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To: **Lesley McLean, Director of Infection Prevention and Control, SHA**

CC: **Petrina McGrath, Executive Director, Quality & Safety, SHA**
Angela Hosni, Deputy Director, Contract Bargaining & Enforcement, SEIU-West
Barb Cape, President, SEIU-West

Subject: **Change to SHA VRE/MRSA contact precautions**

Date: **April 17, 2020**

Dear Lesley:

On March 26, 2020, the Saskatchewan Health Authority (SHA) announced in *SHA Daily Rounds* that MRSA and VRE screening and additional (contact) precautions were immediately suspended in all acute and long-term care facilities in the province.

I am writing to express SEIU-West's concerns about this change in practice, particularly the decision to suspend contact precautions (gown and gloves). After hearing from a number of our affected members, and reviewing the relevant scientific literature, we believe that this change creates unacceptable risks for the health and safety of patients and residents as well as the front line staff who care for them.

SEIU-West represents thousands of front line health care providers whose daily work has been impacted by this policy change, particularly Licensed Practical Nurses (LPNs) and Continuing Care Assistants (CCAs) in both acute and long-term care.

As workers, LPNs and CCAs have the right under s. 3-31 of the *Saskatchewan Employment Act* to refuse to do work which they believes endangers the health or safety of themselves or "any other person at the place of employment"—which encompasses the patients and residents they care for.

In addition, LPNs have the right and obligation under the *Code of Ethics for Licensed Practical Nurses in Canada* to exercise their professional judgment to ensure that the care they provide is safe and appropriate.

In an email to health care union leaders on March 30 (subject "RE: MRSA and VRE Isolation and Screening"), Andrea Dowling, Labour Relations Consultant with the SHA, forwarded three articles[1] that "Infection Prevention and Control provided as some of the evidence/research supporting the change specific to MRSA and VRE screening."

A review of these articles clearly indicates that they provide, at best, tenuous and tentative support for SHA's new direction.

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[1] Bearman G et al. Impact of discontinuing contact precautions for methicillin-resistant staphylococcus aureus and vancomycin-resistant enterococcus: an interrupted time series analysis. Infect Control Hosp Epidemiol 39 (2018) 676–682.

Bryce E et al. Horizontal infection prevention measures and a risk-managed approach to vancomycin-resistant enterococci: An evaluation. Am J Infect Control 43 (2015) 1238-43.

Martin EM et al. Noninfectious hospital adverse events decline after elimination of contact precautions for MRSA and VRE. Infect Control Hosp Epidemiol 39 (2018) 788–796.

- All three acknowledge that the strategy of eliminating contact precautions for care of patients with VRE and/or MRSA is controversial and runs counter to prevailing care standards.
- All three admit that their findings may not be readily generalizable beyond the large tertiary care hospital contexts in which they were conducted.
- All acknowledge that further research, involving multiple centres and a more robust study design, is necessary.

In reviewing the relevant literature using Pubmed, we found:

- Even some of the most enthusiastic supporters of eliminating contact precautions acknowledge that this intervention should only be attempted in hospitals that already have low endemic rates of VRE and MRSA and high rates of hand hygiene compliance.[2]
- There are no studies of the impact of relaxing contact precautions in long-term care or nursing home contexts.[3]

We note that the SHA's COVID-19 PPE guidelines, released April 14, cite in support the policies and procedures of multiple provincial and regional health authorities. The SHA has provided nothing of this sort for the current policy change re contact precautions. Have any peer Canadian authorities made the same change across a comparably large and diverse group of acute and long-term care facilities during the current coronavirus pandemic? Our research suggests not.

Whether this policy change is driven mainly by a desire to participate in a very active field of infection control research, or to save on gloves and gowns, what assurances do we have that the health and safety impacts of this policy change are being, and will continue to be, appropriately monitored?

In our view, now is not the time to embark on a poorly-monitored experiment with the health and safety of some of Saskatchewan's most vulnerable acute care patients, care home residents, and the dedicated people who care for them.

We hope that you will reconsider your position on this very important Occupational Health and Safety issue, and look forward to your earliest possible reply.

Sincerely,

Karman Kawchuk, MA, LLB, MPH
Research Coordinator
SEIU-West

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[2] Young Y, et al. Things we do for no reason: Contact precautions for MRSA and VRE. J Hosp Med 14(3) (2019) 194–196.

[3] See e.g. Marra AR et al. Discontinuing contact precautions for multidrug-resistant organisms: A systematic literature review and meta-analysis. Am J Infect Control 46(3) (2018) 333-340.