



report

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

April 2, 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 Occupational Health and Safety Officers Conference Call
April 2, 2020
1:00 p.m. EDT

PARTICIPANTS

BCGEU/NUPGE

Doug Kinna
Anne Dodington

HSABC/NUPGE

David Durning

HSAA/NUPGE

Ray Geldreich

SGEU/NUPGE

Cory Hendriks
Kelly Hardy
Tracey Sauer
Barry Nowoselsky
Nicole Alberts

MGEU/NUPGE

Blaine Duncan

OPSEU/NUPGE

Len Elliott
Frank Inglis

NAPE/NUPGE

Bernie Coffey Sobol

NUPGE

Larry Brown, President
Len Bush, Managing Director
Anil Naidoo, National Representative
Jeryn Daly, National Representative

Welcome and Introductions

Anil Naidoo welcomed participants to the call. He stressed that the meeting is important because OH&S officers are the ones supporting the front lines of workers needing protection and the fallout should the government not be ready for the pandemic.

2. Opening Statement – Larry Brown, NUPGE President

NUPGE is hosting calls with corrections workers, liquor board employees, and other sectors as all workers are impacted. The situation is unprecedented and we're all trying to adapt as news changes on an hourly basis.

What we're seeing is the fallout of 20 years of neoliberal cuts to health care and workers' rights. That said, some provincial governments have responded surprisingly well. The federal government has also announced 2 billion dollars to secure personal protective equipment (PPE).

Brown shared an anecdote that he helped write the first right to refuse dangerous work legislation in Canada. But at that point in time the idea of a pandemic wasn't on their radar. Our current OH&S officers are in a hard position because it's not physically possible to keep all our workers safe. We can't eliminate the risk, but we can try to eliminate unnecessary or unreasonable risks. He gave an example of a corrections facility in Ottawa where workers walked off the job because the employer wasn't screening incoming inmates for COVID-19.

OH&S officers have to differentiate between cases of worker endangerment and panic reactions. They also must be careful about how PPE is distributed.

Brown closed by thanking the participants on behalf of the National Executive Board for doing good work and taking the time to participate in the meeting.

3. PHAC Guidelines Issue

The Public Health Agency of Canada (PHAC) was created as a direct outcome to the failure of the SARS outbreak in Canada. It has produced guidelines for acute health care settings, but it's important to remember that NUPGE represents workers in all sectors, not just acute health care.

NUPGE is very disappointed in PHAC's guidance. They haven't been strong enough on recommending N95 masks as a standard. We suspect that they're letting the issues of lack of supply dictate their guidance. This downgrades the need for N95s and puts all our workers at risk because they can't demand access to that PPE when they are treating COVID patients, except when doing certain procedures.

Anywhere between 60-90% of cases in Canada are happening due to community transmission. There are still hotspots in Canada that are affected more than other regions, but the nature of COVID-19 means that all communities and regions will be

dealing with it eventually. Our members should be protected so they are dealing with the public safely and not spreading the infection.

PHAC's guidelines are also only advised by employers and infectious diseases doctors. They don't include any input from frontline workers. The public should be questioning the legitimacy of PHAC.

The new guidelines include reference to the N95s causing worker fatigue. It's irresponsible to be circulating information that downplays the need for N95s. Hospitals are implementing their own standards when they're overwhelmed.

The federal government has invested 2 billion in getting PPE to Canada. There are also stories of workers having to sanitize single-use PPE.

NUPGE will be asking PHAC and the government to track instances of infection of health care workers more closely. Also continue to press for PPE to protect workers.

4. Outstanding Questions

- Not sure about long-term effects of COVID-19 re: worker's compensation.
- Need to push for presumptive coverage so that workers are not left without adequate protection should they contract COVID-19.

5. Cross Country Reports

BCGEU

- Divided membership by sector so they can take a focused approach on issues.
- Have the same person dealing with the same issue.
- Public Health Officer is concerned with people wearing masks due to the shortage of N95s. Has stated surgical masks aren't safe. Has also talked about the safe removal of N95s and gloves to prevent transmission.
- 1,066 confirmed tested cases. Assumed there are many more where people are showing symptoms but not being tested and just told to stay home.
- Construction companies have stockpiles of N95s, but construction is considered an essential service which means they aren't willing to surrender their masks.
- Hospitals ok for N95s but its health workers in the community (e.g. shelters) that need protection. They have no masks period and are working with vulnerable populations that aren't good at practicing social distancing. Concern from members about getting proper control plans in place and WCB involved.
- OH&S department has doubled in size to deal with COVID-19 and have someone directly involved in communications.

- Have a lot of documents they can link members to.
- Have a lot of members working in group homes with adults who have mental disabilities, meaning the members do a lot of very close personal care. Some workers are uncomfortable doing activities like tooth brushing. Because they're not classified as essential services, workers are still working at multiple sites.
- Have a system set up to escalate issues from local to regional to provincial level.
- Wrote a collaborative document that compiles best practices and issues they've faced. Also have a microsite <https://www.bcgeu.ca/covid>.
- BCGEU hasn't been tracking member cases of COVID-19. They receive numbers by region and of outbreaks in specific workplaces, but they don't get access to individual cases (likely due to privacy issues and a risk of stigmatization). Members would have to self-report to a steward to gather individual data.

HSABC

- Doubled health and safety capacity (from 1 person to 2).
- Holding meetings 3 times a week with the employers, bargaining associations, and the ministry of health to troubleshoot and escalate issues as quickly as possible.
- Most issues are happening due to gaps that exist in the current system.
- Being caught off-guard by changes to protocol released by the provincial health officer. Having to react to documents with huge gaps in them without any forewarning.
- Risk categories (1-4) are supposed to determine what level of PPE you receive. Long-term care has been miscategorized, as have several other health care workers who have direct contact with patients. Under current guidelines they don't have access to the highest level of PPE.
- PPE is now mostly locked up by employers and workers who previously had free access to PPE now have to go through rigorous screening and have difficulty accessing the correct level of PPE.
- Reports from health care workers who use ventilators of procedures being changed in unsafe ways.
- Flagged for employer that there needs to be a process for bargaining association and worker input in the decisions being made. Must have an OH&S lens applied to the decisions coming out of the ministry of health.
- Discussion started around worker's compensation for workers who have contracted COVID-19 at work. Looking to fast track those claims. Need to push the presumption

element. (i.e. If you're a health care worker, you're more likely to contract COVID-19 at work than in the community.)

- Have heard from stewards in long-term care sites that joint health and safety committee (JHSC) have been disbanded. WCB has been made aware of that and are doing site inspections and are prepared to challenge those decisions.

HSA

- Had initial refusal of work due to inadequate PPE. Resulted in a joint statement from the health agencies and health care unions. The document looks at potential for risk for exposure in procedure, worker than decides what PPE they require. If employer can't meet the PPE request, the worker will be reassigned.
- Requesting a variance from Alberta Labour re: fit test requirement be waived until December 2020. If someone has been fitted to a respirator, they don't need to be fitted until after the pandemic. Goes against provincial legislation and care standard. Concerned about the precedence this type of variance would create.
- A lot of school health programs are being shut down and staff are being reassigned to other areas. Workers are worried about retraining and not being prepared for new jobs.
- WCB says 70% of COVID-19 cases in Alberta are health care workers, but government is still saying majority of cases are travel or community related. Starting next week, government will start stating whether health care cases are contracted at work. So far, only willing to concede contraction happened at work if there's a PPE shortage or if they were directly exposed to a patient that tests positive. Working with Federation of Labour to push for presumptive coverage. Might need federal lobbying done to ensure its consistent across the country.
- During a typical outbreak of measles or GI in the hospital, presumptive coverage at work applies.

SGEU

- In public sector, corrections and social services have been hit the hardest. Asked the government 10 years ago to put a plan in place for another pandemic. No action was taken, government is now flying by the seat of their pants, and there is no input from public servants.
- 5 positive cases of staff in Saskatoon correctional facility.
- Not enough PPE. Distributed only on a need-by-need basis.
- Social service workers had direct, face-to-face exposure to clients up until a couple days ago.

- Some workers are panicking (leading to potential mental health situations) and tattling on others for not washing hands or following other procedures.
- Having sufficient PPE is a concern in corrections (facilities reporting they believe they have enough PPE but can't confirm) but good line of communication open between stewards and employer at the young offender's facility.
- As soon as a test for a worker comes back positive, rumors and finger-pointing spreads like wildfire, which leads to safety concerns.
- SHA has formed their own PPE task force. SGEU is fighting to get into the task force to make sure workers have a voice there.
- New hires being told to keep their masks and reuse for next class.
- Working with other unions to issue a joint letter on PPE.
- Requested that SGEU is given reports if members test positive for COVID-19.
- Government directives on self-isolating for health care workers returning from out of country and out of province have caused confusion and harassment.

MGEU

- Community transmission was acknowledged yesterday (April 1, 2020).
- Schools are closed for the remainder of the year. Non-essential workplaces closed for two weeks.
- 4-5 cases are community transmission with no history of travel or exposure to a confirmed case.
- 3 health care workers have tested positive. 1 liquor store worker tested positive (store is now closed).
- Centralized shared service in respect to health care that's working on standardizing PPE recommendations.
- Single facility in Winnipeg the receiving center for new inmates coming into the system. Will be held for 14 days before being transferred to elsewhere in the province.
- Visitations have stopped in most health care and long-term care facilities.
- Issues with redeployment of staff. Workers are being asked to do things they aren't familiar with.
- Previously, the guidelines for health care workers were no mask if patients didn't show symptoms. Have recently changed to requiring a procedural mask and eye

protection whenever interacting with patients. Higher level of PPE given for aerosol generating procedures.

- WCB has put forward that there should be presumptive coverage for COVID-19. MGEU has made similar ask to government.

OPSEU

- Not true that 10% of health care workers are infected. Estimate that 10% of confirmed cases in hospital are health care workers (around 200 cases).
- Mask debate a rehash of what went down with SARS. Seem to not be making any progress from 10 years ago.
- Biggest issue is PPE. Government is recommending saving N95s for aerosol generating procedures.
- Nurses' union has reached a position where their members can use critical judgement and gain access to PPE but members of other workers can't. OPSEU pushing back on that, seem to be making progress.
- Seeing good measures being put in place for active screening. Moving towards temperature screening in corrections for staff and inmates upon entry (OPSEU pushed for this).
- Ministry of Labour are fielding right to refuse complaints from Toronto and are giving a standard answer back (with lawyers) saying their claim is invalid. This will lead to an increase WCB claims after the pandemic.
- MTO officers will be given special powers which might lead to a further shutdown of the province (i.e. preventing travelers on highways).

NAPE

- 4 day supply of PPE in the province with no answers of what to do after that.
- 183 cases in the province, 264 health care workers in self-isolation from Eastern Health alone.
- 143 people infected from a single funeral home.
- Liquor stores are closed. You can order over the phone or online and reserve a pick-up time. Buyers are let into the store one at a time.
- Core government workers are working from home.

Call Agreements and Requests:

NUPGE requested that components send relevant documents referenced on this call to Deb Sonogo dsonego@nupge.ca

These could include documents related to workers' compensation requests and responses, best practices guidelines, presumptive coverage for health care workers, etc.

NUPGE also requested that those who were on this call but had not previously let NUPGE know they were joining, please email Deb Sonogo dsonego@nupge.ca to provide your contact information.

If Components have further information on members who have contracted COVID-19 while working, that would be helpful to share so that we can press for protection for vulnerable workers.

It was agreed that the next call would be held in 2 weeks.



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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