



CHAIR Supports CSA Z94.4-25

The standard is clear, science-based, and long overdue.

CHAIR's goal is to inspire, and guide **Engineered Infection Prevention (EIP)** to make our Healthcare Facilities (HCFs) safe. But until HCFs are engineered to be safe (EIP), we need to use widespread precautionary protective measures like wearing N95 respirators to protect patients, staff, visitors and our communities. As such, CHAIR fully endorses and supports Canada's new draft National Standard, **CSA Z94.4-25, Selection, use and care of filtering respirators**, as a major step forward to protecting Healthcare Workers (HCWs), patients, visitors, local communities, and to sustaining the Public Healthcare system itself.

Chapter 9, Healthcare, is brand new and it's a game-changer. It protects healthcare workers (HCWs) by default. Risk analysis is used to determine when and where respiratory protection can safely be waived. Modes of disease transmission are accurately classified, with airborne transmission recognized as the predominant mode of transmission for many pathogens, including SARS-CoV-2.

One-third of respiratory disease cases in hospital are caused by the hospital itself. E.g. - Flu, RSV and CoVID. (<https://health-infobase.canada.ca/cnisp/viral-respiratory-infections.html>, Fig. 2).

And about 25% of community cases have origins in healthcare. And virtually all novel, or antimicrobial resistant, or highly pathogenic diseases travel globally through our hospital networks and then seed local communities.

The new **National Standard of Canada, CSA Z94.4:25**, promises to have an immediate and substantial impact on reducing Healthcare Acquired Infections (HAIs), Average Length of Stay (ALOS), treatment costs, labour shortages, bed shortages, overcrowding, and wait times.

Highlights:

- N95 respirators are required for most pathogens (eg – Flu, RSV, Sars-CoV-2)
- PAPRs are required for pathogens of high mortality (eg – Ebola)
- N95 respirators are NOT required in “**Exempt Zones**” designated by a “**Qualified Person**” using risk analysis
- N95 respirators are NOT required when exempted on a case-by-case basis by a “**Qualified Person**” using risk analysis
- N95 respirators are to be made available:
 - At entrances, nurses stations, and outside of patient rooms
 - To all staff, visitors and patients
 - In a variety of sizes and models
 - Including CSA-certified easy-breathing models (CA-N95-100Pa)
- PAPRs are to be made available to staff upon request



Guidance for engineering safe spaces in healthcare can be found in:

- **CSA Z8000:24, *Design of HCFs***
- **CSA Z317.12:25, *Cleaning & disinfecting Health Care Facilities***

Both Standards require taking “**every precaution**” to make the HCF safe from infection and to employ experts in EIP to do so. EIP guidance to HCFs is available from CHAIR upon request.

CSA Z94.4 will further encourage HCFs to provide airborne safe spaces, aka **Exempt Zones**.

The CSA Z94.4 committee has done commendable work. At this point, it’s imperative they receive public support to see this Standard through. We have an opportunity in Canada to lead and inspire the world, to move beyond outdated paradigms, to align healthcare worker and patient protection with the care, concern, science and ethics people deserve and the sustainability and patient outcome improvement our healthcare system and our country needs.

You can help by registering with CSA to add your Public Comments of support here <https://publicreview.csa.ca/Home/Details/5674> until August 19th. The more voices, the better.

Please feel free to reach out if you have any questions or if I can be of any assistance.

Many thanks, everyone, for all you do to make Canadian healthcare better. 😊

Cheers,

Barry Hunt
Co-Founder & Executive Director



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