



**COVID-19  
EMERGENCY MEDICAL  
SERVICES  
CONFERENCE CALL**

May 4, 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

**COVID-19 Emergency Medical Services Conference Call**  
**May 4, 2020**  
**1:00 p.m. EDT**

**PARTICIPANTS**

**HSAA/NUPGE**

Mike Parker  
Jason Soklofske

**SGEU/NUPGE**

Rob Buchanan

**HSAS**

Travis Bolen  
Karen Wasylenko  
Braden White

**MGEU/NUPGE**

Michelle Gawronsky  
Eric Jenner

**MAHCP**

Cheryl Beal  
Dustyn C.  
Lee Manning

**OPSEU/NUPGE**

Mirla Alvarado  
Jamie Ramage

**NBU/NUPGE**

Joyce Aucoin  
Susie Proulx-Daigle

**NSGEU/NUPGE**

Lynette Johnson

**NUPGE**

Bert Blundon, Secretary-Treasurer  
Len Bush, Managing Director  
Anil Naidoo, National Representative  
Diane Fowles, Administrative Representative

## 1. Welcome and Introductions

Anil Naidoo welcomed participants to the call.

## 2. Opening Statement – Bert Blundon, NUPGE Secretary-Treasurer

- Virtually all the provinces are talking about opening up again and what this means for frontline workers and how the public will react to this is uncertain.
- As health care opens further, elective surgeries will resume and there will be more demands on the health care system including frontline services.
- We can't return to times when governments shut down public services. We have all been through this before when public services become a secondary priority.
- The National Union is doing work in trying to see how best to monitor and influence what happens as the economy reconfigures and people try to re-establish work patterns.
- HSAA President, Mike Parker will again help lead our discussion as he did last week. Mike understands your issues and is a great resource for us to have in these discussions. Within NUPGE, we have board members from a wide variety of disciplines, this helps to inform the work we do.
- Thanks for joining today.

## 3. Follow up

Anil

- The challenges with opening up are that until now, the number of cases have been down along with the number of calls. But the amount of time and effort required for each call is increased due to amplified monitoring and PPE requirements. This means that the workload is up even before we begin to add more cases, as the economy reopens.
- The care and attention required at the door and on site is not going to be reduced but the potential is that there will be expanding number of calls without the employers adding more unit to address the new reality of workload due to COVID.

#### 4. Kick off

Mike Parker

- We are all on treaty lands and want to start with that recognition.
- You are not only the front lines but are the front door of healthcare.
- NUPGE has taken the lead in trying to bring some of us together. This is a multi-jurisdictional sector and we don't have all the players represented here but doing what we can to strive for be inclusive for all EMS workers.
- This is a COVID-19 focus conversation on EMS frontlines across the country to highlight issues coming up wherever they happen so we can prepare for them in other places to be on top of issues.
- In your reports from across the country, please try and ensure the highest level of interest for the national conversation.
- Following the last call I received positive feedback from 3 board members on the call. They really appreciated hearing other perspectives from across the country.
- Will highlight 3 pieces that are new in Alberta from my perspective
- Alberta is under College of Paramedics that regulates the profession and as of last week they have said you all get an additional 60 credits for being frontline responders in COVID.
- Bigger issue has rose to the top is the casual workforce has taken from the idea of casuals being 2 days a month (or whatever they can provide) as secondary work/service have now been offered full time for term of 89 days, just under the cut off for casuals which is full time work of 90 days.
- These people are now working side-by-side with full time workforce and they receive zero benefits, no sick time and no pensions.
- Had some intense pre-conversations and moved to a "name and shame" conversation in the media that got their attention and got us to a meeting at the table.
- Anticipating a response this week but don't see anything positive coming from it
- One of the notes in the meeting was asking if the union wanted them to cancel the 89 day contracts
- Abusing the casuals
- Never been a supporter of a large casual pool, not meant to be used in a full-time capacity

- Rover pool. We have rover pools that maintain balance and coverage for sick time, vacation time on the road and this abuse of casuals is an abomination of the health care system
- Goal is to increase rovers, not increase casuals which they continue to hire today

## 5. Cross Country Assessment

### HSAA/NUPGE

Jason Soklofske

- There is a lot of stress on the frontlines for the casuals. If they call in sick they lose pay. Tough decision to make for them and most aren't keen on applying for emergency benefits. It is a problem and will be for years with this virus. Need to push for the new normal of fully paid sick time as a public health initiative
- Appreciate the spotlight on them. They often feel that they pay same dues but don't get all the benefits
- Call volume is back up. With all the talk of reopening people aren't scared anymore to call but every call takes an extra ½ - 1 hour of cleaning, and donning, and doffing
- Members are in the routine; it is now the new normal

### SGEU/NUPGE

Rob Buchanan

- Don't have a lot of casuals as private
- No big issues with COVID here yet. May be the calm before the storm
- Numbers in SK are going up but maintaining
- Call volume going up. Ended up with the sick staying at home for so long that now they are really sick so needing to go in by ambulance

Anil

- Didn't talk about PPE in AB. Is it an ongoing issue or has it been resolved?

Mike

- Don't hear a lot of questions on PPE
- Folks on EMS have access to N95s
- Was an issue with poor quality masks which were supposed to be taken out of circulation, were old stock with ear loops too big, nose piece was a twist tie and were old stock that shouldn't have gone out

Jason

- Those masks, there was a lot of media around them. More suitable for a procedure mask to protect your partner from you
- When on the calls, have N95s. Employer has been pretty good
- Told not to overstock, do call, and restock
- They have gone as far as to say that if you don't have an N95 you are out of service and that has been supported
- Gowns are a bit short, look like a miniskirt, could be better but it is what everyone is using in the whole hospital

## **HSAS**

Karen Wasylenko

- Seeing an increase in outbreaks in 4 centres in the far north: Lloydminster, La Loche, Beauval, and Prince Albert.
- There are concerns that if they can't get under control, how that will impact the PPE supply. So while they were happy last week about the numbers coming down now seeing the outbreaks happening
- As far as casuals and standby, we have a history of that in the rural areas

Braden White

- Difficulty in SK is physical geographic of the province, quite spread out with low population so trying to service every member of the province have ended up with EMS with lots of standby for rural services
- Difficulty with standby in rural is, there is not a lot of staff in those towns

- Example is that if there are 10 total staff in the town, if there is an instance and they respond to a call and then 4 staff have to quarantine, it is obviously a massive reduction in staff numbers to that town
- Difficulty with the operators is trying to find staff to supplement the workforce, bringing them out to those towns. It is difficult to recruit to go to work there on standby and hard to keep up with the call volume out there
- COVID is icing on the cake where difficult to maintain staffing complement and comes with slew of other problems such as access to PPE
- From labour standpoint, no complaints re: sick time access
- Under Health Sciences, casuals do have access to sick time, pro-rated on their number of hours working
- Regina has large group of casual staff and it is not uncommon for them to be working full time hours so accruing sick time
- PPE, in discussions with staff no more complaints re: access. Most staff, if they are asking for N95s, no issues accessing those from the employer

#### Travis Bolen

- Seeing a shortage of certain type of 3M mask - but everyone refitted to a new size - short on 1870s but refit to 1860s and 1860S
- Is access to N95 - if paramedic need N95 based on the call, not being questioned
- Heard hospitals reusing N95 after sanitizing - still disposing ours in garbage
- Anticipate may make transition to reused
- Staffing levels good and not an issue - have access now to casuals who may have been in school so now significant casual staff available to EMS
- Calls take longer ½ - 1 hour - shortage of ambulances as they have not increased amount of deployment

#### Anil

- Lots of discussions on reuse and sanitation of N95 masks at hospital level. If not being brought back out, they are being collected for potential future use
- Big discussions coming about—are they properly sanitized and how effective is it?
- How long will the workers need to use them before changing, is already an issue being debated



- Protocols on screening. Has everyone implemented screening? Are you getting the information you need?

Travis

- Dispatcher asks respiratory, medical questions as directed by medical director
- Every patient gets and dons a surgical mask
- Any suspected AGMP don N95 before
- Want reminders to be given to patients to stay in the home. Some are coming out to ambulance as we are donning PPE and not yet prepared to interact, especially patients who are suspected COVID. Even had a confirmed COVID walk out to the ambulance as he exited the door. Want to escalate that so that communicating with the patients to wait until EMS is properly wearing PPE before interaction

Mike

- In Alberta told that they are now using the pandemic card inserted into the system. Specific card inserted into the system. Not sure of details
- Maybe that is a change we make nationally - stay in your house and away from our people until we are ready to come see you. In facility it isn't as much an issue. Could spread to home care workers as well

## **MGEU/NUPGE**

Michelle Gawronsky

- Province brought in rules that healthcare workers can only work one facility
- Major concern re: EMS in city as a lot of them also work in the rural areas so if they were limited it would have shut down some EMS in rural areas. EMS was exempted for now
- PPEs - seem to be good - everything is through the city of Winnipeg
- Could have been a major issue - union representing fire service demanded that EMS and ambulances be removed from the fire halls during the pandemic because they didn't want to put firemen at risk - led to strong conversations - Mayor shared concerns on the attitude
- College here announced they will be holding public consulting meetings on self-regulation

- COVID dispatching - dispatch asking questions prior to dispatching ambulance - finding the information provided not accurate or family members in home who have been travelling and haven't finished 14 day quarantine - reminding patients and their families they should stay in the home - don't come out
- Staffing levels on par

Travis

- One thing to be asking prescreening questions for crews arriving but the odds of the truthful interpretation are slim to nil
- Patients themselves may give good information but they might be sitting beside a family member who was travelling and is not self-isolating, etc.
- Reach of prescreening questions is limited based on how patient is supposed to answer them. Either intentionally or unintentionally not truthful it is same impact for the medics

## MAHCP

Cheryl Beal

- Public consultation - register online and comment
- Ongoing PPE concerns - employer is listening but changing protocols of what is appropriate at what times
- Repurposing is happening in the city in Health Sciences but haven't heard of that in rural areas

Dustyn

- Managing members' anxieties. Much is from the environment the employer has created.
- Big on following procedures and with the information changing daily re: PPE and they don't want to get in trouble
- Being told to go in house by themselves and assess
- Causing a lot of anxiety, so really managing that and making sure they don't put themselves in undue harm or risk as it is already a dangerous job

Anil

- Mental health - additional strain on an already stressful job is something we have to acknowledge and keep monitoring as going forward

## OPSEU/NUPGE

Jamie Ramage

- Only speaking on behalf of OPSEU as there are 5 unions in province representing paramedics
- Call volume remains lower by 30 - 35% but there has been a spike in COVID positive responses
- Reason is the provincial dispatching screening has changed and expanded to include more signs and symptoms
- Also added specific criteria for those over 65 which adds more criteria
- In ON there is a very short turnaround from when they receive the call to when they process and dispatch
- Cover a broad range of signs and symptoms but cognizant that when arriving on scene maintain 6-foot distance, do point of care assessment before moving towards patient
- Minimum standards - every call required to wear surgical face mask, eye protection, and gloves
- 6 point patient care assessment also includes screening history of family so they can drill down to the person sitting beside the patient should they have symptoms - do they have any signs or symptoms in family as well - same questions as they ask patient
- Recently now a lot of services are mandating surgical face mask in the workplace if they can't maintain 6 ft distance
- Many stations are one crew stations so easy to distance yourself from your partner but other stations have multiple vehicles so if they can't maintain the 6 ft distance being asked to wear surgical face mask
- Many now that if in front of cab together have to wear face mask
- Larger centres now seeing inter-facility transfers of COVID positive patients as they are trying to centralize the care of COVID patients
- A lot of services are implementing specific pandemic response teams, one name is Infectious Disease Paramedics, PAPR people
- Role is specifically for that, best protected, most updated equipment so they are responsible for transporting COVID positive patients between facilities

- If not doing that they are part of the frontline response and if there is a COVID positive screening patient, they are first choice to go there. Crew is 3-man crew so no additional back up crew required
- Mandated that all LTC, aged facilities, centres of congregate accommodations, that all staff and residents have to be screened
- Brought in a number of paramedics to do the screening. Role is to go in and assist Public Health with screenings and to go to nursing homes and do a lot of the screenings
- Some of other services expanded because of stresses on occupational health, many services are taking on screening of own paramedics and some of the other emergency services
- E.g., Hamilton have a crew of 2 people, 12 hours a day, 7 days a week screening any city of Hamilton employees including transit workers, police, fire if they want to cooperate, and anyone else that is the overflow on stressors of public health or occupational health. Getting this going in next week
- Medics will get screened if they fail self-assessment tool which is done at the beginning of every shift. Will be able to get them assessed, swab done immediately, and turnaround within 24 hours. So can get them out of the workplace right away but also back into workplace as quickly as possible
- In ON there is no regulatory college as opposed to it as don't believe it is a benefit to paramedics because of regulation and medical oversight. Authorized by a base hospital through Ambulance Act and its regulations, so they authorized the delegation and responsible for outlining the certification standards on a yearly basis. What has happened in light of COVID is all CPR recertifications have been put on hold and certification will continue to have the expiration date extended. A lot of the base hospitals (6 in province) are moving away from annual recertification.
- Casual workers: 5 unions, OPSEU represents 22 bargaining units, so anything relating to part-time, casual, temporary workers is outlined in the collective agreements and would fall under those
- There are some similarities and there are some variances for those workers
- Very lucky as very few COVID positives, work related incidents. There have been a lot of self-isolations because of travel, or family members travelling, or signs of sniffles, runny nose, and sore throat. They get swabbed and back to work as most coming back negative

- The few COVID positive were because of equipment failure and issues regarding use
- \$4 per hour pandemic pay for healthcare heroes and frontline workers. Became effective April 24, \$4/hr on top of regular wage, no pyramiding, no overtime, not pensionable. Great acknowledgement of work and stressors and susceptibility of frontline and healthcare heroes. Originally didn't include paramedics and RTs. It took 72 hours to get onto list. There was a flurry of activity, a lot of insulting, innuendos, questions, and challenges with the government but eventually added to the list. \$4 per hour and bonus of \$250 if work more than 100 hours per month. Extends for 16 weeks

Mirla Alvarado

- WSIB report will be added to the report
- One disputed WSIB claim. Employer and the local have challenged this and has been successfully processed
- Out of the 22 bargaining units, has been some redeployments and improvements instead of casual options of temporary full-time employment. These are bargained locally

Jamie

- Ford government passed legislation that allowed paramedic students who had completed 80% of their program to come out and function as a paramedic. Normally it is 210 days from graduation until writing provincial certification exam. Have extended this to 420 days. Also allowing them to use this type of change in process for 6 months after pandemic has cleared up. ON looking at option of maintaining the additional resources and additional abilities to staff the vehicles for 6 months after pandemic has cleared

## **NBU/NUPGE**

Joyce Aucoin

- Fortunate as 16 days without a new case, last patient in ICU was discharged, and no active cases in hospital right now
- NBU doesn't represent EMS right now but do have members who work for the same employer Medavie. Does employ the physio, RTs, social workers who NBU does represent

- Medavie purchased ½ masks with canisters for all of their paramedics. Did fittings last week. Sent memos to hospitals so they understand that what they are wearing is equivalent to N95 but will be more practical because it can be reused and cleaned. Just have to change filters. They had put in an order in January so good access.
- PPE issue is stable
- N95 shipments received
- Low on surgical masks as they were issuing 2 masks per day for everyone in the healthcare system as they came in on shift. Have 30-day supply right now
- All employers - if employee tests positive for COVID and is sent home. Put in a WorkSafe claim but will keep you on the payroll for the duration of recovery. Once recovered if there is a secondary issue can then go on WorkSafe. Don't have to take out of sick bank as it will be coded as a leave with pay. This covers casuals as well. Much more efficient and quicker
- Screening protocols - right from the beginning 911 does initial screening and secondary screening is done at the door by one EMS. Once entering house there is often surprise (unexpected person, etc). This has been the same for RTs and physiotherapists as well. They have tweaked screening questions
- One facility workplace limit expected soon
- NB most fortunate as no cases in nursing homes. Tests performed were all negative
- Vacation (both EMS and hospital workers), they can carry over any unused vacations as they were initially cancelled, can carryover hours or take payout at their own discretion
- ICUs 50% capacity right now - people can take vacation now if they want to
- Casuals may be able to make up some of their lost hours
- Postings were frozen but that has relaxed and now hiring
- Call volumes for EMS had been down but now back up - bad last couple of days

## NSGEU/NUPGE

Lynette Johnson

- Has been a tough couple of weeks in NS
- Ground ambulance service was exceptionally busy two weeks ago with the murders
- Very distressing and there was a number of frontline workers who lost their lives, as well as, the RCMP officer
- Still seeing reduced service level in Emergency departments
- Still not able to get P100 reusable respirators with N95 cartridges certified for hospital. They refuse to certify them or put them on their acceptable list of PPE which is ridiculous because that is the respirator ground ambulance crew uses
- Provide scrubs for every shift for hospital medics.
- Still having difficulty with truthfulness with point of care risk assessments with what dispatch does and at the site
- Nobody, although they had talked about it, with some of the Dept of Health leaders about just charging people but no one has been charged. Remains a significant issue
- Still a lot of concern about accommodations, and anxiety, and stress of working with COVID-19 positive persons and going back to your own home. The government and employers say they will be releasing a policy, but they are working at glacial pace as it has been talked about for 5-6 weeks
- Use of casual staff hasn't changed in either area. Fair amount of casual staff in ground ambulance
- No COVID positive in workforce
- Pandemic or hazard pay has come up especially since it has come to fruition in other jurisdictions. Stephen McNeil said that if feds want to, that is fine but province won't. Frustrating for healthcare workers there. Some private institution have provided pandemic or hazard pay, Sobeys corporation—all store workers (\$2/hr), liquor store workers (\$2/hr). Some private corporations have done but nothing for frontline healthcare
- Ground ambulance having issues with more front-line trucks off road lately
- Northwood Care facility - over half residents COVID-19 positive and a good number of staff positive

- COVID unit from provincial health authority was redeployed to Northwood to help get the situation under control
- The residents who have recovered, because they don't have the ability to isolate positive from negative residents, have been moved to hotels by ground ambulance service. So they have to go into building, through areas not always cleaned, just starting to get a handle on this.
- Once transfer has been done, truck goes out of service to be cleaned. Having a few issues with that
- Call volume has not increased
- Restrictions by public health state of emergency - lifted this weekend for minor areas - can go sportfishing, can use parks and trails for walking and biking, ATV but no beaches, no gathering, no playgrounds
- Lifted Saturday but it was a cold, miserable day. Yesterday was beautiful and all the parks and trails were swarmed with people, no social distancing. 100s and 100s of people. People not using much common sense
- Will have to see if that continues, may see more COVID positives again
- Would like to see some kind of national policy on accommodation

Anil

- There is no comprehensive accommodation strategy for frontline workers and we have brought this up with PHAC
- Issue that is really under the radar
- Northwood a real tragedy. Seeing a lot of cases in homes in QC and ON as well

## **6. Overall and Closing**

Anil

- Touched on a few new points
- Mike pointed out we are still looking at the number of calls we are doing and which sectors with a lot of demand, so can't say anything certain about these calls but this has been a good call

Bert

- Listening with interest about the real tragedy occurring in LTC particularly in NS, QC, and ON



- Predominantly in private run long-term care facilities
- In NL have combination of public and private EMS services
- If there are private operators, are you seeing any gaps in service?
- Canadians are going to want to have a vigorous debate about whether current LTC delivery model is really in our best interest

Jason

- Have some discrepancies in province
- Big provider is Alberta Health Services but have some not-for-profit, some Medavie and some for-profit in the mix
- Had a big provincial talk radio show and paramedic called in saying they had no PPE and were all at risk. He worked for a private system. So it caused a big stir and the head of public health had to go and say they were safe
- Can put the feelers out to see if that is still the case but don't believe it is

Karen

- In SK we do represent some members in the private operators, as well as, public
- Issues in operators not represented as there are some who are non-unionized.

Braden

- Haven't heard anything about non-unionized services in regard to PPE
- The private EMS service I represent has had no issues with PPE and in fact owner had ordered 6 months' supply early on in February

Travis

- Most of my data is observational only
- Have seen where interacting at the hospitals, that there is a discrepancy with registering patient. Have a program we use through Cisco where we register suspected COVID or any influenza like illness in patients. Where the private operators don't have access to those systems. They have similar PPE. A lot are going more with the disposable, cheaper gowns but doesn't seem to be an issue
- Will touch base with a few private operators to see if they are provided with proper PPE
- As a province, will be implementing same standards or guidelines for EMS

Anil

- Public health agency of Canada has put out guidelines in certain areas
- Acute care, LTC, and Home care
- Have told us that they will be doing one on EMS. Will be interesting to get some standardization
- Flimsier gowns. It is an issue as want something not permeable and if paper ones, there has been some controversy on using those. Moves through paper and gets on clothes
- Greatly appreciate the work you do

DRAFT



## 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.

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