CUPE·SCFP | Canadian Union of Public Employees
Syndicat canadien de la fonction publique

ALBERTA REGIONAL OFFICE
300, 10235 – 124 Street NW, Edmonton, AB T5N 1P9
Tel.: (780) 484-7644 Fax: (780) 489-2202 / cupe.ca / scfp.ca

April 3, 2020 Sent by e-mail

The Honourable Tyler Shandro
Minister of Health
Government of Alberta
423 Legislature Building
10800 - 97 Avenue
Edmonton, AB T5K 2B6

Single-site policy for Alberta's Long-Term Care Centres

Dear Minister Shandro,

Through this letter, I hope to convey to you the sense of urgency that grips our members at senior facilities across the province. As you know, COVID-19 is highly contagious and particularly deadly in older populations or those with pre-existing conditions. This is why CUPE members are distressed to see the extent to which the virus has entered senior facilities and the paucity of the provincial government's response to stop the spread.

The Globe and Mail reported that, on April 1st, at least 600 nursing retirement homes in Canada had COVID-19 outbreaks, and that residents from such facilities accounted for 75 out of the 111 total deaths from COVID-19 at the time. In Alberta, at least five senior facilities have had outbreaks. The devastation that the virus can cause in such environments is exemplified by the current situation at McKenzie Towne Care Centre, where our members continue to–literally–fight for their lives and the lives of the residents. More than a third of the seniors and more than one fifth of CUPE members at the facility have tested positive for the virus. Eight out of the eighteen deaths reported in the province as of April 3rd occurred among McKenzie Towne residents.

This happened despite the availability of early data indicating that seniors are more likely than other groups to die from COVID-19. Although CUPE welcomes some of the changes your government has announced in recent days regarding visiting rules and other reporting requirements, we believe these measures alone are woefully inadequate to deal with the current situation or to prevent further spread. In British Columbia, similar outbreaks in senior homes have caused most of the COVID deaths in the province (24 out of the 35 deaths reported as of April 3rd). In response, the provincial government is implementing several changes to stop the movement of health care workers across facilities.

CUPE supports the implementation of single-site rules as part of a stronger provincial response. However, it is imperative to understand that this change would require a significant re-structuration of staffing practices in the sector and a rapid reorganization of the workforce as has been demonstrated in BC. These goals need to be accomplished without punishing health-care workers in the frontlines.

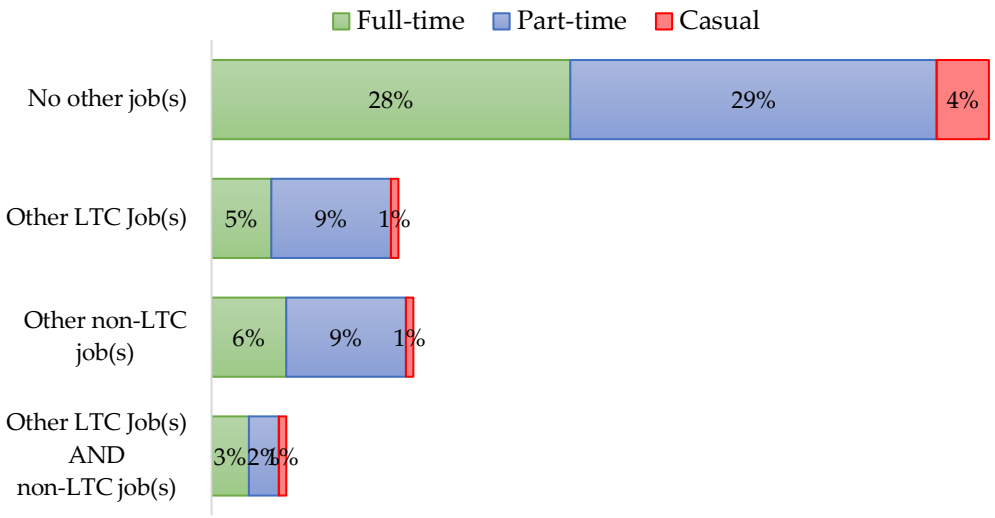
Workforce Organization

Long-term care is a sector with low wages and limited access to full time hours. The Alberta government estimates that workers in the sector (e.g. health care aids and housekeeping personnel), on average, make wages of $22 per hour and work about 30 hours per week. Low wages or insufficient work hours at a single workplace force many workers to find second and third jobs. Based on data from internal member surveys, we believe that up to 40% of our members in long-term care have multiple jobs.

The Parkland Institute is currently conducting a study of long-term care facilities in the province. Some preliminary survey data from that study was facilitated to CUPE to help inform our approach to dealing with the current emergency.[1] This data is roughly in line with our internal estimations. According to the Parkland Institute's data, 37% of auxiliary nursing and support staff in long-term care facilities hold other jobs. This is the case not only for part-time and casual workers, but also for full-time workers, 14% of which have jobs in other long-term care facilities and/or in other places unrelated to senior care. The financial stability of these workers depends on their ability to work more than a normal full-time shift.

[1] The sample is small (N=166), as the survey is still on the field. The analysis here excludes incomplete responses.

Employment status at primary worksite and other jobs



This organization of the sector's workforce is the result of years of defunding, privatization, and neglect of senior services infrastructure. In the current state of emergency, this situation significantly increases the risk of transmission of the virus to vulnerable groups as workers move from one site to the next. Your government should address the situation immediately, consult and engage all parties involved, and carefully consider the potential impact of single-site rules on the income and rights of workers who depend on more than one job. Simply prohibiting them from working at more than one facility when they are most needed would not only undermine their wellbeing, but also the quality of senior care.

Pushed by the obvious need for it, some individual employers have started to move in the direction of single-site rules. But in the absence of guidance from the province, they are doing it in a way that creates job insecurity for health care workers and serious obstacles to maintaining proper staffing levels. The situation has already forced unions to file grievances and take action. The result of forcing people who hold multiple jobs to work at a single site without central coordination will be chaotic, as workers lose their income and employers lose workers. Facilities that wound up with insufficient numbers of workers will be unable to properly implement the cleaning and isolation protocols being develop by AHS.

Relevant Issues for the implementation of single-site rules

Given the fact that health care workers flow across sites and employers, the provincial response cannot be left in the hands of individual employers (as has been the case in

Ontario). Your government should create the conditions for a quick and coordinated response that ensures that workers are not penalized. The implementation of restrictions on staff flow across health care facilities should follow, in our view, the following guiding principles:

- Choice: To the extent possible, workers should be able to decide in which of their current worksite to stay. In BC, this was done by allowing workers to rank their preferences of worksite.
- Job protection: when a worker is required to choose a single worksite or employer, the job at the secondary worksite should be protected. Once the emergency is over, workers should be able to return to their normal multiple shifts if they so wish, rather than finding themselves half unemployed.
- Financial stability: Work income should be maintained by ensuring that workers do not lose total hours when they commit to a single worksite (or that they are compensated for such losses). Here it is important to also consider that employers pay at different rates, which may result in lower income for workers who end up working more for the employer who pays less.
- Protection of entitlements: Workers at different facilities have different contracts, which translates into different conditions for benefits, pensions, and seniority. There should be a clear way to navigate these issues while workers who currently have two or more jobs with different employers are required to choose one.

Proposed measures to supplement provincial restrictions on staff flow

Current analysis of the possible progress of the pandemic indicates it may take 18 to 24 months to re-establish some degree of normalcy. In this context, I encourage you to think about solutions that provide stability to the system for at least a year. British Columbia has adopted a six-month horizon for its current measures, but we believe that policies should be in place for as long as the fight against COVID is expected to last.

Policies that have a good chance to succeed in creating positive incentives for workers and high-quality care for seniors include:

- Provide a wage supplement for health care workers in facilities that adopt a single-site staffing policy. This is similar to what is being done in BC by

standardizing wages in the sector. This will mitigate potential problems with staffing and contribute to the financial stability of workers during the emergency.

- Developing a framework for deploying workers that includes the negotiation of benefits and pensions. Employers require clear guidelines about who is responsible for financing these entitlements.
- Prohibit employers from firing workers who choose another employer as a result of provincial restrictions on staff flows across facilities. Important steps were taken on this regard on April 2nd, but a more general rule is required
- Direct employers to let workers deployed with other employers to continue to accumulate seniority.
- Offer protection against loss of hours that result from provincial restrictions on movement across facilities.

Managing outbreaks at senior facilities

Our members at McKenzie Towne Continuing Care know why and how the virus spread to the extent that it has, but they feel helpless to stop it due to short staffing, improper cleaning protocols, and insufficient protective equipment for all staff.

Employees have been banned from working at other facilities and the province has ruled that they cannot be fired from other jobs. These are necessary precautions, but there are many issues that require additional attention and prompt action from your government.

There is a need for the government to plan around staffing facilities that experience an outbreak. Current staff levels at the MTCC are dangerously low. Senior facilities are generally understaffed across the province and, therefore, have little room for personnel shortages. The absence of a fifth of the employees is life-threatening for the residents. Normal guidelines concerning nutrition, hygiene, and recreation cannot be implemented if there is no staff to do it, let alone COVID-specific protocols for isolation and deep-cleaning. In BC, the government is in the process of establishing a centralized system for deploying workers precisely to deal this type of situation. Alberta does not yet have a proper response.

MTCC has tried to solve this issue by relying on employment agencies, but agency hires are not always properly trained or experienced This has raised concerns among residents and their families. Housekeeper shortages are particularly serious, as not

disinfecting rooms, halls, and common areas can contribute to the rapid spread of the virus.

The result of understaffing is that our members have had to take over work usually done by two or three workers. They have spread themselves thin and worked over long shifts, often without following proper resting protocols. This situation, you can imagine, is not sustainable. Our members are also concerned about the availability of masks and other protective equipment for staff who do not provide direct care to residents with positive tests, but who work in the areas where those residents are.

AHS should develop a clear plan to ensure that enough well-trained personnel are available in facilities that experience an outbreak. It should also ensure the availability of protective equipment and rest for workers who are already emotional overburdened by the impact of the disease.

Sincerely,

RORY GILL
President, CUPE Alberta Division

AP/meaa/COPE 491

cc: Dr. Deena Hinshaw