



BULLETIN

UPDATED January 6: COVID-19 and health care and community social service workers: Frequently asked questions

March 11, 2020

URGENT QUESTION ABOUT COVID-19 RESPONSE AT YOUR WORKSITE?

E-MAIL covid19hotline@hsabc.org or call 1-604-549-5168.

E-MAIL AND THE PHONE LINE ARE BEING MONITORED BY LABOUR RELATIONS EXPERTS 8:30 am to 5:00 pm MONDAY TO FRIDAY.

B.C.'s health care system is on heightened alert to contain and slow the spread of the novel coronavirus COVID-19. The BC Centre for Disease Control reports the situation regarding COVID-19 continues to evolve here in B.C., Canada and other jurisdictions in the world. The Ministry of Health, Office of the Provincial Health Officer and the BC Centre for Disease Control are working to respond to this new illness and the pandemic.

HSA continues to participate in regular briefings with the Ministry of Health and employers. [Up-to-date information from the BC Centre for Disease Control on pandemic planning can be found here.](#)

MESSAGE FROM HSA PRESIDENT KANE TSE

 It's hard to describe the real impact of the last two years, especially for our members who have been on the front lines of fighting a global pandemic.

Each new wave and each new variant brings new challenges. And at every twist and turn, our members - specialized health care and social services professionals like you - have been there supporting and protecting British Columbians.

HSA is working 24/7 to support you. Whether it's making sure you have access to adequate PPE in a time of global demand, supporting your right to refuse unsafe work, or making sure your collective agreement rights are protected even when the whole system is in turmoil.

We are working through all the bargaining associations and directly with government to make sure the work you do on the front lines is respected, and you are afforded the recognition of the vital role you play in this time of crisis.

It is going to take the whole health care and social services team to get through this pandemic, and beyond. There is still a long road ahead of us. Thank you for your unrelenting commitment to your patients, clients, and communities.

Stay safe and stay well. Your union is here to support you.

Kane Tse
President, HSA

FREQUENTLY ASKED QUESTIONS AND ANSWERS

COVID 19 VACCINATION

Now that vaccines are coming on stream, when can I expect to get the vaccine?

HSA is making every effort to ensure members are given due priority for COVID-19 vaccination. The union is represented on a provincial occupational health and safety committee which meets regularly with Ministry of Health, Health Employers Association of BC, OHS directors from all health authorities, health care unions, Doctors of BC and Resident Doctors of BC. This topic is on the agenda of that meeting regularly and we are advocating for roll-out of vaccine as urgently as possible to our members who are on the front lines of healthcare.

The decisions for policy on what groups of public and professionals are “targeted” for vaccine and what point in the continuum are being made by many leaders in policy including Provincial Health Officer Dr. Bonnie Henry and those working in her offices, the BC Centre for Disease Control, Ministry of Health, and BC Provincial Public health and Provincial Infection Control Policy makers. Leaders from these areas attend the regular meetings and we are making sure to keep our members as workers on the front lines of the pandemic front and center in the decisions being made about vaccine rollout.

At present, as the vaccines are very new, and only recently approved and production is not yet at maximum capacity, all countries are working hard to procure and distribute the vaccine to their populations. Special requirements for transport and storing of the currently approved vaccines add further complexities to being able to get the vaccines to the communities and populations where they are needed and “get them into arms”. All these factors contribute to the need for the development of a sophisticated and intricate strategy for identifying priority populations and professions for vaccine distribution. There are many groups that are able to make sound, reasoned arguments for why they should come before someone else.

On December 23, 2020, during a press briefing Dr. Bonnie Henry stated vaccine priority up to February will be given to staff and residents of long-term care and assisted living (as this sector has been the hardest hit by infection rates and deaths from COVID 19), front-line health care facility staff working with COVID-19 patients in settings like intensive care units, COVID-19 wards and emergency departments, as well as people living in remote First Nation communities, will also be prioritized. Plans for acquisition and distribution of vaccines to these populations are currently underway.

Between February and March, seniors over the age of 80, homeless people, long-term home support recipients and providers, hospital staff, and other Indigenous communities will receive the vaccine. Front line health care workers are a priority for the vaccine and we will continue to advocate for prioritization of health science and community social services professionals working on the front lines of the pandemic.

I'm concerned about the four month wait for my second vaccine dose.

When we learned about the time extension to four months between the first and second vaccine doses, we immediately asked the Ministry of Health to clarify how this might impact our members who were waiting for their second dose. We have also asked for them to share any scientific evidence for expanding the dose interval, and will post it on this site when we receive it. While we wait for a response, we have seen that the [National Advisory Commission on Immunization](#) has [issued guidance](#) supporting the four month interval, stating that "in the context of limited COVID-19 vaccine supply, jurisdictions should maximize the number of individuals benefiting from the first dose of vaccine by extending the interval for the second dose of vaccine to four months."

TEMPORARY PANDEMIC PAY

I just got my temporary pandemic pay. I thought union dues weren't going to be deducted from this pay.

HEABC reports that the payroll departments in three health authorities, Provincial Health Services Authority (PHSA), Vancouver Coastal Health Authority (VCHA), and Providence Health Care (PHC), have charged union dues on temporary pandemic pay in error, and are working to reverse the deductions on your next pay cheque.

When am I going to receive my Temporary Pandemic Pay?

The government advised September 29 that the Temporary Pandemic Pay will be paid out to Health Authority

staff on October 9, 2020. The \$4 an hour payment applies to both regular and overtime hours worked for the period March 15 to July 4.

Payments to community social service agencies to pay out staff will be dependent on when the funding invoice is received by the Ministry of Finance, as well as the funding agencies (BC Housing, Community Living BC, Health Authorities.) Community social services agencies have until October 31 to submit claims for funding.

See the government's question and answer website here:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/temporary-pandemic-pay>

Do I qualify for the new Temporary Pandemic Pay?

All HSA members covered by the HSPBA, NBA, and CBA collective agreements who worked during the eligibility period of March 15 to July 4, 2020 are covered. A majority of members covered by the CSSBA collective agreement are covered.

See the government's question and answer website here:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/temporary-pandemic-pay>

Does this premium pay arrangement replace the \$5M fund negotiated by HSPBA?

The temporary pandemic pay represents approximately \$40mn for HSA members. HSA will continue to work with government to determine the best use of available funding to address ongoing shortages and recruitment and retention challenges in the health science professions.

I am on leave. Am I eligible for the premium pay?

No.

The autism program I work in is funded by separate autism funds. Am I eligible for the premium pay?

Yes. If you are covered by the CBA collective agreement, you are eligible to receive the payment. Employers will be invoicing government for the temporary premium payment. This is funding cost-shared by the federal and provincial governments, and is in addition to regular program funding.

I am an RPN. Does the temporary pandemic pay replace the blanket working short premium effective April 1?

The working short premium is a feature of the 2019-2022 NBA collective agreement designed to put pressure on employers to address shortages in nursing. A dispute between the lead union, BCNU, and employers on how to measure shortages resulted in government agreeing to apply the working short premium to any L1-L5 nurses working for a Health Authority or Providence Health Care effective April 1. May 22, the NBA and HEABC announced an agreement which sees the end of the blanket payment of the working short premium. The parties are currently negotiating a Patient Care Assessment Process to assess whether nurses are working short in order to determine if the premium should be paid. Training on implementing the tool is rolling out across the province this month.

JULY 6 UPDATE: Due to failure to negotiate a process, the broad working short premium will be again be paid effective July 5 while negotiations on implementation continue.

The Temporary Pandemic Pay premium of \$4 applies to every nurse working under the NBA, and will be paid as a lump sum retroactively from March 15 for 16 weeks on regular straight hours worked.

Will union dues be charged on the Temporary Pandemic Pay?
HSA's Board of Directors voted unanimously at its June board meeting to waive the union's policy on collecting union dues on all employment income to exclude employment income earned under the Temporary Pandemic Pay announced May 19.

Where is the application form for the HSPBA Pandemic Response Fund?

The HSPBA Pandemic Response Fund negotiated by HSA on behalf of BC's health science professionals early in May was suspended while the provincial and federal governments negotiated a temporary pandemic pay for all workers on the frontlines of health care and community social services during the COVID-19 pandemic crisis. HSA's demands for improved pay for all members of the health care and social services teams was met in this new fund. There is no application process for the new temporary pandemic pay. Lump sum payments will be made by employers.

All HSA members working under the HSPBA, CBA, and NBA collective agreements will receive pandemic pay at a rate of \$4 an hour on all straight hours worked for 16 weeks retroactive to March 15. Many members covered by the CSSBA collective agreement will also receive the premium. There is no requirement to apply for the fund, which will be administered by employers.

The Temporary Pandemic Pay will be paid out by employers by lump sum, likely at the end of the 16-week period

I work casual and don't get sick pay. How does the government announcement on paid sick leave apply to me?

HSA welcomes the government announcement related to sick leave for all employees. We will be closely monitoring the legislative or policy framework by which this announcement will be put into effect, and will provide our members with additional information as soon as we are able.

What is being done to pursue the pay for those of us working in community social services who don't qualify?

The Community Social Services Bargaining Association (CSSBA) led by the BCGEU continues to put pressure on government to apply the funding. See the letter from the unions and response from government:

- [May 20 letter from CSSBA to Finance Minister Carole James](#)
- [June 29 response from Public Sector Employers' Council Secretariat](#)

OCCUPATIONAL HEALTH AND SAFETY

How do I know what PPE I should be using?

1. You should conduct an individual point of care assessments with every patient or client interaction to determine what PPE you should use. [A comprehensive guide is here.](#)
2. If your employer refuses to provide the PPE you require, you have a right to refuse the unsafe work. [How to refuse unsafe work.](#)
3. Contact your union representative. <https://hsabc.org/news/hsa-renews-call-enhanced-ppe-workers-vulnerable-s...>

Does WorkSafe BC Recognize COVID-19 as a workplace disease?

The Workers' Compensation Board (WCB)'s decided in July to presume COVID-19-related claims are workplace-related. [See the BC Federation of Labour news release on the decision here.](#)

I heard there is an issue with PPE in MRI departments. Do I have the right PPE?

A serious occupational health and safety issue related to PPE in hospital magnetic resonance imaging (MRI) departments has been uncovered regarding the safety of certain masks and respirators in an MRI setting.


PRACTICE ALERT: MEDICAL IMAGING
Risk of Masks Being MR Unsafe

Date: May 20, 2020

SITUATION/BACKGROUND
Current standards for personal protective equipment (PPE) does not include checking for MRI compatibility. During this pandemic, the supply of PPE has been changing, thus current products are being replaced with new ones.
It was found that the nose bridge of some Medicom-branded procedure masks (comes in various colours) was ferromagnetic. If the mask is near the bore of the MRI scanner (1.5 and 3T), the nose piece may be attracted to the magnetic field. In these situations, there may be a gap between the mask and face.
The following Medicom masks, #2133 (Yellow-ASTM 1) and #2150 (White-ASTM 3), are ferromagnetic.



ACTION/RECOMMENDATION

1. Remove Medicom SafeBasics #2133 (Yellow-ASTM1) and #2150 (White-ASTM3) masks immediately
2. All Medicom-branded procedure masks must be tested with a strong handheld magnet (>1000 gauss) prior to use in the MRI environment
3. If the nose bridge of the procedure mask is ferromagnetic, the product is removed immediately from the MRI department
4. The product is flagged and communicated to the MRI supervisor, Site Coordinator and MRI Regional Practice Lead
5. A product investigation should be submitted to PHSA by the Site Coordinator in collaboration with the MRI Regional Practice Lead

FOR MORE INFORMATION
Sam Yim, MRI Regional Practice Lead
Lower Mainland Medical Imaging
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Issued by Lower Mainland Medical Imaging

LOWER MAINLAND MEDICAL IMAGING
PLEASE POST

HSA has called on health authorities and the Provincial Occupational Health and Safety Committee to provide details on the steps underway to identify and remove any masks or respirators that may not be compatible in MRI departments, and to ensure they are not reintroduced into MRI departments.

The nose bridge of some Medicom-branded procedure masks is ferromagnetic, thereby causing it to malfunction if in close proximity to the bore of certain MRI scanners. The nose piece may be attracted to the magnetic field, possibly creating a gap between the mask and face. A concern has also been raised about the possibility of certain N95 or KN95 respirators also being non-MRI compatible.

There is also a patient safety concern in that there may be situations where the nose piece of certain masks, when worn by patients undergoing an MRI, may heat up and cause burns.

[See the Practice Alert on this topic from Lower Mainland Medical Imaging distributed this week.](#)

[See the backgrounder from Alberta Health Services on the issue.](#)

[A recent study providing more information is available here.](#)

[What should my employer do if a COVID-19 case is confirmed at work? Are they required to prevent exposure?](#)

- Employers have an obligation to ensure workers are informed and equipped to work in settings where there's risk of exposure to COVID-19, and should provide timely, specific and clear direction to health care workers on the infection control protocols they will follow to avoid exposure to the virus.
- See the link: [WorkSafeBC guide for employers: Preventing exposure to COVID-19 in the workplace](#)

My employer says I have to return to the worksite after working from home. Is it safe?

WorkSafe BC is actively monitoring and adjusting to the COVID-19 situation to determine how to best support workers, providers, and employers around the province, while ensuring the health and safety needs of their own employees.

- [See general guidance from WorkSafe BC here](#)
- [Child Care Providers: Protocols for returning to operation](#)
- [Health professionals: Protocols for returning to operation](#)
- [In-person counselling: Protocols for returning to operation](#)
- [Offices: Protocols for returning to operation](#)

I can't maintain a distance of 2 metres from others and still perform my patient care duties. What do I do?

Maintaining physical distancing is one of the most effective ways to reduce the spread of the COVID 19 virus. To accomplish this in a healthcare environment is especially challenging and requires making changes in daily routines in order to minimize close contact with patients, families, visitors, and other staff. You should be engaged with your supervisors and members of your joint occupational health and safety committee to ensure your employer is doing everything possible to protect you against workplace hazards.

To start, consider the following for all work areas:

- Avoid crowded areas and non-essential gatherings
- Cancel or postpone non-essential meetings or arrange video conferencing
- Reorganize furniture and install barriers or panels to separate workspaces
- Explore work from home opportunities
- Ensure diligent hand hygiene and respiratory etiquette at all times.
- If you or your co-workers develop mild respiratory symptoms while at work, you must put on a mask, finish any immediate essential activities, contact your supervisor and go home

In clinical situations where there are limited or no opportunities to keep a physical distance from co-workers and/or patients, consider the following:

- Assess the patient's clinical situation and the physical environment of the room and using the team's best clinical judgment, adapt your practices in order to reduce numbers of people involved and their proximity to one another
- Plan ahead for the assignment of roles and consider options for decreasing the numbers of staff required
- Include patients and families in discussions about the best way to proceed under the circumstances
- Ensure the appropriate personal protective equipment (PPE) is used and everyone is trained in proper donning and doffing protocols

Every workplace situation involving close encounters among staff and patients must be considered and assessed based on the particular set of circumstances and hazards that apply. Your supervisors have legal responsibilities to ensure preventative measures have been put in place to mitigate those hazards. Your OHS Stewards and Joint Occupational Health and Safety reps are available to assist in resolving problems. If you have tried these processes and still feel you are faced with an undue hazard, you have a right and responsibility to refuse any unsafe work.

That process is described in below. If you need further assistance in ensuring the safety of yourself or your co-workers, please contact the HSA COVID Hotline at covid19hotline@hsabc.org.

When do I have the right to refuse unsafe work?

All workers in British Columbia have the right to refuse unsafe work. 

Examples of when to consider using your right to refuse:

- When you have been directed to perform a task that you have not been adequately trained to perform.
- When you have been directed to perform a task that requires a level of personal protective equipment as determined [by performing a Point of Care Risk assessment](#), and you are delayed or denied the PPE.
- When you have reason to believe that performing a work process or operating a tool, appliance or equipment could cause psychological or physical harm to yourself or others.

Remember:

The right to refuse unsafe work is a right and duty under the Occupational Health and Safety regulation section 3.12. It is activated by notifying your supervisor or manager that you are refusing the work.

The refusal is based on your judgement, experience, and knowledge—this includes what you do not know. Although you should provide supervisor/manager with the information that you based your decision on, you do not have to “prove” your concerns, rather the employer must follow the steps and investigate your concerns.

This is a personal right, you must refuse for yourself, others cannot refuse for you, and you cannot refuse for others.

You cannot be disciplined or otherwise penalized for refusing unsafe work, even if a WorkSafeBC officer deems the work safe at the end of the refusal process.

Once a WorkSafeBC officer deems the work to be safe, the formal refusal process is complete, and you must do the work in question. However, if you still believe the work is unsafe, please contact the HSA OHS department as soon as possible. This can be done through your chief steward to the HSA labour relations officer, or directly to the OHS department by emailing: OHSsupport@hsabc.org.

For more information, see the below links:

- [April 5 ** Updated procedure: Memorandum to HSA Stewards on Right to Refuse](#)

We are worried that if practicum students join the department, we will not be able to physically distance, and it might not

HSA has reached out to educational institutions and health authority OSH directors specific to this issue. They have assured us they are aware of the situation and while many student placements have either been cancelled or put on hold, a reduced number of placements is likely to proceed. The employers have advised us that the required attention is being paid to ensuring student placements are done in a safe manner, including:

- following best practices for Infection Control Procedures;
- not placing students on COVID positive units (with a possible exception for learners who have completed their healthcare professional registration);
- ensuring areas are not overloaded with personnel by separating student groups (different start dates, schedules, etc.).

If you have practicum students scheduled for your department and are concerned, please meet with your supervisor to ask what plans are in place to ensure your safety, your co-workers' safety, and the safety of the students. If you remain concerned reach out to your Occupational Health and Safety Steward for assistance. If you have taken these measures and your safety concerns remain unresolved, please contact the HSA COVID 19 Hotline for further assistance.

PERSONAL PROTECTIVE EQUIPMENT

Where can I learn more about the use of masks and personal protective equipment (PPE)

[April 23: N95 mask supply running low: new guidelines on PPE for health care workers](#)
[See the BC Centre for Disease Control and Ministry of Health procedure for proper use of PPE](#)

- Patients under investigation should be managed with contact and droplet precautions (including eye protection) - Please note that safety glasses do not offer adequate protection from microbes. Face shields or goggles offer splash resistance to protect workers from blood and body fluid sprays and splashes.
- Nasopharyngeal (NP) swabs and throat swabs can be performed using contact and droplet precautions with

surgical mask and eye protection, and do not require the use of an N95 respirator.

- Airborne precautions including N95 respirators with eye protection should be used during aerosol-generating procedures (e.g. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation).
- Your employer is required to inform you if you need an N95 for your work and provide you with a fit test each year.
- If an AGMP (aerosol producing medical procedure) is being performed - it must be communicated to staff. For example, a sign saying "airborne precautions" may be posted at a patient's door.

HSA sought guidance on this issue from an expert in occupational hygiene. The recommendations for use of respiratory protection are combined with use of eye protection.

- Based on the research, we recommend the use N 95 respirators as the minimum protection when providing treatment to patients with suspected or confirmed COVID 19.
- We recognize the challenge associated with worldwide shortages of appropriate PPEs. Where it is anticipated that logistical constraints may cause supplies of N95 disposable respirators to run out, prioritize allocation based on assessment of the extent of the potential exposure and risk.
- Use surgical masks if N95s become unavailable due to supply constraints but resume use of N95s if and when possible.
- We will continue to engage with the employers and public health officials to ensure all measures are being taken to improve the supply of appropriate PPE

For more information, see the below links:

- [HSA/NUPGE NEWS RELEASE: NUPGE and HSABC release new research showing higher precautions recommended](#)
- [Joint statement from Canada's unions: Safety is not negotiable for anyone - including health care workers](#)
- [Respiratory Protection for Health Workers Caring for COVID-19 Patients \(Murphy 2020\)](#)

Should my employer be providing me with scrubs? I used to have access to them before this pandemic crisis. Hospital-provided scrub uniforms must be provided to employees who in the course of their duties face a high risk of exposure to blood and body fluids. If you are in this category and are not provided with scrubs, address the issue immediately with your immediate supervisor. If it is not resolved, please contact the HSA COVID-19 hotline for assistance in escalating the issue.

If my workplace is running out of PPE, should I consider making my own mask?

- Health Canada has advised that wearing a facial covering/non-medical mask in the community has not been proven to protect the person wearing it and is not a substitute for physical distancing and hand washing. Wearing a homemade mask is an additional measure you may wish to take to help protect others around you, especially if you are experiencing symptoms. If you decide to wear a homemade mask, it should only be for short periods of time when physical distancing is not possible in public settings, such as when grocery shopping or using public transit.
- To be clear, homemade masks are not medical devices or PPE and should not be used as a substitute for surgical masks or N95 respirators. They are not effective in blocking virus particles that may be transmitted by coughing, sneezing or certain medical procedures.
- [For more information, please visit the Health Canada website.](#)

GENERAL QUESTIONS

I cancelled pre-booked vacation, and I don't think I will have time to rebook in 2020. Do I have options?

Health Sector Collective Agreements

Employees covered by the HSPBA, CBA and NBA collective agreements were allowed to unilaterally cancel their vacations and to work instead during the time period between March 12 and May 12. The agreement allowing this to happen ended on May 12 and scheduled vacation is now being dealt with according to the collective agreements. Employers will decide whether to allow employees to reschedule vacation on a case-by-case basis.

Some employees are concerned that there will not be time for them to reschedule their cancelled vacations in the 2020 calendar year, or that they will not have the opportunity to take all of their 2020 vacation even if they did not cancel any between March and May. HSA shares these concerns and is discussing them with HEABC. To date, the collective agreements apply and no special provisions have been made to carry over 2020 vacation.

There is no provision for carryover of vacation to future years in the HSPBA or NBA collective agreements.

The CBA collective agreement allows employees to carry over up to five days of vacation leave per vacation year; carryover may not exceed ten days at any time (ie. an employee who has carried over and not yet used five days from 2018 and five days from 2019 will not be allowed to carry over additional days from 2020).

If you are concerned that you may not be able to book or take all of your 2020 vacation this year, please contact your steward or LRO for advice and to inform HSA of your particular situation.

CSSBA Collective Agreements - UPDATED JUNE 15

Employers and unions have reached an agreement on how to address vacation scheduling for the remainder of 2020 by members covered by the Community Social Services collective agreement in light of the impact of COVID-19 on operations. The agreement applies to members in the Community Social Services Bargaining Association (CSSBA), which includes HSA members.

- [See the June 15 bulletin here](#)
- [See the Letter of Understanding here](#)

I'm worried that we don't have enough staff to be able to address the backlog of surgeries.

On May 7, Premier John Horgan and Health Minister Adrian Dix presented a public briefing that was short on details about how shortages and chronic challenges in recruitment and retention of health science professionals will be addressed in the plan.

HSA has been advocating for several weeks that the plan must include all members of the healthcare team, including specialized health science professionals.

[See HSA's letter to the Ministry of Health on re-opening non urgent/emergent surgeries, screening, and testing here.](#)

[The government's May 7 plan is available here.](#)

What personal protective measures should I take as a health care worker?

Follow the same advice that public health officials recommend for the cold and flu season:

- wash your hands often with soap and water, and avoid touching your face
- cover your mouth and nose when coughing or sneezing
- avoid others who are unwell
- stay home when you are sick. If you see a health care provider, be sure to contact them ahead of time so you can be assessed safely

I am pregnant. What precautions should I take?

You should be in touch with your primary care provider for advice. The Provincial Medical Health Officer, Dr. Bonnie Henry, has recommended that although there is no evidence of increased vulnerability to infection for those who are pregnant, out of an abundance of caution the following is recommended:

- Pregnant employees who are concerned about exposure should discuss with their employer options to be redeployed to an area where risk of exposure is minimal. Your employer must ensure adequate personal protective measures are in place.

- If you require an accommodation because of your pregnancy status, the regular procedure is to be followed: contact your supervisor to accommodate you, including allowing you to work from home if possible. We are working with employers to expedite the process for accommodation in these cases.

Our extended benefits plan doesn't cover tele-consultations. Has this changed?

- Coverage rules have changed in light of the COVID-19 pandemic
- *The HBT team is working closely with Pacific Blue Cross to ensure employees have access to Tele-Health and Virtual services to support ongoing care during COVID-19 social distancing initiatives.*

NEW FOR EMPLOYEES: Reimbursement for Tele-Physiotherapy and Tele-Chiropractic Treatment

- Reimbursement is available to **ALL** employees who receive benefits:
- Tele-Physiotherapy and Tele-Chiropractic treatments are now available to ensure the continuance of care during COVID-19 social distancing requirements.
- Reimbursement for these Tele-Health treatments will apply from March 24, 2020 until June 24, 2020.
- The COVID-19 social distancing requirement will be monitored on an ongoing basis.
- Reimbursement will be provided for subsequent visits only and practitioners must work in alignment with PBC requirements as well as their Professional College guidelines
- For more information, please visit: <https://www.pac.bluecross.ca/covid19/>

Ongoing Tele-Health and Virtual Services available to employees for reimbursement

- Reimbursement is available to **ALL** employees who receive benefits:
- Registered Counselling
- Psychological Services
- Naturopathic Services
- Prescription Medication Home Delivery
- These Tele-Health and Virtual Services will continue post-COVID-19
- For more information, please visit: <https://www.pac.bluecross.ca/covid19/>

The following Digital Mental Health Therapy for COVID-19 anxiety is available to all employees

- Available to **ALL** employees at no cost and at any time: <https://info.starlingminds.com/covid19-free-mental-health>

COVID-19 Resource App

- For a central resource for accessing personalized, trusted, evidence-based information about COVID-19, the following COVID-19 BC Support App is available to you in partnership with the BC Ministry of Health: <https://www.thrive.health/covid19-app>

Psychological Services

The BC Psychological Association is offering free support services for health care and other essential workers who are experiencing stress, anxiety, or uncertainty due to the evolving COVID-19 pandemic. [This service can supplement the services covered by the extended health benefits you are entitled to under your collective agreement. See the resource here.](#)

What personal protective measures should I take as a community social services worker?

- [April 1 - See the OHS guidelines and frequently asked questions from community social services workers here](#)
- Follow the same advice that public health officials recommend for the cold and flu season:
 - wash your hands often with soap and water, and avoid touching your face
 - cover your mouth and nose when coughing or sneezing
 - avoid others who are unwell

- stay home when you are sick. If you see a health care provider, be sure to contact them ahead of time so you can be assessed safely

I am a retired/non-practicing health care worker. How do I re-register so I can help?

Health Minister Adrian Dix reported March 31 that more than 500 health science professionals had stepped up to help in the pandemic by offering to re-register and to support the public health system's fight against COVID-19. Thank you!!

Contact your professional association or regulating college. They are working with public health officials to establish an expedited re-registration process to facilitate bringing support to our health care team.

- [For physical therapists, see the college link here.](#)
- For social workers: If you are a registrant in good standing in the Full (RSW) or Clinical (RCSW) class who is not already currently supporting the COVID-19 pandemic and would be able to assist with the health care system capacity in a paid position, please email the College at office.coordinator@bccsw.ca. Please write "Emergency Social Worker for COVID-19" in the subject line and include your full name and registration number in the body of the email. If you have forgotten your registration number, you can search it by clicking 'Verify a Registrant' on the College website www.bccsw.ca

Once you have reinstated your membership, contact your local facility's human resources department and advise them you are available to be hired back to work during the pandemic.

What are the 19 designated primary COVID-19 health care facilities?

The following 19 hospitals have been designated as primary COVID-19 facilities to deliver care to the most critically ill patients:

- Fraser Health region:
 - Abbotsford Regional Hospital
 - Royal Columbian Hospital
 - Surrey Memorial Hospital
- Interior Health region:
 - Kelowna General Hospital
 - Royal Inland Hospital
 - Vernon Jubilee Hospital
 - Penticton Regional Hospital
 - Kootenay Boundary Regional Hospital
 - East Kootenay Regional Hospital
- Island Health region:
 - Royal Jubilee Hospital
 - Nanaimo Regional General Hospital
 - Victoria General Hospital (secondary site)
- Northern Health:
 - University Hospital of Northern British Columbia
 - Mills Memorial Hospital
 - Fort St. John Hospital
- Provincial Health Services Authority:
 - BC Children's and Women's Hospitals
- Vancouver Coastal Health/Providence Health Care:
 - Lions Gate Hospital
 - Richmond Hospital
 - St. Paul's Hospital
 - Vancouver General Hospital

REPORTING TO WORK

I'm exhausted. We're short-staffed. My supervisor needs me to work another overtime shift. Is this my choice?

Fatigue is considered an impairment if it affects your ability to safely perform assigned work. In such a situation, you must inform your supervisor of the impairment and must not knowingly do work where the impairment may create an undue risk to you or anyone else. *OHS Regulation 4.19/4.20 : A worker must not be assigned to activities where a reported or observed impairment may create an undue risk to the worker or anyone else.*

What do I do if I have been or believe I have been exposed to COVID-19?

- Call 8-1-1, your primary care provider, or public health office
- If you are instructed by a primary care provider to self-isolate, make sure you inform your employer, and you will be placed on paid general leave. This is separate from your sick bank, and will not affect your other leave banks (i.e, vacation, special leave, etc.)
- Link: [BC Centre for Disease Control guidelines on self-isolation](#)
- If you are a casual employee, you will be placed on a general leave of absence and compensated for any accepted shifts that were canceled because of the self-isolation requirement by a primary care provider.
- Employees are not required to get a sick note from a physician.
- Contact your HSA steward or a staff labour relations officer if you have concerns about how your time is being coded if you are self-isolated
- Health care worker testing sites are available. Contact your **health** authority for information on testing
- For more information, see the link: [VCH/Providence Health Care](#)

I live with my elderly parents. Can I take special leave to reduce my risk of exposure to COVID-19 at work? Special leave banks do not cover staying at home to reduce risk of exposure. You may access overtime banks, vacation, and unpaid leave to stay home in this situation.

I have an underlying health condition and am at risk during this pandemic. I don't think I should be at work. Employees who are at a higher risk for serious illness due to COVID-19 are eligible for a medical accommodation. Your employer should:

- 1) Try to redeploy you to avoid direct patient care or otherwise minimize risk of exposure
- 2) Arrange for you to work from home where possible

- If neither of those is possible, you may be placed on sick leave.
- HSA is working with employers to streamline processes to allow for accommodations and appropriate leaves.

I work in long-term care at 2 different sites. My employer has told me I can only work at one. Is this true?

- In an effort to slow the transmission of COVID-19 in BC's hard-hit Long Term Care facilities, BC's Provincial Health Officer, Dr. Bonnie Henry, issued two province-wide orders aimed at restricting movement of health care staff between Long Term Care facilities. The orders went into effect yesterday, Thursday March 26, 2020
- HSA is working with other unions and employers daily to establish protocols and procedures to assist members to comply with the orders, and to protect your collective agreement rights.
- Check back frequently for updated information.
- [See the March 27 information bulletin to members here.](#)

My employer is asking me to report to work even though I believe I can work at home. Can I work from home? In some circumstances, HSA members may be able to perform their work from home if the employer has the ability to provide them proper equipment and appropriate access to their files or records. However, the employer has the right and may determine that you should report to the worksite in order to perform your duties.

My employer says that I am an essential worker and I'm not sure that I am. Am I?

- The Public Health Officer has given health care and social services employers the right to determine whether or not staff members are essential to the delivery of services.

- HSA members play a vital role on the providing caring, professional, and excellent service to patients and clients. During a time of crisis in which the public requires access to these services, employers continue to deem our members essential.
- HSA members may be redeployed under the employer's redeployment policies during this time if they are not required in their usual unit, department, program, or location.
- Members who are redeployed should be qualified and trained to perform duties without putting workers at risk as a result of changes to work duties.
- In all circumstances, when you are at work, the employer is responsible for ensuring that your workplace is safe while providing these services.
- [See the list of essential workers developed by Emergency Management BC in consultation with other government ministries and the Provincial Health Officer](#) [Provincial Health Officer, Dr. Bonnie Henry](#)

What are the protocols regarding travel and self-isolation?

- See the link: [Public Health Agency advice for Returning Travellers](#)
- If you have recently returned from travel to an area where there has been a COVID-19 outbreak and public health officials have issued a travel advisory for self-isolation, self-isolate and advise your employer, and you will be placed on a paid general leave of absence. As of March 15, 2020, travel advisories for self isolation are in place for people returning from Hubei province in China, Iran, and Italy.
- If you are returning from travel outside Canada, and are asymptomatic, contact your employer to determine if you must self-isolate before returning to work. Your employer will determine if you are considered essential, [as per the March 15 letter to health care workers from the BC Chief Medical Officer](#).
 - ***Health care workers providing direct patient care returning from outside the country may be exempt from the general self isolation directive but will be required to self-monitor their health status. This exemption does not apply to travel from Hubei Province in China, Iran or Italy. Health care workers returning from these areas will be directed to self-isolate for 14 days.*
 - See [Provincial Health Officer Dr. Bonnie Henry's March 13 letter](#) providing this direction for health care workers
- If you have travelled to an area not designated a COVID 19 affected region, are asymptomatic but believe you may have been exposed to COVID 19, contact 8-1-1 or your primary care provider and self-isolate if so directed. Contact your employer, and you will be placed on paid general leave while in self-isolation and awaiting further direction from your primary care provider.
- You should continue to self-monitor, and if you develop any flu-like symptoms, contact your primary care provider or 8-1-1. If you are instructed to self-isolate while awaiting testing, contact your employer, and you will be placed on paid leave.

• INFORMATION FOR MEMBERS COVERED BY HEABC COLLECTIVE AGREEMENTS (HSPBA, CBA, NBA)

How are leave bank provisions affected by COVID-19?

- See the [April 3 Memo to Stewards: Grievance Alert: Inappropriate leave banks and staff redeployment](#)
- If you are instructed by a primary care provider to self-isolate, make sure you inform your employer, and you will be placed on paid general leave. This will not affect your other leave banks.
- If you are a casual employee, you will be placed on a general leave of absence and compensated for any accepted shifts that were canceled because of the self-isolation requirement by a primary care provider.
- If you contract COVID-19, you will be placed on sick leave until such time as a primary care provider clears you for return to work.
- Contact your HSA steward or a staff labour relations officer if you have concerns about how your time is being coded if you are self-isolated.
- ****Members who choose to travel outside of Canada after the March 12, 2020 direction of the Provincial Medical Health Officer to restrict travel, and to self-isolate for 14 days upon return, are not covered by general leave provisions for the 14-day self-isolation period. Travel after March 12 is a personal decision you would be taking against the advice and direction of public health officials. You may want to check with your**

travel insurer what their position is on this situation.

I heard grievance proceedings were on hold until April 30. What's the status of my grievance now? Until May 5, HPSBA and CBA had an agreement with HEABC to waive timelines for Employer responses to grievances. The waiver applied to all stages of the grievance process. This means that between mid-March and May 5, if you had a grievance filed and in process, you would not hear about any stages in the process taking place for the period of the temporary agreement. In that period, new grievances continued to be filed.

The agreement was in effect until May 5, 2020.

Effective May 5, the grievance procedure has reverted to the timelines and processes agreed to under the collective agreements effective immediately. Grievances that were put on hold are now activated, unless revised timelines are negotiated by mutual consent.

If you have a grievance in process and have questions, please contact your steward or LRO for details.

- [May 6 Memo to HSPBA and CBA Stewards re grievance timelines](#)

For members covered by the Community Social Services Collective Agreement, the grievance timeline waiver has been extended to May 16. This means that, if you have a grievance filed and in process, you will not hear about any stages in the process taking place for the period of the temporary agreement.

My grievance was referred to arbitration. What is happening with it now? HSA lawyers have conduct of grievances that have been referred to arbitration. They may have ongoing discussions with the employer in relation to the resolution of those grievances. The grievances may also be set for hearing. The lawyers will contact you if there is a development with your grievance. However, the HSPBA and HEABC have agreed that matters previously set for hearing until May 18 will be adjourned and rescheduled. The HSA lawyer will be in contact with you about this process, and about any rescheduling of hearing dates.

SPECIFIC INFORMATION FOR MEMBERS COVERED BY CSSEA COLLECTIVE AGREEMENTS

What does it mean when I have been deemed an essential service worker?

- We have always known that the critical services and supports you provide to our most vulnerable members of British Columbia are "essential", and, under the Government's orders you have now been legally defined as essential to the functioning of our society in this pandemic.
- The work you do has been determined to be critical to the functioning of the Province and the Government has ordered that the agencies that deliver these services and support must remain open, wherever possible. Employers must still comply with all orders of the Provincial Health Officer and with the Occupational Health and Safety Regulations.

See the links:

- [Bulletin to HSA members working in community social services](#)
- [OHS guidelines and frequently asked questions from community social services workers](#)

What is happening with my grievance during this period?

CSSBA and CSSEA have reached agreement to waive timelines for Employer responses to grievances. The waiver applies to all stages of the grievance process. This means that, if you have a grievance filed and in process, you will not hear about any stages in the process taking place for the period of the temporary agreement. The agreement is in effect until May 16, 2020.

Will provincial program funding be affected by COVID-19?

Program funding is guaranteed to May 31, 2020.

The provincial government has reinforced its funding commitment to the social services sector in light of potential disruptions caused by COVID-19 to May 31, 2020.

In follow-up to PSEC Secretariat's direction to public sector employers in March that employment continuity be maintained until the end of April, it provided updated staffing and service delivery principles post April 30. In a [letter addressed to employers' associations CEOs](#), PSEC Secretariat provided guiding principles that employers should consider post-April when making decisions on business continuity; specifically, that they should do so in consultation with funders, in compliance with Provincial Health Officer and WorkSafeBC guidance, and in collaboration with unions. This follows the Ministry of Children & Family Development and the Ministry of Social Development & Poverty Reduction's recent statements that contracted service providers are able to receive incremental funding to cover increased costs due to staff shortages, increased overtime, etc. for an extended period of time, from April 30, 2020 to May 31, 2020.

- See the link: [Government commits to continue community social services program funding](#)

How are leave bank provisions affected by COVID-19?

- If you are sick, stay home on sick leave. You are not required to get a sick note from a physician. Link: [The mandatory CSS Early Intervention program will still apply.](#)
- If you are directed by a primary care provider to self-isolate either because you have returned to Canada from international travel or have or believe you have been exposed to COVID-19, you will be placed on a paid leave of absence (not sick leave) for the duration of the isolation period.
- If you choose to travel after March 13, 2020, you are not entitled to a paid leave of absence for the required self-isolation period.
- CSSEA is not accepting vacation bookings in order to ensure there is staffing to meet needs. Consult with your employer for already booked vacation. If there is sufficient staffing, booked vacation should not be denied.

Where can I find Health Authority resources?

See the following links to access resources published by BC's health authorities:

- Interior Health : <https://news.interiorhealth.ca/covid-19/>
- Vancouver Coastal Health: <http://www.vch.ca/about-us/news/vancouver-coastal-health-statement-on-coronavirus>
- Island Health: <https://www.islandhealth.ca/>
- Northern Health: <https://www.northernhealth.ca/>
- Fraser Health: <https://www.fraserhealth.ca/employees/clinical-resources/coronavirus-information/fraser-health-employee-information#.XnU5pYhKhnl>
- PHSA: <http://www.phsa.ca/staff-resources/covid-19-resources-for-staff>
- Providence: <http://covid19.providencehealthcare.org/>

Topic:

[Events](#)

- [Print](#)
- [PDF](#)