



national
union

report

**Occupational Health and
Safety Officers'
Videoconference**

September 24, 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.

The office of the National Union of Public and General Employees is situated on the traditional unceded territory of the Algonquin Anishinaabeg people and is now home to many diverse First Nations, Inuit, and Métis communities.

We recognize and acknowledge the crimes that have been committed and the harm done.

And, we dedicate ourselves, as a union, to moving forward in partnership with Indigenous Peoples in a spirit of reconciliation and striving for justice.

Larry Brown, President

Bert Blundon, Secretary-Treasurer

**Occupational Health and Safety Officers' Videoconference
September 24, 2020
1 pm EDT**

PARTICIPANTS

HSABC/NUPGE	Michael Wisla
HSAS/NUPGE	Angela Baraslou Karen Wasylenko
MGEU/NUPGE	Blaine Duncan
OPSEU/NUPGE	Terri Szymanski
NBU/NUPGE	Joyce Aucoin
NSGEU/NUPGE	Paul Cormier
NUPGE	Len Bush, Managing Director (Office of the President) Anil Naidoo, National Representative Diane Fowles, Administrative Representative

1. Introductions

Introductions. We will follow the same format as past meeting. This means there is a reporting component, but also the ability to ask questions of the group and provide updates on past discussion topics.

2. Check in across country and any questions for the group

HSABC

In BC the numbers dropped down to single digit infections at times but this past couple of weeks they have gone up to 160-170 new cases per day.

We are in better shape in terms of PPI, fewer complaints, especially in acute care. There are still some issues around the fair distribution of PPE, who should be wearing what protection etc. In some settings, workers must wear masks and respirators, but clients are not expected to be masked. We are gearing up and a lot of buzz around a 2nd wave.

Issue we would like discussed, especially with NB is what can we expect with a COVID election coming up?

HSAS

In SK the writ will probably be dropped in next few days. We agreed to a temporary LOU in the spring with all 5 health care unions agreeing in order to address COVID issues; labour pools, redeployment, program shutdowns and redeployments. This was a major undertaking but this week all unions were approached by the employer (Saskatchewan Health Authority) to extend the LOU to the end of December.

SHA has been instructed that they cannot negotiate a new LOU in the midst of an election. They argue that this is part of the Caretaker Convention as they are concerned that the government could rescind the state of emergency and they are unable to negotiate between when writ is dropped and election day. Therefore, they are asking us to agree to extend the temporary LOU.

The current LOU was written to address COVID. Now SHA wants to expand this agreement to apply to massive flu clinics which are short staffed. Because these LOU's are written for application during a state of emergency, once the emergency is over, the LOU expires within 28 days. The employer is just trying to extend this beyond the agreement and is unwilling to renegotiate. If the temporary LOU is not renewed, then the CBA applies.

Ongoing concerns about expired masks being put into circulation and lack of transparency on reusing masks and certifying masks. Exemptions are being sought on the use of N95 masks, reprocessing, reusing and being sterilized, but there are concerns and questions about the processes and things like the number of times a mask can be reused.

OPSEU

ON approach was to override collective agreements for the period of the emergency so employers could have more flexibility for staffing and redeployment - no LOU was negotiated. When the emergency ended some things were renewed to for flexibility and now in healthcare sector, we are seeing employers starting to table language to make these changes permanent in the CA.

Employers are liking be able to use the legislative override for staffing and redeployment and being able to change the terms of work. In Ontario, this has to be legislated and extended when the emergency has stopped and now employers are trying to negotiate it into agreements to exist outside of a public health emergency. One of biggest challenges is workers who are not at work because they have been forced to isolate or are sick, etc. Important for everyone to have sick days or time available to be off in all the different circumstances that come with COVID; asymptomatic positive, actually sick, forced to isolate by public health, capable or not of working. How re workers covered to be off work for all of these scenarios?

MGEU

In MB, our workforce has returned to the offices. We had a period of 11 days in mid-July with 0 positives and things were looking good, so plans were made for a return to work.

There are provisions in the office for social distancing, routes of traffic, exit/entry points, sanitary considerations, etc. and all staff returned in early August. It was fairly smooth with a few hiccups in last few weeks as numbers burgeoned in Winnipeg and there are outbreaks in western MB.

Workers have lots of questions around what are recommendations, what are orders, what restrictions are in place? We have created a multi-layered web page to provide some of that information to membership. We can direct members to this resource to get regular updates on the webpage.

MGEU convention has been pushed back to January and this board meeting there will be a discussion to see if January is going to go ahead. Especially challenging is how to accomplish the many meetings and processes which are required in the lead-up to any convention. We have attempted to do these virtually and are exploring online training using the platform of Adobe Connect.

Grievances have expanded in health care. For those who provide direct patient care there has been good definition and protocol but a lot of questions arose for workers in environmental services, administration. These workers are not necessarily in direct patient care but can't socially distance from co-workers. They move around facilities and the employer says workers must provide their own mask. This leads to concerns around things like what type of mask are they wearing and are they handling them appropriately, donning/doffing, storing properly, being cleaned, etc. We have filed grievances that if the employer is mandating mask use in facility, the employer needs to be in control of those things and provide proper equipment with proper instruction. We have been successful in pressing these issues.

We have seen an upsurge in cases. 25% of positive cases are not able to track transmission. Contact tracing cannot determine where transmission occurred so this is community transmission. We are finding positive cases that have 100s of contacts. It does not seem the general public is adhering to public health recommendations regarding minimizing exposures so we believe cases could explode.

Schools resumed on September 8. So far, a dozen schools have had positive cases and some schools have large clusters.

In personal care homes we have seen 6-7 outbreaks among both staff and residents. The outcome of these outbreaks is not good as most residents who contract COVID pass away.

There is growing knowledge and concerns about airborne transmission. Droplet vs aerosol is leading to more questions about ventilation rates in workplaces, use of air purifiers etc.

So far, most employers are astute to human rights accommodations, so we are seeing employers have been flexible accommodating workers. There are complications when a person's expectations are not in line with public health recommendations. In these cases, we try to mediate reasonable middle ground to allow worker to feel comfortable returning to work but have had some absolutely deny going back to work and they have negotiated some leave.

We also have some situations where employers have recalled workers without proper infection prevention and control plans in place. We have challenged them and there have been some delays of return to allow for proper plans, training and equipment to be put in place.

NSGEU

NSGEU echoes a lot of the concerns which have already been brought up. NS is doing quite well; the Atlantic bubble is paying back dividends in terms of lower numbers. Anyone who goes out of province must isolate for 14 days upon return. We are still seeing same behaviors that are driving some of the numbers higher.

A member of the Department of Health and Wellness's analytics team has expressed concern that government is not taking necessary steps to avoid growing infections. They are chastised for bringing their concerns forward. This is very upsetting because these are the experts who could be keeping us safe if political leaders would listen to their advice. It doesn't matter what sector: healthcare, government, jails, long term care home, etc. - there are a lot of 'check the box' exercises taking place.

NBU

NB had an election where the premier took advantage of his high popularity of handling of COVID and won a majority mandate. The election process was successful with the option of mail in votes as well as extensive use of advance polls. There was screening, face masks, hand sanitizing and social distancing related to voting. Larger venues were used.

During the election, the PC's did promise more resources for nurses but didn't talk about other healthcare professionals. We got the notice that the largest group prepared to go to the table next week - Clerical, writing, admin assistants, sheriffs - will be first of the public service to go ahead.

There were limited mobility agreements in place until July but this was not renewed. While it was limited, it did give the government the ability to reassign across parts of public service - essentially if your job wasn't deemed essential you could be released to go help in another area (nursing homes, border, etc.). You did maintain benefits, salary, pension etc.

Otherwise, nothing has been suspended in collective agreements.

Our nursing homes stayed safe with only one care facility having an outbreak. Government is in the process of providing support to have nursing homes put in place a COVID-19 unit within the facility. There are many questions about the safety of this plan.

The facilities are aging and even new facilities were not designed with this type of situation in mind. Government has sent a notice calling for volunteers or expressions of interest for people they will train for relief of personnel and these new workers will receive pay and benefits under the existing collective agreement.

All staff are back in the office with IPC measures in place since early June

Bargaining has resumed, but virtually which has its own challenges

Schools open in 2 weeks and there are few new cases so it seems the Atlantic bubble is working with all new cases being travel related.

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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