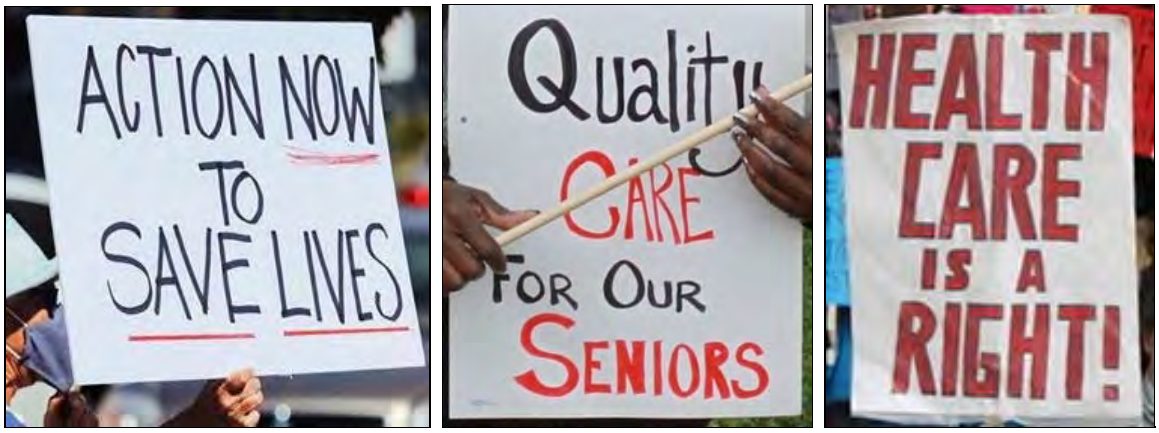
WORKERS' FORUM
ONLINE SUPPLEMENT OF THE MARXIST-LENINIST

April 26, 2021 - No. 33

April 28 - National Day of Mourning

Health and Seniors Care Workers Speak About Their Concerns



- **Vicki McKenna, President, Ontario Nurses Association**
- **Natasha Lisun, President, Local 8, Canadian Union of Public Employees, Calgary**
- **Rhonda Bruce, Rehabilitation Assistant and Regional Vice President, BC Interior, Hospital Employees Union**

Health and Seniors Care Workers Speak About Their Concerns

Vicki McKenna, President, Ontario Nurses Association

The COVID-19 pandemic has stretched registered nurse and health care professionals beyond what was thought possible. Ontario Nurses' Association (ONA) members are suffering record levels of burn out, fatigue and are increasingly experiencing moral and emotional distress from the demands on them and what they have witnessed their patients, residents and clients experience.

ONA has from the beginning taken every action possible to advocate for members' health and safety. ONA raised the issue with the Province of the spread in long-term care homes before a pandemic was declared. Having learned the lessons of SARS -- that is, ensuring the precautionary principle is used to keep patients and the staff who care for them safe -- ONA has been unrelenting in its fight for protections. At times, when negotiations with government were not successful, ONA has turned to the courts -- successfully -- to force for-profit long-term care homes to equip their staff with

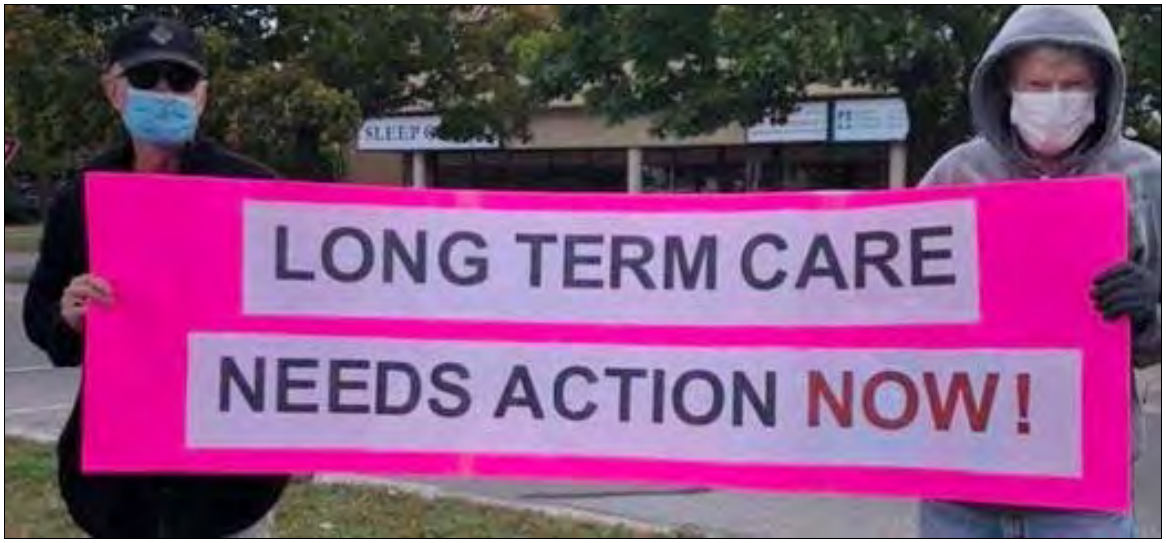
personal protective equipment.

As mental health in Ontarians and among health care workers declines, nurses can turn to the Nurses' Health Program developed in conjunction with other nursing organizations. ONA notes that the Canadian Federation of Nurses Unions has resources available as well.

Sadly, the calls of ONA and its members for measures to address the nursing shortage and improve long-term care have been ignored, and the result has been made clear during the pandemic. If there is anything good to come from COVID-19, nurses hope that it will be improvements in Registered Nurse staffing levels, long-term care and a bolstering of our public health system. The pandemic has shown more clearly than ever that nurses remain the backbone of our health care system.

(Photo: ONA)

Natasha Lisun, President, Local 8, Canadian Union of Public Employees, Calgary



Local 8 represents more than 2,000 members at 17 different seniors' care sites in Calgary and surrounding areas, each with its own bargaining unit. The sites include all forms of seniors' congregate living in Alberta, from long-term care homes and designated assisted-living to lodges and retirement homes.

"The biggest issues within our bargaining units are staffing levels and paid sick time. A lot of our bargaining units are still short-staffed. The workers are overworked, they often don't take their breaks, they do not get adequate vacation time, and time to relax and not concentrate on work. This is especially true during outbreaks. New hires are not staying around long because of the work load, and the additional work on top of regular duties, for example continuous mandated cleaning that

falls not only on housekeeping but also health care aides.

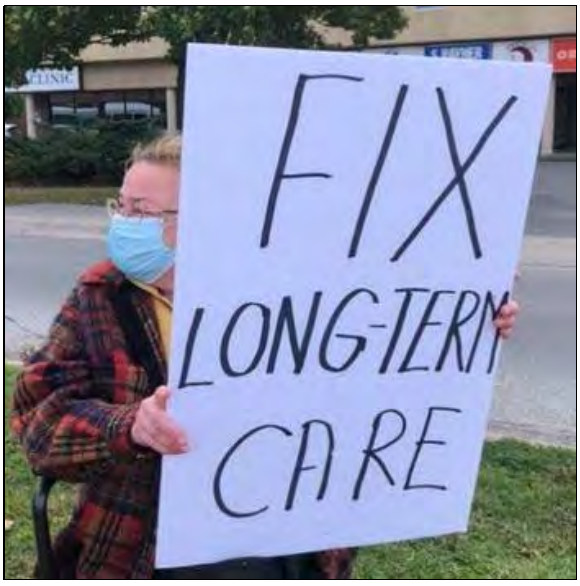
Sick time is another major problem. Many workers do have sick time in our collective agreements, but many have exhausted their sick time because of outbreaks and having to isolate. In some cases they are paid when they are isolating, but in other cases they are not. Rapid testing has been introduced in a lot of long-term care and retirement homes. When a worker tests positive in a rapid test and then it turns out to be a false positive, they may not be paid for the days at home waiting for the second test. Some employers have agreed to pay for this time on a case by case basis, but others have not.

Many employers have attendance management programs where workers can be given written warnings for taking above average time off, so our members are feeling they have to go to work, to show that they tried. So they face loss of income and possible reprimand for calling in sick while public health guidelines say stay home if you feel ill.

We are in negotiations with many of our bargaining units right now, and we are pushing for paid sick leave and have achieved some increases in sick leave.

Another thing that has had a big impact is the single site staffing orders which have negatively affected as many as 20 per cent of our members, resulting in lost income. At the beginning of the pandemic, they received top-up hours but these were never guaranteed and provided only if additional hours are available. It has been more than a year now and the concerns about the single staff order remain and haven't been resolved.

The single site has so many flaws, and the attempts to correct it went nowhere despite all our efforts. The policy was also flawed in containing the spread of COVID-19 from one site to another because it does not cover all workplaces. It only applies to sites with long-term care or designated supportive living beds. So you can't work in two long-term care homes, but anyone working in a hospital, retirement residence or lodge setting can also work in long-term care or designated supportive living.



Workers who had to choose an employer were given priority for additional hours, but they were not guaranteed. Some of our members worked two full-time jobs and went down to one, or lost all their hours in excess of one full-time equivalency (FTE). We need adequate pay now and in the future so workers do not have to work multiple jobs just to make ends meet.

As far as PPE is concerned, since last summer most of our demands have been met; we were very active in advocating on that. There could be a better supply of N95 masks, but everyone who is in direct care with COVID-19-positive patients is getting N95 masks.

Although vaccine has been offered to most of our members by now, government has not stepped in to provide information about vaccines to those who have concerns, for example whether vaccine is safe for women who are pregnant or trying to get pregnant. Workers are left to search for information themselves. The government needs to step up and clearly communicate to health care workers and address their concerns.

What do we need going forward? Some of the wages are really low in the private system, and for the

public system the government is demanding wage cuts. If workers had higher FTEs, more full-time work, paid sick leave for all, and better wages it would be a huge improvement for our members and the residents they care for.

(Photos: Unifor)

Rhonda Bruce, Rehabilitation Assistant and Regional Vice President, BC Interior, Hospital Employees Union

When the pandemic hit, all long-term care (LTC) sites had to have a COVID-19 safety plan. I am an Occupational Health and Safety Officer and I reviewed the plan with our manager. We thought our COVID-19 safety measures were adequate and we had no outbreaks all last year, till Christmas.

The first outbreak in our community was at the residence attached to the hospital. They had no clear safety plan. When COVID-19 hit the system was already running on overtime. There was not enough staff. Every site was supposed to have a plan for bringing in extra staff as part of their COVID-19 safety plan but it wasn't until about five days into the outbreak that the Health Authority made a request for more Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). No extra care aides, dietary or housekeeping staff were provided. The problem is that RNs and LPNs only do hands-on care for complicated cases. For most residents the hands-on care -- feeding, dressing, bathing, toileting, mobilizing -- is done by Care Aides. Out of 59 residents, 53 tested positive and 22 died. At one point there was one Care Aide on an overnight shift caring for 59 residents, many of whom were sick. That worker is off work now from the stress and is not the only one.

One activity worker, someone who organizes outings, games, social activities for residents, was re-assigned to do end-of-life calls with family members, taking an i-pad to the bedside and connecting the resident with the family in the last hours of their life. She crashed. She said "my job as a recreation aide is to do the fun stuff, activities and games. I'm not trained for this." During the first outbreak the Care Aides, on top of their regular duties, were assigned the work of preparing the bodies of residents who died, work normally done by the mortuary. That was really hard on them.

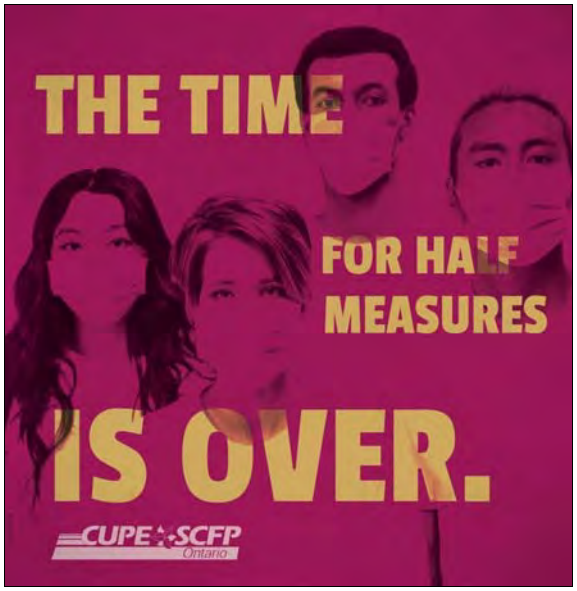
An outbreak was declared at my site on January 5. I was not worried because we had our safety plan, but I have to say that nothing prepared us for what we would have to do. On my wing there were 11 patients and 10 tested positive for COVID-19. We were instructed on proper donning and doffing of PPE -- gowns, gloves, masks, goggles -- which has to be done in a certain order and methodically. The problem was that we were already short-staffed. Residents had to be isolated and eat in their rooms, some needing extra care because they had symptoms. Now every single time we entered a resident's room the PPE routine added about 10 minutes. One Care Aide was looking after 11 residents, 10 of whom had tested positive. Just imagine, for meals, it takes 20 minutes just to don and doff PPE to deliver and pick up the tray, times 11 residents in isolation, over three hours per meal. It was impossible.

A big problem is that workers were not involved by Infectious Control in working out how to keep themselves and the residents safe. Infectious Control came in and issued orders but the "how to" was

never discussed and we did not have enough staff. The first two weeks were exhausting and we could not provide the care that people needed. Once we finally had enough staff we could work calmly. There were no contaminations after the increase in staff, people could take their time, talk to the residents, spend some time with them.

In a COVID-19 outbreak you live with heightened anxiety all the time. There is constant stress and concern for your residents who are isolated in their rooms, away from family and all social contact except with staff. There is constant fear of catching it, spreading it to residents, to your own family.

There was one infectious control nurse for the south part of the Health Authority at the time of the first outbreak. Now, after a second outbreak, there are six. That took a year.



Another thing that we needed was debriefs. We didn't have any until we pushed for them. We needed them to deal with the stress and how that affects us, especially workers with conditions like asthma, high blood pressure, auto-immune conditions, complex family situations. We did our best to help each other out, for instance we made sure that one worker whose mother had cancer was assigned to work that kept them away from direct contact with residents, things like that. I got a debrief for my unit and it helped a lot. Debriefs are important for workers dealing with trauma and are needed immediately and not months later which is what has happened, if they happen at all.

We are post-outbreak and on constant high alert. We have to make sure we don't get complacent and are concerned about the variants. Since about halfway through the outbreak we have had enough staff and that has been maintained and has to be maintained after this is all over.

(Photos: HEU, CUPE)

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