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Saskatchewan Joins British Columbia in Introducing an Immunize or Mask Policy

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Abstract

Seasonal influenza is a contagious respiratory infection for which certain populations, particularly seniors in long-term care and medically vulnerable individuals receiving care as in-patients in health care facilities, are at heightened risk for serious complications. Accordingly, annual influenza vaccination is a public health objective. In September 2014, Saskatchewan joined British Columbia and became the second Canadian province to implement a so-called immunize or mask policy that applies to individuals in patient care locations including, but not limited to, health care workers. The policy is focused on promoting patient safety by reducing the transmission of influenza in regional health authority facilities. On its face, this policy aligns well with the Ministry of Health's commitments to patient-centred care, to quality improvement, and to thinking and acting as one system. The policy will be adopted and implemented by each of the 13 regional health authorities and the single cancer agency in the province. Preliminary evaluation is anticipated after this first year of policy implementation.

La grippe saisonnière est une infection respiratoire contagieuse qui peut engendrer de sérieuses complications pour certaines populations, particulièrement les personnes âgées dépendantes et les individus médicalement vulnérables recevant des soins hospitaliers en établissement. C'est pour cette raison que la vaccination annuelle contre la grippe est un objectif de santé publique. Le Saskatchewan a rejoint la Colombie Britannique en septembre 2014 pour devenir la seconde province du Canada à mettre en place une politique dite le vaccin ou le masque s'appliquant aux personnes fréquentant les établissements de soins, entre autres les professionnels de soins. Cette politique vise à promouvoir la santé des patients en réduisant la transmission de la grippe au sein des établissements de soins publics. À première vue, elle s'aligne bien avec les objectifs affichés par le Ministère de la Santé de soins centrés sur le patient, d'amélioration de la qualité des soins, et d'unité de pensée et d'action du système. La politique sera adoptée et mise en place par chacune des 13 autorités régionales de santé et l'unique agence pour le cancer de la province. Une première évaluation est attendue un an après la mise en place

Key Messages

- Saskatchewan has joined British Columbia in adopting a province-wide immunize or mask policy.
- As a patient safety initiative, the immunize or mask policy aligns well with the Saskatchewan Ministry of Health's focus on patient-centred care, quality improvement, and thinking and acting as one system.
- Other jurisdictions' experiences with similar immunization policies suggests that they are often controversial and it remains to be seen how implementation and enforcement of the policy will be accepted by the general public and the health workforce in the province.

Messages-clés

- *Le Saskatchewan a rejoint la Colombie Britannique en adoptant une politique provinciale dite le vaccin ou le masque.*
- *En tant qu'initiative pour la sécurité du patient, la politique de vaccin ou masque s'aligne bien avec l'intérêt du Ministère de la Santé du Saskatchewan pour les soins centrés sur le patient, l'amélioration de la qualité et l'unité d'action et de pensée du système de santé.*
- *L'expérience des politiques de vaccination similaires dans d'autres systèmes de santé suggère qu'elles sont souvent controversées et il n'est pas certain que la mise en place et l'imposition de cette politique seront bien acceptés par la population et les professionnels de soins de la province.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

Seasonal influenza (often called “the flu”) is a viral respiratory infection. Common symptoms include sore throat, headache, chills, cough, fever, loss of appetite, fatigue and muscle aches. Although most people generally recover independently within a week to ten days, some groups including seniors over 65, children under two, pregnant women and individuals with chronic or underlying medical conditions are at considerably higher risk for complications such as pneumonia. The Public Health Agency of Canada estimates an annual average of 12,000 hospitalizations and approximately 3,500 deaths in Canada attributable to influenza (PHAC 2014). The spread of influenza in health care facilities is particularly concerning given the vulnerability of many individuals receiving care in these locations.

Influenza vaccines are produced annually and are specifically targeted at the strains experts predict will be most prevalent in a given year. The quality of the match, and thus the effectiveness of the vaccine, can vary significantly year-to-year. There is debate about the effectiveness of influenza vaccines overall, and in the health care context specifically (Thomas, Jefferson & Lasserson 2013). There are also concerns about potential adverse effects (Quach *et al.* 2013). Nonetheless, the public health community in Canada supports annual vaccination to combat the spread of influenza, particularly when paired with other prevention strategies such as hand washing and staying home when ill (PHAC 2014).

Notwithstanding public health recommendations in favour of annual influenza immunization, routine uptake among health care providers remains relatively low. While figures vary between health regions, only approximately 60% of health care workers in Saskatchewan were immunized against influenza last year (Saskatchewan Health 2014a). Similar challenges are experienced in many health systems across Canada. Voluntary strategies such as education and awareness campaigns, incentives (e.g., prize draws) and ease of access approaches (e.g., mobile flu clinic carts) have been employed to encourage health care workers to become immunized, often without resulting in a substantial increase in immunization rates (Quach *et al.* 2013).

Immunize or mask policies are a more stringent approach to encouraging influenza immunization among health care workers. Although specific policies differ, they generally require individuals to whom they apply to either be immunized or wear a mask while in close proximity to patients. As noted below, these kinds of immunization policies (sometimes—rightly or wrongly—characterized as mandatory policies) often raise objections from stakeholders including, though not limited to, unions and non-unionized individuals working in the health sector. Sources of objection often include concerns about safety and efficacy of the vaccine, individual autonomy and privacy.

2 HISTORY AND CONTEXT

In July 2014, the provincial government announced that Saskatchewan would be joining British Columbia (BC) by becoming the second province in Canada to introduce an immunize or mask policy to reduce the spread of influenza. There were earlier indications this policy was forthcoming. In 2013, the Minister of Health, the President of the Saskatchewan Medical Association (SMA), the Executive Director of the Saskatchewan Registered Nurses Association (SRNA), and the Chief Executive Officer (CEO) of the Prairie North Health Region, signing on behalf of all Regional Health Authority (RHA) and Cancer Agency CEOs in the province, issued a joint position statement entitled *Protecting Our Patients by Reducing the Impact of Seasonal Influenza* (Saskatchewan Health *et al.* 2013).

The position statement confirmed Saskatchewan health leaders' commitment "to improving patient safety and employee health by reducing the impact of seasonal influenza". It stated: "Saskatchewan requires a new approach to the prevention of influenza that will increase patient safety as well as increase the protection of health care workers and their families", and referenced ongoing consideration of a policy similar to BC's (Saskatchewan Health *et al.* 2013). This announcement was followed by discussions with various health care provider organizations and union representatives (Saskatchewan Health 2014a). The final version of the policy was released in September 2014 (Saskatchewan Health 2014b).

There is precedent for similar initiatives in Canada and elsewhere. For example, in 2002, following a union-launched *Charter* challenge and an unfavourable labour board ruling, Ontario dropped legislative amendments that would have required paramedics to be immunized against influenza (Quach *et al.* 2013). In 2005, Seattle's Virginia Mason Medical Centre instituted a mandatory influenza vaccination program for health care workers, which triggered considerable opposition leading to a union grievance (Rakita *et al.* 2010). In 2012, BC became the first Canadian province to implement a widespread immunize or mask policy for health care workers. Like Saskatchewan, BC's policy provided a choice between immunization and masking. Although BC's policy successfully increased influenza immunization rates (from 47% in the 2011/12 flu season to 74% in the 2012/13 season), it also spurred objection leading to an arbitration grievance, which was ultimately dismissed¹ (Ksienski 2013). The Horizon Health Network, which offers services in English and French to residents of New Brunswick, northern Nova Scotia and Prince Edward Island, has had a model similar to Saskatchewan's in place since 2011/2012. Unlike BC, the Horizon Health Network has not encountered union objection to its policy.

¹Health Employers Assn. of British Columbia v. Health Sciences Assn. (Influenza Control Program Policy Grievance), [2013] B.C.C.A.A.A. No. 138

3 GOALS OF THE REFORM

Publicly available documentation surrounding the immunize or mask policy in Saskatchewan is limited. However, the 2013 Position Statement, the text of the policy itself, and the Ministry of Health's Question and Answer document that accompanied it reveal some key features. It is primarily a patient safety initiative that also works to protect health care workers and their families from influenza. The goal of the policy is to reduce the transmission of influenza in RHA facilities throughout the province by improving immunization rates and/or increasing the use of masking.

4 FACTORS THAT INFLUENCED ADOPTION OF THE REFORM

BC's experience was closely watched in Saskatchewan, and the immunize or mask policy had support from Medical Health Officers and RHA CEOs from across the province, as well as from the SMA and SRNA—and, of course, from within the Ministry of Health. Since the release of Saskatchewan's Patient First Review in 2009 (Dagnone 2009), patient-centred care has been a focus throughout the province, as has strengthening a health care system that is intended to function as a cohesive whole. The province-wide adoption of Lean (Marchildon 2013), albeit increasingly controversial in its own right, has to some extent engaged health leaders from across the province in coordinated approaches to system improvement, patient safety and quality improvement initiatives. It may be that the provincial commitment to thinking and acting as one health system has supported the uptake of this policy in that it helps explain the Ministry of Health's commitment to facilitating a province-wide approach, rather than a region-by-region one.

Saskatchewan has a history of leadership in health quality and patient safety movements. This is reflected, for example, in it being the first province to establish a Health Quality Council. The adoption of this immunize or mask policy may ultimately prove to be another example of provincial initiative in quality and safety improvement efforts.

5 HOW THE REFORM WILL BE ACHIEVED

Although the Ministry of Health has played a leadership role in the coordination and development of the policy, it must be adopted and implemented by individual RHAs and the cancer agency. The policy takes effect at the official beginning of influenza season, the specific date of which varies annually and is established by the Chief Medical Health Officer. It is not intended to replace facility outbreak procedures. The policy applies to "patient care locations" which are areas within health care facilities that are typically accessible to patients, residents or clients who are there to access care or services including, for example, hallways or lobbies (Saskatchewan Health 2014b). The policy applies to employees

of the RHA, health care providers (including physicians) with facility privileges, residents, students, contractors, vendors, visitors (including relatives) and volunteers, but does not cover staff in private facilities such as doctor's offices.

The policy does not provide specific immunization targets, how immunization status will be tracked or how failures to comply with the policy will be addressed, beyond stating that performance management measures will be used. The RHAs and cancer agency will be required to develop their own procedures for monitoring compliance and for enforcement. Successful implementation will require support from leadership at various levels in these public arm's length organizations as well as adequate information and communication strategies to ensure all affected staff and visitors understand what the policy requires of them. At a very practical level, other key elements for successful policy implementation will include sufficient amounts of the vaccine being available at the necessary times, good access to immunization opportunities, adequate masking supplies both in terms of number and location, as well as appropriate education on proper masking techniques – particularly for visitors and others without medical training.

6 EVALUATION

It is expected that compliance will be monitored throughout the 2014-2015 flu season and results subsequently evaluated. It is reasonable to anticipate evaluation will consist of some combination of the following: immunization rates among health care workers; documented incidents of influenza outbreaks in long-term care facilities; tracking of complications, morbidity and mortality associated with influenza, particularly among residents of long-term care facilities and patients in hospital; rates of employee absenteeism as a result of influenza; and compliance with the policy. The degree, nature and source of any opposition to the policy in general, and to enforcement efforts in particular, will also bear monitoring on an ongoing basis.

7 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Table 1 summarizes strengths, weaknesses, opportunities and threats associated with the introduction of Saskatchewan's immunize or mask policy.

Table 1: SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ● There is evidence to suggest the influenza vaccine is relatively safe and effective. ● Because influenza is infectious before symptom onset, masking can protect against transmission by as-yet asymptomatic individuals. ● With the option of masking, individuals remain free to choose whether or not to be immunized. ● The policy promotes patient safety and reflects a patient-centred approach to care. ● The policy reinforces health workers' professional obligation to act in the best interests of their patients. ● The policy has support from RHA and Saskatchewan Cancer Agency CEOs across the province, the Government of Saskatchewan, the SMA and the SRNA. 	<ul style="list-style-type: none"> ● The influenza vaccine is not 100% effective. Indeed, early indications are that the 2014-2015 vaccine-influenza match is poor. ● There are some (albeit rare) risks of serious adverse reactions. ● Concern persists regarding the stigma associated with masking and the perception that it is a breach of individual health privacy because it publicly discloses immunization status. ● Masking is only effective if done properly. ● Monitoring and enforcing compliance will be challenging, among health care providers and visitors alike. ● Inconsistent approaches to measuring outcomes will limit comparability between different sites and RHAs. ● Effective implementation requires ready availability of adequate amounts of the vaccine and appropriate masking supplies. ● Long-term survival and efficacy of the policy will require ongoing investments of time, resources and committed leadership.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ● Increased awareness of the risks of influenza and the benefits of immunization stemming from associated communication campaigns may improve voluntary uptake rates among both health care providers and members of the general public. 	<ul style="list-style-type: none"> ● The effectiveness of immunization policies in health care environments in reducing morbidity and mortality rates associated with influenza has been challenged. ● Years with poor vaccine-flu strain matches may fuel anti-vaccine sentiments.

OPPORTUNITIES (CONT'D)	THREATS (CONT'D)
<ul style="list-style-type: none"> • Improved immunization rates in health care facilities will ideally decrease hospital admissions, complications and mortalities associated with influenza. • There is potential for reduced employee absenteeism associated with influenza, with associated benefits to patients and health care systems. 	<ul style="list-style-type: none"> • Enforcement strategies risk triggering union objections. • There is potential for loss of goodwill from health care workers who may resent what is sometimes perceived as an infringement of personal autonomy and/or privacy. • Unfavourable perceptions of what could be viewed as a heavy-handed approach to this public health issue may cost political capital and generate mistrust among the public and health care professionals.

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9 FOR MORE DETAIL

9.1 Media Releases

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