



College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto, ON M5G 2E2

May 6, 2024

Dear College of Physicians and Surgeons of Ontario,

As the Co-Chair of the Canadian Covid Society, a non-profit organisation formed to fight the acute and long-term sequelae of Covid-19, I am writing to express our concerns regarding the College's recent draft policy on "Infection Prevention and Control for the Clinical Office Practice."

The COVID-19 pandemic has highlighted the importance of robust infection prevention and control measures in healthcare settings. With over 3.5 million Canadians who have or are now suffering from long-term symptoms following COVID-19, it is crucial that we prioritise the safety of both patients and healthcare workers.

Recent research has demonstrated that respiratory viruses, including SARS-CoV-2, spread predominantly through aerosols emitted by infected individuals while breathing, talking, and coughing. These aerosols can remain viable in the air for extended periods and travel significant distances. Infections, confirmed by whole genome sequencing<sup>1</sup>, have been documented in hospitals almost five hours after the infected person left the room. Presymptomatic and asymptomatic transmission further complicates efforts to control the spread of these viruses.

In light of this evidence, we strongly urge the College to reconsider its current draft policy and implement the following changes:

1. Recognize the responsibility of employers and healthcare facilities in planning and implementing effective infection prevention programs, rather than placing the burden solely on individual healthcare workers.
2. Recognize the significance of a comprehensive strategy in infection control that encompasses engineering measures such as enhanced ventilation, HEPA and MERV13 or higher filtration systems, and designated isolation areas, along with work practice adjustments and the use of personal protective equipment (PPE), following the hierarchy of controls.
3. Emphasise the use of properly selected and fitted respirators, such as N95s or higher, for healthcare workers in close contact with potentially infectious patients. Medical masks, as suggested in point 2.v of the draft policy, are significantly less effective in preventing aerosol transmission.

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<sup>1</sup> [Evidence from whole genome sequencing of aerosol transmission of SARS-CoV-2 almost 5 hours after hospital room turnover - American Journal of Infection Control \(ajicjournal.org\)](https://ajicjournal.org)



4. Establish explicit, science-based criteria for determining the appropriate protective measures for specific pathogens, considering factors such as exposure assessment, individual vulnerabilities, and the full range of potential health impacts, including long-term sequelae.
5. Strengthen recommendations for source control measures, including enhanced ventilation in patient care and non-patient care areas, expanded use of airborne infection isolation rooms (AIIRs), and proactive use of masks as a preventive measure.

Furthermore, we would like to highlight the legal obligations of physicians under the Westray law, which establishes a duty for all persons directing the work of others to take reasonable steps to ensure the safety of workers and the public. The College's guidance must ensure compliance with this law, protecting both healthcare workers and patients in the clinic setting.

Engaging the expertise of aerosol scientists, industrial hygienists, ventilation engineers, respiratory protection experts, patients, and frontline healthcare workers is essential in developing effective infection prevention policies. We strongly recommend that the College consult with these stakeholders and incorporate their insights into the final policy.

The health burden of COVID-19 infections and reinfections in healthcare settings is antithetical to the principle of "First, do no harm." Vulnerable populations, such as cancer patients, immunocompromised individuals, and those with long COVID, are at particularly high risk of severe outcomes from hospital-acquired infections. It is our collective responsibility to protect these individuals and ensure that healthcare facilities are safe for all.

We urge the College to revise its draft policy to reflect the current scientific understanding of respiratory virus transmission and to prioritise the health and safety of both patients and healthcare workers. By implementing robust infection prevention measures, including the use of respirators and improved ventilation standards, we can work towards creating a healthcare system that truly embodies the principle of "First, do no harm."

Thank you for your consideration of our concerns. We look forward to engaging in further dialogue with the College to develop evidence-based infection prevention policies that protect the health and well-being of all Ontarians.

Sincerely,

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