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December 4, 2020

LHSC RN BU Members,

As your Bargaining Unit President, I have been working with Vicki McKenna, ONA Provincial President, to pressure London Health Sciences Centre to correct ambiguous messaging of N95 use and according to Directive 5. See attached letter from Vicki McKenna sent on behalf of myself and members at LHSC. Also, on my recommendation the LHSC Chief Nursing Officer, Carol Young-Ritchie will start on Monday, December 7, 2020 to conduct nursing check ins with the Union to hear your concerns during current outbreak.

A handwritten signature in black ink, appearing to read 'R Dolsen', with a long horizontal flourish extending to the right.

Ricki Dolsen
Bargaining Unit President



December 3, 2020

Carol Young-Ritchie
Executive Vice-President, Chief Nurse Executive
London Health Sciences Centre (LHSC)
800 Commissioners Rd., East
PO Box 5010, Stn B
London, ON N6A 5W9

Dear Ms. Young-Ritchie:

RE: Directive #5 Communication with ONA Members

ONA is very concerned about how you have communicated the contents of Directive #5 to our members who work at LHSC, and about how this communication may put our members at risk. The manner in which you framed Directive #5 is simply incorrect.

Directive 5 states in part the following:

“If a regulated health professional determines, based on the PCRA, and based on their professional and clinical judgement and proximity to the patient or resident, that an N-95 respirator may be required in the delivery of care or services (including interactions), **then the public hospital or long-term care home must provide that regulated health professional and other health-care workers present for that patient or resident interaction with a fit-tested N-95 respirator or approved equivalent** or better protection.

The public hospital or long-term care home will not deny access to a fit-tested N-95 respirator or approved equivalent or better protection if determined by the PCRA. For public hospitals and long-term care homes in COVID-19 outbreak, as declared by the local Medical Officer of Health, if a health-care worker comes in contact with a suspected, probable or confirmed case of COVID-19 in a patient or resident where a two-metre distance cannot be assured, the health-care worker can determine if a fit-tested N-95 respirator or approved equivalent or better protection is needed and must receive this additional precaution.”
[emphasis added]

The email you sent to staff states, “While our current PPE supply levels remain healthy, staff and physicians are reminded that N-95 masks are only indicated for use during Aerosol Generating Medical Procedures (AGMP) on suspected or confirmed COVID-19 patients.”

It is the Point of Care Risk Assessment performed by the regulated health professional which determines what personal protective equipment (PPE) is necessary. To suggest otherwise is misleading. It is important that the message be corrected to align with Directive #5 and sent to all LHSC workers.

Finally, we would direct your attention to the portion of Directive #5 that requires hospitals to continually update their organizational risk assessment, including potential revision of PPE precautions.

It is our hope that, given the high rates of health-care workers infected with COVID-19 due to exposures in the workplace, that London Health Sciences will require all staff to use an N-95 or better protection while caring for probable, suspected or confirmed COVID 19 patients.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Vicki McKenna, RN, President

- C. Beverly Mathers, ONA Chief Executive Officer
Ricki Leigh Dolsen, Acting Bargaining Unit President