

Covid 19 Update

March 18, 2020

These are very challenging times and directives and memos are changing from day to day. I apologize for not being able to respond to each and every FB post and email enquiry in the moment. The Local office move is also occurring this week. We couldn't have picked worse time. Who knew!

I ask everyone to please be patient and resist the urge to share information which may not be factual. To do so causes significant harm to our members, and we need to maintain our composure for our patients and our own sanity.

The employer has held 3 telephone information meetings with the Unions since last week, after they have their pandemic planning meetings. That's when we hear about their plans. I wouldn't call it collaborative, but it is informative.

I expect that everyone has now heard about a member who recently tested positive for Covid 19. This member recently returned from a trip to Vegas, celebrating a very significant life event with friends. Upon return home the member reported for work as directed. At the time they were not experiencing any of the classic symptoms of cough, fever or shortness of breath. When the member did develop a fever, she reported it to her supervisor. They were instructed to remain at work, and the fever resolved. Several days later, they developed shortness of breath and presented to ED. They were told they did not have Covid 19 and did not need to be tested. The member insisted and was tested. It is very unfortunate that our member has been the subject of such vicious attacks and slander and I hope we will all support her.

As you may have experienced this morning, screening of staff has begun and it did not go smoothly. I have spoken to the Director of HR and additional screeners are being added during shift change. It is ONA's position that the attestation form being presented for staff to sign is invalid and cannot be relied upon by the employer to shift any liability from the hospital to the member. Members are, in good conscious, reporting to work as required and should not be required to sign this form. You will not be sent home if you do not sign the form. The Director of HR is aware that our members should not sign this form and they have been asked to discontinue this practice.

ONA has been advocating with the Government for N95 masks since the MOH changed its direction to allow N95's only for aerosol generating procedures. Local 100 has also been advocating on your behalf with LHSC leadership, most recently last evening, to try to convince the senior leadership to err on the side of caution and allow RN's to utilize N95's when caring for any suspected or confirmed Covid 19 case. Despite the mounting evidence and the WHO confirmation that the virus is airborne, Tom McHugh, VP of Clinical Services would not commit to providing Nurses with the appropriate PPE, but did promise to take our message back to the other senior leaders. ONA has now filed a grievance against the employer, for their failure to protect nurses. We will also be contacting the Ministry of Labour, asking them to investigate

our concerns. But individuals Nurses can also play a role. Under the Occupational Health and Safety Act, Nurses have a limited right to refuse unsafe work. Nurses should be asking for an N95 mask when you must care for any suspected or confirmed Covid 19 patient. If your request is denied, and you feel your safety is at risk please contact us asap about how you may exercise this right. We will support you through this process.

The information below released by the employer yesterday afternoon. I expect these will be updated again today.

Health Care Worker Travel

1. Anyone working at LHSC who has travelled outside of Canada in the last 14 days and is symptomatic should stay home and follow your regular sick call-in process.
2. Anyone working at LHSC who has travelled outside of Canada in the last 14 days and is asymptomatic is asked to contact their direct leader upon returning to the country. Your leader will determine if you perform an essential function at this time.
3. If you are deemed essential at this time and are asymptomatic you will be required to report to work and wear a mask, as an extra layer of safety, while closely self-monitoring for symptoms.
4. Those who are deemed non-essential by their leader at this time will be asked to stay home. If you are asymptomatic you must be prepared to come to work if required (this may include redeployment to another task). Those who can perform their functions from home, and are already equipped to do so, will be instructed by their leader.
5. Those at home will be paid.
6. Anyone, regardless of travel, who is symptomatic should stay home and follow their sick call-in process.

Rumors

Nurses over 60 do not need to come to work.

False – no such directive according to HR

Nurses with chronic medical do not need to come to work

False – no such directive. If a member with chronic medical needs an accommodation please contact the Local office for assistance.