



Workplace Health Without Borders

April 11, 2020

The Honourable Patty Hajdu
Minister of Health
Government of Canada
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Dr. Theresa Tam
Chief Public Health Officer
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Dear Minister Hajdu and Dr. Tam:

As President of [Workplace Health Without Borders](#) (WHWB) International and representing the international WHWB Board of Directors, I want to thank you for all you are doing to combat COVID-19 in Canada. I am also writing to express our concern about messaging from the World Health Organisation (WHO), as expressed in their [Coronavirus disease 2019 \(COVID-19\) Situation Report – 66](#) (26 March 2020), and subsequent messaging from Canadian officials, especially as it impacts frontline healthcare workers around the world.

WHWB (International) was started by a group of occupational hygienists who recognised that their skills were needed in parts of the world where their specialist training was not available.

We were founded in Toronto in 2011 as a not-for-profit organization, to help address occupational health and hygiene issues in the developing world. We now have well established branches in the US, UK and Australia.

WHWB (International) has a well-developed a [strategic framework](#). Since our formation in 2011, our global activities have escalated and we continue to increase our international pool of volunteers. Our vision: **“a world in which workers, their families, and communities do not get ill because of their work”** and mission: **“to prevent work-related disease and injury around the world through shared expertise, knowledge and skills”** provides direction for our global membership.

Imagine a world where workers do not get sick because of their work

We are concerned that official Canadian messaging regarding airborne transmission of COVID-19 is not consistent with the science on the transmission of influenza and coronavirus, which strongly indicates that aerosol transmission is a route of infection.

In the interest of transparency in communicating our position and concerns to our membership and international network (including the [International Commission of Occupational Health](#) and [International Occupational Hygiene Association](#)), we will be posting this letter on the WHWB website.

Our key concern is 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. In this regard, WHWB (International) supports the recent [Letter from the US National Academies of Sciences, Engineering, Medicine to the Executive Office of the US President](#) and the following statement:

“While the current SARS-CoV-2 specific research is limited, the results of available studies are consistent with aerosolization of virus from normal breathing.” (Fineberg, V April 1, 2020, Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats)

In response to a request from the Office of Science and Technology Policy (OSTP), the National Academies of Sciences, Engineering, and Medicine (NASEM) convened a standing committee of experts to help inform OSTP on critical science and policy issues related to emerging infectious diseases and other public health threats. The standing committee includes members with expertise in emerging infectious diseases, public health, public health preparedness and response, biological sciences, clinical care and crisis standards of care, risk communication, and regulatory issues. This publication responds to questions concerning the possibility that the SARS-Cov-2 virus could be spread by conversation, in addition to sneeze/cough-induced droplets.

WHWB has reached the same conclusion about the likelihood of airborne transmission, as expressed in the above NASEM letter, a conclusion which is supported by the following consultation document:

National Research Council. 2020. [Rapid Expert Consultation on the Possibility of Bioaerosol Spread of SARS-CoV-2 for the COVID-19 Pandemic](#) (April 1, 2020). Washington, DC: The National Academies Press. <https://doi.org/10.17226/25769>.

Moreover, we would like to bring your attention to the following paper:

Sima Asadi, Nicole Bouvier, Anthony S. Wexler & William D. Ristenpart (2020): [The coronavirus pandemic and aerosols: Does COVID-19 transmit via expiratory particles](#), Aerosol Science and Technology, DOI: 10.1080/02786826.2020.1749229

This paper states:

“In terms of science, closer collaboration between virologists, epidemiologists, and aerosol scientists is necessary; and in terms of outreach, improved efforts to inform the public that every individual emits potentially infectious aerosols all the time, not just when sneezing or coughing, is necessary.” (Asadi et al. 2020)

The above call to action by Asadi and colleagues is particularly relevant to the membership of WHWB (International), which consists of occupational / industrial hygienists who have expertise and experience and a role when it comes to risk management. As such, we are deeply concerned about the contradictory messaging about airborne transmission that is being provided by the WHO:

“In all other contexts, available evidence indicates that COVID-19 virus is transmitted during close contact through respiratory droplets (such as coughing) and by fomites. The virus can spread directly from person to person when a COVID-19 case coughs or exhales producing droplets that reach the nose, mouth or eyes of another person. Alternatively, as the droplets are too heavy to be airborne, they land on objects and surfaces surrounding the person. Other people become infected with COVID-19 by touching these contaminated objects or surfaces, then touching their eyes, nose or mouth. According to the currently available evidence, transmission through smaller droplet nuclei (airborne transmission) that propagate through air at distances longer than 1 meter is limited to aerosol generating procedures during clinical care of COVID-19 patients”. (WHO, 26 March 2020, p.2)

In addition, in the WHO hyperlink to the frequently asked question “[how does COVID19 spread](#)”, the following answer is provided:

“People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter (3 feet) away from a person who is sick.”

Furthermore, we are concerned that federal and provincial authorities in Canada are translating the abovementioned WHO information into guidance on infection control for health professionals. An example is the document [Infection prevention and control for coronavirus disease \(COVID-19\): Interim guidance for acute healthcare settings](#) (Health Canada, 24 February 2020). This document refers to the Application of Routine Practices and Additional Precautions (other than aerosol-generating medical procedures) to follow “contact and droplet

precautions". The same messaging is reflected by Public Health Ontario (PHO), Synopsis "[What We Know So Far About Routes of Transmission](#)", PHO 6 March 2020), which states:

"COVID-19 is transmitted via droplets during close, unprotected contact. Airborne spread has not been documented for COVID-19".

WHWB challenges the veracity of the above Canadian position on airborne transmission, communicated in February and early March, as it runs counter to the more recent conclusions by NASEM (2020), NRC (2020) and Asadi (2020) cited above. The contradictory nature of public health messaging on airborne transmission of COVID-19 was recently examined by John Oudyk, an occupational hygienist with the Occupational Health Clinics for Ontario Workers (OHCOW). Oudyk, who has extensive experience in viral transmission (derived from research during and post SARS, MERS & Ebola), drafted the following letter in response to the proposed federal and provincial public health policy shift to downgrade the types of precautions (including masks) that are required:

["A Consideration of the Rationale Provided to Downgrade PPE Precautions for COVID-19"](#).

The high rate of COVID incidence in healthcare workers (10% in Ontario) is particularly alarming from both an occupational health and public health perspective.

Unfortunately the current messaging being provided at the national and international level is behind the known emerging science about the transmission of COVID-19, including as an aerosol. The hazard is not being suitably characterized to those at greatest risk, nor is the precautionary principle being followed.

In light of the above, WHWB strongly recommends that **drawing on the best available protective practices**, a review of how the science should be communicated for the protection of workers, as well as to the public with clear consistent and up to date messaging. Where the science is emerging, WHWB feels strongly that any ongoing communication should incorporate the precautionary / cautionary principle when and wherever possible.

If you wish to discuss this further, please contact myself, Board Member for WHWB (International) and International President at kevinhedges.kh@gmail.com

Yours truly,



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President, Workplace Health Without Borders (WHWB) International

cc. WHWB International Board of Directors