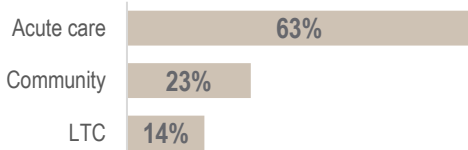


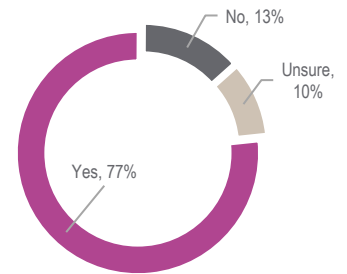
# COVID-19 Exposure Control Member Survey

## Key Findings

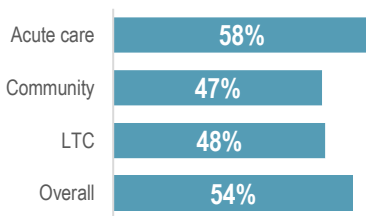
**3148** members responded to the survey



The majority (77%) of members believe that the current PPE restrictions have been based on supply rather than science



Overall, approximately 1 in 2 members (54%) reported a shortage of PPE at their worksite, with a higher proportion for those working in acute care.



*"For weeks we have not had access to face masks with eyeshields which we are supposed to be wearing in droplet rooms..."*

*"I feel like nurses are expendable and less valuable than the PPE. I feel like we are being exploited and that policies that should [err] on the side of caution related to lack of evidence related to how Covid is spread is being used instead to justify lower [levels] of PPE (paper masks) for health care professionals"*

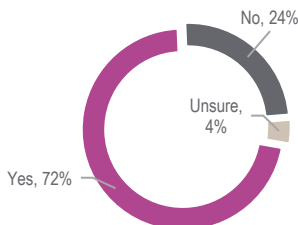
Members also describe feeling frustrated by mixed messages regarding PPE supply and question the rationale of existing PPE restrictions:

*"I hate that its frequently reported on the news...that there is no PPE shortage yet we are using the same mask throughout our shift even between known positive patients and non-symptomatic patients"*

Even for those who reported no shortage of PPE at their worksite (34%), 15% experienced restrictions in accessing PPE, while 67% have expressed at least some concern regarding limited PPE supplies and its potential dangers.

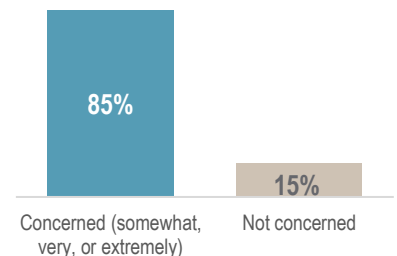
Most members are concerned about limited PPE supplies and the potential danger this poses, with over half of members feeling very concerned or extremely concerned about the issue. Of the members who felt their mental health was affected by COVID-19, ~12% specifically mentioned PPE supply issues as the cause.

The majority (72%) of employers have restricted members' access to PPE and over a third of members feel pressured to not use PPE due to supply issues.

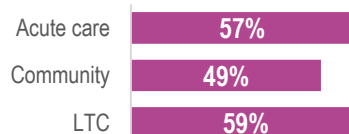


*"...gowns, gloves and masks are locked in nurse managers office and we do not have access. If we run out on weekends we have to call her and do without until she gets message and arrives."*

*"...worried everyday that we are going home to our family and bringing the virus at home due to poor or limited access to PPE"*



More members working in long-term care and acute care are very or extremely concerned about limited PPE supplies than those in community care.

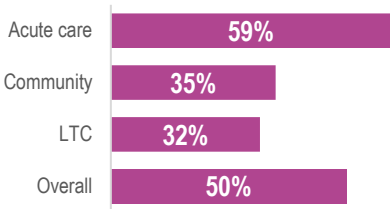


*"... PPE is locked up and when I'm in charge at night it is my role now to access it for staff, while management is telling me to keep it locked away and try not to use it."*

*"I am appalled at how the management has curbed who gets protected and who doesn't"*

PPE supply issues across the province have resulted in various new or unfamiliar types of PPE distributed at worksites.

**More than half of members working in acute care have reported seeing unfamiliar types of PPE, while less have been reported in community and long-term care.**

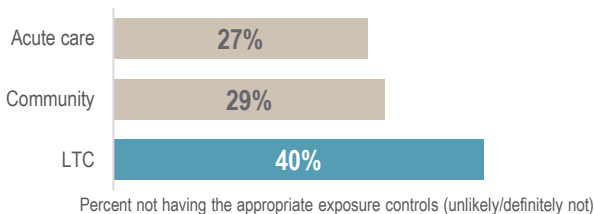


Nurses have indicated that the majority of these unfamiliar PPE are of poor or inadequate quality, are uncomfortable to wear, and in some cases are expired or have been recalled.

*"...yellow isolation gowns that were so thin that some of them tore while donning."*

*"...new masks that do not fit well and cause facial rashes..."*

**More members in long-term care reported that they would not have the appropriate exposure controls in place to safely care for a COVID patient in the next 12 hours than other sectors.**

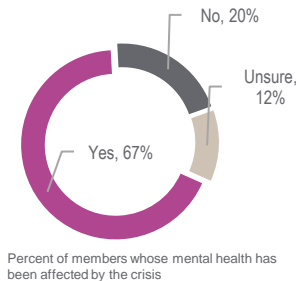


Constant changes in protocols and policies, worrying about family, infection control process concerns, and an overall negative and stressful work environment are just some of the factors that members feel have adversely affected their mental health.

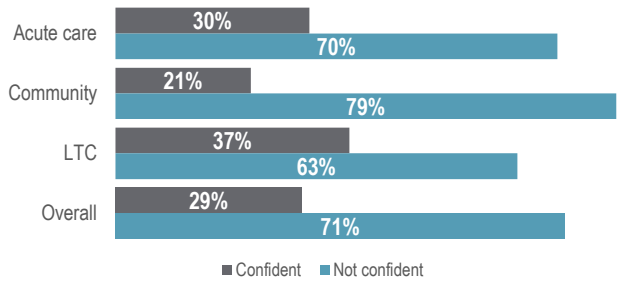
*"Since standards have changed so much I don't trust them"*

*"Fear of stigma related to healthcare workers being 'infected' or 'carriers'"*

*"I've only been a nurse for a year but I am so traumatized I don't even see myself going forward with this career"*



**The majority of members were not confident that their employer had an effective pandemic plan in place** prior to the outbreak, particularly in the community sector.



Members have also attributed part of their decreased mental wellbeing to their employer's lack of planning, support, and/or transparency.

*"Staff at our health unit felt inadequately supported by the employer (who had no plan) and anxieties were very high and staff were starting to act irrationally due to their fears."*

Management support or trust during the pandemic varied across health employers, worksites, and units. For some members, managers helped to "push back on our behalf to the powers above" and were "respectful and trusting of employees". Others experienced managers who "[focus] on 'monitoring productivity'" or who label members as "a 'fear monger' without addressing [their] concerns".

*"Lack of trust in management, leadership and health authority. Feeling disposable and unprotected, devalued and bullied."*

The pandemic has also highlighted longstanding issues with increased workload and short staffing:

*"Short staffing on at worksite is ongoing and intensified during the Covid crisis."*

*"My emergency department took away baseline [staff] to work in a new 'covid zone' in the department leaving us working 4:1, 24 hours a day when we used to be 3:1 on days and 4:1 on nights. This is unsafe and stressful."*

A higher proportion of members feel more confident in their employer's pandemic response today compared to prior to the pandemic.

