



## CUPE 4848 and NB EMS

Labour Management Minutes

Thursday, February 9, 2012

### In Attendance

<b>CUPE</b>	Denis Beaulieu	Mike Harris
	Ralph McBride	Chris Kennedy
	Bill Flewelling	Trent Piercy
	Judy Astle	Bernard Soucy
	Dale Landry	
<b>NB EMS</b>	John Dallaire	Shirley Neville
	Edgar Goulette	Beth Simkins-Burrows

### Absent

<b>CUPE</b>	Steve Paisley	
<b>NB EMS</b>		
<b>Invited Guest</b>		
<b>Recording Secretary</b>	Beth Simkins-Burrows	

#### 1. Meeting Called to Order

- a. John called the meeting to order at 9:38am.
- b. John introduced as Edgar Goulette as Director, Support Services for NB EMS.

#### 2. Approval of Minutes from September's Meeting

- Minutes approved by Denis Beaulieu, CUPE and John Dallaire, NB EMS.

#### 3. Approval of Agenda

##### a. Outstanding Items

##### i. Provincial Travel Policy for training

1. John stated that usually the training is done at the station nearest the employee's home stations. The employee would come to Moncton if they needed to do special training at being at Rooney.



CUPE stated that has become mandatory training and therefore the travel should be paid by the Employer. CUPE stated that the medics feel it is a test but not a refresher and therefore very stressful.

***Follow Up: Judy to send some comments to Shirley, Edgar & John regarding how she views that the CRP can be improved.***

***Follow Up: John will follow up on the issues.***

- ii. Employees are being paid NB EMS wages as Super Users on SchedPro
  - 1. Super Users are not on a separate contract with NB EMS, they are ANB employees. CUPE's concerned is that many of them are working at home on SchedPro issues which should be done during their shifts at work.
  
- iii. Units
  - 1. Shirley looked at this issue and it was a onetime issue that they were asked to change in Riverview instead of Moncton because of a coverage issue in Moncton. It is not a common practice to change in Riverview. CUPE stated that it has happened more than once. John stated if it occurs in MCMC, NB EMS needs to be made aware of the issues so we can deal with them.
  
- iv. Vacation scheduling involving OT
  - 1. Shirley stated there is no directive that short term leaves will not be approved if OT is required. Shirley stated that all RMs and OMs have been informed to fill the short term leaves and that we would appreciate two weeks' notice if possible. CUPE stated there is a big issue in the North as it seems all short term leaves are being denied if it causes OT to be incurred. CUPE stated they have heard it is happening in other areas of the province. North is also short of casuals which could affect the approval of the short term leave request.
  
- v. Bilingual translation issues with Visinet in unit



1. NB EMS has made every possible change with Visinet to make it easier for the paramedics. CUPE said for some of the info that MCMC is loading on the Visinet, needs to be transmitted verbally as some medics do not read English. CUPE would like to see some of the comments transmitted verbally.

***Follow Up: Shirley will discuss this with MCMC on a way to improve the transmission of this info.***

vi. Return to work training and testing

1. CUPE stated there are concerns regarding the RTP being videotaped. John stated it is a good learning tool. CUPE stated it is ok if the video is being used as a learning tool not to find smaller points that the employee are doing incorrectly. CUPE would like to see the stress level reduced to help employees be more successful in the process. CUPE's overall goal is to make a better paramedic in the field by improving the training process.
2. CUPE is wondering about the "cheater" cards on the trucks and why they can't use them for the refresher course.
3. CUPE would like us to see the training more accessible, more practical for paramedics.

***Follow Up: NB EMS will have a discussion on this topic and will get back to CUPE with a response.***

vii. Health and Safety Committee are not able to function properly

1. John suggested that Marcus, Edgar, Judy, Denis, Chris and himself sit down and discuss the issues. CUPE's biggest concern was a recent health and safety concern that was received and addressed only by Marcus not by the Health & Safety Committee. CUPE stated the Co-Chairs should be the ones replying to the complaints/concerns.

viii. Meal MOA

1. The MOA is out there and everyone has it. If there is problem, CUPE is to let us know.



ix. Forced OT with units

1. NB EMS is doing what we can to eliminate the forced overtime and it has come down substantially. CUPE's biggest complaint is that they are not being allowed to go back to the station to change shifts when they are only a few kms away. This is usually because they are doing coverage as they are below ECO level. The strategy is to try and get the crew back to their bases 45 minutes before the end of their shift. There are still areas for improvement.

***Follow Up: Shirley will follow up with MCMC.***

x. TAs go out to casuals before PTs because of admin area

1. Once you get outside the station it is understood that seniority will be followed.

xi. Sick time notes

1. There are two components: (1) the long form is managed by HR and should only come from HR. The form should only be returned to Natasha Morehouse and not to the OMs. (2) Sick notes – NB EMS does have the right to ask for sick notes. It is not done for everyone, depends on the individual's situation. OMs will ask for the sick notes. CUPE would like suggest a face to face meeting when sick note is required. This meeting would include Wellness, OM, the employee and CUPE representative.

***Follow Up: Shirley will remind the RMs and OMs and ask them to follow the Article 27.***

xii. Acting OMs and FTPs

1. John stated they are not to be dealing with any discipline issues and that it is to be passed to the OMs and RMs. If CUPE hears of this they need to let NB EMS know so we can deal with it. Different issues exist in MCMC with the Casual OMs.

***Follow Up: Shirley and John will address the issues with MCMC.***



---

**b. ANB Topics**

i. Hockey Heros

1. CUPE is willing to committed five members but may look at putting in a team. CUPE will draw a name out of the hat.

ii. Community Funds

1. John stated we do have money that is available for the medics if they raise money, we will match what they have raised.

***Follow Up: John will have Isabelle contact Denis to discuss further.***

iii. Job Posting Process

1. John stated there are some issues when employees move to new positions. NB EMS would like to make the process more consistent. This will apply for paramedics in the field (not MCMC at the moment). It would include having a consistent date for postings, moves, etc... throughout the 24 week cycle. We would like to propose that the job postings process is all electronic to help with this new process and will be more consistent and will resolve leveling issues.

***Follow Up: John & Yvon will work on the communication plan for the new job posting. We will look at trialing on Week 10 (April 5, 2012).***



### c. CUPE Topics

#### i. Labour Management Training by Department of Labour

1. CUPE suggests that this would be a good idea to help with processes. NB EMS agrees with the training.
2. CUPE says that when things are agreed at Labour Management they should be implemented right away prior to the meetings being approved at the next meeting. This will delay the implementation of what has been agreed.

***Follow Up: Beth will create a summary document within a week of the Labour Management meeting which will outlines any items which will be agreed at the meeting. This will then be distributed to CUPE to review and then send out to all RMs and OMs.***

#### ii. Grievance Mediation by Department of Labour

1. Ralph will look at booking the Labour Management training and Grievance Mediation training.

#### iii. Shift swaps at the end of the shift ... policy

1. See the comments under "Forced Overtime" above.

### d. New Items Added

#### i. Workload – CUPE

1. CUPE mentioned that there is a memo in Campbellton that the 8 hour truck is not to leave Campbellton to do transfers. CUPE is wondering why. John mentioned that all job functions are to be equal.

***Follow Up: Shirley to follow up with Jacques and Julie.***



ii. CISM Process – CUPE

1. There is an issue that OMs are doing defusing and it is meant to be a peer support.

***Follow Up: Natasha to send out a reminder that OMs are not to be doing defusing, ok for them to talk to the staff but a trained defuser needs to be brought in.***

iii. inConnection – CUPE

1. Discussed that it is a rolling calendar month. It is a support system and HR is the only one who receives any information. If any employees have issues they should contact HR directly.

iv. T4s on line – ANB

1. John stated that the T4s will be on line for those who have signed up for on-line pay statements.

v. Town Hall Meetings – ANB

1. Alan would like to have town hall meetings in various areas of the province (not all stations). This would be an open discussion on items like where we can improve, what we have been doing that is good, etc... We would like to have it where a member of the Executive would be there along with medics in the area. CUPE thinks this is a good idea. If it is admin areas, CUPE feels it should be open to all. CUPE suggests looking at a new medic less than one year in the system, one medic 1 – 10 yrs and a medic 10 years above and a PC.

***Follow Up: John will work out the details with Judy and Denis.***

vi. VOKs – ANB

1. Shirley did a presentation on the launch of the new Clinical Protocols explaining the implementation dates.



vii. El Rebate - CUPE

1. John to follow up with the Director, Finance next week.

viii. 911 Campaign – CUPE

1. It is mainly driven against the govt. regarding deployment in the province of New Brunswick. CUPE is questioning the overall contract with the government.

ix. Denis has announced that he is stepping down as President of CUPE 4848 for personal reasons. Denis enjoyed the time that he has been able to work with us.

x. National Conference

1. Local 4848 is going to host a national EMS conference June 6 & 7 at Holiday Inn.

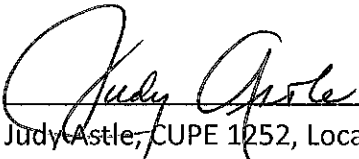
**4. Next Meeting**

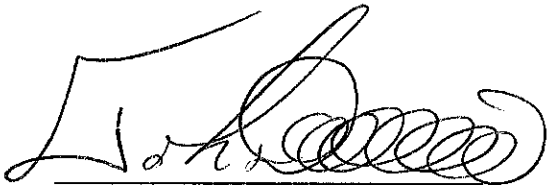
- a. Next meeting will be scheduled at a later date.

**5. Adjournment**

- a. Meeting was adjourned at 3:00pm.

Respectfully submitted and approved by:

  
Judy Astle, CUPE 1252, Local 4848

  
John Dallaire, NB EMS





---

## CUPE 4848 and NB EMS

### Labour Management Meeting – Follow Ups and Agreements

Thursday, February 9, 2012

#### Follow Ups

1. Employees are being paid NB EMS for super user on Sched-Pro

**Issue:** Would like to clarify where this is paid - ANB or NB EMS.

*Follow Up: It was clarified that the Super Users on Sched-Pro are paid through ANB in accordance with the CA pay schedule.*

2. Units

**Issue:** When there are shift changes in Moncton Medics are told to get unit in Riverview... need to clarify

*Follow Up: It was clarified that at shift change Medics do not take their vehicles to get a unit in Riverview. It is not the practice of the Eastern Region, there has been only one occasion where this has occurred.*

3. Vacation scheduling involving OT

**Issue:** There needs to be a clarification and understanding of vacation selected and scheduled as part of the CA April 15<sup>th</sup> process and selection after April 15<sup>th</sup>.

*Follow Up: It was clarified that there is no directive that short notice vacation request is refused if it incurs OT. Each request is managed on its own merits. Lengthy vacations should be requested as part of the vacation request process in accordance with Article 26. Operation to provide a message that there is no directive and if the request is submitted two weeks in advance we will fill it even if it means OT. All reasonable requests will be considered and every attempt will be made to grant the short-notice vacation request. If there are no medics available or for operational reasons the request may be denied. In the formal vacation process (April/May) vacation request will have a firm decision; there will not be a pending approval.*



#### 4. Bilingual translation issues with Visinet in unit

**Issue:** It was recognized that Visinet is bilingual as possible, but the medics sometimes need clarification on issues and since some are unilingual French they would prefer notes, if possible and voice contact in their language.

*Follow Up:* Shirley has discussed with MCMC on a way to improve the transmission of this info. Message has been distributed to MCMC by the first week in March regarding proper language communications to medics.

#### 5. Return to work training and testing

*Follow Up:* The process is as identified above:

- i. *The RTP applies when a medic is returning to the field after a 60 day leave.*
- ii. *They are required to do a mandatory RTP with a Field Training Paramedic (FTP). This will act as a refresher to prepare them for return to the ambulances. This process is completed in the Medics admin area.*
- iii. *The Medics are provided with documents and reading reference material in advance of the RTP. See below*
- iv. *They are compensated for this mandatory training. There was discussion around no compensation. We have checked our records and medics are compensated for the initial RTP. Even if they have some short comings and need an extra session within a few days. Sometimes, if the Medic is on WCB, they are paid through WCB, and based our self insured contract with WCB; we reimburse WCB for the compensation. ANB are attempting to assist the Medics in every way possible so s/he remains an active productive employee within ANB.*
- v. *87 % of Medics are successfully with the RTP at the first stage. If the Medic is unsuccessful with the mandatory RTP at the first stage. Usually the Medic struggles with pharmacology. If so, usually 4 sessions of 4 hours each where an FTP spends time with the Medic through a specific pharmacology module. These can be done on the Medics own time and the FTP is available for questions. If this is unsuccessful, they then would move to a 30, 60 and 90 day program. The 30, 60, 90 day program is not*



*mandatory as our expectations are they should have been able to retain their basic PCP skills to re-enter the workplace, with a simple refresher.*

- vi. Because our expectation is they should have known the material at the initial mandatory training, we will not compensate for the retraining for the 30, 60 and 90 day program. The FTP will be provided for the 30 and 60 day sessions, as these are educational only, and the session will be conducted in the employee's admin area.*
- vii. The 90 day session is to evaluate the employee's preparedness to return to work following the 3 month preparation phase and education sessions with the FTP. This session will be conducted by a Clinical Coordinator and is videotaped for the benefit of the employee and the Coordinator as an educational tool. There is no compensation to the Medic. At this point ANB has high concerns; subsequently the shop steward is also invited to view the session.*
- viii. A formal document is currently in progress and the Executive will be briefed and provided the document. The document will become part of the RTP process.*
- ix. Here is a sample of what is included in the letter/information that is provided to Medics:*

Your Clinical Restorative Process (CRP) has been assigned to FTP XXX. The CRP will take place on January 3<sup>rd</sup>, 2011 at the Fredericton Fleet Center and will start at 1300.

The following information will serve you in preparation to return to work, each element should be reviewed prior to your clinical restorative process.

- Review your policies, procedures and protocols (adult and pediatric).
- Review your medications
  - Classification
  - Mechanism of action
  - Indications
  - Contraindications
  - Doses (adult and pediatric)
  - Side effects
- Also be able to calculate and administer medications

All this information can be found on the Ambulance New Brunswick website:

<http://www.ambulancenb.ca/en-us/Pages/home.aspx>

Press the following:

- o Employee sign In
- o Training and Quality Assurance
- o Medical PPP Manual



You should also go to the Education ANB website and complete the following courses prior to attending your CRP.

Go to: <http://educationanb.medavieems.com/>

Press the following:

- o Complete Course List
- o Clinical

Complete the following courses:

1. Cardiac Arrest Procedures Review
2. Acute Coronary Syndrome
3. Practice Drug Calculations

If you any questions feel free to contact me!

6. Health And Safety Committees are not able to function properly.

**Issue:** Committees are not able to function properly.

*Follow Up: There was a meeting held prior to Christmas to discuss issues. It seems they may be resolved. If necessary, the representatives from the Executive may want to meet with Marcus, Edgar and HR. The Executive will determine whether a meeting is required.*

7. Meal MOA:

**Issue:** MOA's not being followed and we need to make sure it is followed by all. It has been clarified several times, it is a matter of following it... the union will be asked to provide areas where it is not being followed.

*Follow Up: We have communicated the Meal MOA. Our understanding is that it is being followed. If there are cases where it is not we need to know.*

8. Forced OT with units

**Issue:** There is an outstanding grievance that needs to be resolved.

*Follow Up: We all agreed that forced OT has diminished over the past two years. Realizing that forced OT is sometimes necessary, Shirley has communicated with MCMC to ensure dispatchers are using discretion when putting a vehicle into a forced OT situation.*



9. TA's go out to casuals before PTs because of admin area

**Issue:** It seems that TA's are being offered to Casuals in the admin area prior to PT medics... TA offering needs to be clarified.

*Follow Up: TAs is offered within the station in accordance with the Collective Agreement. It was agreed, in accordance with the Collective Agreement, outside the station TA's can be offered at the employer's choice, however, the employer follows the process when possible to offer based on seniority.*

10. Sick time notes:

**Issue:** Process of asking for a sick time note is going to be grieved... we need to explain and clarify the process and the note.

*Follow Up: Shirley will remind the RMs and OMs and ask them to follow the Article 27. Shirley has communicated with the RM's to remind OMs to ensure sick time notes are followed in accordance with Article 27. The long form for work limitations is managed by Wellness and direction to OMs. Long form work limitation information is to be submitted in a sealed envelope by the medic directly to Wellness. Wellness will submit the process to Operations by the end of February. This has been completed.*

11. Acting OMs and FTPs

**Issue:** We need to clarify the role and authority of Acting OM's and FTPs... This has been an ongoing issue of some Acting overstepping duties and authority. We have always indicated that authority/discipline will be performed by the NBEMS Management, not the Acting

*Follow Up: Shirley has confirmed that Acting OMs and FTPs are not to engage in a disciplinary role. Shirley has communicated this to OMs and RMs.*



## 12. Community Funds

*Issue: There is funding available to support Medics in local community fundraising events.*

*Follow Up: John has connected the NB EMS Communications Department with Denis to discuss further.*

## 13. Job Posting Process

*Issue: The inconsistencies between admin areas with regards to postings, awarding positions, extra shift postings and date of moves.*

*Follow Up: Management presented a systemic schedule base on the 8 week rotation that would be applied across the Province. The schedule will identify when postings will be posted electronically, when they will be awarded, when the move to the new position will occur and when extra shifts will be posted and awarded. The process will bring consistency to all admin areas and Medics will be aware of when items will be posted. Management and the Union agreed to trial the process starting the week of April 10<sup>th</sup>. Beth will also research if the job posting number can be pre-populated when the candidate applies for a position.*

## 14. Labour Management Decisions

*Issue: When decisions are agreed to at Labour Management there is a delay in implementation.*

*Follow Up: Beth will create a summary document within a week of the Labour Management meeting which will outline any items which have been agreed upon at the meeting. This will then be distributed to CUPE to review and then sent out to all RMs and OMs.*

## 15. Workload (8hr truck in Campbellton) – CUPE

*Issue: It is understood that there is an agreement that the 8 hour truck in Campbellton and Dalhousie do not move out of their area:*

*Follow Up: Shirley to follow up with Jacques and Julie. We are not aware of any agreement except the peak ambulance who do not do long transfers. This applies across the province.*



## 16. CISM Process – CUPE

*Issue: It was indicated the one of our Ops Managers did a CISM session.*

*Follow Up: It was clarified that our Ops Managers are not trained in the CISM process. They may inquire with the Medic if they are OK. Wellness will send out a reminder that OMs are not to be doing defusing, ok for them to talk to the staff but a trained defuser needs to be brought in. The Ops Manager in questions was approached and indicated he did not perform a defusing and without a specific incident cannot indicate what happen. Reminder has been sent.*

## 17. Switch Shift Policy

*Issue: The policy has been in limbo to long, need to get agreement.*

*Follow Up: During discussion at Labour Management agreement on the policy was reached and Beth will send the Switch Shift Policy to Yvon to review for sign off. Draft policy has been sent to Yvon for review.*

## 18. Town Hall Meetings – ANB

*Issue: Management suggested having an open discussion with Medics to get their input of the positives and the concerns they may have. Attendees from Management would be Alan Stephen and John Dallaire.*

*Follow up: the suggestion was made by the Union to have Medics with less than 1 year, 1 to 10 years and plus 10 years service. No presentations, open discussion. John will work out the details with Judy and Denis. After exploring the various options we are looking at hosting two optional sessions in each region and all are invite. Management will have Alan and John present. We may bring someone from communications as a scribe. No presentations, open discussion. Invites will go out the first week of March.*



## 19. EI Reduce Rate savings:

*Issue:* When will management provide employees with their EI Reduce Rate money?

*Follow Up:* In accordance with the EI Rebate Program the Employer has to apply for the rebate and it is awarded based on the employer having a Disability or Sick Leave program. The rebate (5/12 of the overall savings) is to be issued to the employees in one of three ways: a) a cash rebate, b) new employee benefits, c) increased employee benefits. If the rebate is based on benefits identified in the collective agreement, a written agreement needs to be drawn up.

Over the last three years we have not returned the rebate to the employees, it is approximately \$45 per employee. Our reasoning is ANB is providing benefits in return, as follows:

- *a sick leave program (identified in CA)*
- *life insurance (identified in CA)*
- *short term sick assistance program funded by ANB*
- *employee assistance program funded by ANB*
- *CISM program financially supported by ANB*
- *ANB provides annual Christmas meal and summer BBQs*

If following the Gov't EI rebate program, we would like to create an agreement with the union regarding benefits provided in the CA.

## Forced Overtime:

*Issue:* MCMC are sending crews to post in their last 90 minutes of their shift and not rotating them back to the station for shift change.

*Follow-up:* MCMC makes every effort to rotate the crews into the stations towards the end of their shifts. The best practices booklet has provided direction to the dispatcher and has enabled us to reduce this practice. MCMC Ops Managers continuously remind dispatchers of the SSP deployment practices and guidelines.