

December 29, 2021

Hon. Adrian Dix
Minister of Health
PO BOX 9050
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Victoria, BC V8W9E2

Sent Via email: HLTH.Minister@gov.bc.ca

Re: COVID-19 Omicron variant risk, PCRA model and access to N95 respirators

Dear Minister Dix,

It is well documented that the Omicron variant of COVID-19 has a clear growth advantage over previous mutations of the virus, leading to explosive growth in case counts unseen in previous variants of COVID-19 not only here in B.C. but across the country and internationally.

Responding to the national situation, Canada's most senior-ranking public health official announced on Dec. 20 that [Canadians are to use disposable respirators \(N95s\) or other similar devices](#) specifically to protect against aerosol transmission in place of simple surgical or cloth masks which principally target droplet-based transmission pathways.

In a recent press briefing, the provincial health officer advised individuals to ensure they are in areas with adequate ventilation – this being a control measure used to reduce the risks associated with of aerosolized transmission.

Given the rapid spread of Omicron over the past week alone here in B.C. and the recognition by public health officials including the BCCDC and the provincial health officer that COVID-19 can be easily spread through smaller droplets known as aerosols, it is clear that the [current provincial PPE Allocation Framework](#) must be updated to recognize the risk of aerosolization as a highly significant transmission pathway instead of concentrating solely on droplet-based transmission. With the often-cited affirmations of significant provincial supply of all classes of PPE, there is no reason why the PPE Allocation Framework cannot be updated to provide the necessary guidance to health employers to ensure health care workers are protected to the highest standard available in this province.

In the absence of such clarity, interpretation of the most appropriate protection remains ambiguous, if not subjective. From the nurses working in the community, I am hearing from far too many that they do not even have access to an N95 and even if they did, most are not fit-tested to ensure proper use. This despite the nature of their work, which is to routinely enter into uncontrolled environments such as patients' homes. For the public, the most up-to-date version of the provincial public health order regarding mask wearing continues to provide vague guidance to the general population, defining a face covering as "either a medical or non-medical mask that covers the nose and mouth of the individual".

On behalf of the thousands of nurses our union represents, I am deeply concerned that personal protection levels for nurses and other health care workers may be insufficient leading to them being routinely exposed to significant health risks which the current PPE Allocation Framework within British Columbia does not address.

I would like to meet with you at your earliest convenience in order to provide immediate clarity on the following questions:

1. Does the Ministry of Health believe that there is an increased risk of aerosol-based transmission with the Omicron variant of COVID-19 over any previous variant?
2. What measures are being taken to protect health care workers from COVID-19 transmissions in the workplace in light of the latest variant of concern (Omicron)?
3. When will the PPE Allocation Framework document be updated to reflect the growing evidence that COVID-19 and its related variants are no longer predominately transmitted through droplet-based pathways?
4. When will unfettered access to PPE be provided consistently across the province to all nurses who have conducted PCRAs and deemed it necessary?
5. What measures are being taken to increase fit testing rates for N95 respirators? It is our understanding from our membership that many have expired tests. Will you be working directly with Minister Bains and WorkSafeBC to ensure that health employers are conducting these tests at the required intervals?
6. What measures have been taken to improve ventilation systems in health care workplaces? How many health care facilities meet or exceed the ASHRAE guidelines (or other similar standard) for ventilation systems in health care workplaces? What percentage do not? How many additional negative pressure rooms have been built within the health care system?
7. If you do not believe that there is an elevated risk of transmission through aerosols, what evidence does the government have to support its reluctance to confirm that there is elevated risk of transmission through aerosols? Will you share this evidence with us, in detail, so that we may review it?

At a time when so many British Columbians are being impacted by the Omicron variant it is critical that you focus on the safety of the health care workers who are at the bedside of those most ill, putting themselves and their families potentially in harm's way.

I look forward to meeting with you at your earliest convenience to discuss these important health and safety concerns impacting the tens of thousands of nurses working tirelessly across the province.

Sincerely,

BC NURSES' UNION



Danette Thomsen
Interim Vice President

Copy to: STEPHEN BROWN, DEPUTY MINISTER OF HEALTH
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