



**COVID-19
OCCUPATIONAL HEALTH
AND SAFETY OFFICERS
CONFERENCE CALL**

April 16, 2020

The National Union of Public and General Employees (NUPGE) is a family of 11 Component and 3 affiliate unions. Taken together, we are one of the largest unions in Canada. Most of our 390,000 members work to deliver public services of every kind to the citizens of their home provinces. We also have a large and growing number of members who work for private businesses.

Larry Brown, President

Bert Blundon, Secretary-Treasurer

Occupational Health and Safety Officers Conference Call
April 16, 2020
1:00 p.m. EDT

PARTICIPANTS

BCGEU/NUPGE	Anne Dodington Doug Kinna
HSABC/NUPGE	Mike Wisla David Durning
HSAA/NUPGE	Ray Geldreich
SGEU/NUPGE	Bonnie McRae Nicole Alberts Beth Antoshkiw Tracy Sauer
HSAS	Bill Fischer
MGEU/NUPGE	Blaine Duncan
OPSEU/NUPGE	Joscelyn Ross Terri Szymanski
NBU/NUPGE	Joyce Aucoin
NSGEU/NUPGE	Paul Cormier Sandra Mullen
PEIUPSE/NUPGE	Wilma Ramsay
NAPE/NUPGE	Bernie Coffey Sobol
NUPGE	Bert Blundon, Secretary-Treasurer Len Bush, Managing Director Anil Naidoo, National Representative Jeryn Daly, National Representative Diane Fowles, Administrative Representative

1. Welcome and Introductions

Anil Naidoo welcomed participants to the call and did a roll call of those on the conference call.

Reports will be based on sectors: acute care (mainly hospital based), facility based care (long-term care, corrections, group homes), and other services our members provide to the public (liquor control, community social services, etc.)

2. Opening Statement – Bert Blundon, Secretary-Treasurer

- Important to talk about what has gone on especially in the last few days both in hospitals but particularly outside of them in long-term/personal care homes
- 2 facets to it - lack of regulations particularly in those private homes and lack of following guidance
- Have seen the deaths in the LTC homes
- Government response has been paying people more - underpinning to this is people not properly protected to start with and regulations weren't being enforced, lack of inspections
- Seems to be a focus on money - Money can't pay for people's safety and that has been lost - need to be careful that doesn't become overriding issue for everything that is going on in this pandemic
- Alberta as an example - oil sands project has an outbreak and province has said economically can't close it down but safety should be paramount to anything going on in economy
- When people have to gather for work it becomes higher risk as people come in greater contact in the workplace. Will it be presumed that Covid-19 is only work and compensation be applicable or will people have to fight for benefits?
- Penitentiaries in the forefront too - there was a breakout in one of the federal penitentiaries in BC
- Those are emerging issues with a lot of background work
- How will we open economy again? Lots of questions as we move forward
- Thanks for joining

3. Anil - Opening

- Point of calls is to share info, learn from each other
- Having proper PPE is the front line in protecting workers.

- Regular calls with PHAC. Pushing for release of guidance for acute care, for long-term care, group home settings, etc. All public workers deserve protection and how do we ensure they are not at undue risk?
- A struggle for PPE as supply is a key issue. Questions now being asked about how do you disinfect and sanitize what were designed to be disposable N95 masks? When and what is appropriate in what setting?
- Training is also an issue. Some things look like simple piece of equipment but there can be cross contamination if not trained properly especially when dealing with highly infectious diseases like COVID-19.
- Until proper PPE is distributed, we have workers who have to go into situations without the right protective equipment and this is unacceptable.
- Brings up right to refuse dangerous work and how best to protect workers when employer is not meeting obligation to provide safe workplace.
- No acute care guidance has yet been released by the Public Health Care or Public Health Agency of Canada. The draft guidance is not strong enough on PPE.
- PHAC rushed out LTC guidance because of the outbreaks but it is inadequate—tried to adapt what they had done for acute care for LTC and they are totally different kinds of workers, different sets of training, different understandings about infection prevention and control.

4. Acute Health Care Roundtable

HSABC/NUPGE

- Biggest thing seen on PPE is that it went from fear and anger a couple of weeks ago to frustration now
- Not seeing equitable handing out of materials. Everything is centralized and many processes to obtain PPE
- Better shape in supplies than what we have been but now have to sign out equipment
- Making distinctions such as those in direct patient care get patient care get “this” but they aren’t defining what direct patient care is
- Is a lot of frustration within the system

- Passed by prov health officer is that workers can only work at single site - mainly with long term care but does affect a lot of our members that had part time at a couple of spots - a lot of negotiations so those people stay 'whole'
- How come a respiratory therapist working beside nurse doesn't get same priority to PPE? - Still that kind of tension - not all sites but does seem to be at the top site level of policy

HSA/NUPGE

- Last week AB moved to continuous masking in all areas where workers can't socially distance
- That led to some supply issues, distribution of supply issues. There is concern about quality of the masks provided once the extended masking went into effect
- Government said there is sufficient supplies and is now promising to send supplies to other provinces but not sure how much is truth or if it is a political stunt
- Despite having alleged surplus, health authority is still pursuing surgical reprocessing of N95 respirators - sterilization and reuse of respirators - technique used but testing hasn't been done by 3M or extensively outside the province - serious concerns on that and transparency around that N95 repurposing - assured this is last resort
- 1st backup is KN95 that they have heard different things about, depends on the brand - seeking accredited ones - KN95 is the back up and then will go to recycled 3M N95s
- Single site rule in long term care, however employers expanding to acute care, as well as, they believe this will be next
- AB probably one of the most sophisticated supply chains in world or at least N. America - miles ahead of anything fed gov or other health agencies have - not saying there aren't glitches but are able to move a lot of product here quickly
- Issue right now is some stuff from suppliers that are untested or not familiar with so relying on testing and independent standards that we aren't used to verify efficacy

HSAS

- Similar for us - not having as much problem with PPE
- Cautiously optimistic - numbers haven't jumped - grave concerns with Trump wanting to open everything up again

- All unions in health care including SGEU, SEIU, CUPE, SUN, and HSAS did a joint statement on PPE which was sent to the government - government sent it quickly to health authority which doesn't have authority over all sectors e.g., long term care
- System in SK unique in that many care facilities are private homes that get a business license and call themselves a personal care home - regulations quite low - very few unionized except some of the larger long term care facilities so at least they have some health and safety oversight
- This week went to continuous masking - went from be careful using PPE as it was low in supply to everyone using masks so questions now on why it is needed now and was not before
- Seems like not enough N95s but not always the ones that most people wear - different brands - small sized, etc. - they are already talking about what to use for substitutes, how to test different brands, and university here looking at UV sterilization of existing used N95s
- A lot of HSAS members involved with testing - treatment and assessment centres - can come and get swabbed. Also, if you meet symptom criteria, have other issues e.g., COPD, etc.
- Developed a labour pool - community programs have shut down (physio, occup therapy, etc) - how long can you keep people not getting occupational & physical therapy before they become a burden on the acute side of things because they may not be able to function at home?
- Redeploying to aid on the acute care - is there PPE for them, how do they get trained, is there adequate oversight, etc? This is now a concern - starting to monitor that they have OHS committees in the facilities - centres have cropped up in, for example, high school gymnasiums and so looking for oversight and accountability in these non-traditional settings - especially issues with bringing in people to work in non-traditional roles in an acute setting
- In discussions with health authorities of presumptive and WCB coverage - if there is an exposure, a PPE breach, or improper screening and employee was in contact - will get swabbed and told to self-isolate and will be paid - employer has a "pandemic" coding- if they test positive they are told to apply to WCB - no clarity on this - not sure how WCB will reply to this - government unwilling to make any declaration on whether they will allow presumptive cause for health care workers - health care authority doesn't have the ability to direct WCB on what should be done

- 34 health care workers so far have been positive but no clarity on whether from travel, community contact, contact from work - won't break down by professions, etc. so no real way to track it - don't know if they are accessing WCB
- Trying to get message out to members that they should assume illness was contracted at work and to put in for WCB but is a work in progress

MGEU/NUPGE

- Public health orders in place until 28th - steady as it goes is direction being given
- No. of workers off work (21) as a result of being in proximity to co-workers - 9 of the workers returned to work - rest still in self-isolation - no positive health care workers since Apr 9
- Flat in term of curve, 245 cases, 5 fatalities
- Most exposures due to travel - only 10 community contact - measures seem to be working in MB
- Province has contracted with hotels for places of isolation if you are symptomatic or suspected can stay at one of the hotels to self-isolate away from family
- No true numbers because there are limited numbers of tests administered
- Updates to protocols with PPE in last 2 weeks - masked, eye protection, gloved if within 6 feet - it was inconsistent across different types of health care - less restrictions in community care until couple of weeks ago – e.g., home care workers were screening for concerns at the door and go about assignment based on your perception of what you need - that needed to be tightened up - now making pre calls to screen and also up to individual worker when they arrive
- Any community programming has now been restricted to only essential life care
- No great issues with equipment in acute care - priority of equipment is to health care settings
- Have started collection of potentially reusable equipment for decontamination - not needed yet but they are trying to be ready for that if needed
- Drive through testing centres in Winnipeg and rural
- 21 companies retooled to make PPE, masks (not certified), gowns, etc.
- Coverage of lost wages result of exposure - front line health care quarantine, paid for that time frame - unions looking for all workers - MB only province without that in place
- No follow up re: WCB automatically covering COVID exposure

- Questions around PPE supply chain - how is it working, priorities for all workers

OPSEU/NUPGE

- PPE issues in acute care, mental health, and long-term care
- Since full masking came out some workplaces asked to reuse and redon a surgical mask - disputes about extended use and throwing out soiled masks
- Now that there is more masking seems PPE being used more in an unsafe manner - reusing surgical mask for 5 days
- Who needs it and use it properly - giving out to everyone is causing other problems because now people reusing for 5 days
- Places with no gowns - more in mental health and long term but some acute care have lower stock
- Control of stock is bureaucratized - hard to get more equipment - facilities have to report in every day of existing supply to Ministry
- Directive 5, which said nurses do a point of care risk assessment and make clinical decision on what PPE they need has been extended to all health care workers to make a risk assessment
- Looking for and reviewing various resources on how to do a point of care risk assessments
- Big message that if community spread then it is not workplace related - applies in compensation area but discussions ongoing re: presumptive
- Employers say they don't have to comply with notice provisions to joint OHS committees under occupational illness clause because it is community spread therefore, not occupational and don't have to report
- Important for union and joint communities to know if presumed and actual cases of COVID in workers to make appropriate recommendations and ensure broad, immediate contract tracing going on but are not getting the notices
- A) Not able to help preventatively b) Collect evidence they may need to make claim later
- Contract tracing which is felt to be very important to stop spread is not being done well - public health docs in ON are silent on employer roles - clear in docs what public health is doing but less clear in work place what employer should be doing - is important measure which needs to be done properly to make other measures work e.g., PPE

- Order came out for next week for workers in a single site and working to figure out what financial bundle will go with that - OPSEU always had suggestion for members who had more than one job to seek out help in their situation - now workers will not be able to work in more than one long term facility or retirement home but now hearing this may expand to broader health care
- Guidance for long term care - workers who are asymptomatic still being told to work and self-monitor

NBU/NUPGE

- Looking at hotels tomorrow for isolation - particularly an issue for health care workers who go home to families
- Childcare/daycare space for essential workers particularly health care workers - running out of these - talking about limited reopening of schools and sites to provide child care - waiting to see who will be assigned to do and whether it will affect people in the schools themselves
- H&S agreement with government in fast tracking re: right to refuse issue because workplace is inundated - some take forever to figure out - process is applying with direct supervisor, H&S committee (not all worksites have) or joint committee - next step would be prov gov committee, executive director or president with member of treasury board to oversee request - worked in terms of getting answer quickly
- Most complaints are from immune suppressed, underlying health issues themselves or taking care of someone in family who is immune suppressed
- Seem to be flattening the curve but also know not enough testing
- Access to PPEs - trying to get access for those not being recognized as needing - confusion over who gets access

PEIUPSE/NUPGE

- Nothing to add beyond other reports

NSGEU/NUPGE

- Similar to others - shortages of PPE in acute care
- Public health are risk managing on workers' backs
- One thing that has been undermined is the internal responsibility system - public health is dictating to employers and employees what they should be doing for prevention but risk managing based on supplies - chief medical officer stated what is happening is that broad guidelines being applied without discussion with front line - sometimes e.g., mask may not be the proper equipment to ensure

infection prevention and control depending on the sector, for instance if someone is ripping and grabbing

- Reports that people feel losing front line perspective and letting senior managers and public health make decisions based on inventory levels and not talking to front line

NAPE/NUPGE

- Having same issues with PPE, lack of N95
- Concerns around PPE quality changes and policies - changing based on supply or science?
- All health care facility workers require masks unless they can maintain 6 feet distance
- Movement between health care facilities restricted - concern re: making workers whole
- WCB - if worker has case of COVID should file claim - a lot of pushback from workers because if they do that they will take a hit on amount paid
- Good neighbor agreement put in place in 4 health care regions

5. Long term care, Group homes, other sectors (Corrections, Liquor control, etc.)

NAPE/NUPGE

Long Term Care

- Serious issues around new admissions to homes - a lot of the homes they don't have ability to self-isolate new clients within the home - don't know where the admissions have been before they arrive
- PPE guidelines not being applied in all facilities especially group homes and long-term homes – no standards but based on where they work and the employer

Group Homes

- Not being monitored as far as residents coming and going
- Use of PPE not consistent
- No one is doing anything in terms of governing

Corrections

- Just started discussing re: contingency plans re: outbreak, PPE as they are restricted in moving

Liquor Control

- Basically closed, can only call in or buy online and pick up 1 person at a time
- Government complaining sales are down

Social Workers

- Issue with going into people's homes, proper protections etc.

NSGEU/NUPGE

- Lack of consulting front line workers
- Inconsistent practice of PPE in corrections, long term care, etc.
- Released a number of inmates from institutions, closed one prov. facility because of volume
- Inconsistent practices across sectors - Long term may have masks and is a requirement, whereas youth centre may not
- Significant concerns on inconsistency re: PPE
- Work refusal - similar to NB - don't normally skip committee step but to move them along moving them to labour
- Did have a refusal when Dept. of Labour ruled against the membership - they are relying on what public health officials stating - concerning as things changing all the time - risk managing based on inventory - threatened to appeal but issue with appeal process is it can take up to 6 months for a hearing - nothing quick to deal with labour issue

NBU/NUPGE

- Implemented barrier - plexiglass
- Long term care - one facility directive coming - need to mitigate this for the part-time workers as they can be nursing home to nursing home/community care/hospitals/grocery stores/ etc. - people working multiple jobs to make a living - how do they make them whole
- Nursing homes are private - do get funding from the government but concerns regarding who will pay for added costs
- CUPE - talk about redeploying some workers to long term care facilities
- Public service to private service, different unions, these are all issues
- Enforcement officer (conservation officers, etc.) patrolling border ingress/egress to province – also beginning to be flood watch now

- How will they maintain flood and borders?
- Control of people trying to go to cottages, etc.

PEIUPSE/NUPGE

- 26 confirmed cases, 23 recovered, no hospitalization, all travel related
- Bridge closed to all non-essential travel including construction workers
- Initially deemed liquor stores non-essential - due to public concerns they were reopened and deemed essential - liquor stores have implemented good protocols
- Shift employees were redeployed to non-shift workplaces e.g., members in Workers Comp giving assistance to travelers at the bridge - negotiations around shift premiums and schedule changes
- Big concern on seasonal workers in parks, highways that are due to be recalled May 1 - what will their status be?

OPSEU/NUPGE

- Issues with shelter workers, what PPE they require and guidelines
- Corrections - still PPE discussions and not implemented in all
- Temperature checks in institutions but often by non-health care personnel - not sure how effective they are
- Inmates reduced by 25%
- 3-4 places have some presumed and active, but not rampant in system
- New regulation passed until at least May 1 that first responders including paramedics, police, firefighters, etc. - can get name, date of birth, and whether person has COVID

MGEU/NUPGE

- Social distancing as part of public health orders, everywhere that is still open
- Plexiglass everywhere came out of no-where for COVID - had asked for barrier protection for workers for over a year
- Liquor stores - screening of patrons at doors
- Violence and theft issues in stores - advocated over last year for vestibules to be converted into barrier systems and security in stores
- Long term care - no cases so far - was a worker who tested positive but no spread

- Corrections - issues with supplies - they are further down list receiving PPE
- One institution making masks for inmates
- Each officer has 3 masks - each inmate gets 2 - cleaning requirements each day for those
- Lack of hand sanitizer - employer has foggers for general open areas, but can use solution for hand sanitizer - have been given instruction on how to use
- 1900 inmates in system – increase in community sentencing instead of entering system
- Working with officers to stay on top of things and engaging employers to answer questions
- Hired med practitioner to make training videos for staff - employer is finding out what concerns staff has for next video
- Internal responsibility systems being diminished - not a lot of conversation going on particularly with front line workers - people making the decisions don't always understand the circumstances - trying to get committees to reengage with the employers re: risk assessment, mitigation planning but is uphill battle
- Question re: the giving of masks - are they N95 or surgical? Answer is - Neither. Inmates are making cloth masks so officers/inmates getting those not surgical or N95
- Across the system, whether health care, residential care, institutional care, it is clear who the N95 masks are reserved for
- Employers only allow N95 and surgical with specific guidance and it has to be verified - workers confused as this is changing regularly
- Employer is doing videos to help clear this up but not making videos mandatory to view and not sitting down at start of shift to watch - expect workers to follow up and keep up with most recent material
- Issues with not training to use equipment - good to put in guidelines and to use equipment but if not trained on proper use even mask use can create cross contamination

SGEU/NUPGE

- Corrections - 6 confirmed with staff - 70 people sent home to self-isolate for 14 days - back into workplace now
- No known infected inmates at this time

- Shut down one unit in Regina and made isolation unit for those who refused to isolate
- Some centres have foggers
- Same issues with lack of masks, PPE
- Weekly meeting in correctional centres

HSAS

- Nothing to add outside of previous acute care presentation

HSAA/NUPGE

- No issues with supply for their EMS

HSABC/NUPGE

- Recognition that long-term care issue is important

BCGEU/NUPGE

- Report from BCGEU provided and will be distributed

Long Term Care

- Provincial health officer order can only work in one facility - caused uproar - different levels of pay if union vs nonunion and depending on what you are doing - all unions had to get together and figure out how this would work re: pay scales, moving workers around into different facilities - working through final stages on this - BC government leveled pay scales throughout COVID - will help in organizing later
- Problem with health authorities - if working with someone who is symptomatic - same rules apply throughout province, however if asymptomatic - different guidelines depending on where you are and under which health authority - push to get that sorted out

Group Homes

- PPEs are a problem
- Huge shortage - 70% only have max 3 day supply, some have none
- Some outreach workers have no PPE on hand

Home Care

- Huge shortage there

- Shift in provincial health officer re: masks because of pressure about what to do with people wearing masks for preventative purposes to not get sick themselves - trickling down to members - members bringing in their own home fabric masks, make their own masks because they are not allotted the right PPE or being given masks - masks given are only for symptomatic or presumptive clients - told to only wear if symptomatic or presumptive to stay 6 feet away from clients - feel strongly about the clients they work closely with and are bringing in their own PPE from home - have advised them not to bring in their own to pressure the employer to provide PPE and provide guidance - hopefully will get more clarity

Corrections and Deputy Sheriffs

- One inmate positive in a federal - has been isolated - new inmates isolated for 14 days - 80% of inmates have to go to court and before judge to be released - assessments on inmates, 2 years less a day and releasing if possible

Next Meeting

Thursday April 30, 2020 @ 1 pm – Next meeting will be Zoom meeting.

Components requested to share relevant documents for distribution.



NATIONAL UNION OF PUBLIC AND GENERAL EMPLOYEES

- B. C. Government and Service Employees' Union (BCGEU)
- Health Sciences Association of British Columbia (HSABC)
- Health Sciences Association of Alberta (HSAA)
- Saskatchewan Government and General Employees' Union (SGEU)
- Manitoba Government and General Employees' Union (MGEU)
- Ontario Public Service Employees Union (OPSEU)
- Canadian Union of Brewery and General Workers (CUBGW)
- New Brunswick Union of Public and Private Employees (NBU)
- Nova Scotia Government and General Employees Union (NSGEU)
- PEI Union of Public Sector Employees (PEI UPSE)
- Newfoundland & Labrador Association of Public and Private Employees (NAPE)

The National Union of Public and General Employees is an affiliate of the Canadian Labour Congress and a member of Public Services International.

15 AURIGA DRIVE
NEPEAN, ONTARIO
CANADA / K2E 1B7

[613] 228-9800
FAX [613] 228-9801

www.nupge.ca

national@nupge.ca

