

Proposals to Strengthen Canada's Pandemic Response

Discussion Feedback

Moving Forward

12 December 2022



Canadian
Registration Board
of Occupational
Hygienists



Masks4Canada



Protect Our Province
AB | BC | QC



World Health
Network



Workplace Health
Without Borders
(WHWB)



Zero COVID
Canada



Occupational
Hygiene Association
of Ontario (OHAO)



COVID-STOP
COVID-STOP

Contents

Introduction	ii
A. What is the Canadian Aerosol Transmission Coalition?	3
B. The Context and Purpose of the July meetings.....	3
C. How this Report was Developed	4
D. Critical Issues and Questions.....	5
E. Moving Forward	8
F. Conclusion – What’s Next?	10

Introduction

In July 2022, the Canadian Aerosol Transmission Coalition (CATC) held two meetings to elicit ideas from a broad range of participants on strengthening Canada's pandemic response. These meetings were held in the context of planning a symposium on public health response to COVID-19 and future pandemics.

This report presents the ideas expressed by participants in those meetings, and how CATC has revised its plans in response to what we heard.

As a result of the input, CATC now favours a multi-stage process to develop, build support and advocate for a set of pandemic response policy proposals .

This process will entail the following steps:

1. Hold a series of focused on-line meetings about pandemic response, with specific efforts to engage additional interests and groups. (Section E, part 2 of this report lists suggested groups.)
2. Distill the input received into a coherent set of policy proposals for strengthening Canada's pandemic response.
3. Advocate for the policy proposals through public discussions, media and with public institutions.

Further details about possible next steps are in the conclusion to this report.

As an all-volunteer organization, CATC needs help from those who want to participate in this process. In the near term, that involves engaging different interest groups and distilling the input received into a set of policy proposals. In the longer term, we need help to advocate for the proposals developed through this process.

A. What is the Canadian Aerosol Transmission Coalition?

The Canadian Aerosol Transmission Coalition (CATC) is a volunteer group of health and occupational health experts and organizations. We came together in late 2020 to advocate for effective protective measures against COVID-19 based on the science showing that the virus is principally an airborne hazard.

Since then, CATC has done extensive work to raise awareness of the science supporting aerosol transmission and solutions for providing necessary layers of protection to workers and members of the public.

B. The Context and Purpose of the July meetings

The COVID-19 pandemic has been a difficult experience in many ways. Many stakeholders, community members and health and safety specialists agree that it's vital and timely to translate this experience into a much better approach to pandemic preparedness, whether for further surges of COVID19 or future pandemics and epidemics.

In this context, CATC developed a proposal to hold a symposium about pandemic response, with two preliminary planning sessions held on Zoom on July 6 and 28, 2022. The purpose was to elicit a broad range of participants' ideas on how to support increased awareness of bioaerosol transmission and a stronger pandemic response. Through these planning sessions CATC intended to:

- Review key lessons from COVID-19 experiences
- Discuss short-, medium-, and long-term solutions for pandemic preparedness and response
- Develop plans to further prepare proposed solutions and bring them forward for support from governments and civil society

The key objectives emerging from the planning conversations focused on moving forward to support the health of all Canadians. Participants wanted to review learnings from the COVID-19 experiences of different sectors, workers and groups to develop proposals to strengthen pandemic preparedness, responses, and other public protections. They wanted the discussions to have the strongest possible impact on policymakers, practitioners, and other key members of civil society, as everyone in Canada looks to the future.

C. How this Report was Developed

As background for the July sessions, participants were provided with a draft strategy proposal framing some key questions to consider.

Two facilitators helped develop and implement the process. It involved an introduction, followed by brainstorming in breakout rooms with white boards and recorded discussions. About 50 participants contributed to the two planning sessions.

Issues addressed during the first breakout session included:

- The importance of the precautionary principle.
- Investigating the “elimination” policy for pandemics versus the “mitigation” model.
- Identifying key elements in a layered prevention strategy.
- Strengthening the institutional framework for effective pandemic planning and response.
- Identifying the infrastructure and resources to support pandemic response.
- Addressing the disproportionate impact of COVID-19 on the most vulnerable groups of people.

Participants also had opportunities to raise other issues.

The top two priorities from each breakout group were shared in a plenary session.

The second breakout session aimed to identify goals and objectives for moving forward, who else should be involved, and format for participation and engagement.

Sections D and E of this report present the questions posed to the session participants (in *italics*), with summaries of their input presented under the **What we heard** headings. The reported input does not necessarily reflect the position of CATC.

D. Critical Issues and Questions

1. The precautionary principle

Is the precautionary principle still relevant? If so, how should it apply? To what?

The precautionary principle (PP) has been an important foundation of occupational health and safety and public health. However, there is no common understanding of its meaning and implications. It was a critical concept articulated in Justice Archie Campbell’s Ontario report on the SARS-1 epidemic and is an important principle for combatting aerosol transmission of SARS-CoV-2. Often public health officials seek scientific certainty before acting, while the precautionary principle, as described by Justice Campbell, recommends preventive action despite scientific uncertainty.

What we heard:

- Generally, there was consensus that the PP is still relevant, but its meaning should be clearly defined. Currently there is a lot of room for interpretation.
- The public, employers and workers, especially workplace joint health and safety committees (JHSCs), and public health officials, need to understand the PP.
- Education is needed about the PP, with learning objectives. We need to make it a living reality.
- One union has used the PP to convey the message that where there are hazards we are not sure about, we should take every reasonable precaution to reduce the risk to as low as reasonably achievable (ALARA).
- The PP should apply as a scientific principle and be reflected in government policy.

- Government occupational health and safety inspectors have not appropriately applied the PP.
- The PP has been undermined by government officials possibly due to costs and liability.
- The PP should be measurable and enforceable, through clear and specific sections of the legislation. Currently, legislation across Canada does not consistently require application or enforcement of the PP.
- Legislation should define “reasonable precautions” or its equivalent (e.g., the Ontario legislative obligation for employers to “take every precaution reasonable in the circumstances for the protection of a worker”, the “reasonably practicable used in other jurisdictions)
- There should be a planning process to promulgate the PP through legislation.

2. Investigating the “elimination” policy for pandemics versus the “mitigation” model

What are the best approaches in preparing for more waves of COVID-19 and beyond to other pandemic/epidemic threats?

Some jurisdictions (e.g., China, New Zealand, Canada’s Atlantic provinces in the initial months of the pandemic) chose to respond with the “elimination” model. However, the federal government and the larger provinces chose the “mitigation” model. Much can be learned about appropriate strategies through historical perspectives and case histories.

What we heard:

- History should be addressed through a careful evaluation comparing SARS-1 to SARS-2, involving those who provided leadership in both situations.
- It will be valuable to research the examples of countries that used containment strategies and reduced levels of infection and hospitalisation, while minimizing economic impact. Comparisons with China and New Zealand would be worthwhile.
- More engagement with the World Health Network (WHN) will provide useful comparisons.
- Elimination may not be feasible at this point for the current pandemic; we need to review the concept (may be relevant for future pandemics).
- Economists should be engaged in the evaluation process.
- Different forms of government as well as cultural differences should be considered as part of the evaluation.

3. Key elements in a layered prevention strategy/ infrastructure and resources to support the pandemic response.

What are the key elements of effective prevention? How can they be put in place and implemented?

What has been learned about the infrastructure and resources needed to support Canada’s pandemic/epidemic responses?

What improvements would support more robust and sustainable responses?

The pandemic has demonstrated the importance of a layered, multi-faceted approach to

public and occupational health protections, involving a variety of prevention tactics such as testing, vaccination, respirators/masks, and clean indoor air.

Infrastructure and resource failures during the pandemic included the shortage of respiratory protection during the early months; marginalization of Canada's national "early warning system" for emerging viruses; abandonment of manufacturing PPE and vaccine capacity; the lack of a Canadian standard for PPE manufacturing; and the lack of a comprehensive pandemic data collection system, including job-related information.

What we heard:

- Application of Canadian Standard CSA 94.4 (respirator selection, use and care) was scattered or non-existent. This national standard of Canada (which covers respirator selection for bioaerosols using a control banding approach) must be used to enhance worker protection.
- We need standards for public use of masks, for bioaerosols and other particulate matter.
- Building codes and American Society of Heating Refrigerating and Air Conditioning Engineers (ASHRAE) indoor air standards should be revised and address bioaerosols transmission.
- We were late with in-home testing. There should be mass testing in homes.
- There must be better allowances for sick leave. Ten days was not adequate for many workers, especially when they were required to isolate due to COVID exposure.
- We must address chronic effects of COVID.
- Employers should be required to assess hazards and risks of infectious diseases.

4. Strengthening the institutional framework for pandemic planning and response

What changes are needed for the current institutional framework to ensure more effective public and workplace-focussed responses?

The Public Health of Agency of Canada (PHAC) was established after SARS-1, with the intention of making it an arm's length agency that takes the lead role in pandemic/epidemic planning and responses. A few provinces implemented similar agencies. Development of options for improved response should include examination of how well these institutions have served Canada during the pandemic.

What we heard:

- There should be interdisciplinary collaboration provincially and nationally. It should involve organized labour, be apolitical and include regional and local representation.
- Standards for control of disease transmission should not be in the hands of politicians.
- The role of the Chief Medical Officer of Health should be apolitical. (Discussion noted the importance of this role, as addressed in this article: <https://jech.bmj.com/content/76/1/100>)
- Public and workplace health legislation must be aligned. Deferring to public health officials/departments was the wrong approach. We need to involve occupational health and safety (OHS) elements and integrate worker rights.
- Occupational hygienists must be better represented in response teams.

- The importance of workplace joint health and safety committees must be recognized.
- Pandemic plans written before COVID-19 did not include the word “aerosol”. Occupational hygienists raised this and were marginalised. This must be changed by using an interdisciplinary approach in future planning.
- Pandemic plans need to provide for sufficient testing and diagnostic capacity.
- There are examples of independence working at a local level. It is important to strengthen independence during non-crisis periods.
- It must be clear where OHS legislation applies. OHS must not be marginalized by public health. The regulatory/enforcement functions of relevant authorities (e.g., to enforce workplace prevention, stop work) were ignored and assumed by Public Health.
- Enforcement functions of provincial health departments must also be examined, along with lack of transparency.
- Workers’ compensation policies and response must address pandemic diseases and their effects.
- There is a critical need for better data infrastructure around topics such as impacts on labour shortages, time was lost to illness and caregiving and collecting occupational data when people interact with the health care system. We need better longitudinal data on morbidity and mortality rates and the impact of Long COVID.
- There have been major failures in public education and messaging. We must address education and awareness of the public, workers, employers, professionals, and government representatives including:
 - More awareness is needed about hazards, risk management and a control banding approach.
 - We need to know the history, how we arrived at this point, to understand the underlying causes of failures.
 - Written plans and guidance (e.g., for PPE, training, ventilation) are needed for workplaces, community and home settings.
 - A better understanding is needed of the roles and jurisdictions of different disciplines and public authorities.
 - We need to convey that the pandemic is not over. People have moved on emotionally. There needs to be an understanding that taking precautions does not mean a return to lockdowns.

5. Addressing the disproportionate impact of COVID-19 on the most vulnerable groups of people.

***What are the most significant gaps in protection for vulnerable groups and individuals?
What will ensure all Canadians are protected in the future?***

COVID-19 has exposed serious fault lines in Canadian society and around the world. It has especially affected persons with disabilities and racialized and migrant workers, along with others considered essential. Supportive programs have not properly addressed the gaps and failings.

What we heard

- We must review risk management practices for the elderly and immunocompromised.
- We should clearly define which groups to target.
- The needs of frontline workers must be clearly defined and addressed.
- Governments should have a legal obligation to make public places accessible (i.e., to mitigate infection hazards in public spaces) especially for people with disabilities.
- There has been a disproportionate burden on racialized groups.

E. Moving Forward

After discussing the critical issues, participants were asked for input on three questions related to moving forward:

1. *What should be our goals and objectives in moving forward on the path to changes in pandemic response?*

What we heard:

Goal

- A politically independent, inclusive, and interdisciplinary approach to pandemic prevention and response.

Objectives

- A broadly-based set of proposals that a range of organizations would be willing to sign.
- Represent the views of all stakeholders, including labour/workers, Indigenous peoples, people with disabilities, racialized groups, long-term care residents and patients.
- Regulatory, policy, and behavioural change through acceptance of aerosol transmission of respiratory diseases by public health authorities, influencers, and advisors.
- Harmonized adoption of measures to control airborne transmission across Canada.
- Engagement with the Canadian government (e.g., the Public Health Agency of Canada) to drive behavioural change provincially.
- Opportunities to build trust. (Workers, unions and others have lost trust in the public health leadership).
- The integration of the precautionary principle into legislation.
- Ensure that Chief Medical Officers of Health and other public health authorities are free from political interference in decision-making.
- Primacy of OHS legislation to protect workers, with OHS enforcement not driven by public health authorities.
- Affirmation of learnings from SARS-1, with revisions where appropriate.
- Addressing and overcoming inequities.
- Recognizing and addressing the impact of Long COVID.
- A robust data infrastructure to track and analyze disease at all local, provincial and national levels.

- Profiling and learnings from success stories.
- Should focus on three concrete short-term recommendations as we work toward long-term ones. For example, Statistics Canada can collect occupational data related to COVID-19.

2. Whom should be engaged in the process as we move forward?

What we heard:

- We need to be inclusive, open to all groups, including:
 - workers, especially front line and health care workers
 - employers
 - professionals and their organizations, including professional engineers, aerosol scientists, occupational hygienists, health care professionals, infectious disease community
 - public
 - Indigenous peoples
 - migrant workers
 - racialized groups
 - academics
 - organizations with success stories
 - groups representing people with disabilities
 - women's organizations
 - resident advocacy groups
 - media
 - politicians
 - Canada-focused, and invite participation from outside Canada (e.g., those involved in California aerosol standard, World Health Network)

3. What would be the best format for virtual participation?

What we heard:

- Not just one meeting
- A series of events conducted in phases – first to engage a variety of stakeholders, then to discuss proposals
- Small groups plus plenary sessions
- Participatory format, with opportunities for informal connections, similar to the World Health Network events
- Workshops on critical messages, counter narratives and gaps in public understanding

F. Conclusion – What's Next?

Context

The July sessions generated many proposals to strengthen Canada's approach to pandemic responses. There was consensus on many of them. Next steps will include a process to identify which ones to focus on and sort them into short-medium- and long-term priorities.

A wide range of organizations and individuals across Canada have advocated for stronger protective measures against COVID-19. Many have excellent ideas about how best to move forward. The July planning discussions engaged only some of them. To effectively influence public policy, we need to engage more organizations and individuals in our activities.

What is the key objective in moving forward?

The key objective is to build strong support for a set of proposals about pandemic responses and bring that support to bear on decision makers. This will result in more robust public policy and infrastructure for pandemic preparedness and response in Canada.

Working out the proposals

CATC and its allies should organize a series of online workshops and meetings focused on solutions for each key policy area identified. The purpose is to identify a small number of policy proposals for each topic, with recommended short-, medium- and long-term actions.

Engaging key organizations and institutions

CATC and its allies should reach out to the key civil society organizations identified in the July planning sessions, asking them to participate in developing proposals. These groups could include governments, public and occupational health organizations, political parties, unions/worker organizations, and organizations representing persons with disabilities, racialized populations, Indigenous communities and other at-risk groups.

Advocacy

Once the proposals are finalized, supporters will need to advocate for their adoption. This can be done through focussed engagement with key individuals and groups. It also could include public conversations providing information and opinions from relevant specialists and promoting interdisciplinary input into government or other enquiries. Advocacy should also include extensive engagement with the media, including social media.

What can supporters do?

Moving forward will take more conversations, reaching out to other individuals and groups, and distilling the input into policy proposals. Then it will be time to garner more support, use various communication tools, promote public discussion, and advocate for change.

Supporters can:

- Share this report with those who care about the topic and weren't at the sessions
- Reach out to different interest groups and invite them to discussions
- Meet with CATC and others to plan next steps
- Help distill input into a coherent set of proposals and recommended actions
- Promote public discussion
- Advocate for the recommended proposals and actions

We need your participation to make it happen.

Learn more:

www.aerosoltransmissioncoalition.ca



[@CAAerosolCltn](https://twitter.com/CAAerosolCltn)