

Occupational
Health Clinics
for Ontario Workers



Centre de Santé
des Travailleurs(es)
de l'Ontario



Institute
for Work &
Health

Research Excellence
Advancing Employee
Health

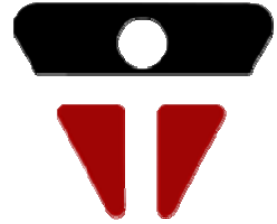
Preliminary results for the pandemic healthcare workers' survey

John Oudyk (OHCOW), Peter Smith (IWH)

& the COVID-19 ad-hoc Survey Group

May 21, 2020

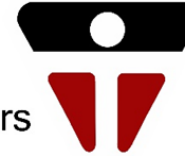




Occupational Health Clinics for Ontario Workers (OHCOW)

- An inter-disciplinary occupational health team:
 - occupational physicians
 - occupational health nurses
 - ergonomists
 - occupational hygienists
 - community organizer
 - customer service coordinators
 - leadership/administration
- Funded by MOL Prevention Branch
- BOD from organized labour





Clinic Services:

1. **individual client** (clinical)
2. answer **questions** (work/health related)
3. **informational presentations**
4. workplace **visits**
 - requested by co-chairs of JH&SC
5. exposure/health **investigations**
 - medical/hygiene/ergonomic combined



Background:

- Invited to help with the **healthcare unions** in responding to draft infection control procedures from the **PHO & PHAC**
- Based on previous work done with them during **SARS, 2009-nH1N1** and **Ebola** (also involved with PHO & MOH in organizing a **summit** to address infection control issues between pandemics – 2014-15)
- Reviewing the **literature** coming out of China, noted a number of surveys done to characterize mental health risks to HCW's
- Floated the idea of doing a survey with Ontario HCW unions & the CFNU and created an **ad hoc team** to devise a survey



Members of COVID-19 ad hoc Survey Group:

- Ontario healthcare unions' H&S staff reps (ONA, SEIU, OPSEU, CUPE, Unifor, USW)
- Canadian Federation of Nurses Unions (CFNU)
- OFL, BCNU, HSABC
- Guy Potter, occupational psychologist with Duke University Hospital in North Carolina (COPSOQ International Network)
- Peter Smith, researcher with Institute for Work and Health (IWH)
- A variety of interested academics and activists from Canada and the US
- Valerie Wolfe, Daryl Stephenson & myself (OHCOW)



Survey content

- COPSQ (StressAssess) scales measuring **burnout**, **stress** and **sleep symptoms** (2 questions each);
- GAD-2 and the PHQ-2 scales to measure **anxiety** and **depression** symptoms (2 questions each);
- 3 questions from the DSM5 **acute stress** scale (pre-PTSD);
- 3 questions from a German **self-efficacy** scale (General Self-Efficacy Short Scale (ASKU));
- custom made **exposure** scales (**PPE adequacy/availability**, similar for **preventive measures/procedures**, and **training**)
- COPSQ scales for **work pace**, **predictability**, **role conflict**, **supervisor support**, **colleague support** (created a similar question for **family support**)
- StressAssess questions about **psychological H&S climate**, and organizational **culture's tolerance of behaviours harmful to mental health**



Survey characteristics



- about 70 questions
- took about 15 minutes to fill out
- allowed respondent to create an id code so they can fill out the survey more than once (things are changing over time)
- in French & English (thanks to USW for translating and Marie-Claude Letellier (Laval) for checking)
- (still) available on OHCOW's SurveyMonkey account:
https://www.surveymonkey.com/r/Pandemic_Survey (EN)
https://www.surveymonkey.com/r/sondage_pandemie (FR)



Results as of May 9:

5663 completed (at least 70% done) responses

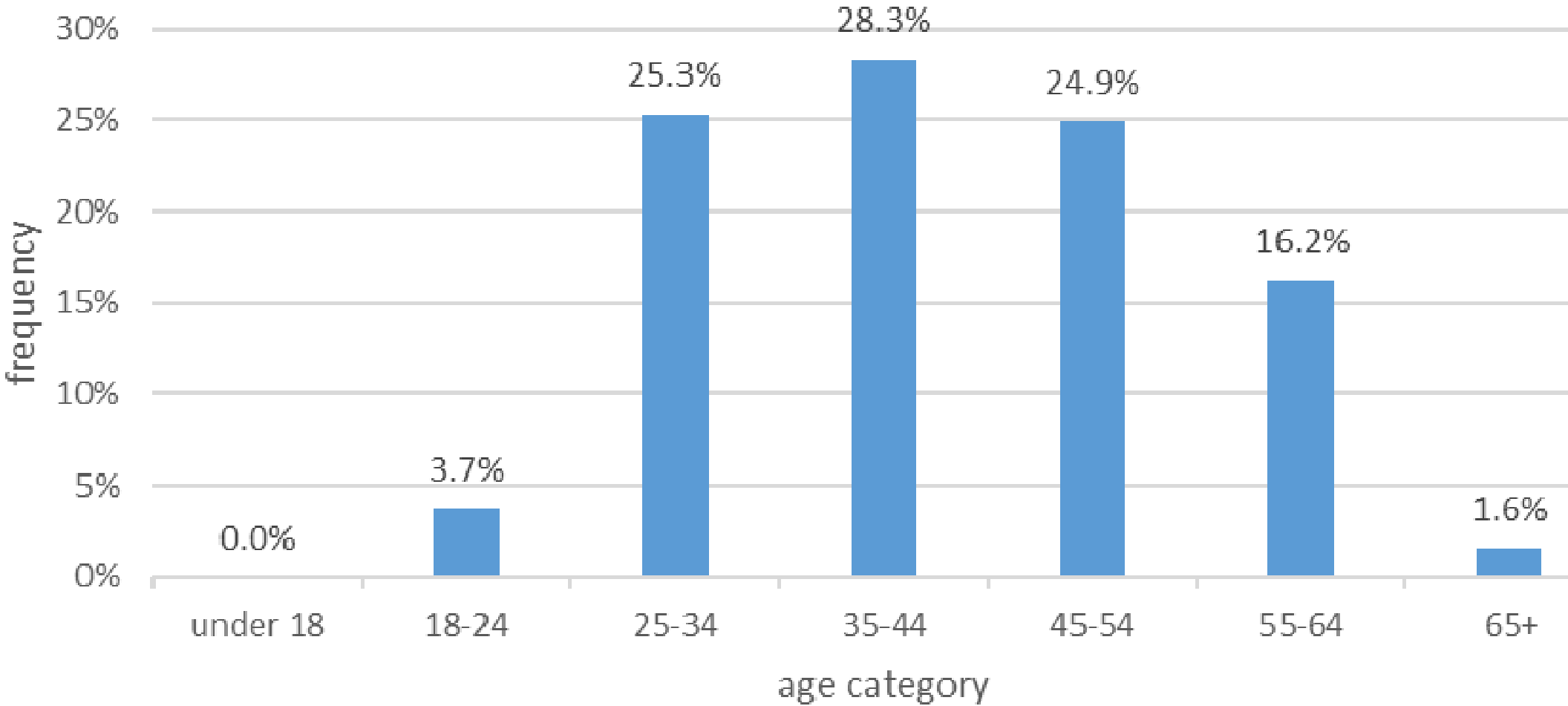
≈30% abandonment (don't reach 70% of survey done)

unions participating (>50 responses):

BCNU	1227
SEIU	1000
OPSEU	968
ONA	677
UNA	387
HSABC	234
CUPE	164
Unifor	124
NSNU	101
USW	76

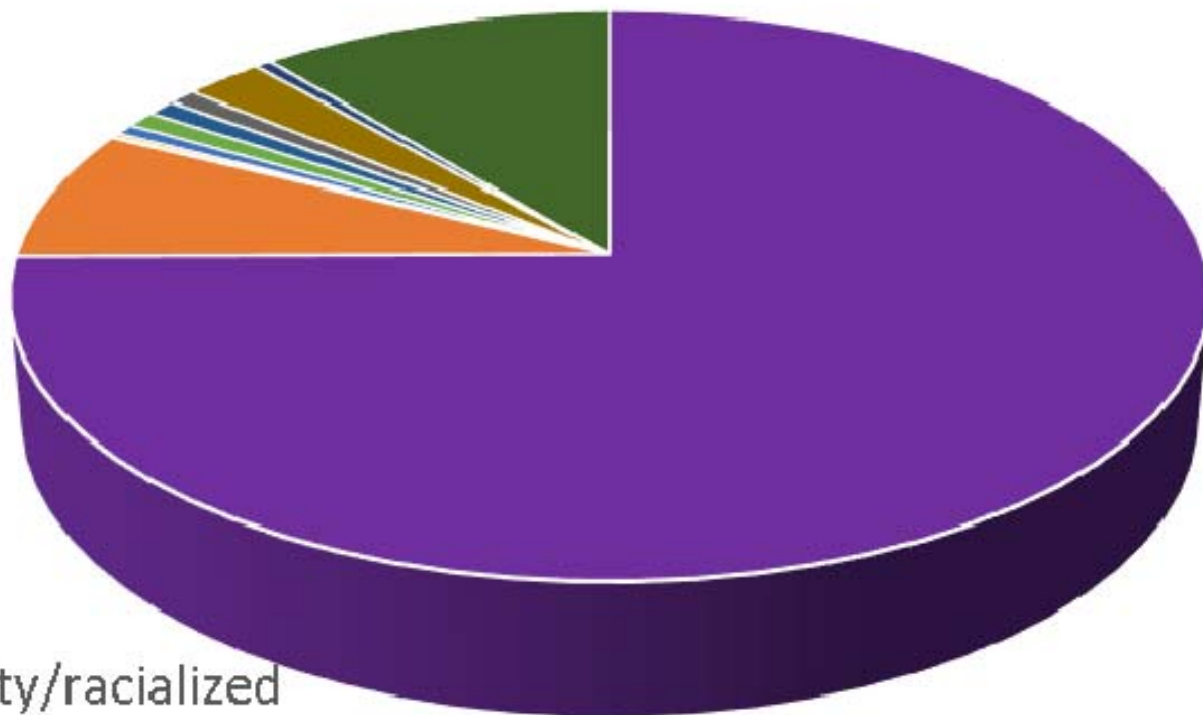


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Identity

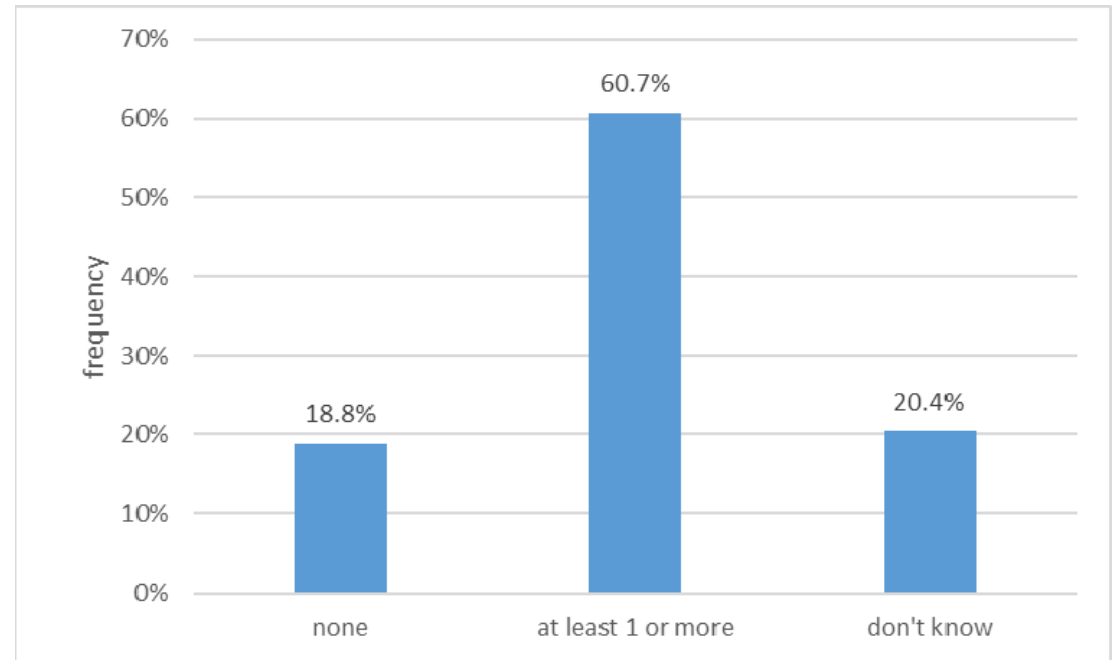
- Female
- Male
- Transgender
- Non-binary
- Lesbian
- Gay
- Queer
- 2 Spirit
- Aboriginal
- Visible minority/racialized
- Disabled
- other



Exposure to patients with COVID-19 (1):

How many patients infected with COVID-19 (suspected/presumed and/or confirmed) in your organization?

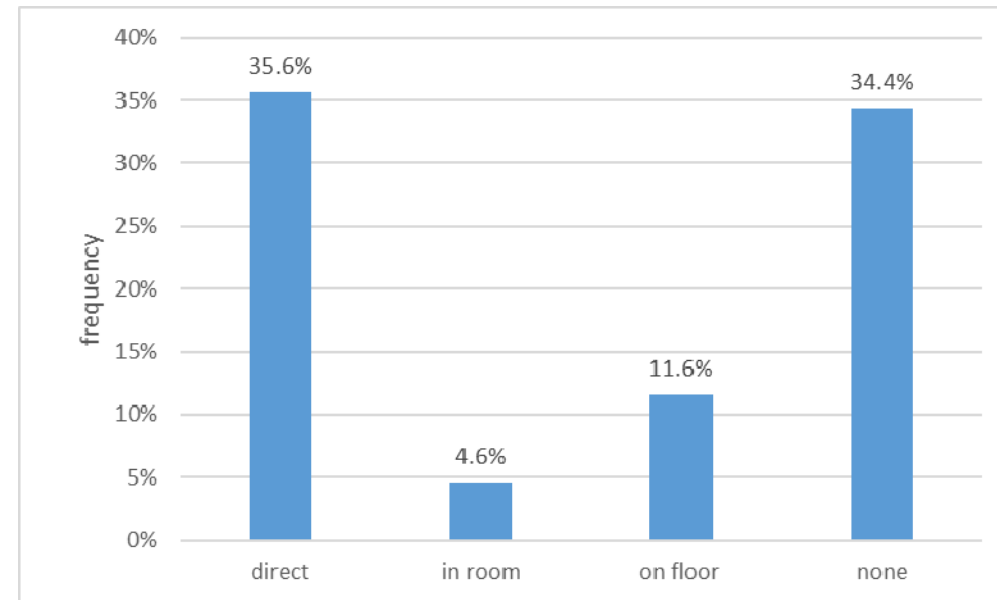
none	18.8%
only one	3.7%
2-5 patients	14.3%
6-10 patients	9.3%
11-20 patients	10.4%
20-50 patients	12.6%
50+ patients	10.4%
don't know	20.4%



Exposure to patients with COVID-19 (2):

How much contact do you have with COVID-19 patients?

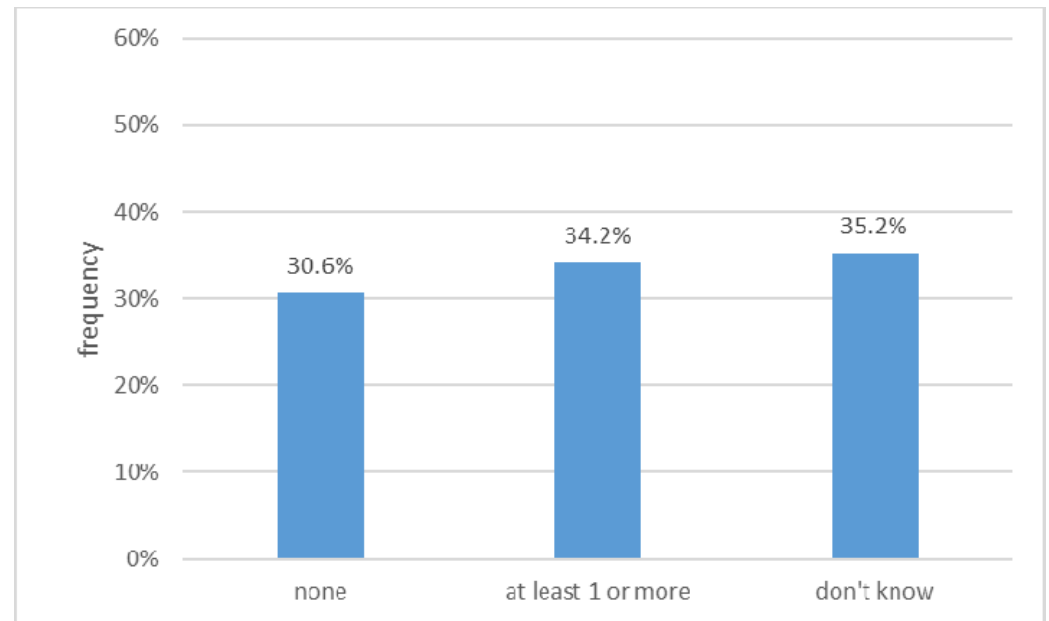
- 35.6% direct contact with patient(s)
- 3.3% within 6 feet of a patient
- 1.3% in the patients' rooms (more than 6 feet away)
- 6.7% work on the same floor/ward/dept.
- 4.9% visit such a floor/ward/dept as part of my work
- 13.8% share work spaces with other workers who work with/near COVID-19 patients
- 34.4% none that I am aware of



Workers with COVID-19:

How many workers have been infected with COVID-19 (suspected/presumed &/or confirmed) in your workplace?

none	30.6%
only one	6.2%
2-5 workers	14.5%
6-10 workers	5.4%
11-20 workers	4.0%
20-50 workers	3.1%
50+ workers	1.0%
don't know	35.2%



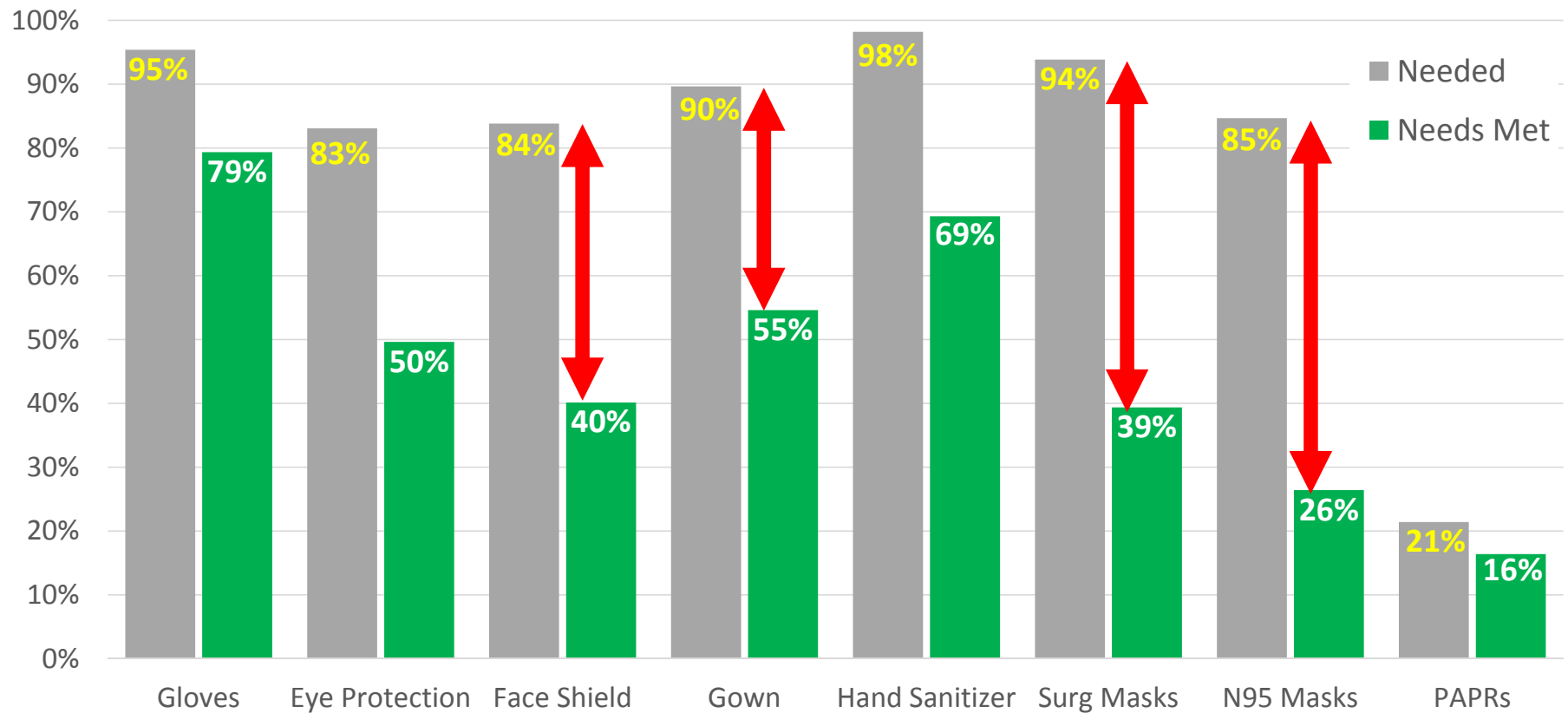
Personal protective equipment (PPE) supply and adequacy

Appropriate type and adequate supply	Appropriate type but inadequate supply	Inappropriate type, but adequate supply	Inappropriate type and inadequate supply	Needed, but not available	Not sure/don't know what is appropriate	Not applicable
Type of PPE is needed					Type of PPE is not needed	
Needs Met	Needs not Met	Needs not Met	Needs not Met	Needs not Met	Not Applicable	

(1) Gloves; (2) Eye protection/goggles; (3) face shield; (4) gown; (5) hand sanitizer; (6) surgical or procedure masks; (7) N95 masks; (8) PAPR (powered air particulate respirators)



Personal protective equipment (PPE) needs and needs met



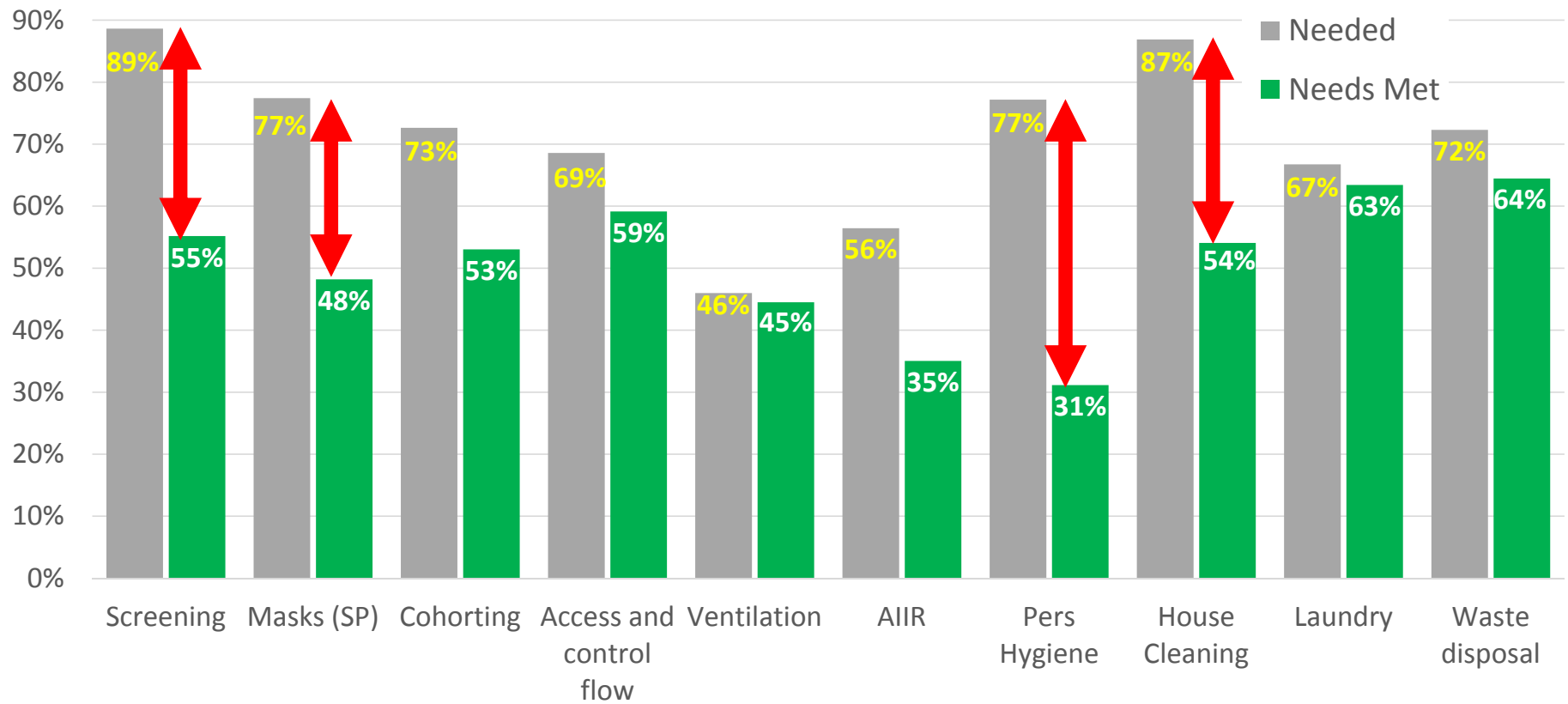
Adequacy of preventive measures and procedures (P&P)

Appropriate and adequately implemented	Appropriate type but inadequately implemented	Inappropriate	Lacking	Not sure/don't know what is appropriate	Not applicable
Type of P&P is needed				Type of P&P is not needed	
Needs Met	Needs not Met	Needs not Met	Needs not Met	Not Applicable	

(1) Screening incoming patients; (2) Symptomatic patients wearing masks; (3) cohorting patients; (4) restrict access and control flow of COVID patients; (5) ventilation system; (6) Airborne infection isolation rooms (AIIR); (7) Personal hygiene facilities; (8) house cleaning practices; (9) laundry cleaning practices; (10) waste disposal practices



Preventive measures and procedures (P&P) needs and needs met



Training related to COVID-19

- How would you rate the **adequacy of your training** in regards to working with COVID-19?

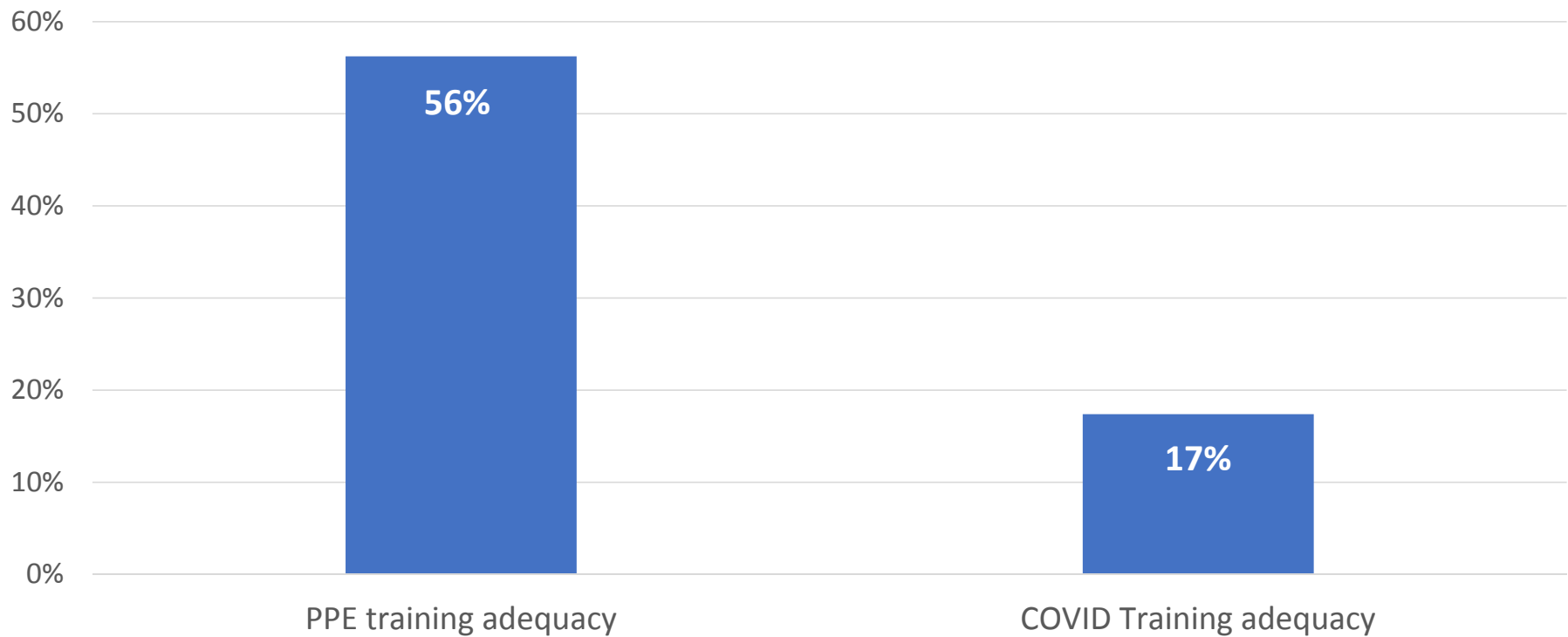
(**excellent; very good**; good; neutral; not so good; poor; none at all; not applicable)

- Do you feel sufficiently **trained to don and doff your PPE** without contaminating yourself?

(**I have been trained and feel very confident; I have been trained and feel confident**; I have been trained and feel somewhat confident; I have been trained but do not feel confident; I have not received such training)



Proportion of respondents indicating working with COVID-19 training and PPE training was adequate



Selected health outcomes (2)

Fear

On a scale from 1 to 10 how would you rate your **current level of fear** about this whole pandemic situation?

little to no fear at all = 1 2 3 4 5 6 7 8 9 10 = as much fear as I have ever felt

Concern

How concerned are you about **bringing the virus home** to those who you live and/or friends?

no concern = 1, little concern, some concern, concerned, very concerned, extremely concerned = 6



Selected health outcomes (1)

Generalized **Anxiety** Disorder 2-item (GAD-2)

The following questions ask about thoughts, feelings, and behaviours, often tied to concerns about family, health, finances, school, and work over the last 7 days.

- Feeling nervous, anxious or on edge
- Not being able to stop or control worrying

Patient Health Questionnaire-2 (PHQ-2) – **depressive symptoms**

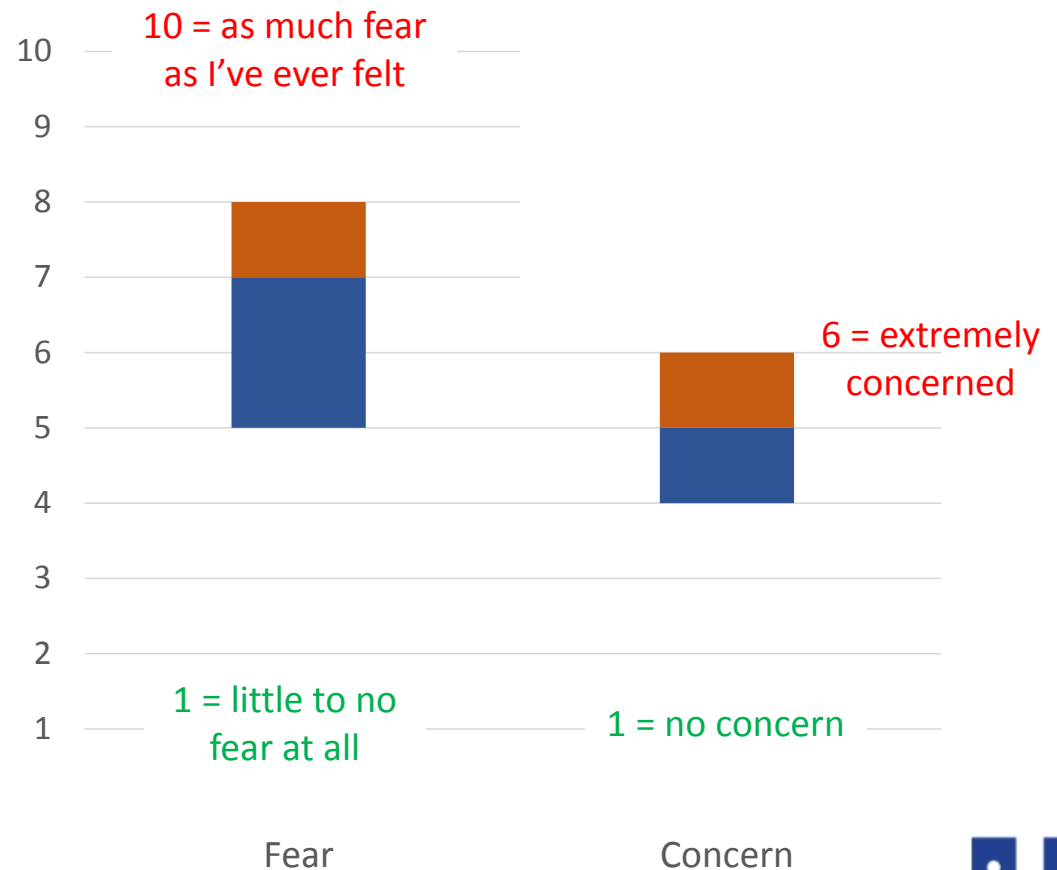
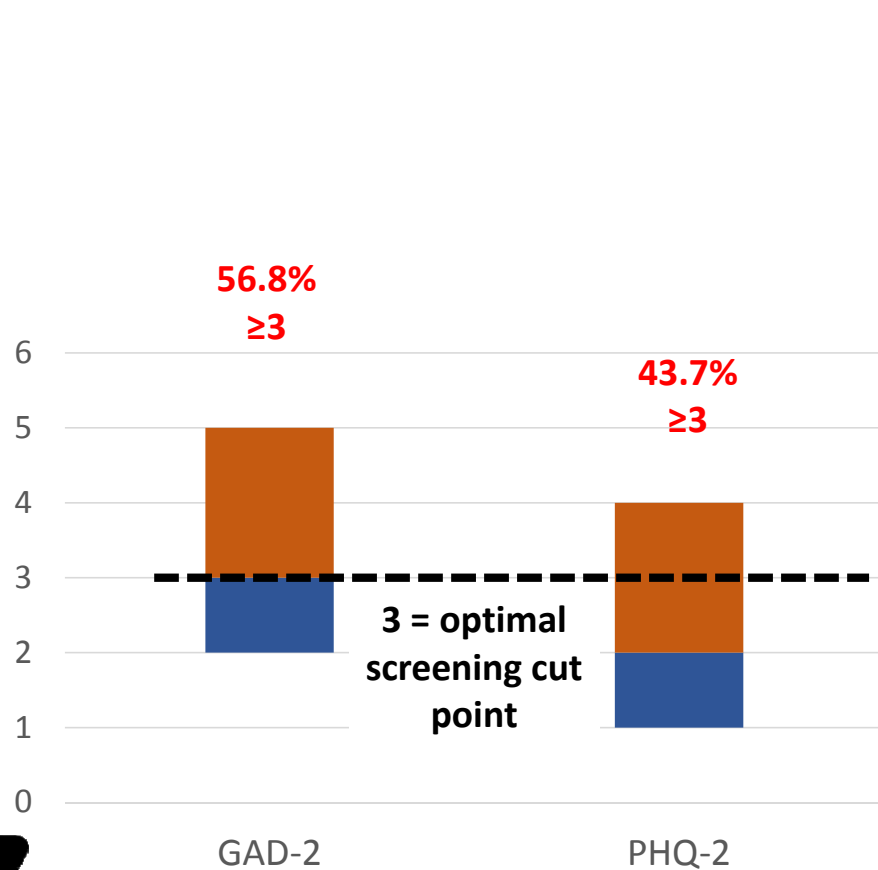
- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless

Response options: **Not at all (0), several days (1), more than half the days (2), nearly every day (3).**

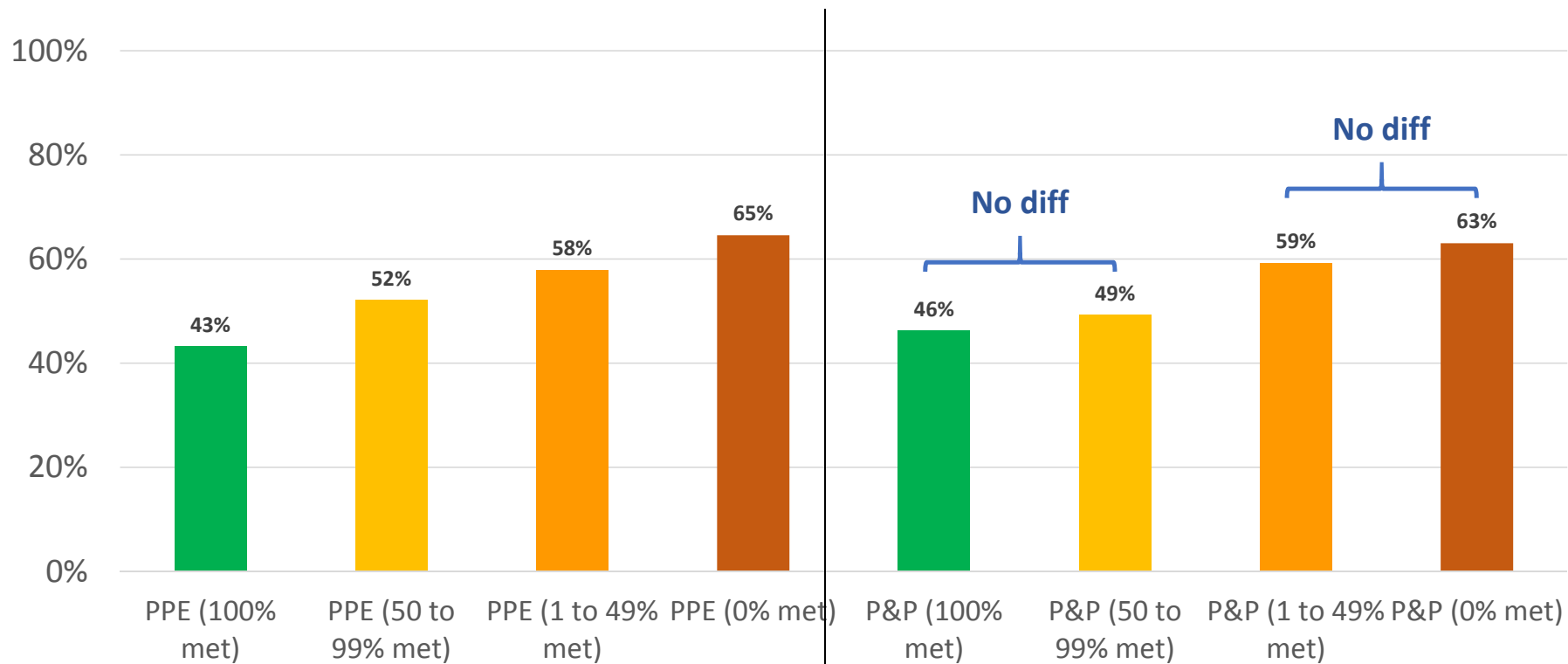
Scores of **three and higher (≥ 3)** standard cut point for screening for anxiety and depression.



Distributions (median and interquartile ranges) for selected mental health outcomes



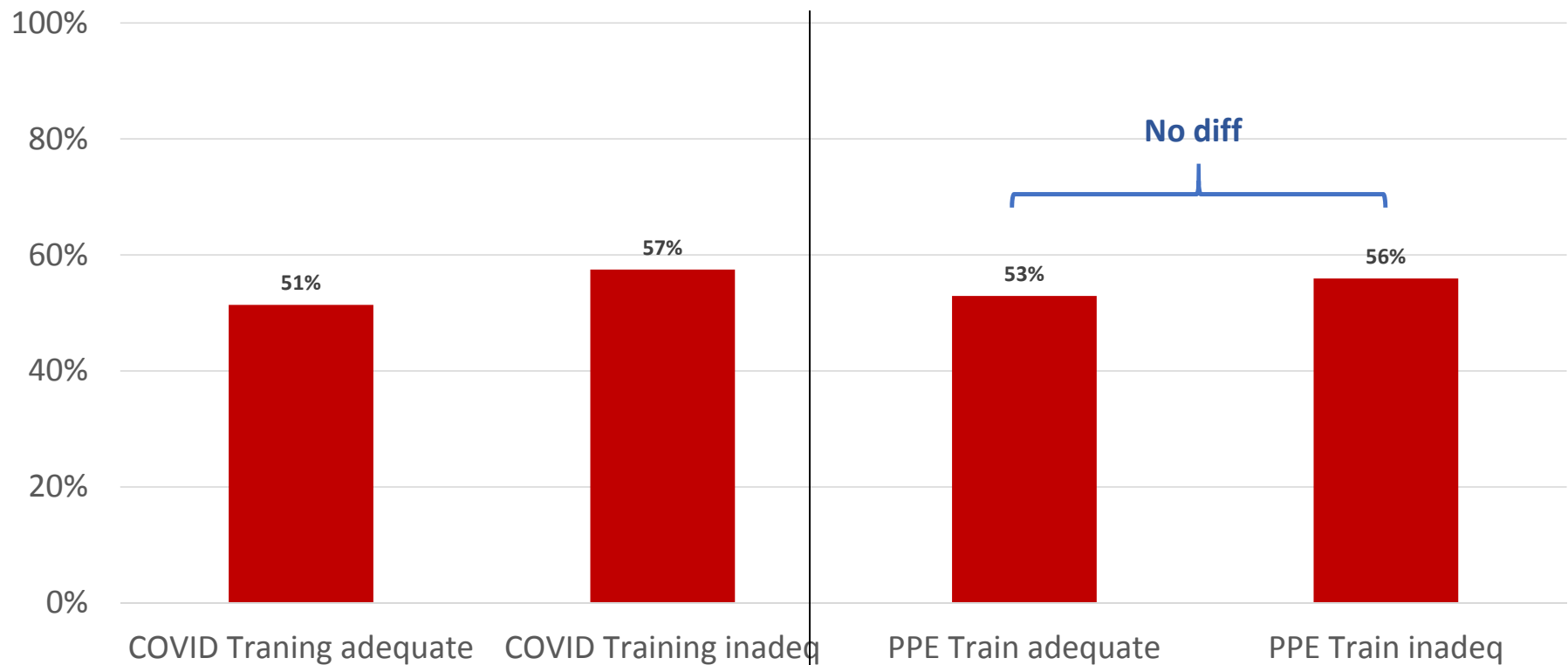
Adjusted* proportion of sample with anxiety (GAD-2) scores 3 and over by PPE needs met, P&P needs met (N = 4,145)



* Adjusted for gender, age, facility type, province, population density, experiencing COVID-19 symptoms, told had contact with patient with COVID-19, COVID-19 training, and PPE don and doff training.



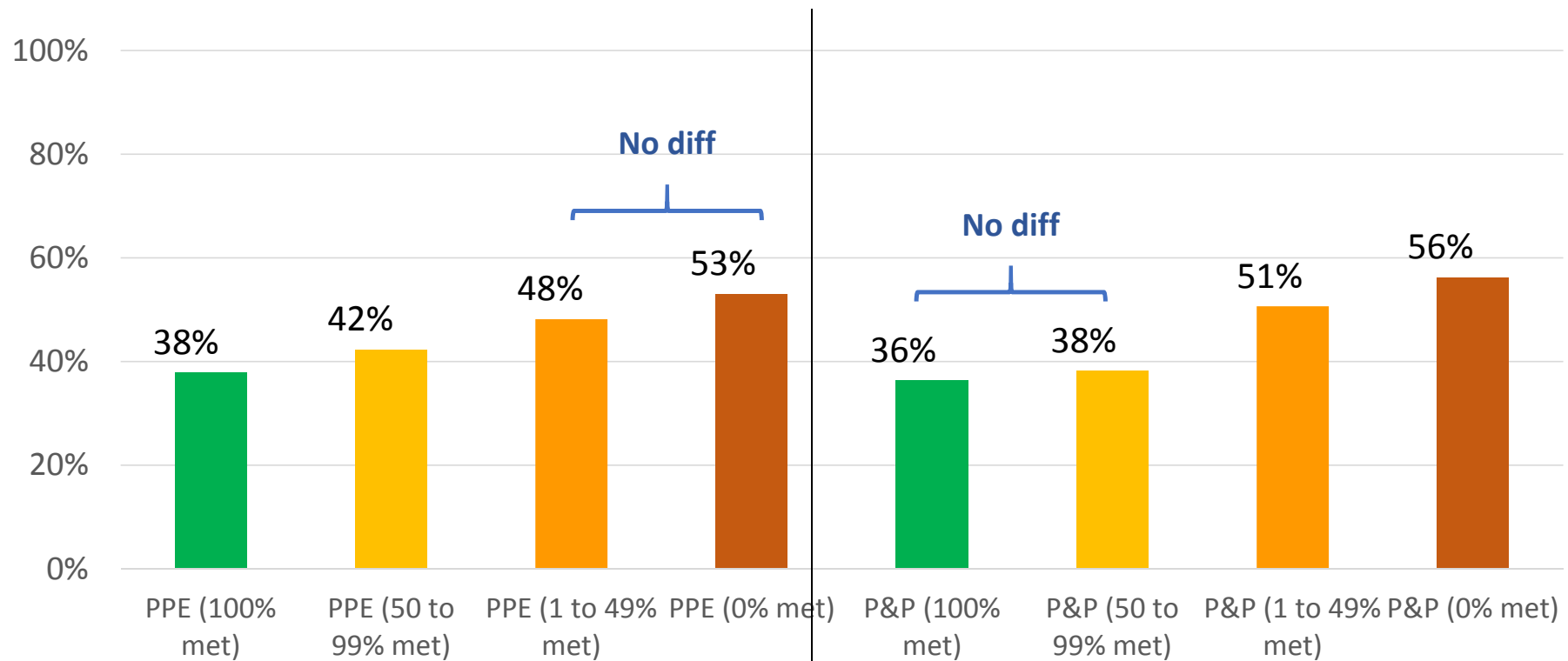
Adjusted* proportion of sample with anxiety (GAD-2) scores 3 and over by training adequacy



* Adjusted for gender, age, facility type, province, population density, experiencing COVID-19 symptoms, told had contact with patient with COVID-19, PPE needs met, and P&P needs met.



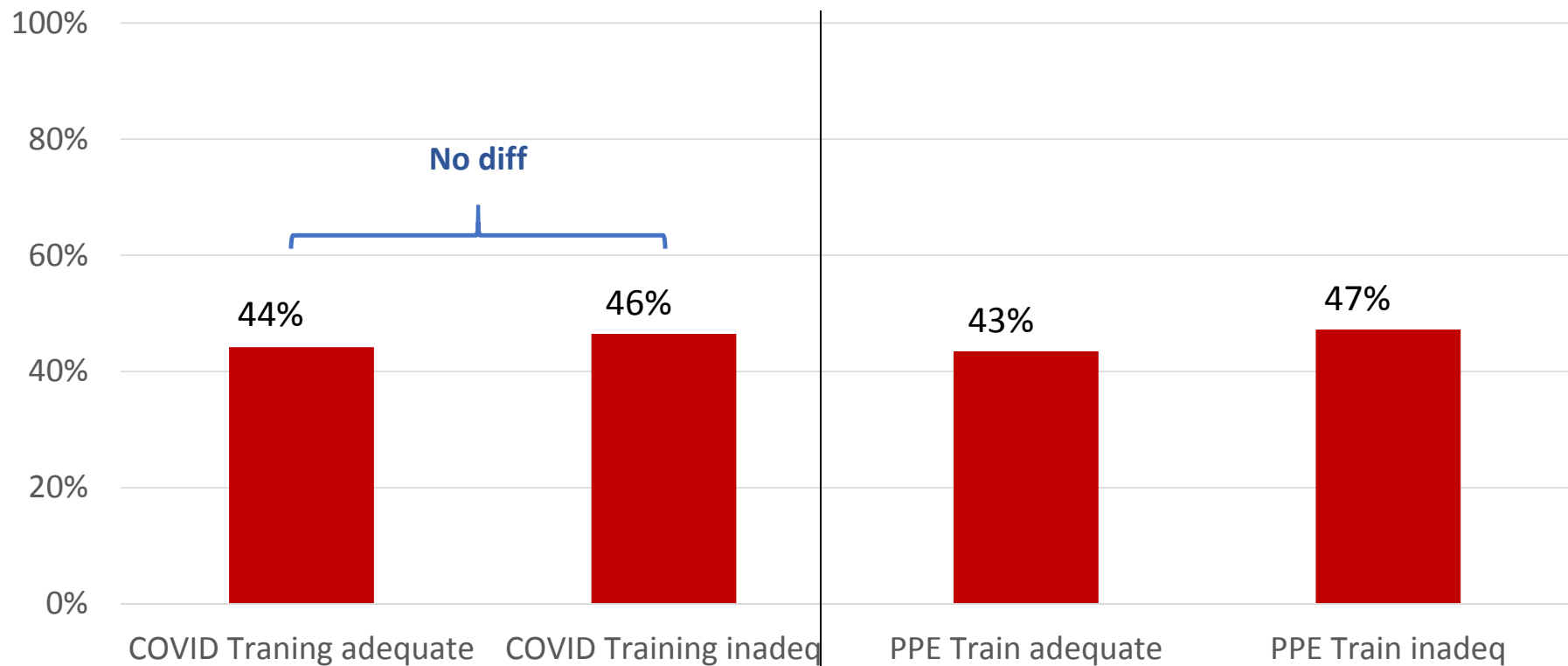
Adjusted* proportion of sample with depression (PHQ-2) scores 3 and over by PPE needs met, P&P needs met (N = 4,145)



* Adjusted for gender, age, facility type, province, population density, experiencing COVID-19 symptoms, told had contact with patient with COVID-19, COVID-19 training, and PPE don and doff training.



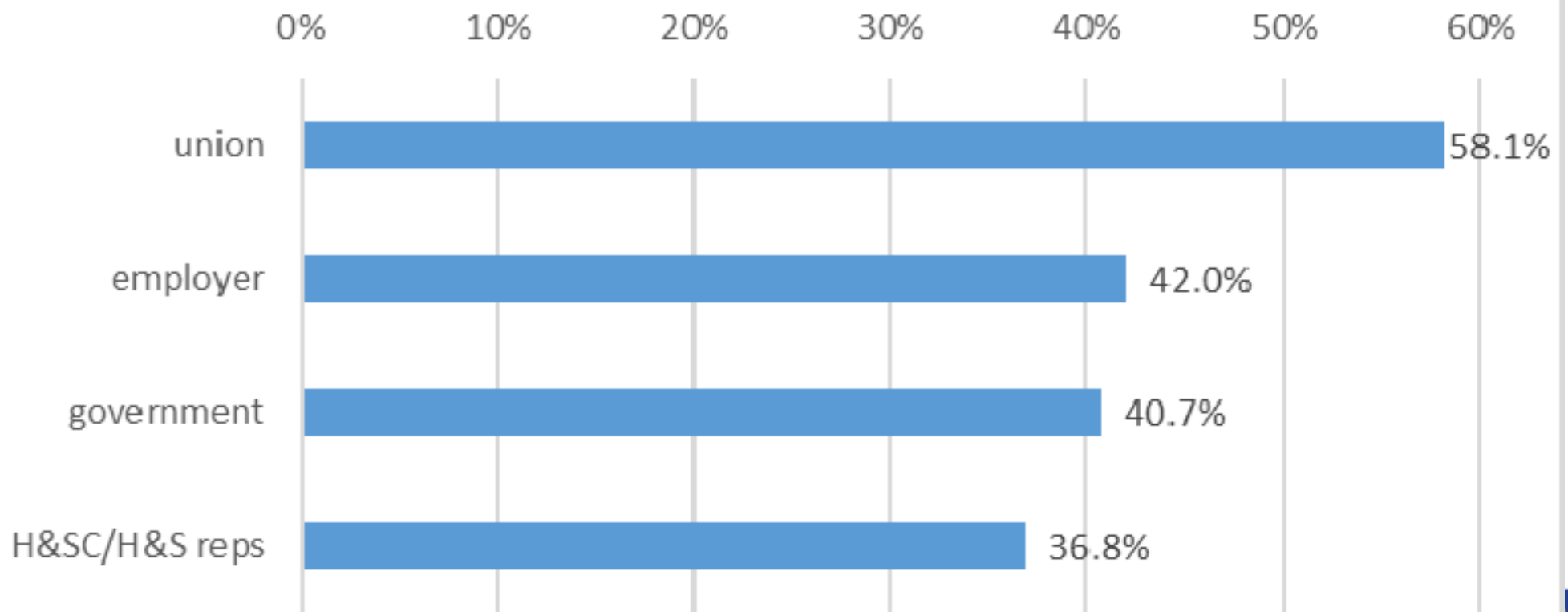
Adjusted* proportion of sample with depression (PHQ-2) scores 3 and over by training adequacy

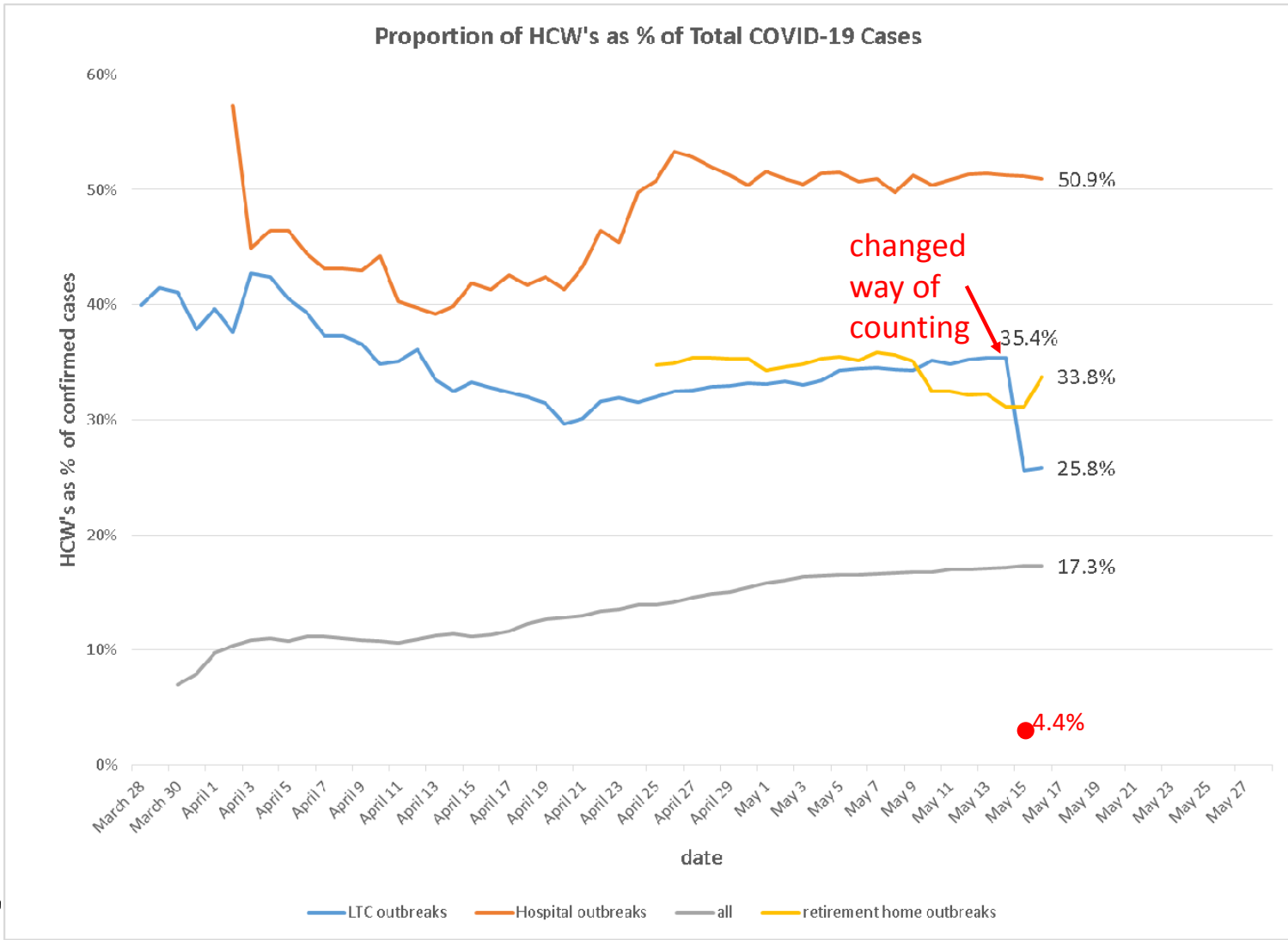


* Adjusted for gender, age, facility type, province, population density, experiencing COVID-19 symptoms, told had contact with patient with COVID-19, PPE needs met, and P&P needs met.



To what extent would you agree that these parties are doing their best to protect you and others on the job?

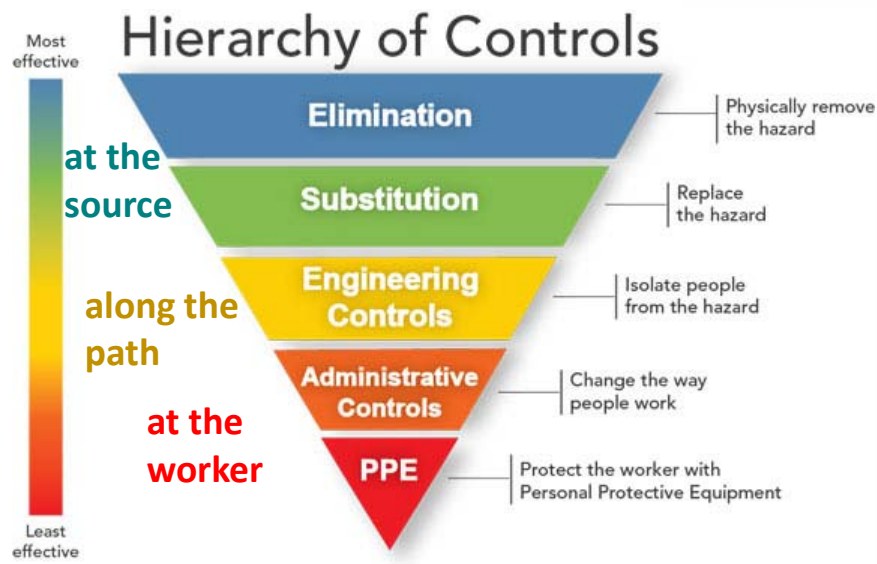




Compared to Ontario's 17.3%, China had 4.4%; world average 6%. When China was faced with this kind of situation they stepped up their controls to Ebola type protection and after that had only a single case of infection among over 42,000 healthcare workers

whatever we're doing – it's not working!





Level	Example control	Useful for contact exposures	Useful for aerosol exposures
Elimination <i>Removes hazard entirely</i>	Telemedicine services to obviate need for some patients to enter the healthcare workplace	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substitution <i>Uses less or non-hazardous alternative</i>	Blunt-tip sutures instead of sharp sutures to close internal fascia	<input checked="" type="checkbox"/>	
	Adhesives, strips, zipper closures or staples for other suturing applications	<input checked="" type="checkbox"/>	
Engineering controls <i>Isolate workers from hazards or place physical barriers between workers and hazard</i>	Physical barriers separating staff from patients in triage areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Negative-pressure, airborne infection isolation rooms with high-efficiency particulate arrestance (HEPA)-filtered exhaust air		<input checked="" type="checkbox"/>
	Closed circuit audio/visual communication between staff and patients in isolation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative controls and safe work practices <i>Change how workers perform their duties</i>	Sharps with injury protection (SIPs), including retracting blades and syringes	<input checked="" type="checkbox"/>	
	Needleless intravenous catheters/connectors	<input checked="" type="checkbox"/>	
	Neutral zone/no-hands passing	<input checked="" type="checkbox"/>	
	Activating safety features on SIPs	<input checked="" type="checkbox"/>	
PPE <i>Items worn to prevent exposures that cannot be controlled through other means</i>	Rest periods to reduce fatigue (time outs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Training staff to work safely	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Situational awareness (communicating about exposure hazards)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PPE	Barrier protection (single, double, and/or heavy-duty gloves; protective eyewear or face shields; gowns, coveralls and other protective garments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Appropriate respirators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Figure 1. Examples for instituting hierarchy of controls for contact and aerosol exposures. * Protects workers from components of aerosols that may cause mucocutaneous exposure, including to non-intact skin, to intact skin from which pathogenic micro-organisms could then be transferred to non-intact skin or mucosa, and to mucosa. † Protects workers from facial mucous membrane exposure when respirator protects all or part of the face.



Help for stressed workers:

- Ontario COVID-19 Mental Health Network <https://covid19therapists.com>

Ontario COVID-19 Mental Health Network

Home Request Support Volunteer Info for Volunteers ▾ About Us ▾

We facilitate pro bono mental health services for healthcare workers who have been impacted by COVID-19.

REQUEST SUPPORT HERE



A Survey of **Non-Healthcare Workers'** Experiences during a Pandemic

- This survey was adapted from the HCW's survey by Dorothy Wigmore, Laura Lozanski, Alec Farquhar and the COVID-19 ad hoc Survey Group
- Similar to the HCW survey, it is designed to capture worker experiences during a pandemic.
- To access the survey please follow this link:
https://www.surveymonkey.com/r/worker_survey
- In French: https://www.surveymonkey.com/r/pandemie_sondage



Take home messages:

- there's a lot of stress, fear, anxiety and depression
- it's related to lack of: PPE, preventive measures/procedures, training
- these are things we can do something about!

Thank you! ... any questions/comments?
(please use the Q&A function)

please fill out the poll

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