What the Coronavirus (COVID-19) means for hospital workers

ABOUT CANADA’S HOSPITAL SECTOR

The hospital sector is an integral element of the Canada’s and the provincial/territorial health care systems. In addition to providing important care for those in need of immediate health care, the hospital sector employs more than 655,000 workers in Canada and is a relatively stable sector due to the country’s health care needs. The demand for services will continue to rise, however, concerns around adequate public funding for hospitals and privatization of services remain prominent. Hospitals makes up approximately 28% of all health care spending in Canada – of which the financing stems mainly from government funding.

The health care sector is one of the largest single membership categories in Unifor with more than 30,000 members. Unifor represents workers in a range of roles in hospitals, long-term care facilities, emergency medical services, community services, social services, and home care.

WHAT THE UNION EXPECTS FROM HOSPITAL EMPLOYERS

- Properly following government directives
- Strict screening
- Appropriate protective measures
- No doctor’s notes to claim sick leave
- Full income assistance
- Adequate staffing

HOW HOSPITAL WORKERS ARE VULNERABLE TO COVID-19

Hospital workers are on the front line of the COVID-19 pandemic. Unsurprisingly, hospital workers are particularly vulnerable due to increased likelihood of exposure to anyone with COVID-19 (or other illnesses that could be passed on by patients).

Compared to most other sectors, hospitals are better equipped to deal with the challenges presented by COVID-19. Due to regular protocols and lessons learned from previous outbreaks, hospitals have the ability to respond relatively quickly with regard to implementing protective practices for workers.

However, hospitals remain vulnerable workplaces given the inherently higher risk of exposure to COVID-19 and other communicable diseases that would impact one’s personal health. The higher exposure, compromised health conditions of patients and the institutional environment could all factor into the increase in the likelihood of the spread of infection.
As of March 17, there have been no on-site hospital outbreaks, likely due to the preparedness measures taken by emergency rooms, critical care and public health units across the country. In the meantime, jurisdictions have moved to create special testing centres for COVID-19, which divert patients away from emergency departments and relieve volume pressure from hospitals.

In terms of economic vulnerabilities, the hospital sector is not facing the same challenges as many other sectors (e.g. those linked to transportation, energy, hospitality, and many others). Hospitals will likely continue to operate at full capacity and the need for additional health care workers has already been identified by governments.

HOW LOCAL UNIONS IN THE HOSPITAL SECTOR CAN SUPPORT MEMBERS

First, local unions must ensure hospitals are adhering to the government directives related to screening and care protocols.

Screening: Local unions must ensure there are proper screening processes in place for anyone entering a hospital. This also includes ensuring that any worker who recently returned from international travel self-isolate for 14 days and isn’t scheduled to work. While this has generally been the directive across Canada, jurisdictions like Ontario have made exceptions to this rule for health care and other essential service workers as long as they are asymptomatic.

Protection: Local unions must ensure members have access to proper protective equipment through their employer, especially for those in closest contact with patients. This includes proper fitting, and training on a regular basis so that staff have the best available knowledge for personal safety in what is a rapidly-changing and fluid situation.

Sick notes: Local unions must ensure employers and governments do not require health care workers who fall ill or experience flu-like symptoms to provide doctor’s notes in order to claim sick leave benefits.

Income security: Local unions can urge federal government officials to expand eligibility for Employment Insurance benefits (including sick benefits) as many part-time hospital workers may fail to secure enough work hours to qualify. Local unions can also urge provincial government officials to institute a minimum of 14 days of paid sick leave whether a worker has been formally quarantined by a health official or has been required to self-isolate. Health care workers should receive full income assistance, including financial support from employers, during this time of crisis.

Staffing: Local unions must urge employers and governments to ensure that adequate staff ratios are maintained in order to provide care safely and follow all precautions necessary to protect themselves and patients. If needed, hospitals should be increasing hours for all part-time and casual employees who are able to work full-time hours. In Ontario, the government issued a temporary order for hospitals that allow them to carry out particular staffing measures – please refer to the memo for more on this issue.

Unifor has launched a hub for member information about the pandemic at unifor.org/COVID19 and encourages members to check the site regularly for updates.