



CUPE 4848 and NB EMS

Labour Management Minutes

Monday, April 22, 2013

In Attendance

CUPE	Ralph McBride	Mike Harris
	Bill Flewelling	Trent Piercy
	Judy Astle	Greg McConaghy
	Dale Landry	Chris Kennedy
	Steve Paisley	
NB EMS	John Dallaire	Yvon Bourque
	Edgar Goulette	JP Savoie
	Paul Boudreau	Robin O'Hara
	Craig Pierre	Beth Simkins-Burrows
	Jacques Charest	

Absent

CUPE	Bernard Soucy	
NB EMS		
Invited Guest	Karen Leonard – NB EMS	
Recording Secretary	Beth Simkins-Burrows	

1. Meeting Called to Order

- a. John Dallaire called the meeting to order at 10:05am.

2. Approval of Minutes from November's Meeting

- Minutes approved by Trent Piercy, CUPE and John Dallaire, NB EMS.

3. Approval of Agenda

- a. Follow Ups from November 2012 Meeting



- i. **Short Term Vacation Requests** – Yvon Bourque will put together a provincial process to ensure that the staff are advised if the request was accepted or denied.
 1. *Completed*
- ii. **Uniform Committee**
 1. *To be discussed at this LM meeting.*
- iii. **EI Rebate Follow Up**
 1. *To be discussed at this LM meeting.*
- iv. **MOA Meals** – Yvon Bourque to clarify intent of the comments in the July LM Minutes with the RMs and OMs.
 1. *Completed. Some OMs are refusing to pay two meals per day. Judy Astle said they are out for more than two hours. This is happening in the East and Craig Pierre will follow up.*
- v. **RSI Investigations and Suspension of Driving Duties** – John Dallaire to follow with Yvon Bourque on the particular situation that was discussed.
 1. *Completed.*
- vi. **Scheduling Document – Sign Up Sheets** – Yvon Bourque to determine a consistent process with the RMs.
 1. *Completed*
- vii. **Linguistic Profile** – NB EMS to provide the linguistic analysis by station to CUPE.
 1. *Completed*
- viii. **Part time Employees Benefit Eligibility** – NB EMS to draft a letter by December 3, 2012 to go to paramedics.
 1. *Completed.*
- ix. **Update on the Rotating “NO” List**
 1. *Completed*
- x. **Driver Abstract** – Beth Simkins-Burrows to research to see if we have to get waivers each year.
 1. *Follow up at next meeting.*
- xi. **Heart & Stroke Hockey Heroes Team** – CUPE to advise if they want to take part.
 1. *Completed*



- xii. **24 Hour Rotation** – NB EMS has some presented some initiatives to government. NB EMS would like to discuss the 24 hour rotations with CUPE once we hear back from government. It was agreed by both parties this topic will be postponed until that time.
- xiii. **Joining Two Lone Medics** – Trent Piercy brought up the issue that occurred in Bathurst/Campbellton. Medic was not able leave Bathurst till end of shift. NB EMS has confirmed that we will get the medics back to their home stations before end of shift.
- xiv. **SchedPro Rules – 3/8 leaves** - CUPE stated one of the decision to approved leaves (union and short term) was to use the 3/8 rule. CUPE would like it noted in the Scheduling Document that we use the 3/8 process. MCMC uses a different rule. JP Savoie stated it is based on whether we are comfortable or not for MCMC. Currently MCMC is meeting the 3/8th rule. MCMC allows one dispatcher off on the 12hr shift, one off from CCTC and one off from the 8 hour shift. CUPE feels that it is not fair since it should be based on seniority. JP Savoie stated that we have to keep 7 desks fully staff. Recruiting dispatchers is a challenge. We do not have enough casual dispatcher. It is offered by seniority but within the three groups. JP Savoie stated that MCMC is a bit different then the field and we cannot close down a desk. This applies to any union vacation (ie. part of the yearly vacation request). John Dallaire stated that we will look at individual LOAs for certain reasons but there will be some reason why we will not be able approve it. There are too many individual who are looking for work in New Brunswick. We will still look at education leave when it is operationally possible. Those who are resigning to go out West to work will not be rehired as a Casual. CUPE stated it seems funny we will give an LOA for someone to increase their education only to lose them to go work out West. NB EMS stated we are hoping they will stay in the province. NB EMS confirmed that sign-up sheets are going to the stations. CUPE stated a PT rotation was covering for the PC on the truck, the PC was scheduled off for the weekend as it was the PT employees scheduled shift. The call back is going to the Medic. CUPE wanted to make sure it is going to a regular medic not a PC



as part of the call back process. John Dallaire indicated it is outlined in the scheduling document.

1. Follow Up: John to have a further discussion with JP on the vacation staffing for MCMC.

- xv. **Gas Trucks Shutting Down** – The issue is in the older trucks, part of the sensor is open to erosion. It is now include in the preventative maintenance on each truck to fix. In the newer version, Ford has replaced the model with the new sensor. NB EMS has asked that all version of the sensors be fixed. Ford has not agreed to this so NB EMS has bought the sensors and we are replacing them ourselves. Edgar Goulette believes that the newer models are 2011 onward. Edgar believes there were four incidents in total. Everything seems to be good now.
- xvi. **WiFi For Stations** – Edgar Goulette stated we budgeted for the installation to get the stations connected. 15 stations to be ready by June 15, the rest will be ready by end of September. Probably will be stations around Moncton area first to work out any potential IT issues since IT is here in Moncton before we go outside of this area. CUPE stated there are some internet connection issues with Dow Settlement/Doaktown. Edgar agreed to have more discussions with IT on this issue. Deer Island aslo has no cell service. The medics in the Deer Island stations are willing to out and purchase their own internet access. NB EMS suggested they wait until September when we will have it installed in all stations.
- xvii. **EI Rebate** – CUPE said they did not have a clear consensus on what to do with it.

1. Follow Up: Tabled till next meeting.

b. CUPE Topics

i. Bilingual Issues – job postings/testing/education/schedule/partner changes

- 1.* NB EMS stated we have had a few visits with Michel Carrier, the Commissioner of Official Languages. He now understands our business. We had been updating Elianne Chiasson from DH. Apparently our info has not been getting to Mr. Carrier. He now has a much better understanding on things. His comment is that



we still need to strive for bilingualism on the truck but now we can be resourceful in how we do that, ie. language line, use dispatchers as translator, use a firefighter, etc.... He needs to see from us a process and strategy on how we are going to get everyone bilingual. We have started the process to do the testing with Post Secondary Training and Labour. They can accommodate 24 tests per week. We are taking advantage of that. This is the only certificate that counts, the self-assessments are only a guideline to use. We also have a strategy for areas that are below the profile, offering on line language courses, on-line language refreshers at the employee's convenience. We are also looking at job postings, must have one medic bilingual on each truck. We are looking at designating the odd number position on the truck as bilingual essential and the even number as bilingual asset (*note: this was misinformation at LM – it is actually the even numbers will be designated as bilingual is a requirement with the odd numbers as an asset*). This gives the opportunity for all to apply. We are in the process of putting this strategy together. We still have the issue with dynamic deployment that you may not be bilingual when you cross a geographic area. The Language Commission wants to see that we are making progress. He understands that having everyone at a "3" is probably not going to happen realistically. We are going to post the jobs and use the self-assessments as much as possible. We will be sending out an email to all medics that basically that says if you want to be tested in your non-primary language let us know and if you are currently in a position and you have no plans on every leaving you will not have to be tested. If you have a desire to be considered for bilingual positions across the province we would suggest that you get tested. CUPE asked if we could get tested prior and after the language training. John stated that normally you would get tested before the course starts and tested after course. The certificates are only good for three years and have to be retested. CUPE stated that the RHAs do not retested after three years. The



partner switches that will take place in June did not take this into place. CUPE stated that they had asked us not to make any more changes until we got this straightened out. CUPE stated we cannot change staff if one person is from 8am to 9am truck to make the truck bilingual. Ralph stated we will have to pay OT because you change the rotation for the day. John stated you are still working a 11.25 hours. Moncton is our biggest issue. Most of the times the OMs will be able to see this in advance on the schedule. The Commissioner suggested that maybe we should only be calling in a bilingual person to replace the bilingual position. The Commissioner stated that the language act trumps the CA. CUPE stated he does not have the power to pull the contract from NB EMS. John reminded CUPE we are a third party managing a government contract and we still have to manage to the best of our ability. John reminded them this is a strategy. We are trying to limit the number of hours that we have no bilingual crews. The new SchedPro system will allow us to keep track of those who are bilingual or not. MCMC are the gatekeepers to say to the OMs that you have an issue with a particular truck that may not be bilingual. CUPE suggested that the process needs to be streamlined a bit for MCMC since the dispatchers do not talk directly with the OMs. Ralph stated why then are we doing partner switches to make the trucks bilingual. Yvon stated that we tried to switch partners initially to avoid the second part. This switching would only occur within stations. CUPE is wondering will this trickle down to union yearly vacation, short term leaves, etc.... CUPE stated we cannot have two separate lists based on language. John stated our goal is to start the day as bilingual. John said we will worry about the call ins later, he is not sure if we will ever get there. John does not want to go there to say if we are calling someone in that we pick by language. Let's just try to look at the truck at the start of the day and work with that. CUPE noted that discussion was had on schedule practice currently staying the same on call backs and



equitable offers with no call back based off of language qualifications. The prudent thing to do is to give the three weeks' notice and change the partners. New employees coming in, it will be their choice if they want to be tested. CUPE asked what if I'm not comfortable that it's been so long since the self-assessment. If someone wants to change their self-assessment, they can just do but may limit themselves as to where they can move. Staff should wait till the memo goes out from Moe Jacob to do the official testing. **FINAL DECISION – in order to change your self-assessment you will still need to go through the official language testing.** Self-assessments tool will stop being used for all purposes by December 2013. Partner swaps will happen currently to meet the 50/50 requirement. There may be a partner swap at the beginning of the shift if required. The next round of postings there will not be testing, so we will use the self-assessment. We need to look at adding "Testing May Be Required" on the job postings. New staff starting off the street will have to provide us with their official test scores. Is the offer to take training and pay then ask us to reimburse, is this still available? John stated we will be working with U de M and UNB. They are very good program. John stated we will still continue to reimburse those taking the program on their own. This process is for job postings only. It is not to be used for vacation, sick time and scheduling, etc... Internal shuffles based on bilingual postings will stop once we have the positions assigned #2, 4, 6, etc....

ii. **Scheduled Stats (SB12) – Call back/Shift Trades/Advanced Scheduling**

1. CUPE said the opportunity for a call back on the SB12 is not available since it is in SchedPro. CUPE would like to be able to have the employee be called in and the stat day rolled back in their stat bank. MCMC stated that theirs is scheduled at the end of their 5 day off, they want to be able to work their night. In a multi-truck station, they are not able to be called back for the weekend as it is a stat. NB EMS will do this and Article 25.05



provides the process to how to handle if you work on a stat day and we will follow it.

iii. Roadside Posts

1. There are grievances in on roadside posts. CUPE is looking at Health and Safety issues with a WorkSafe officer. They would like to get as many roadside posts eliminated as possible. John stated we have eliminated a lot of roadside posts since go live. We have gone down to rotating every three hours. CUPE stated there are spots that are very consistent as road side posts. In Pennfield, the crew were denied being able to leave the roadside post in the winter, not being allowed a washroom break. NB EMS stated this should not happen, however, we need an incident report to investigate. Paul stated there are a few items being looked at for the Pennfield roadside post. They are actually posted at Irving where a washroom is available during the day. Paul stated to the best of his knowledge no one has been denied a washroom break during the day. Yvon stated we are looking at the SSP continually and a major review of the SSP is coming up. NB EMS stated there is no more funding for reduction of roadside posts at the moment. Call processing also has to be considered in making any changes. Chute times are way off. Paul mentioned that WorkSafe was already in for a visit and they were fine with our process.

iv. Discussion of the Article 31.06

1. Both parties have mutually agreed on the interpretation of lateral transfers being within a station and 9 months restricted if it is a change in a classification.

Follow Up: Beth to type up the process.

v. CQI – Global Assessments/RTP/Skill Restrictions



1. Concerns with skill restrictions coming out of RTPs. CUPE asked if the Training & Quality Assurance department and the Employer have the right and ability to limit someone's scope of practice as a paramedic. John stated we will have a responsibility to manage their performance. We do remediation to help them out. We are required to report to PANB whenever we see deficiencies. PANB has a code of ethic that must be followed. During the RTPs we are not looking for problems, our goal is to get the paramedics remediate and back to work. The only time we would take them off the truck is if there is a severe patient safety concern. Sometimes when they go through an RTP, we find global clinical concerns. Trent is wondering what the end result is, will the paramedic's employment be terminated. NB EMS responded quite possibly they could be terminated.

c. NB EMS Topics

i. Linguistic Profile and Job Postings

1. See CUPE # i.

ii. Concerns Around LOAs

1. NB EMS stated we have been getting several requests for LOAs. Unless it is for educational purposes, we are not going to approve it and it would only be approved based on operational requirements. If someone goes on an LOA and come back and take casual shifts, they will only be allowed to take casual shifts in their home station only. Karen Leonard confirmed their offer is still in their same spot (ie. FT).

iii. Replacement of Short Term Notice Vacation

1. Please see SchedPro notes.

iv. Discussion on Casuals



1. NB EMS has had a discussion on how many hours these individuals should be working. Casuals are supposed to be able to work, that's the point of being a casual. We would like to shorten the length of time from one shift every 60 days to one shift every 30 days. NB EMS is thinking of saying as a casual you have a guarantee of a certain number of hours per week but no guarantee of when the hours would happen. They would basically be full time "floaters". CUPE does not think we can do it because of the definition of casual under the Act. We have approx. 110 casuals currently. There would be some casuals that this opportunity would not be given too. We would have to send out job postings for these "permanent type" positions. NB EMS would use these types of positions to fill long term sick leave, vacation time, etc.....

Follow Up: NB EMS would need to come back with a proposal on this option.

v. Medics Who Have Potential Criminal Activities

1. Over the last five years, we have had several situations that have come up where medics have conducted a criminal activity while on duty. We as a company have not advised the authorities. However, on a go forward basis, we will be advising the authorities from a liability perspective. NB EMS is putting the organization in a precarious position thinking we can help them ourselves. We are obligated to advise the authorities. Investigations will be done by NB EMS and if we believe an illegal act has occurred we are obligated to report it to the authorities.

vi. ANB Scheduling Document (new version)

1. Karen Leonard provided an update on the changes to the Scheduling document. CUPE will be doing some checking on some issues. The rotating casual list is all ready to go in approximately two to three weeks. CUPE and NB EMS has mutually agreed to



start the rotating no list on June 20, start of the next eight week rotation.

Follow Up: CUPE will get back to us on their concerns with the Scheduling document.

vii. Point System For Uniforms (status update from CUPE)

1. Trent stated that their new web host that provides their website will have a survey tool and will include the uniform survey. Point system is still under consideration for uniforms. CUPE would like NB EMS to guarantee a compliment of uniforms which would guarantee that uniforms will be replaced if destroyed if they agree to go with the point system.

Follow Up: Once the results of CUPE survey comes in a committee will developed to discuss further.

viii. PT in a FT Moving Back

1. There was some confusion on NB EMS side of things. If a term is ending, a PT who is on a temp FT is moved back to their "home" PT spot so they can sign up for shifts for the next four weeks and they can keep the shifts they have been awarded in the temp FT spot. The issue is do we track it or automatically do it to move them back. CUPE and NB EMS mutually agreed that if an OM is aware it is ending, then to remind the employee the assignment is ending to see if they want to change their status. The onus is also there for the employee to contact the OM as well.

Follow Up: Karen to type up some wording for the scheduling document to approve for TA and job postings on those situations.

ix. Grand Manan Ferry

1. NB EMS has not been advised when a ferry run is going to be cancelled as of yet. This could affect our shift start time and they are also looking at saving fuel so slowing the ferry down that will increase the turnaround time to come back.



Follow Up: Further discussion will need to be had once decision is made.

x. Vacation Postponements

1. In the past, NB EMS has received a number of vacation postponement requests. Our new process will be that if you apply for a postponement we will allow up to 5 days to postpone and the rest will be paid out. You will apply as normal. OM will be responsible for signing off. **Update – as mutually agreed by CUPE and NB EMS we will be going with an amount of 45 hours to postpone.**

Follow Up: Beth to send out the memo for vacation postponement in May as normal.

xi. Symposium Update

1. EMS Symposium is being led by Gene Boles. NB EMS is a part sponsor. It will tie into the EMS Chiefs of Canada conference and the Link conference. NB EMS is trying to encourage medics to attend. We are working on possible incentives for paramedics to attend.

d. New Items Added

i. WorkSafe Decision (Section 19) CPR Miramichi

1. John updated that it has gone to WorkSafe and there is no claim. They cannot make a ruling on it until there is a claim. It is a practice across North America to do CPR in the back of the ambulance. A letter has been written to NB EMS and the complainant putting it back in the complainant's hand. It is an inherent risk. CUPE is wondering if we have thought about putting thumper pads in the ambulances. Yvon said there is a large cost to this and it would only assist with the CPR aspect. There are other reasons why you would have to unbuckle to provide medical intervention. CUPE said they will have to push this provincially.

Follow Up: Yvon to provide a copy of the report to Ralph.



ii. LODD Handbook

1. Yvon provided an update that we are working on a handbook to help us deal with the families of the deceased. We will share the document with CUPE but it is important to know we will work with the wishes of the family.

iii. CISM

1. CUPE stated we need to develop a better strategy on CISM. Caroline will be the new representative for CISM.

Follow Up: CUPE to speak with Bernard to see if is still interested in working with NB EMS on a marketing campaign/strategy to make sure medics are aware of the assistance that is available.

4. Next Meeting

- a. Next meeting will be scheduled for June 5, 2013 at 10am (Rooney). This has been updated to June 20, 2013 at John Street.

5. Adjournment

- a. Meeting was adjourned at 3:30pm.

Respectfully submitted and approved by:

Trent Piercy, CUPE 1252, Local 4848

John Dallaire, NB EMS



Appendix A – Meal Rules from LM June 2010

1. MEAL BREAKS/MOU

A discussion was held around the MOU for Meal Breaks. The MOU is to be followed as outlined. The following points are to assist in the determination of the Meal Vouchers:

Reasons you don't get a meal voucher:

- If you have had the opportunity to get back into your station area you don't get a meal voucher within the allotted time (3 hour window).
- If you stop outside your admin area on a transfer (and could have gotten back to your station) and don't get interrupted, you don't get a meal voucher.
- If you are in your station and did have a chance to get a meal break in the predetermined three hour window, you don't get a meal voucher.
- If you are in your station had a chance to eat but were not hungry then got a transfer and are now asking for a meal break, they will be denied a meal voucher.

Reason you get a meal voucher:

- If you were assigned to a station for a shift and then got sent to another station, during the time frame, they are allowed to get a meal voucher.
- You were interrupted during meal break in your station.
- Outside your station for the whole meal period (3 hour window), no matter what.
- You requested a meal break and MCMC denied (this does not apply if MCMC does rearranges meal time within the meal break window.)



Appendix B – List of Top Ten Items from Tour

1. **Scheduling:** a large number of town hall participants expressed an interest in a schedule where they work “4 on, 5 off.”
2. **Kit Design:** many paramedics do not think our current bag configuration is ideal for the job.
3. **New Ambulance Design:** lots of interest in hearing how our next generation of ambulances are going to look and operate.
4. **STAT Transfer:** you’ve told us they are being abused and have concerns over the number of long distance transfers taking place at night.
5. **Roadside Posts:** there are safety concerns over roadside posts, especially during adverse weather situations.
6. **Furniture:** discussion around the best furniture for our stations.
7. **Dress Uniforms:** many of you would like a dress uniform.
8. **Uniform Allowance:** there have been suggestions that we create a “points system” to make it easy for our paramedics to update their uniform with the articles of clothing they need, when they need them.
9. **Scheduling Software:** comments made that there should be a centralized system to direct scheduling, sick calls and vacation requests.
10. **Computers:** with the initiation of eLearning, some paramedics expressed concern about not being able to access a computer at the station.