



Canadian Health Professionals Secretariat

Videoconference Report

Ottawa, ON

June 23, 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 Videoconference
June 23, 2020
1:00 pm EDT

PARTICIPANTS

HSABC/NUPGE	Val Avery Jaime Matten Edith MacHattie
HSAA/NUPGE	Travis Asplund Darlene Fetaz
HSAS	Karen Wasylenko Karen Schmid
MGEU/NUPGE	Diane Schultz
OPSEU/NUPGE	Sandi Blancher
MAHCP	Bob Moroz
NSGEU/NUPGE	Sandra Mullen Uta Berthold-Brush
PEI UPSE/NUPGE	Karen Jackson
NUPGE	Anil Naidoo, National Representative Sandra Megeney, Administrative Representative

1. Welcome and Introductions

Participants from 8 CHPS unions joined the videoconference with Val Avery and Anil Naidoo, the CHPS Co-Chairs.

The purpose of today's meeting was to have a more focused COVID-19 meeting and discuss the impact on health professionals. It was also to discuss the importance of topics pertaining to CHPS, (i.e., pharmacare, long-term care (LTC), paid plasma, and the Cambie case). This meeting was convened after the normal in-person CHPS meeting was cancelled due to the pandemic restrictions.

2. Opening Statement—Val Avery, President of HSABC/NUPGE and CHPS Co-Chair

Val Avery provided opening remarks. She called on the group to consider what areas CHPS can work on and how the secretariat can gain greater profile. She noted that due to the current pandemic, the health care system has been faced with a challenge unlike at any other time in our lifetimes.

Sister Avery was eager to hear from people today: what experiences they have faced, and to work to come up with some common themes around things we can focus on that can be a benefit to our members.

3. Long Term Care Discussion

There was a great deal of concern around the handling of long-term care in many provinces. Long-term care has been ground zero for what has been going on with the deaths due to COVID.

Participants noted that the evidence suggested that this disease was going to impact the elderly disproportionately, and not enough was done to protect our most vulnerable population. Inquiries have been launched for Ontario and Quebec facilities—the 2 provinces hit the hardest with outbreaks in LTC.

BC had the first outbreaks in LTC but managed to do a better job than the other jurisdictions to contain the spread.

NS has had a massive hit in Halifax in the largest LTC facility in the province. In many different places, LTC has been impacted. As many as 80% of deaths have been in LTC facilities. It is not over.

The discussion on reform in the sector will likely focus on how we allowed this to happen and where the systemic failures occurred, for example:

- low patient to worker ratios,
- getting the proper PPE to the front-line workers,

- single-site agreements and impacts on workers,
- lack of investment to improve infrastructure and safety measures,
- improper isolating of infected people.

Critically, private vs. public care models, and the whole for-profit paradigm that Ontario has embraced is a concern. We also have transnational companies and foreign investors involved in our long-term care sector.

It was noted that NUPGE is strongly taking the lead around LTC and pressing to have it covered under the *Canada Health Act*. This is something that CHPS constituent unions should also consider supporting individually and collectively.

Discussion on screening and protocols at acute care and LTC facilities.

MGEU reported that the government is starting to open to allow some visitors in LTC and acute care facilities and hospitals. A lot of members have been reporting that visitors are not required to wear non-medical masks, even at our children's hospital.

Is anyone else experiencing this?

SGEU said that at their hospitals in SK, visitors were being screened. Visitors must answer screening questions, there is a temperature check and mask are required. This is also happening in LTC settings.

OPSEU reported that no visitors were yet allowed in hospitals. Some elective surgeries are going ahead, but the cut-off is at 80% capacity, though this does not always happen. All are wearing masks, both staff and outpatients. In workplace settings, social distancing is sometimes a problem, especially in labs.

LTC in Ontario has had some horrible outbreaks. Members were being redeployed to help in the some LTC homes. OPSEU's joint H&S Committee did a risk assessment in one LTC home. There was not adequate PPE provided so there is now a refusal to do further risk assessments until this is resolved.

Cambie Case Update:

The final remarks in the case were at the end of February. We were fortunate that the case was able to wrap up before the COVID lockdowns.

We expect that the decision will likely be handed down during the summer.

The intervenors in the case will be given 72 hours' notice that the decision is coming, and then have a 3-hour embargo time with the decision before it is presented to the public. The BC Health Coalition is preparing for what to do with different scenarios, depending on the verdict.

For updates on the Cambie case, there is a webinar scheduled for Thursday, June 25, at noon (Pacific Daylight Time), to discuss the case that is before the BC Supreme Court. Everyone is invited to attend. It will be recorded, and the link can be shared with those not able to attend the webinar.

Paid Plasma Update:

With COVID, plasma and drug therapies are going to be a bigger issue. There will be a big push to develop treatments, because it is going to be a while before there is a vaccine to suppress the disease.

Canadian Blood Services (CBS) is currently onboard in terms of expanding the collection of plasma publicly and voluntarily with 6 new test clinics. They have not always been supportive but are now being funded by the provinces in a pilot project looking to expand plasma collection by the CBS.

In Alberta there is a Private Member's Bill that has been drafted to reverse the law banning paid plasma in Alberta. There is no new information on this at this time

The BC Health Coalition and other activists in that province worked hard with the government to help ban for-profit plasma. They are concerned that this is not the same across the country and that this poses a safety risk for the whole blood supply.

CHPS may want to look at ways to support BloodWatch's response to what is happening in Alberta. And see if BloodWatch has any suggestions on what would be helpful. One suggestion is to try to get premiers who have banned paid plasma to write letters supporting expansion of this ban to the whole country.

It was also pointed out that the supply chains in this private system are also a concern. It is likely that plasma would be sent to China for processing, and then Canada would get processed plasma from China for use in our health care system.

Canada needs to be able to handle our health care needs within our country as much as we can. We need to produce our own PPE and process our own blood products. This is a safety and security of supply issue.

Pharmacare Discussion

There was a short discussion on pharmacare among participants, the focus was on the need to keep pressure on governments to act and to follow the guidelines put forward by the Hoskins's advisory panel. These provided a blueprint for pharmacare.

Personal Protective Equipment Discussion

Sister Avery led the discussion on PPE, noting that COVID-19 has been the worst viral outbreak Canada has experienced in the past century.

June 22, 2020, Statistics—101,000 confirmed cases, 8,434 deaths in Canada, and almost half a million deaths worldwide.

In March, when we saw this coming and knew it was going to hit us, HSABC and NUPGE wanted to get some solid scientific evidence on which to base our discussions on Occupational Health & Safety with employers.

Dr. John Murphy from the Public School of Health at the University of Toronto was contacted to assist. We had worked with him before with H1N1 and asked him this time to look at the current science and what were the best recommendations based on that science around protecting health care workers. That report unequivocally found an N95 respirator was the best standard for those health care workers working with COVID-positive patients. Unfortunately, with PPE shortages across the country, our health care workers have had to put up with less protection, and that has put them at risk.

Our report was shared with a number of organizations in the country. And we tried to influence what the Public Health Agency of Canada was putting out as guidelines for PPE, but unfortunately that wasn't very successful.

The Canadian Federation of Nurses Union (CFNU) has been very aggressive around this issue. The union held a press conference and has launched an independent investigation into why a greater percentage of Canadian health care workers have come down with COVID-19, as opposed to those in other areas of the world. Canada's rate of infection for health care workers is 19%, and that is more than triple the global average, which is a statistic that has come through the International Council of Nurses. It is 4 times the infection rate in China. It is a huge concern. If we are to try to prepare for when the second wave hits us, presumably in the fall, we need to keep pressing this issue.

The CFNU has launched the investigation with Mario Possamai, who is a former senior advisor to the SARS Commission. With Mr. Possamai leading the investigation, it is hoped this will yield evidence-based recommendations about how we need to protect front-line health care workers going forward.

16 health care workers in Canada have died from COVID-19 at this time.

General Discussion - What were our successes?

CHPS constituent organizations engaged in a discussion of what successes we could ascribe to our responses to the pandemic.

Several organizations noted that some of the success related to exposing how unprepared governments were for the pandemic. Unions pushed for more PPE and for policies which protected workers and the public. Many provinces were able to get daily or regular briefings with government because of this advocacy.

Pressing HR and LR departments on OH&S issues was also seen as a success but that work is ongoing as many of the issues are fluid and still need to be resolved

Another success related to profile. HSABC said they tried to seize the opportunity in BC to really highlight the work of members (i.e., with lots of profiles in the media). Profiles of respiratory therapists, but also lab techs and imaging professionals were highlighted, showing the roles they play in supporting health care and patients.

HSABC did a video series and tried to work with news outlets as often as possible to highlight the roles of members and to have people understand all the various members' professions that are normally barely seen or understood.

Is it important to really push to seize this moment to demand government firmly commit to public health, especially as things begin to open up and governments look to deal with the built up surgical and diagnostic backlog.

There must be a commitment to look to public solutions and innovations within the public system rather than allowing for-profit clinics to expand.

General Discussion - What needs to be improved?

CHPS constituent organizations engaged in a discussion of what areas may need improvement in our responses to the pandemic.

MGEU suggested that there was a need to improve risk recognition, but there has been some success in dealing with the inequities in the system. This relates to professionals being able to carry out point of care risk assessments and decide on the level of PPE required. This has been an ongoing flashpoint, which was particularly acute at the beginning of the pandemic.

HSAA brought up a concern around palliative care. Palliative support staff in Alberta are being redeployed to LTC. This has meant that patients are not getting the support they need to die at home. This is being compounded by palliative care in hospital not allowing visitors, so patients are dying alone. The same thing is happening in LTC.

Palliative care resource workers were deemed nonessential and were not allowed in to LTC homes. This greatly reduced the care people were receiving at the end of their lives in these settings.

HSAS proposed that it is important to talk about maintaining the public system. There are concerns with how governments will deal with future budgets and ballooning deficits. This is also an issue which must be addressed nationally. The danger is that services will be diminished over time as a way to deal with budget shortfalls.

Your greatest concern for health sciences professionals, based on the experience we are going through?

CHPS constituent organizations engaged in a discussion regarding how this crisis is going to impact health sciences professionals.

HSABC suggested that in BC there is a big focus on the shortage of health sciences professionals.

Pre-COVID, HSABC did a survey of members which revealed the staggering fact that 42% of members have considered leaving the public service because of the unmanageable workload and the stress it places on them.

We must find ways to alleviate the stress placed on these front-line workers and provide incentives to keep them in the public system. If workers decide they have reached their breaking point, and then decide to go private, our public system will fall apart

Regarding retention and immediate shortage issues, OPSEU is trying to work through solutions with government, colleges and with potential med lab grads who have not yet completed their clinical. The provincial colleges have a big role to play in how to manage these issues.

The big challenge is that this is not just about immediate staffing or even looking forward to the second wave but it is longer term also as we work down the diagnostic and surgical backlog that we now face. This has exposed long-term structural problems in health care and we must be looking at what it takes to build a sustainable health care system.

We also need to work with government to be innovative on how to get more grads into the public system, opening up training spaces, other incentives at market adjustments, and what's it going to take address these.

A big focus is looking into the 2021 budget cycle and countering austerity, this will be a similar challenge across the country.

What does it take to build a robust health care system and what opportunities are there to improve the system?

The group was asked to reflect on how we can make a difference in keeping health science professionals on the front lines when we have shortages, and they have these kinds of workloads? How do we convince government to give incentives? Is there anything that is working out there?

There were no clear solutions to these structural problems, which have been ongoing. There have been some bright spots. HSABC said in BC there was an increase in training spaces, but there was also a need to build incentives into training programs for new grads to want to go into the public system.

Still in BC, some valuable steps have been taken, such as running MRI 24 hours a day. There are also innovations in how knee and hip surgeries are done.

It was clear that CHPS will need to have more discussions on how the pandemic has impacted health sciences professionals and the public health care system. The pandemic has increased the urgency to address some of the long-standing issues in our health care system.

CHPS MEMBERS



NUPGE Components

- B. C. Government and Service Employees' Union
- Canadian Union of Brewery and General Workers
- Health Sciences Association of Alberta
- Health Sciences Association of British Columbia
- Manitoba Government and General Employees' Union
- New Brunswick Union of Public and Private Employees
- Newfoundland & Labrador Association of Public and Private Employees
- Nova Scotia Government and General Employees Union
- Ontario Public Service Employees Union
- PEI Union of Public Sector Employees
- Saskatchewan Government and General Employees' Union

Independent Unions

- Association of Allied Health Professionals Newfoundland and Labrador
- Health Sciences Association of Saskatchewan
- Manitoba Association of Health Care Professionals

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