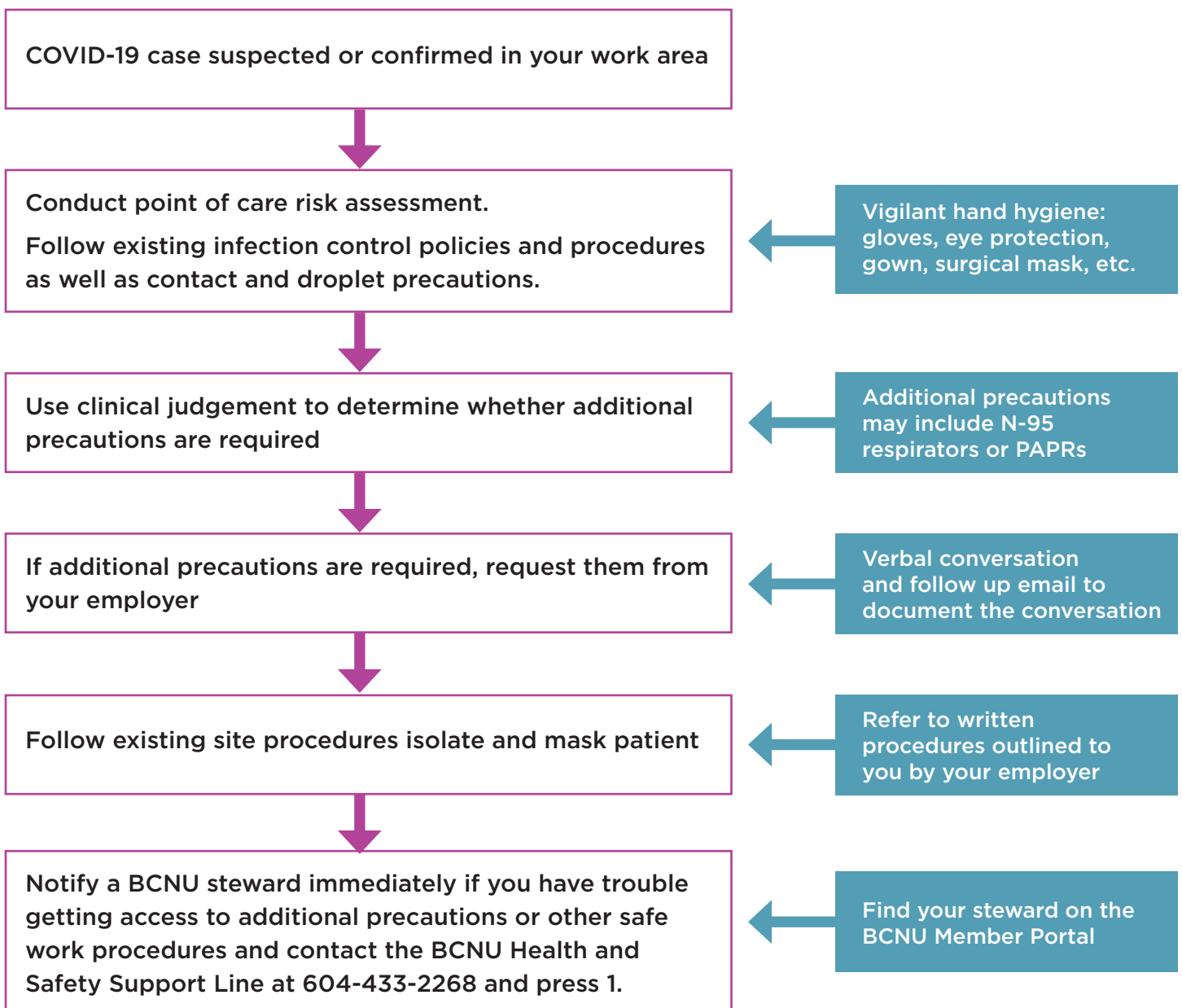
#### **HOW CAN I FIND OUT MORE?**

- > <http://www.bccdc.ca/health-professionals>
- > <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-05-chemical-and-biological-substances>
- > <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- > <https://www.bcnu.org/a-safe-workplace/health-and-safety/coronavirus>



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### HOW TO MANAGE SUSPECTED OR CONFIRMED CASES OF COVID-19



\*Note: The steps involved in a point of care risk assessment and making clinical judgement have been simplified for the purposes of the flow chart. Nurses conduct point of care risk assessments and make clinical judgements constantly before, during and after care.