

Occ-tober 2020 (Fri, 09 Oct 2020)

Session 2: Knowledge Mobilization for Occupational Disease Prevention



The screenshot shows the CIHR website page for Best Brains Exchanges. The header includes the Canadian flag, the text 'Government of Canada / Gouvernement du Canada', and 'Canada.ca | Services | Departments | Français'. The main navigation bar features 'Canadian Institutes of Health Research' and a search bar. Below the navigation, there are dropdown menus for 'Funding', 'Institutes', 'College of Reviewers', 'Initiatives', 'Collaboration', and 'Discoveries for life'. The breadcrumb trail reads 'Home → Collaboration → Knowledge translation'. The main content area is titled 'Best Brains Exchanges' and includes a blue banner with a message about COVID-19 modifications. Below the banner are buttons for 'Program Details', 'Apply to host a BBE', 'Frequently Asked Questions', and 'Past exchanges'. A graphic with two arrows and the text 'Best Brains EXCHANGE' is also present. A section titled 'Celebrating 100 Best Brains Exchanges' features a photo of a group of people. The text describes the program's objectives and provides contact information for the BBE-EMC team. A footer note indicates the page was last modified on 2020-06-12.

<https://cihr-irsc.gc.ca/e/43978.html>

Transmission Routes for COVID-19 – Implications for Public Health

John Oudyk - Presenter / collaborator

Kevin Hedges – Participant / collaborator

A Report from **Best Brains Exchange** - Transmission Routes for COVID-19 – Implications for Public Health, hosted by the Canadian Institutes of Health Research (CIHR) in collaboration with the Public Health Agency of Canada (PHAC)

Session A: Monday, September 28th, 2020 1:00-3:30pm

DAY 1 – The Science & The Risk

Session B: Thursday, October 1st, 2020 1:00-3:30pm

DAY 2 – The Implications of the Evidence on Public Health



Prevention Through Intervention



National Dialogue on COVID-19 Science and Healthcare Worker Protection

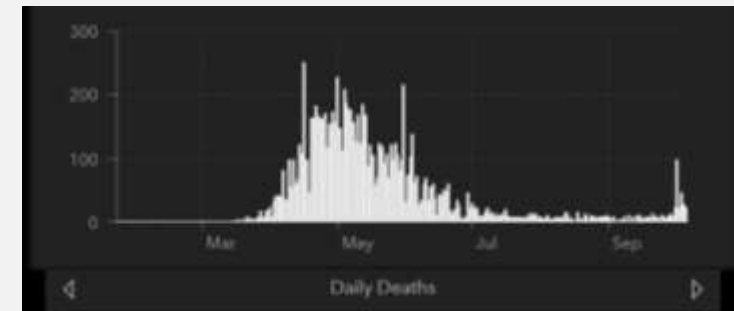
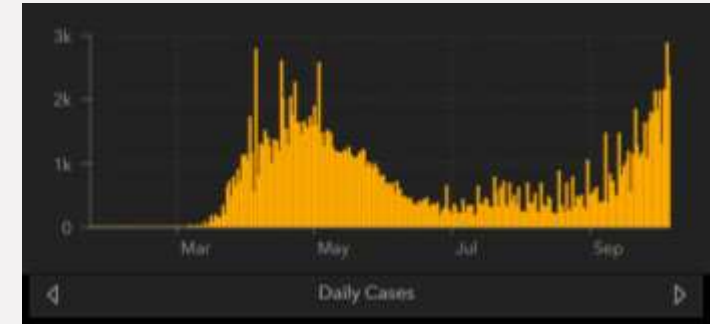
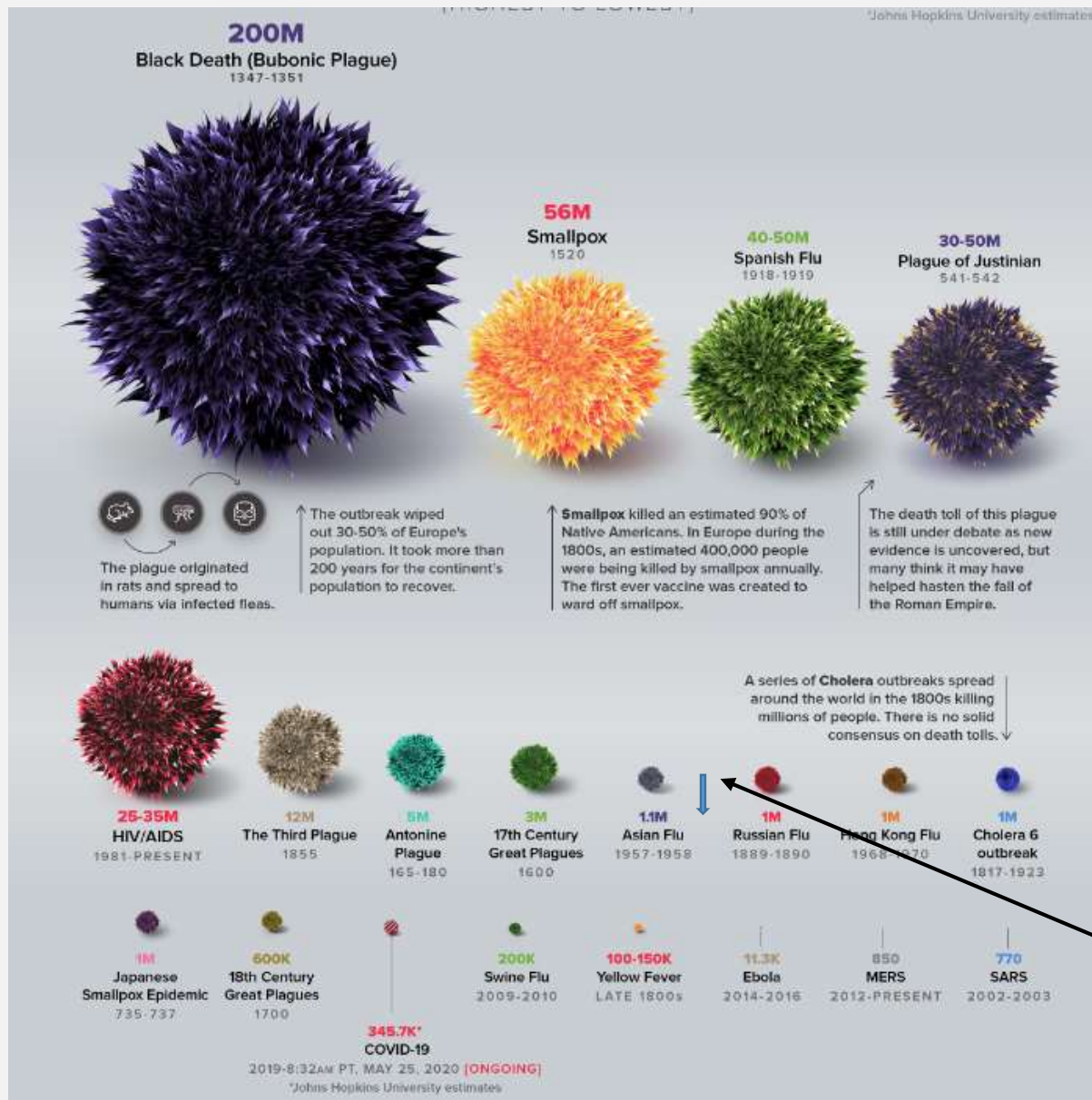
Mon, 05 Oct 2020



OHCOW contributes to National Dialogue on COVID-19 Science and Healthcare Worker Protection

OHCOW hygienists John Oudyk and Kevin Hedges participated in a national Best Brains Exchange about transmission science and worker protection hosted by federal health and research agencies last week. See John's powerful October 1st presentation (as [slides](#) or a [recording](#)) comparing practices and cases in Canada vs China, recognizing the differing (and entrenched) scientific perspectives, but reiterating the significant and egregious impact on Canadian Healthcare workers, and reminding everyone that it is all our ("general") duty to take every precaution ("reasonable") to protect every worker!

See OHCOW News and Events: <https://www.ohcow.on.ca/news.html>



(Canada deaths: 9590) [John Hopkins University](https://coronavirus.jhu.edu/map.html)

COVID-19 Global Deaths **1,052,247**
<https://coronavirus.jhu.edu/map.html>
 7 Oct. 2020

[Visualizing the History of Pandemics](#) (Visual Capitalist March 14, 2020)

Meeting Purpose & Objectives:

The Best Brains Exchange (BBE) provided an opportunity for:

policy makers,

researchers,

implementation experts,

and other key partners in public health,

epidemiology,

virology,

infection prevention and control,

occupational health and safety ([including occupational hygienists](#))

and engineering,

to ***share knowledge*** related to transmission routes for COVID-19, with specific interest in the **best available evidence related to the risk of airborne/aerosol infection with COVID-19.**

More specifically BBE (purpose and objectives):

1. Using a common lens, **review the science** of:
 - a. the **circumstances** under which **aerosols are generated**;
 - b. the **infectiousness and transmissibility** of COVID-19 through all forms of respiratory secretions;
2. Provide **evidence-based advice** on proportional effectiveness of infection prevention and control measures to prevent transmission of COVID-19 in health care and shared indoor spaces;
3. Establish a **foundation for a collaborative approach** to ensure the achievement of future evidence-based public health strategies and interventions to protect the health of all Canadians.



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[Home](#) - [Occupational Health](#) - [Response to Downgrade of PPE Precautions for COVID-19](#)

Response to Downgrade of PPE Precautions for COVID-19

OHCOW expert, John Oudyk, (an occupational hygienist who has extensive experience in this issue derived from research during and post SARS, MERS & Ebola) has drafted a response to the federal and provincial public health proposed policy shift to downgrade the type of precautions (including masks) that are required. Please note, that although funding to OHCOW is from the Ontario government, the views of the report do not necessarily reflect the position of the Ontario government.

['A Consideration of the Rationale Provided to Downgrade PPE Precautions for COVID-19'](#) position paper including 12p Study Interpretation Comparison Table Appendix - August 13

[Previous Draft - August 13](#)

[Previous Draft - April 29](#)

[Previous Draft - March 31](#)

[Previous Draft - March 20](#)

Oudyk MLTSD Science Review Table presentation, June 12, 2020 [slides & video](#)

Recent summary for the Public Health Agency of Canada acknowledges evidence for aerosol transmission: [Evidence Brief on Aerodynamic Analysis and Aerosolization of SARS-CoV-2](#)

Available on request. Show interest and email for your copy today: phac.emergingsciencesecretariat-secretariatdessciencesemergentes.aspc@canada.ca



The key concern I expressed was “to ensure that advice to health professionals about their safety recognizes and protects against airborne transmission and is consistent with the scientific evidence and precautionary principle approach”

A message from Dr Kevin Hedges

On April 11, 2020, I wrote to the Honourable Patty Hajdu Minister of Health, Government of Canada and Dr. Theresa Tam Chief Public Health Officer, Public Health Agency of Canada on behalf of the WHWB board. I thanked both, on behalf of the board, for the leadership they have provided to combat COVID-19 in Canada. On behalf of the board, I also expressed concern about messaging from the World Health Organisation (WHO), and subsequent messaging from Canadian officials, especially as it impacts frontline healthcare workers around the world.

The key concern I expressed was “to ensure that advice to health professionals about their safety recognizes and protects against airborne transmission of COVID-19 and is consistent with the scientific evidence and the precautionary principle approach”.

A copy of my letter is available at this link: <http://www.whwb.org/wp-content/uploads/2020/04/WHWB-letter-Minister-Hajdu-Dr-Theresa-Tam-11-Apr20.doc.pdf>

In addition to this letter, and to support the precautionary principle approach, please refer to a recent publication relating to health care workers by Brosseau LM, 2020.

“Are Powered Air Purifying Respirators a Solution for Protecting Healthcare Workers from Emerging Aerosol-Transmissible Diseases”?

Dr. Kevin Hedges, Ph.D., M.AppSc., BSc., COH., CIH.
President, Workplace Health Without Borders (WHWB) International



Have continued to share links to **webinars** / information from OHCOW & WHWB International and credible sources to Senior Advisor, Knowledge Translation | Science Policy Canadian Institutes of Health Research | Government of Canada

<https://research.qut.edu.au/ilagh/>

<https://research.unsw.edu.au/people/professor-raina-macintyre>

CDC Centers for Disease Control and Prevention
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Search COVID-19

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Coronavirus Disease 2019 (COVID-19)

WEAR A MASK. PROTECT OTHERS.

Your Health | Community, Work & School | Healthcare Workers & Labs | Health Dept. | Cases & Data | More

More Resources

- CDC in Action
- Global COVID-19
- Science & Research
 - SARS-CoV-2 & Potential Airborne Transmission
- Guidance Documents
- Communication Resources
- What's New

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To receive email updates about COVID-19, enter your email address:

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MORE RESOURCES

Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission

Updated Oct. 5, 2020 | Languages: [English](#) | [Print](#)

The principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through exposure to respiratory droplets carrying infectious virus.

Respiratory droplets are produced during exhalation (e.g., breathing, speaking, singing, coughing, sneezing) and span a wide spectrum of sizes that may be divided into two basic categories based on how long they can remain suspended in the air:

- **Larger droplets** some of which are visible and that fall out of the air rapidly within seconds to minutes while close to the source.
- **Smaller droplets and particles** (formed when small droplets dry very quickly in the airstream) that can remain suspended for many minutes to hours and travel far from the source on air currents.

Once respiratory droplets are exhaled and as they move outward from the source, their concentration decreases through fallout from the air (largest droplets first, smaller later) combined with dilution of the remaining smaller droplets and particles into the growing volume of air they encounter.

Respiratory viruses are transmitted in multiple ways

Infections with respiratory viruses are principally transmitted through three modes: contact, droplet, and airborne.

- **Contact transmission** is infection spread through direct contact with an infectious person (e.g., touching during a handshake) or with an article or surface that has become contaminated. The latter is sometimes referred to as "fomite transmission."
- **Droplet transmission** is infection spread through exposure to virus-containing respiratory droplets (i.e., larger and smaller droplets and particles) exhaled by an infectious person. Transmission is most likely to occur when someone is close to the infectious person, generally within about 6 feet.
- **Airborne transmission** is infection spread through exposure to those virus-containing respiratory droplets comprised of smaller droplets and particles that can remain suspended in the air over long distances (usually greater than 6 feet) and time (typically hours).

Droplet transmission consists of exposure to larger droplets, smaller droplets, and particles when a person is close to an infected person. Airborne transmission consists of exposure to smaller droplets and particles at greater distances or over longer times.

These modes of transmission are not mutually exclusive. For instance, "close contact" refers to transmission that can happen by either contact or droplet transmission while a person is within about 6 feet of an infected person.

The term "aerosol" has been used in various ways to describe small particles that can move through the air

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html>

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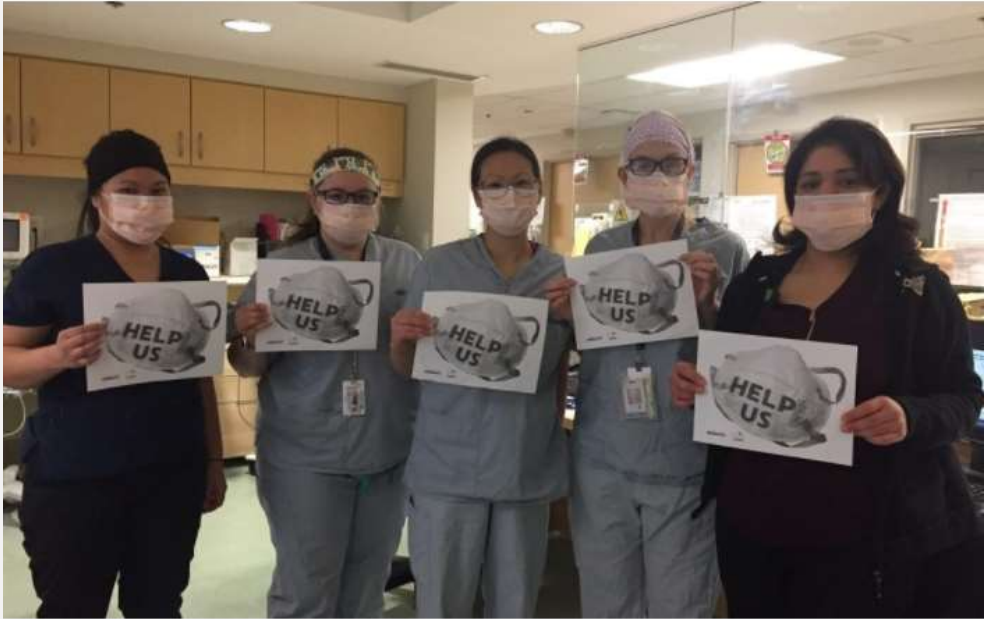
ONTARIO HEALTH CARE WORKERS INFECTED WITH COVID-19: 6835 / 15 DEAD

OCHU · CUPE
 ONTARIO COUNCIL OF HOSPITAL UNIONS
 CANADIAN UNION OF PUBLIC EMPLOYEES

WHAT WE DO | EVENTS | OCCUPAT

Health care unions welcome significantly improved COVID-19 protections for 400,000 health care workers

Oct 5, 2020 | Health and Safety, Media Releases



TORONTO – Today the Chief Medical Officer of Health issued Directive #5, which provides clear guidance that N-95 or superior protection masks, face shields and other equipment are to be provided to health care staff working on the front line in long-term care facilities or hospitals dealing with COVID-19 outbreaks, among other improvements.

Directive 5 updated – see [OCHU.CUPE Newsletter Oct. 6 2020](#)

John Oudyk also contributed a chapter to the recently released Investigation into [A Time of Fear: How Canada Failed Health Workers and Mismanaged COVID-19 by SARS Commission](#)

The report details Canada's systemic preventable failure to adequately prepare and urgently respond to the gravest public health emergency in a century.

The independent investigation was commissioned by the Canadian Federation of Nurses Unions and conducted by Mario Possamai, former senior advisor to the Ontario SARS Commission.

The findings highlight major flaws in the Canada's approach to public health, and a dangerous and irresponsible outlook on worker safety in response to the pandemic. Canada has more COVID-19 cases and deaths than China, Hong Kong and Taiwan – Canada's peers in experiencing SARS – combined.

The report makes **50 recommendations** to improve worker and public safety and to enhance transparency and **accountability**. Among the recommendations are urgent measures that enshrine a precautionary approach in Canada's pandemic response.

The full report is also available at www.ATimeofFear.ca.

It is important that Occupational Hygienists / Occupational Health Professionals have a role in Infection Prevention and Control

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