

Summary

A Time of Fear, by Mario Possamai

Background

This independent report was commissioned by the Canadian Federation of Nurses Unions to critically evaluate the interventions of Canadian public health officials and policymakers during the first wave of the COVID-19 pandemic. The report particularly focuses on how these interventions affected the health and safety of frontline health care workers.

Given the high infection rate among health care workers in Canada, the report offers a series of recommendations designed to help bolster occupational health and safety practices – and better protect frontline health care workers – as Canada enters a second wave of COVID-19.

The report was written by Mario Possamai, former senior advisor to the Ontario SARS Commission. Given his profound knowledge of the inquiry into the 2003 SARS outbreak, Possamai draws extensively from the lessons of the SARS Commission. Recently, many commentators have noted that, had Canada heeded those lessons, we would have fared much better during the COVID-19 pandemic.

Conclusions

In his report, Possamai concludes that “Canada is witnessing a systemic preventable failure to learn from the 2003 SARS outbreak.”

“It is a failure to both adequately prepare and to urgently respond in a manner that would be commensurate with the gravest public health emergency in a century.”

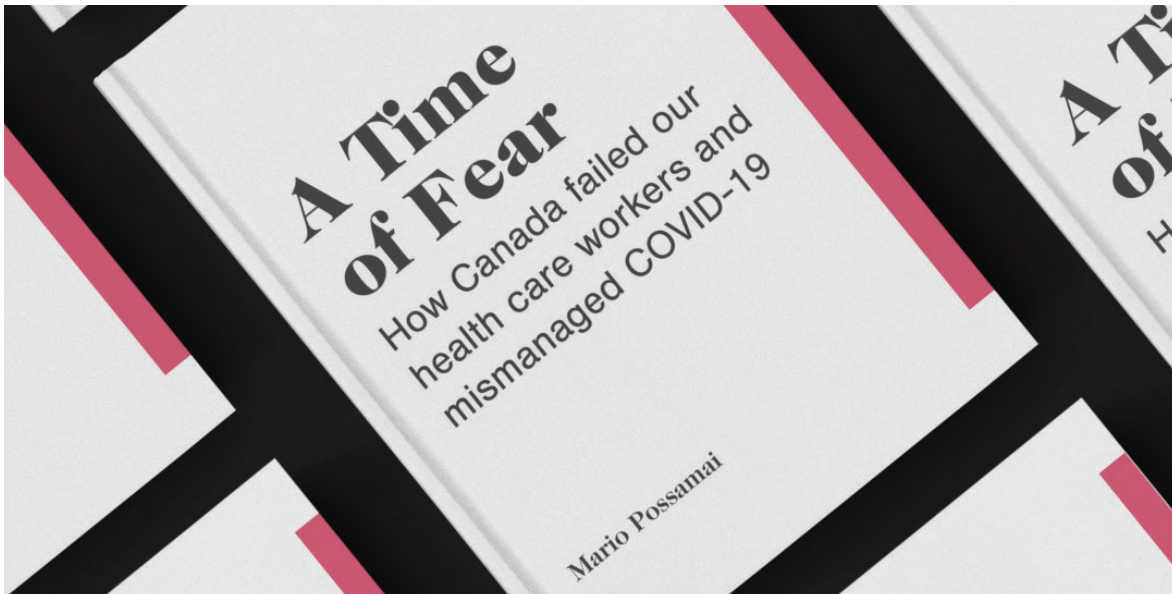
The findings highlight major flaws in the Canadian government’s approach to public health and a dangerous and irresponsible approach to worker safety in response to the pandemic:

- Over 21,000 health care workers in Canada were infected with COVID-19 as of late July, 2020, representing almost 1 in 5 cases in Canada.
- At least 16 health care workers have died.
- This compares to a 10% global average of health care workers infections, meaning Canada is experiencing almost double the rates of health care worker infections compared to other countries.



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- Canada performed particularly poorly when compared to our Asian counterparts who also experienced SARS in 2003. In China, for example, where airborne precautions such as an N95 respirator were implemented soon after the outbreak began, the health care worker infection rate stands at about four per cent. Similarly, the number of health care workers infected in Hong Kong and Taiwan, where N95 respirators are also routinely used when caring for patients with COVID-19, remained in single digits, as of the end of July 2020.
- Thousands of Canadian health care workers are being needlessly imperiled as a result of government mismanagement.



Recommendations

Precautionary Principle

If Canada is to protect its health care workers, and the public, during a public health crisis such as COVID-19, it must embrace the precautionary principle. The precautionary principle, a core lesson from the SARS Commission, states that action to reduce risk need not await scientific certainty.

“The precautionary principle is simple to understand,” explained Possamai. “Precautionary warnings are common in our daily lives. There is ‘better safe than sorry’. There

is ‘look before you leap’. There is ‘haste makes waste’. We all intuitively understand this sage advice.”

Possamai’s report recommends that the precautionary principle be expressly adopted as a guiding principle throughout the health care system. He also contends that since public health agencies make decisions that directly impact the health and safety of health care workers, they must work collaboratively with these workers’

unions and occupational safety experts, basing any decisions on the precautionary principle as a foundational element.

Occupational Health and Safety

In the United States, the National Institute for Occupational Safety and Health (NIOSH) is an essential part of the Centers for Disease Control and Prevention. Its mandate is to ensure safe and healthful working conditions for all Americans and safeguard human resources. Its employees come from a diverse set of fields including epidemiology, medicine, nursing, industrial hygiene, safety, psychology, chemistry, statistics, and engineering. It is the only Federal agency with a mandate to conduct and fund occupational safety and health research and training, to integrate knowledge to help prevent occupational injuries and illnesses for American workers.

Possamai holds that Canada must establish a similar worker safety research agency as an integral part of the Public Health Agency of Canada. This agency must be granted legislated authority for decision-making on matters pertaining to worker safety, including the preparation of guidelines, directives, policies, and strategies. Modelled on NIOSH, it would focus on worker safety and health research, and on empowering employers and workers to create safe and healthy workplaces. Essential to its work would be a staff representing a similarly wide range of fields to those at NIOSH, all of which are relevant to worker safety.

Personal Protective Equipment

As we enter a second wave in Canada that may prove to be larger than the first,

Possamai cautions that federal, provincial and territorial governments urgently need to work together to guarantee a sufficient supply of N95 respirators or better. These respirators are essential in protecting health care workers at a precautionary level. For this to be sustainable and long-term, maintaining and regularly refreshing strategic stockpiles and developing a made-in-Canada supply chain must be a priority. Governments and public health agencies must commit to being transparent about PPE stockpiles.

Accountability, Oversight and Independence

Possamai's report also makes a number of recommendations aimed at promoting greater transparency and oversight. Federal, provincial and territorial governments should pass legislation requiring their respective chief medical officers of health to report annually on the state of their jurisdiction's public health emergency preparedness. Chief medical officers of health should be empowered to make recommendations addressing any shortcomings. These reports should reflect the concerns and perspectives of health care worker unions and safety experts. Further, to increase transparency and to help governments plan effectively, all jurisdictions must be required to publicly report to their stakeholders – and to the federal government – in a consistent, detailed, transparent and timely manner about health care worker infections in their jurisdictions.

Canada should have the resources and capabilities to independently assess guidance from the WHO and formulate its own policies that meet its needs and those of Canadian health care workers.