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**Health Care Workers Massively Reject  
Government Offer**



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**Developments on the Health Front in Quebec**  
**Health Care Workers Massively  
Reject Government Offer**

On September 17, the Interprofessional Health Care Federation of Quebec (FIQ) which represents

nearly 76,000 health care workers, announced that delegates from the FIQ and the FIQP/Private Sector, meeting virtually as a special national council, unanimously rejected the Quebec government's contract offer regarding working conditions. According to the FIQ press release, the comprehensive proposal presented last week does not respond to the much-discussed issues raised by the nurses, nursing assistants, respiratory therapists and clinical perfusionists that the federation represents.



**Demonstration outside Quebec National Assembly September 15, 2020**

"The anger aroused by the employer's offers was unequivocal. 'Disrespectful', 'insulting' and 'despicable' were among the adjectives used by the Federation delegates. While professionals were already expressing their distress before the pandemic, the absence of real measures regarding their working conditions in the current state is nothing more and nothing less than a total lack of respect from the government for this workforce composed mainly of women," said Nancy Bédard, President of the FIQ.

The Federation states that the time has more than come to move from public relations statements in the media by the Minister of Health and Social Services, who says he is aware of what he calls the "fragility" of the health network, to concrete proposals at the negotiating table.

The FIQ deplores the fact that there is nothing in the government's offer to alleviate the work overload.

"There are a set of crucial issues that revolve around this, such as safety ratios, complete and stable work teams, and overtime, whether voluntary or not. If this issue is not addressed head-on, the major shift needed in the health network will not be possible," writes Jérôme Rousseau, Vice-President and co-leader of the negotiations.

A thorny issue is the need for an increase in the number of full-time professionals.

According to the FIQ, the government wants more health care professionals to work full-time, but it is offering no incentives or guarantees for these positions. The government does not want to address the problem of so many health care professionals choosing to work part-time. Health care professionals are doing this because the government refuses to offer them full-time positions on a fully-staffed team, with an adequate ratio of staff to patients, where they know their schedule in advance, can count on being able to use their vacation and other leave entitlements, and are not held hostage by mandatory overtime.

"A full-time position in a cage with double locked locks is not something you want. How can we

attract a new generation of professionals and have more professionals who want to work full-time?" writes Roberto Bomba, Treasurer and co-leader of negotiations.

In addition to their sectoral negotiations on working conditions, care professionals are also involved in negotiations on compensation issues including wages and the pension plan, in concert with the Alliance of the Professional and Technical Health and Social Services Staff (APTS). FIQ and APTS held a demonstration on September 15 in front of the Quebec National Assembly, holding huge signs reading "We Are Defending the Network against All Odds" and "We're Done Working Ourselves Sick!" They firmly rejected the government's wage offer of a five per cent increase over three years, which is basically the same offer it made to them in May of this year.

"If anyone in this government still had doubts about the health care professionals and health and social services professionals and technicians truly holding up the network, the last few months should have convinced them. The pandemic added unbearable pressure on personnel who were already pushed to the breaking point and without resources. It has been almost a year since the start of negotiations with the government. Clearly, they have still not grasped the urgency of the situation. Their salary offer has been the same for months: a pitiful five per cent increase over three years. For us, it is simply unacceptable," said the APTS and FIQ Presidents Andrée Poirier and Nancy Bédard in a joint statement on September 15.



The two presidents stressed that the price currently paid by their members is very high. For months now, family/work/personal life balance has not existed for the personnel in the health and social service network. "131,000 people, a vast majority of them women, work in appalling conditions. Their physical and mental health are severely affected. Throughout this pandemic, and despite the workload and long hours at work, the lack of protective equipment, the mandatory overtime and very unpredictable situations, our members once again answered the call. They deserve the pendulum to swing fairly the other way."

The current wage demand of the two unions is 12.4 per cent over three years, which includes a 7.4 per cent wage catch-up. "If our demand was fully deserved before the pandemic started, it is even more justified now," both presidents said.

The APTS-FIQ Alliance points out that there is a direct correlation between improving working conditions and attracting and retaining staff and improving both safety and access to care and services for the population.

"The government has to understand that everyone wins: the employees will have fairer recognition of their work, the network will become more attractive to a workforce that it sorely needs, and the population will be able to count on more accessible care and services" concluded Poirier and Bédard.

*(Quotations translated from original French by Workers' Forum, except those of APTS-FIQ Alliance. Photos: FIQ)*





# Health Professionals' Union Affirms "We Are the Solution"

- Pierre Soublière -



As is the case elsewhere in Quebec, Outaouais Health professionals are resorting to sit-ins -- which, in most cases, include refusals to work -- because of the lack of personnel required to care for patients in conditions which are safe for the workers providing care to patients as well as for the patients themselves.

The most recent incident to take place because of a staff shortage was at the Gatineau Hospital where the intensive care unit was closed from September 12 to 16. During this closure, two patients had to be transported to Montreal, one to Papineauville and another to Maniwaki. The closest hospital in Quebec with the necessary facilities was at least a one-hour drive from Gatineau. Similarly at the beginning of March, the obstetrics unit at the Shawville hospital was closed and expectant mothers had to go to Gatineau, an hour-and-a-half drive away.

This disorganization of the health system is not only an inconvenience but represents a real threat to the safety of both workers and patients. It is an unthinkable situation in a modern society, hence the importance of getting to the heart of the problem and establishing once and for all what is holding society back and stopping health workers from playing their role in terms of meeting the health needs of the population.

When the intensive care unit was shut down at the Gatineau Hospital, the head of the Integrated Centre for Health and Social Services for the Outaouais (CISSSO) and the minister responsible for the Outaouais simply repeated that the unit had shut down because of parental leave and disability leave. What he did not explain is why there were no staff available to replace those on leave, as is normal. On the morning of the reopening of the intensive care unit, the Quebec Minister of Health tweeted: "Good news ... In spite of the difficult situations in certain regions, we continue to find solutions on the ground." To call this playing coy would be putting it mildly. Recall that when nurses raised the problem of a lack of personnel, long before the onset of the pandemic, the government attacked them precisely for revealing what was really going on "on the ground" and even claimed that speaking publicly about their working conditions was part of the problem because it discouraged fresh blood from coming into the system!

With the pandemic, and in large part due to ministerial orders, employers have had a field day in

limiting summer holidays and leaves, imposing staff transfers, changing work schedules at the last minute, imposing different shifts, as well as other arbitrary measures. Added to that is the fact that mandatory overtime has become even more rampant in conditions made all the more unbearable by COVID-19, with nurses often being required to put in 16-hour days three days in a row. In this way, the lack of personnel because of already unbearable conditions is made even worse, resulting in the resignation of close to 800 nurses.

The necessity to oppose attempts by the Quebec government to put down the health professionals' union and sow doubt as to what the problems and solutions are has arisen in all earnest. Recently, the Fédération de l'Âge d'Or du Québec (FADOQ), the largest organization of seniors in Quebec, has demanded that the Legault government stop resorting to compulsory overtime and that the health professional/patient ratio be improved. It refers to a recent Statistics Canada study which confirms that the average overtime hours worked by the nursing staff has increased dramatically in Quebec, going from a weekly average of 6.2 hours in May 2019 to 16.9 hours in May 2020. FADOQ states that "the Quebec government must get its head out of the sand. Working until you collapse is a problem directly related to ratios." It insists that organizational measures must be imposed by law so that the outcome will be a more human relationship between health professionals and patients, making it possible for more quality time to be spent with each patient.

Such stands are required throughout Quebec to make it clear that Quebec workers and the population at large sides with health professionals and all frontline and essential workers, and that further attacks on their working conditions and on their credibility will no longer be tolerated.

*(Photo: FIQ)*



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## The Need for Immediate Improvements in Working Conditions

*- Interview, Denis Cloutier -*



**Health care workers demonstration outside Quebec National Assembly September 15, 2020.**

*Denis Cloutier is the President of the Union of Health Care Professionals of the Est-de-l'Île-de-*

*Montréal (FIQ SPS ESTIM).*

**Workers' Forum:** What are the main concerns of the union at this time regarding the conditions in the sector?

**Denis Cloutier:** In the east end of Montreal, our first concern at the moment is certainly the shortage of personnel, which is extremely severe in our area. The pandemic has amplified the problem that was caused by years of liberal austerity from which nurses, licensed practical nurses and respiratory therapists have greatly suffered. Conditions were already very difficult and the pandemic added to the hardship. What happens in the nursing world when there is a shortage is that the greater the staff shortage, the more hardships there are for those who remain. The main hardship is the use of mandatory overtime (MOT). In the east end of Montreal in particular, several factors, including the already existing conditions and of course COVID-19, have led to many resignations. The pressure has increased on those who remain, which has led to even more MOT, more mobility between health establishments -- it's a vicious circle.

We must also understand the legacy left by the Liberal government's Minister of Health Gaétan Barrette in the way he restructured the health care system in Quebec. The regions have been greatly affected by the single-employer model. That is, the problems created by the merging of institutions into Integrated Health and Social Services Centres (CISSS) and Integrated University Health and Social Services Centres (CIUSSS) which became the employer for all health care establishments in the region. Montreal is different. Minister Barrette created several exceptions for Montreal. He created non-merged establishments that have not been incorporated into a CISSS or a CIUSSS. The fact that these institutions are not merged makes them more attractive places to work because they offer greater stability for those seeking employment. Some of these institutions, such as the University of Montreal Health Centre (CHUM), are beautiful, brand new hospitals that attract staff. There is no mandatory overtime at the CHUM. There is no residential and long-term care centre (CHSLD) attached to the CHUM, unlike the CIUSSS and CISSS. People there work in a state-of-the-art health care facility

In the east end of Montreal, our largest hospital is Maisonneuve-Rosemont. It's a hospital that has had bad publicity the last few years because of a shortage of personnel. It's an old hospital, in bad shape physically, so less attractive. In our area there is no university. There is new real estate development in the east end of Montreal and there are only two hospitals, Maisonneuve-Rosemont and Santa Cabrini, while there are several in the centre of the city.

All these changes contribute to the staff shortage which is really worrisome. But the main reason remains the overload of work that results in mandatory overtime. This is a phenomenon we see every day, which creates enormous tension and suffering for the workers.

Another of the main factors that led to the staff shortage is the use of ministerial orders. Since the ministerial order of March 21, our collective agreement is no longer respected. The order is still in force in our CISSS and was used throughout the summer, during which we had a brief respite from the pandemic. You can imagine how much it is used when we experience a wave of infections, to change our shifts, to send our nurses to CHSLDs to work night shifts, evening shifts, irregular weekend shifts, without consulting them at all. This is a serious breach of freedom for us.

We are also seeing a migration of our members to private employment agencies. One wonders if this is not deliberately encouraged by the government. It should be noted that with the ministerial order, the government has broken our collective agreement, our employment contract, but it has not broken the employment contract of the private employment agencies. If the government was looking to promote private agencies, it could not have done a better job.



**WF:** Recently, nurses have held several protest actions in workplaces.

**DC:** Actually, in recent years there have been several sit-ins by nurses protesting their poor working conditions, and these actions continue. Most recently, there have also been actions in emergency rooms, and even in the intensive care units, cancer clinics, etc. This typically happens when a team of workers report for duty and see that on the next shift five or six people are going to be missing and therefore five or six of them will have to stay in MOT, so they take action so that the employer will find staff for the next shift. It can also happen that the action is organized by a team in solidarity with the shift before them because too many of those workers have had to stay on MOT. These are spontaneous demonstrations of opposition to working conditions that have become intolerable. It's a sign that something is about to break in the network, and if we get hit by a second wave it's certain that there will be service breakdowns.

**WF:** What demands are you putting forward to change the situation?

**DC:** Of course there are negotiations with the government at the moment and our situation could improve if the government agrees to our demands.

One solution that we believe will make an improvement is the proper recognition of full-time work. There are a lot of people taking refuge in part-time work in order to avoid the untenable conditions, such as mandatory overtime, that are currently imposed on full-time staff. The federation's demand is to make full-time work attractive and start rebuilding acceptable working conditions by introducing a 12 per cent bonus convertible into a day off every two weeks. This would involve paying a 12 per cent bonus to all employees with a full-time position or a full-time assignment. This premium could gradually be converted into a day off in order to reach a two-week period of nine days worked instead of 10, where full-time employees could benefit from a minimum of two consecutive days off per week, as is the case for many people in society. Currently full-time people work 10 days in two weeks, work every other weekend, don't get two days off in a row in one of the weeks, work overtime either voluntarily or under great pressure or by outright force, are often not entitled to statutory leave. It becomes unbearable. We see our proposal as a way to begin to establish regular schedules to improve working conditions and attract full-time care professionals. Full time workers must also be guaranteed their statutory vacations. To significantly reduce mandatory overtime remains one of our main demands. All care professionals who work part-time should have the opportunity to become full-time employees in a stable full-time position.

For us, valuing full-time positions is a way of valuing the nurse who is willing to commit to full-time status. We believe that it is the beginning of a solution to end precarious working conditions in the health care system.



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**World Health Organization and UNICEF**

## **Up-to-Date Guidelines on School-Related Public Health Measures**

On September 14, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) issued a 10-page document entitled "Considerations for school-related public health measures in the context of COVID-19" that provides guidance on public health measures related to elementary and high schools in the context of the COVID-19 pandemic, at a time when schools in the northern hemisphere are reopening in one form or another. It replaces a previous document issued on May 10.

It gives the following general principles for reopening schools to prevent and minimize COVID-19 transmission:

- Ensuring continuity of safe, adequate and appropriate educational and social learning and development of children.
- Minimizing the risk of SARS-CoV-2 transmission within school and school-associated settings among children, teachers and other school staff.
- Guarding against the potential for schools to act as amplifiers for transmission of SARS-CoV-2 within communities.
- Ensuring school-related public health and social measures are integrated into and support the wider measures implemented at the community level.

Among other information it provides the following measures on prevention and control of COVID-19 transmission.

### **Physical Distancing at School**

The guidelines given for physical distancing in outdoor school areas are to "Maintain a distance of at least one metre for both students (all age-groups) and staff, where feasible."

Within school buildings, physical distancing guidelines are based on the epidemiological situation in the community:

- where community-transmission is occurring, a distance of at least one metre should be maintained between all individuals (students of all age groups and staff) for any schools remaining open.
- where transmission is occurring based on clusters, the new guidelines state that "A risk-based approach should be applied to maintain distance of at least one metre between students. The benefits of adhering to physical distancing of at least one metre inside a classroom should be weighed against the social, emotional, developmental and mental health gains from interactions between children." Teachers and support staff "should keep at least one metre from each other and from students. When maintaining at least one metre distance is not practical or hampers support to students, teachers and support staff should wear a mask."



- where there are sporadic cases, it is advised that children under the age of 12 years should not be required to keep physical distance at all times. Where feasible, children aged 12 years and over should keep at least one metre apart from each other. Teachers and support staff should keep at least one metre apart from each other and from students. When keeping at least one metre distance is not practical or hampers support to students, teachers and support staff should wear a mask.



**Montreal Demonstration for Safe School Reopening, August 23, 2020. (A-H Nadeau)**

- in areas where there are no cases of transmission, the guidelines are the same as when there are sporadic cases.

While not explicitly stated, the last guideline indicates the need to err on the side of caution and not to become complacent even if no cases have been detected, as new cases could easily arise in the context of a global pandemic where some people are asymptomatic carriers of COVID-19 and could cause infections to spread quickly in a school environment.

## **Physical Distancing Between Groups Within Schools**

The WHO/UNICEF document also provides guidance on how to limit the spread of COVID-19 between groups of students within a school. It suggests that schools can consider:

- Limiting the mixing of classes and of age groups for school and after-school activities.
- Alternative class modalities to limit contacts between different classes when space and resources are limited. For example, the start and end times of different classes can be staggered.
- Modifying high school timetables, so that some students and teachers attend school in the morning, others in the afternoon, others in the evening. The same can be done for meal and break times.
- Increasing the number of teachers or having recourse to volunteer support, if possible, to allow for fewer students per classroom (if space is available).
- An organized approach to school or day-care drop off and pick up periods to ensure crowd control, including clearly identified entry and exits, with directions marked for foot traffic, as well as considering restrictions for parents and caregivers entering school campus and premises.
- Educating students to not gather in large groups or in close proximity when in lines, when leaving the school and in their free time.

## **Ventilation**

The WHO/UNICEF guidelines state school authorities should:

- Consider using natural ventilation (i.e., opening windows if possible and if it is safe to do so) to increase dilution of indoor air by outdoor air when environmental conditions and building requirements allow.
- Ensure adequate ventilation and increase total airflow supply to occupied spaces, if possible.

- If heating, ventilation and air conditioning (HVAC) systems are used, they should be regularly inspected, maintained and cleaned. Rigorous standards for installation and maintenance of ventilation systems are essential to ensure that they are effective and safe. The same applies to monitoring the condition of filters. If feasible, increase central air filtration to the highest level possible without significantly diminishing design airflow.
- For mechanical systems, increase the total airflow supply and the percentage of outdoor air, such as by using economizer modes of HVAC operations (potentially as high as 100 per cent). First verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations.
- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Consider running the HVAC system at maximum outside airflow for two hours before and after times when the building is occupied, in accordance with the manufacturer's recommendations.

## **Hygiene and Cleaning**

Concerning hygiene and cleaning, the guidelines start by pointing out the need to ensure all staff and students are educated about preventative measures, COVID-19 symptoms and what to do when feeling sick, use of masks, and the need to provide regular updates on the situation and counter misleading information.

In terms of practical measures, the guidelines recommend that schools:

- Create a schedule for frequent hand hygiene, especially for young children, specifically at school arrival and at certain key moments of the school routine.
- Provide sufficient soap and clean water or alcohol-based rub at school entrances and throughout the school and in classrooms where feasible.
- Ensure physical distancing when students wait at hand hygiene/washing points using signage on the ground.
- Increase the frequency of regular scheduled cleaning of the school environment, and provide custodial staff with checklists to ensure all daily hygiene tasks, and with all necessary cleaning and personal protective equipment.
- Assess what can be done to limit risk of exposure, or direct physical contact in all school settings, including physical education classes, sports, music or other physical activities and playgrounds, pools, change rooms, science and computer labs, libraries, washrooms and dining areas.
- Provide hand hygiene stations at entrances and exits, establish one-way circulation of athletes through sports facilities and limit the number of persons allowed in lockers rooms at one time; display clear information as to the number of people allowed at the entrance of individual school facilities.
- Put in place respiratory and hand hygiene and physical distancing measures in transportation such as school buses.

## Screening and Management of Sick Students or Staff

When staff and students (and their parents) are screening themselves as to whether they are sick and should not attend school, the guidelines emphasize erring on the side of caution. Schools are recommended to "Enforce the policy of 'staying at home if unwell' for students, teachers or school staff with potential COVID-19 infection and connect them with local health care providers for assessment, testing and care." To that end, it is recommended that schools provide a screening checklist for parents/students/staff to decide whether they can go to school, with due consideration for the local epidemiology of COVID-19. The checklist should include: underlying medical conditions and vulnerabilities, to protect the student/staff; recent illness or symptoms suggestive of COVID-19, to prevent spread to others; special circumstances in the home environment, to tailor support as needed.

The guidelines also state that the requirement for a doctor's note to excuse absences should be waived when there is community transmission of COVID-19.

Those who have been in contact with a COVID-19 case should go into quarantine for 14 days.

In the event of a positive COVID-19 case among students or staff, school officials should notify public health authorities. In such cases there should be prompt isolation of cases and contact tracing and quarantine of contacts should be implemented while maintaining confidentiality, as well as decontamination of relevant areas of schools. Depending on the national policy, isolation of a classroom or a group within a classroom, if contact has been limited to specific groups, can be considered, rather than closing the entire school.

## Other Information

The September 14 WHO/UNICEF document also provides information and guidelines on the following areas:

- Communication with parents, students, teachers and school staff
- Additional school-related measures on re-opening a school that was closed
- Monitoring of school operations
- Check list for assessment of school readiness
- Research on COVID-19 in children and in schools

The document concludes by saying, "Considering that most countries are only slowly lifting restrictions on activities and social gatherings, the longer-term effects of keeping schools open on community transmission are yet to be evaluated. This underscores the importance of rigorous implementation of preventive measures when SARS-CoV-2 is circulating in the community."

To see the full 10-page document, [click here](#).



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