CHECKLIST REDEPLOYMENT OF HOSPITAL STAFF INTO LONG-TERM CARE



CUPE

Under the emergency order, certain long-term care facilities are now required to take direction from assigned public hospitals supervisory and management staff with respect to risk assessments and Infection Prevention and Control (IPAC) plans.

The government has directed that an infection prevention and control study and a risk assessment should be done prior to transferring staff. The relevant Directives and memos are attached as an addendum for your easy reference.

Staff redeploying have all of all the rights which you normally would have with respect to health and safety and your collective agreement. The worker Representative for the Hospital Joint Occupational Health and Safety Committee can do a site inspection(s) prior to redeployment, and the Health and Safety Committee should be provided with copies of all IPAC reports, risk assessments and pandemic planning documents arising from the redeployment to the long-term care facility.

	Has an IPAC study been done? Please ask the management for a copy immediately and an opportunity to discuss that report with your local union.
	Can we also see the plan to correct the deficiencies and vulnerabilities identified in the IPAC report? We would like to see that immediately and to have an opportunity to discuss that report with you prior to any staff transferring. We believe that the provision of the IPAC study and a process to correct any deficiencies in infection controls identified in that report/process must be done before any staff can be transferred from hospital into long-term care.
	Has a risk assessment been done? Please give us a copy now and review that report with us.
	Can we also see the plan to correct the deficiencies and vulnerabilities identified in the risk assessment?
	We would like to see that report immediately and to have an opportunity to discuss that report and to discuss our recommendations with you prior to any staff transferring. We believe that the position that the risk assessment and a correction of any deficiencies in infection controls identified in that report/process must be done before any staff can transfer from the hospital into long-term care.
	The hospital health and safety committee must do an inspection of the long-term care facility <i>prior to any staff transferring and the union must be part of that inspection</i> . Can we schedule that inspection now? This should be done and deficiencies corrected before anyone transfers.
	What is the inventory of hospital PPE as of this morning? Directive 5 (attached) is clear that the local unions must be consulted on the distribution of personal protective equipment in the event of a shortage. Can you commit to sharing the PPE inventory with us on a daily basis? We want to talk about how that equipment will be used, as we have a right to under Directive 5, because the facility does have a shortage.
	What is the inventory of personal protective equipment at the long-term care facility? Unless explicitly stated otherwise this information can be shared with the JHSC at the long-term care facility. If you are told this information is confidential please contact us.
	How many residents at the long-term care facility have COVID-19?
	How many staff at the long-term care facility have COVID-19?
	Have all the residents and staff of the long-term care facility been tested for

COVID-19? If not what timeline has Public Health provided for testing to be complete. Our position is that all residents and staff of the long-term care facility should be

tested, and anyone testing positive isolated before any staff transfer.

Issues related to the conditions for employees who transfer

Confirm with the hospital their understanding that the hospital agreement covers the workers who are seconded.
Confirm with the hospital that if the pay for the same work or classification is higher at the long term care facility residence, our member be paid at the higher rate.
Confirm that CUPE hospital members will maintain their seniority and service, pension and benefits continuation.
Confirm with the hospital that if the worker is part-time and they become ill with COVID-19, they will be paid sick leave for that illness.
Confirm with the hospital that all workers (full- and part-time) who need isolation or quarantine will be paid for those periods by the hospital.
Confirm that the hospital will not challenge a WSIB claim arising from exposure to COVID-19 or COVID-19 illness.

Please provide all redeployed staff with a copy of the WSIB Workers Exposure Incident Form

Please send OCHU and your CUPE National staff representative the information as soon as you complete the checklist.

Resources

Minister's Directive: COVID-19: Supporting Long-Term Care Homes - https://bit.ly/2VOLQWR

Directive #5 - https://bit.ly/2y5S6jC

