



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



INFLUENZA CONTROL POLICY

www.bcnu.org

BC NURSES' UNION BELIEVES THAT:

Nurses and other healthcare workers are responsible for providing care in a manner that is safe, minimizes risk of harm and is based on the best scientific evidence available.

- > Nurses and other healthcare workers should have the right to decide whether to be vaccinated against influenza, based on their understanding of the current evidence and in discussion with their own family physician or other care provider.
- > Healthcare employers should not take punitive or coercive action to force behaviour that is contrary to the individual's decision based on the above.
- > Until such time as there is clear scientific evidence to the contrary, BCNU will continue to encourage nurses to be vaccinated against influenza as a preventative measure.
- > Influenza vaccination is just one element of a prevention plan and that adequate staffing, elimination of hospital over-crowding, rigorous facility cleaning, adequate handwashing stations and supplies, available personal protective equipment and isolation of those with infectious diseases must be in place.
- > An effective public health campaign aimed at reducing the spread of influenza should be applied evenly to all who may infect vulnerable populations.
- > Direct care nurses should be involved in the development and evaluation of policies related to managing influenza containment.

BACKGROUND

Since 2000, BC healthcare employers have introduced and revised flu vaccine policies whereby an employee who chooses not to be immunized or take antiviral medication will be excluded from work in the event of an influenza outbreak.

For decades, collective agreements have given the employer the right to require vaccination or immunization but they provide employees with choices regarding alternative approaches to being immunized.

As a result of questionable efficacy, difficulty ensuring each season's batch of vaccine matched the influenza virus affecting the population, and the reality that there is no process in place to differentiate influenza like viruses from true influenza, many healthcare workers chose not to be vaccinated.

In response, in 2012 a new influenza policy was introduced in BC, coordinated by the Provincial Health Officer and healthcare employers. At that time influenza vaccination was voluntary. However, as a result of an arbitration ruling over a grievance taken forward by another healthcare union, as of December 1, 2013 influenza vaccination or masking is now mandatory. If a healthcare worker does not get a vaccination, they must wear a



mask at all times during the declared flu season. Employers may conduct random compliance audits, and anyone who is not vaccinated against seasonal flu and not wearing a mask could face disciplinary action.

WHAT YOU NEED TO KNOW ABOUT BC'S INFLUENZA CONTROL POLICY

- > You must advise your employer whether or not you have been vaccinated; proof is not needed but you must provide the date and location of your flu vaccination
- > You are not obligated to report a colleague's non-compliance
- > You are not required to wear stickers stating your vaccination status
- > It is a breach of confidentiality if a member's immunization record is posted publicly
- > If you choose not to be vaccinated, you must follow mask requirements
- > If you can't wear a mask or receive a vaccination for medical reasons, you can seek an accommodation
- > If you experience an adverse reaction from the flu vaccine or from wearing a

mask, complete an incident report and file a claim with WorkSafeBC

- > If wearing a mask interferes with your ability to do your job, you can ask for an exception to the policy
- > If you have influenza symptoms, follow policies regarding not reporting to work.

BCNU will continue to push for solutions to the problems this policy creates and will support members if they feel pressured or harassed about getting vaccinated.

MASK-WEARING AND THE POTENTIAL FOR VIOLENCE IN THE WORKPLACE

Wearing a surgical mask continuously can create the potential for violence in some circumstances. Protect yourself by carrying out a point-of-care risk assessment prior to patient interaction. Check care plans and patient charts to identify the potential for violence created by wearing a mask. If you determine it could be unsafe, speak to your manager or supervisor. You have the right to refuse unsafe work.

SURGICAL MASKS

1. Public Health Agency of Canada - Guidance: Infection Prevention and Control Measures for Healthcare Workers in Acute Care and Long-term Care Settings: <http://www.phac-aspc.gc.ca/nois-sinp/guide/pdf/ac-sa-eng.pdf>
2. US Centers for Disease Control and Prevention - Prevention Strategies for Seasonal Influenza in Healthcare Settings: <http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm#influenza>
3. Healthcare Infection Control Practices Advisory Committee - Centers for Disease Control and Prevention: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
4. Daniels, T., Talbot, T. (2010) Unmasking the Confusion of Respiratory Protection to Prevent Influenza-Like Illness in Crowded Community Settings. *J Infect Dis.* 201 (4): 483-485 <http://jid.oxfordjournals.org/content/201/4/483.full>
5. Tang, J., Liebner, T., Craven, B., Settles, G. (2009) A schlieren optical study of the human cough with and without wearing masks for aerosol infection control. *Journal of The Royal Society Interface* Vol. 6(Suppl 6): S727-S736. Published online 2009 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2843945/>
6. Johnson, D. F., Druce, J. D., Birch, C., and Grayson, M. L. (2009) A Quantitative Assessment of the Efficacy of Surgical and N95 Masks to Filter Influenza Virus in Patients with Acute Influenza Infection. *Clin Infect Dis.* (2009) 49 (2): 275-277 <http://cid.oxfordjournals.org/content/49/2/275.full>
7. Aiello, A., Murray, G, et al. (2010) Mask use, hand hygiene, and seasonal influenza like illness among young adults: A randomized intervention trial. *J Infect Dis* 2010;201:491-8. http://www.jid.oxfordjournals.org/content/201/4/491.abstract?ijkey=e7e7b190927edcda6f57e5bcefba2c7c55dea291&keytype=tf_ipsecsha
8. Pyrek, K. (2013) Studies Show Great Variation in Contact Precautions, Impact on Patients and Care Delivery. *Infection Control Today.* Vol 17, No. 9, September 2013. <http://www.infectioncontroltoday.com/articles/2013/02/studies-show-great-variation-in-contact-precautions-impact-on-patients-and-care-delivery.aspx>
9. SARS Commission Final Report: Volume 3, December 2006. http://www.archives.gov.on.ca/en/e_records/sars/report/
10. University of Minnesota Centre for Infectious Disease Research and Policy. "The Compelling Need for Game-Changing Influenza Vaccines - An analysis of the Influenza Vaccine Enterprise and Recommendations for the future." October 2012

Surgical mask use is a Respiratory Hygiene/Cough Etiquette practice (droplet precaution) recommended by agencies such as the Public Health Agency of Canada¹, the US Centers for Disease Control and Prevention², and Healthcare Infection Control Practices Advisory Committee³, when patients have influenza like illness (ILI) symptoms.

Literature describes masks as a physical barrier to prevent transmission of disease through large droplets generated during coughing and sneezing. Research is confident that droplet is a major route of transmission for influenza.

Researchers from the Vanderbilt University School of Medicine⁴ evaluated a number of research papers that studied the use of masks in preventing influenza transmission and concluded that "...these data suggest that influenza transmission and ILI can be effectively interrupted with the use of a face mask and hand hygiene in settings of close contact."

Other studies show how masks redirect air flow to what's considered a less harmful direction (away from patient)⁵, reduce transmission over short distances⁶, and that mask use combined with handwashing may reduce respiratory illnesses in shared living settings⁷.

YOUR HEALTH & SAFETY AND RESPIRATORY PROTECTION

While wearing a surgical mask protects against transmission of influenza virus⁸ by droplets, it will not protect you from exposure to airborne virus particles when working with infected patients when they cough, sneeze or talk. Conduct a point-of-

care risk assessment to identify potential risk of exposure. If you determine there is risk, use a precautionary principle approach⁹ and choose the highest level of personal protection equipment: wear a fit-tested N-95 respirator, gloves, gown and face shield or goggles.

SCIENCE ON INFLUENZA VACCINE EFFICACY

The efficacy of the flu vaccine was being questioned in a 2012 report¹⁰ by the University of Minnesota Centre for Infectious Disease Research and Policy. However, the report concludes that:

[We] believe that influenza vaccination is an important health promotion activity that should be widely encouraged and supported. We can and should maintain this infrastructure and use the best technology currently available (i.e. existing influenza vaccines) to protect the public's health to the degree possible. However, we cannot allow this approach to stifle public policy makers from moving the influenza enterprise forward toward game-changing vaccines.

Due to the fact that the current flu vaccines are "the best that we have" BCNU will continue to encourage members to get vaccinated.

We support resources being directed to research aimed at developing a more robust and effective flu vaccine.

FOR MORE INFORMATION

Please contact your BCNU Regional Chair to discuss these issues. Go to www.bcnu.org or look in your **Update** magazine for a list of representatives.