Dear ONA Local 80 Colleagues,

This is a special update from your ONA Local 80 Bargaining Unit Executive in response to COVID-19.

Today at the Annual ONA Membership Meeting Sunnybrook CEO Dr. Smith, IPAC Director Dr. Leis and Director of Labour & Employee Relations Erin Miller took questions from ONA representatives who attended the meeting.

As information continues to be updated on hourly basis we are bringing some of the questions raised by ONA members that Hospital Leadership came to address today.

Please keep checking the website from time to time as well as visiting Sunnynet for most updated information. Hospital is making essential steps to keep everyone safe. Things are rapidly changing and there are unknown factors that may shift approach very quickly. Based on IPAC understanding the COVID-19 is now circulating in community and Hospital is prepared.

Traveling concern – Health Authorities have to be contacted in order to get directions on necessary steps.

Symptoms among health care providers will be taken very seriously. Sunnybrook takes proactive approach.

Ontario has declared a State of Emergency on March 17, 2020. More recourses will be needed for testing, capacity to care for patients. Hospitals are moving as a group and information coming from command table is shared between institutions and provincial health officials. In process of getting more Ventilators and ICU beds created Province wide. Screening is a big part of the management of the situation. Protect patients and each other.

Q: is there a dedicated COVID-19 Hospital in GTA?

A: no, there is no dedicated facility as of now. All Hospitals will be part of the care. Will have designated areas. Proper PPE and follow screening guidelines.

Q: what are recommendations regarding visitors and family members during pandemic?

A: instructed teams to limit visitors to 1 person per patient. Reducing traffic in wards and units is important. Different hospitals may take different measures. Approach may shift rapidly. Veterans Centre has special strategy to reduce risk of contracting COVID-19.

Q: traveling or returning from countries that are not on a list that travel ban is in effect. What are steps to follow upon return?

A: Social Distancing is important. Travelers are less of concern as infection is now in communities. No restrictions for staff coming home from abroad and have no symptoms. We need staff to be available but we also take measures to prevent spread of infection. If staff have symptoms do not come to work. Needs to be a balanced approach in order to keep work environment safe.

Q: what is current approach about elective cases performed at Sunnybrook?

A: we are a large provincial Trauma Centre as well as a leading Hospital in many clinical areas. We make difference for patients that need us at most. Will use our common sense and evaluate need for cancellations on a case-by-case basis. Approach may shift based on information that is changing hourly.

Q: how people are being isolated now? May people who recently have traveled oppose risk to us while come to hospital?

A: no 100% certainty. We follow scientific approach. Many around us could be infected with or without symptoms and Social Distancing approach is in place. 2-meter distance. Chairs in hospital in common waiting areas are marked as unavailable to space people out. As of now we are testing for COVID-19 regardless to patient’s personal travel history if patient has symptoms.

Q: in terms of COVID-19 laboratory testing, how is it processed now?

A: we prioritize tests and also clear health care providers to go back to work. 24 hours for the test to be completed.

Q: what is proper PPE for COVID-19 patients and what is relation to airborne vs droplet precautions?

A: we are getting information now and also have taken data from SARS. Currently we follow approach that we had prepared. Social behaviour is propagating spread of infection. N-95 are to be used when caring for yet existing and known diseases, other than COVID-19. N-95 need to be preserved. Aerosolized particles can spread within certain procedures (CPR, intubation etc.,) and wearing proper PPE and N-95 shell be as appropriate to circumstances. Limiting number of individuals accessing room during this kind of interventions. Only necessary staff who are very experienced go in. Safety Officers will be observing procedures to provide advice when needed and ensure PPE is donned and doffed properly.

Q: ONA made statement that we need to wear N-95. What is your position?

A: official answer to exercise droplet precautions when care for intubated COVID-19 patient with closed circuit. Professionals will not be policed. Apply Organizational Routine Practices and if healthcare provider is concerned use your own understanding.

Q: how do we care for COVID-19 patients on the wards?

A: current consensus with every Healthcare Agency in Canada – wearing surgical masks during procedures provided to COVID-19 patients. What is underestimated is the need for eye protection. Using shields and visors along with other PPE. Research on Influenza did not demonstrate increased protection if N-95 masks worn.

Q: we see evolving changes to our work. Will there be support for us?

A: there is a big toll on the entire society and economy. Governments have announced measures to address financial and safety concerns. Changes to EI and financial help are offered.

Q: are we reassuring public that we are safe for them?

A: Ontario Health Authorities are making decisions and Sunnybrook is making right priorities for public safety.

Q: 14-days self-quarantine advisory and pay concern?

A: any COVID-19 related absence will be exempted from Attendance Support Program. Has to be well documented. If 15 hours are deducted from 6th and all subsequent illness occurrences in fiscal year member applies for EI. Time spent in quarantine will be coded as sick time in payroll. Full timers will be paid of their sick benefits. Part timers and casuals will apply for EI, Government has announced 2-weeks wait time be waved to expedite the process. If COVID-19 was contracted at work member will apply for WSIB.

Q: is there a COVID-19 assessment clinic at Sunnybrook?

A: U Wing has opened a COVID-19 clinic and patients are being assessed there.

Q: how long it takes to get results from COVID-19 tests?

A: we have increased our testing capacity to 3 runs in a day. Used to have it done once daily. Resources are dedicated to this testing and it is available 24/7. Takes 24 hours to get results.

Q: are screeners to wear PPE?

A: there is a global supply concern. Countries had shut down production lines and sharing between countries is limited. We are not going to get a new type of PPE. Resources will be preserved for areas that need it the most. In our Hospital you will see screeners at main entrances points wearing PPE, masks and visors. Some screeners also wear gowns as per their preferences.

Q: are we going to wear PPE while in community?

A: we discourage usage of PPE for personal use. Our inventory is limited and has to be preserved for staff to be available when it is needed.

Q: will we get a hazard pay?

A: Governments are constantly making changes to their policies and moving very quickly in addressing issues. We do not know as of today.

Q: schedules and accommodations for child care concern?

A: all daycare facilities, public and private schools are closed in Ontario till April 6. Kids need to be looked after. Members are encouraged to explore alternatives. Perhaps spouse is staying home as many small businesses shut down operations. If no alternative arrangement members need to speak to manager. Hopeful that managers can accommodate request for time off.

Q: what can happen if member works at two or more Hospitals? Can other hospital request member not to work at other places?

A: we realize there might be challenges. We need to know if other hospitals impede members to work at other institutions.

Q: reassignments based on operational needs? Will we see floating?

A: there is an ongoing discussion about needs and where members will go if needed elsewhere. Further information to follow.

Q: vacation requests that are no longer needed. Can we cancel?

A: please speak to your PCM. PCMs that approached HR with the same concern were advised to let members back to work if staff needed on a floor. In general, we will need more staff to work. NRTs will be needed too.

Q: how soon should I approach PCM if I need vacation cancellation?

A: as soon as you come to conclusion that vacation is no longer needed.

Q: if a service is shut down in my unit will the staff be sent home? Temporary layoffs?

A: situation like this would be definitely discussed with the involved staff/teams and ONA in order to take the right steps. If temporary layoff is required Collective Agreement language will be followed. Please always confirm information with the managers. Do not rely on rumors as these might be misleading or incorrect.

Q: requests for sick notes for non-COVID-19 related illnesses? Are there changes in approach?

A: we will take very reasonable approach in this respect. We understand that community-based healthcare services can be overwhelmed and requests for sick notes will put unnecessary stress on the system. For time being we will wave requirement for providing sick notes on 4th day of illness by default. PCMs may still request a sick note from GP. If GP is not able to issue one connect with a RTW coordinator at Occupational Health Department. Sick time abuse will be addressed on a case by case basis.

Q: in case of concern whom shall we contact with our questions?

A: please contact your PCM and HR Business Partner to address immediate concerns. ONA is your primary contact to ensure you get your concerns dealt with.

ONA Local 80 encourages its members to practice safely as healthcare providers’ safety is essential for keeping force readily available to care for all our patients. Precautionary approach is paramount for teams’ safety. We constantly consult with ONA Central and Hospital Leadership to update and have directions.