



CUPE 4848 and NB EMS

Labour Management Minutes

Thursday, October 11, 2012

In Attendance

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

Absent

CUPE	Mike Harris	
NB EMS		
Invited Guest		
Recording Secretary	Beth Simkins-Burrows	

1. Meeting Called to Order

- a. John called the meeting to order at 10:00am.
- b. Introductions were done for new members to Labour Management.

2. Approval of Minutes from July's Meeting

- Minutes approved by Judy Astle, CUPE and John Dallaire, NB EMS.

3. Approval of Agenda

- a. Follow Ups from July 2012 Meeting



- i. John will discuss with RMs if we are going to require the medic to have a subpoena for court appearances. We will advise CUPE of our decision
 1. ***NB EMS will want subpoenas (court document) for the medics when they go to court.*** *L4848- REFER ALSO TO ARTICLES 29.04 JAP*
- ii. CUPE would like to know what our average "true" sick time is for medics with the long term WorkSafe claims, maternity leaves, etc... removed. John to provide.
 1. ***See below – ANB Item III.***
- iii. John will forward themes to CUPE from the ANB tour.
 1. ***See below – ANB Item Vi.***
- iv. Edgar, Marcus & John will meet as to how we address the issues from the JHSC committee meetings and come up with a plan.
 1. ***The meeting was held on JHSC and a process is in place to resolve the issues and keep the group communicating on resolutions to the outstanding items.***
- v. JP and Craig will do a follow up on the documentation to make sure it is available for MCMC in regards to Hazmat and to see if the process can be improved.
 1. ***Completed***
- vi. Michelle to investigate the situation in St. Stephen where the Coordinator always gets backfilled with an acting coordinator.
 1. ***Completed***
- vii. NB EMS to send a reminder email with the CISM process to all ANB staff.
 1. ***Will send another reminder out to the staff.***
- viii. Natasha will contact Bernard Soucy to design a communication plan to promote mental health well being.
 1. ***Natasha has made the initial contact with Bernard.***
- ix. John to speak with Alan on uniforms.
 1. ***Completed***
- x. NB EMS to have a further discussion on long term permanent roadside posting.
 1. ***Working on issue.***
- xi. Edgar to look into WiFi.
 1. ***Edgar is working on this issue.***



xii. RMs will speak with the OMs to remind them to do the internal shuffles first.

1. *RMs agreed to do this.*

xiii. In regards to CUPE's role at the meeting. CUPE did not agree with the statement from July's meeting.

1. *This was clarified in today's meeting*

b. CUPE Topics

i. Internal shuffle process

1. CUPE stated it would be beneficial to do the internal shuffles. This has been discussed at past LMs and CUPE just wants to make sure it is clear that this is being done. The agreement is that the shuffles are within the stations (multi truck stations or single truck station), as long as the length of the shifts are the same. It does not matter if the rotation is different as long as the shift length is the same (12 hour rotations: DDNN for DDNn or DDDD for DDDD or DDNN for DDDD or 8 hour day rotation for 8 hour evening rotation as per CUPE). The shuffle is only to be done within the station (not the admin area). CUPE stated we need to always take into consideration Article 31.07 for accommodations. NB EMS agreed the accommodations would be the first priority. Yvon is concerned about the shuffles when it comes to meeting our language requirements and clinical requirements. John stated we need to make sure we are meeting our contractual obligations with the Language Commissioner of the province. It is challenging to deal with. NB EMS stated that we are trying to make sure we always have one bilingual medic on each truck to meet our obligations. John mentioned that we have some strategies coming up where we might want to use some of the medics currently on WorkSafe and bring them in to do some project work as a type of accommodation.

ii. Electronic postings and awarding



1. CUPE would like to see us send out the hard copy of the job posting. NB EMS would prefer to deal with any technical issues.

Follow Up: NB EMS will put a note along with the job posting schedule in the stations to say if you are having technical difficulties please contact your HR Consultant – Beth to coordinate.

CUPE has concerns that there is about four weeks when the position is awarded that the medic cannot sign up for shifts in their new station during this time. CUPE stated that some admin areas have emailed signup sheets to incoming part time employees and manually moved the employee in and out of station to award the shift. Can HR communicate when they are making the job offers for the medics to speak with their new OM to sign up for shifts in their new stations.

Follow Up: John to follow up with Mike Simpson on this. Beth to communicate to the HR Consultants.

iii. Members meetings with management

1. CUPE stated that the employee has the right to representation in any meetings that a member may have with management. They have to have some ability to represent the member and their rights. CUPE stated the shop steward will not speak for the member but must have the ability to consult with the member. John stated that we have had in the past shop stewards who have tried to speak for the employee and John stated we do not want this to happen. Consultation is fine between shop steward and member. CUPE doesn't want the shop steward being told by the OM that they are not allowed to speak. John stated this should not be happening. Also if the member needs five minutes with the shop steward to speak, this should not be an issue with NB EMS. If there is an issue with CUPE representation, make the Executive aware and they will deal with it. If a member refuses union representation, just have the member sign something saying that



they refused representative. Role of the rep is to advise, clarify questions and any additional information that the shop steward feels need to be presented during the meeting. Ralph has also mentioned during clinical situations they want a union representative there and the member does have the right to take someone and that that shop steward must maintain confidentiality regarding the meeting. In these cases the shop steward is more of a witness than anything else. NB EMS would ask that the shop stewards conduct themselves in a professional manner that is all we ask.

iv. Employee orientation

1. CUPE will be attending the NEO presentation.

Follow Up: Lise to follow up with Trent on next dates.

v. RTW process

1. CUPE would like clear documentation on RTW process.

Follow Up: Edgar to document the process. See Appendix A.

vi. inConnection

1. CUPE stated the medics feel that they feel they are being harassed by the inConnection case managers - tone of voice and the fact they have been told by the case manager they will tell their employer that they are not cooperating. NB EMS confirmed that we do receive a report from the carrier on "Unable to Contact". No discipline has been handed out using the "Unable to Contact" report.. Bottom line inConnection is a service that is provided to help the employee. inConnection is basically a "live" yellow pages providing access to various providers, ie. addiction programs, places to rent medical aid equipments, assistance in finding childcare services to name a few.

c. ANB Topics



i. Part-timers and benefits & Shift Rotation (4/5)

1. John mentioned there was an audit that was done by NB EMS where we were questioned by PNB Insured Benefits. Our PTs should be .33FTE in order to receive group benefits. Our PTs are actually .30FTE and do not technically qualify for benefits. ANB has approx. 110 PTs. Insured Benefits has asked how we are going to deal with this situation. The worst case scenario is they lose their benefits which we do not want to do, another option is to sign up for extra shifts. The last option is the 4/5 potential new rotation which was mentioned by some of the medics at the Town Hall sessions. Trent is wondering how the 4/5 would work and how does it affect any of the positions. John mentioned there is no effect to the positions. It is the same rotation as MCMC which would be a 9 week rotation. Ralph mentioned some medics won't like this. It would affect those medics who hold two PTs as they would no longer be able to hold both as the rotations would conflict. If we go with 4/5 we would use a systematic approach probably at the end of a 24 week cycle. The other alternative would be for them to pick up extra shift. Ralph asked what if we schedule them into the system. John would prefer not to do this as they would not want to do the shifts necessarily that we pick for them. Trent would like to see the new schedule on rotation to see what it looks like. Ralph said that we could schedule the PT and management has the right to do this. Ralph thinks we should consider scheduling the PTs since we have so many open shifts.

Follow Up: John to forward the new template schedule to CUPE. Then a meeting specifically on this topic will need to be scheduled with CUPE and NB EMS. CUPE would like a copy of the total hours by each PT employee for the last calendar year. John to provide.

ii. Allowance program for uniforms

1. John mentioned that uniforms came up on the tour several times. MCMC has created a new design for MCMC uniforms at the staff's



request due to the fact they are being stopped at accident scenes and are not able to assist on the calls where they are not medics. During the tour, the medics asked to have some sort of point system where they can pick the qty of uniforms (ie. some prefer more pants and less shirts, etc...) they may want. John asked CUPE if they would like to have joint committee with NB EMS to look into this option further. CUPE says we are open to this. They feel their members would like to have the option of what they want. CUPE would like this committee to look at the overall look of the uniform as well. CUPE will have the four regional presidents in consultation with the members (via a survey) report back to NB EMS. NB EMS will have the four RMs on the committees.

Follow Up: CUPE will come back with what they feel the structure of the committee should be.

iii. Short term vacation request

1. John stated we are still approving them based on operational requirements. Some employees are still believing that it will automatically be approved no matter what – this is not the case. Our sick time is still very high – equivalent of **17 – 8 hour shift per employee per year** (this would equal 11.33 twelve hour shifts/year for employees as per ANB reporting.. John stated we are going to start looking at the abusers as we need to start dealing with this. As John mentioned we had agreed that if NB EMS approved the short term vacation request the sick time would go down and this did not happen over the summer. The investigation of the abusers would be done by the Human Resources department – it will start with letters, doctor certificates, reminders to the staff that unless you have told us you have a medical issue then maybe it is abuse. The 17 shifts indicated above does not include our WorkSafe claims. NB EMS Disability Consultant will oversee all letters being sent in relation to potential abuse of sick time.



iv. New uniforms for MCMC

1. Showed new uniform, no complaints

v. Bag Kit Pilot

1. Have one more trial on the bag kit and then will provide feedback.

vi. Medics Concerns

1. NB EMS stated that Judy attended all the town halls. We had about 57 sheets of comments. NB EMS picked the top 10 to deal with immediately. The list was presented to CUPE at the meeting (see Appendix B). NB EMS will give an update how we are making out on these top 10 at our next meeting then will gradually add other topics to this as we finish some. Yvon mentioned we are working on adding a second computer to multi-unit stations, has started in some areas.

vii. Safe Driving Recognition Program

1. Driving and backing up collisions have gone way down, NB EMS said congratulations. NB EMS would like to look at a form of recognition – perhaps by station or admin area. We are not sure of the details just in the initial phase. NB EMS is wondering if CUPE would be interested in assisting us with this initiative. CUPE would not like to see anyone singled out for the award. NB EMS stated that we drive 9.6 million miles in a year! CUPE would be fine in giving input but it should be driven by the company. NB EMS would ask CUPE to give some suggestions.

viii. Joining two lone medics from different stations

1. NB EMS stated that we have had medics start their shift in one station their partner did not show up so we moved them to another station and they will work out of the new station for the shift. NB EMS wanted to make it clear that we need to merge them together to keep a truck in service. CUPE understands that the medics may need to change their station as long as there is a



reasonable travel and keeping in mind health and safety for weather advisory or poor road conditions during the winter. If there is no partner for them and no other to match them up, they can take a vacation day if they prefer.

ix. Home stations for Casuals on LOA

1. NB EMS stated when we have permanent employees (ie. FT or PT) on LOAs they usually work casual in the home station they left. We do have some who have moved to another location and want to be on the casual list not the NO list for that new station. NB EMS stated we are holding your position in that station that is why you can't become a casual in another station that is not your home. The NO list is used for those who wanted to work in other stations. These people are not casuals they are actually permanent employees on a leave. CUPE asked us to continue to follow our practice for employees who are on LOAs when it comes to working casuals.

Follow Up: A meeting between CUPE and NB EMS was held on October 19 and both parties agreed this was mutually beneficial to both.

x. Winter tires

1. We have started to put winter tires on trucks and they will be all ready by the first December 2012.

xi. Dress uniforms

1. NB EMS stated we do have a dress uniform that we have selected and will allow the paramedics to purchase them through payroll deduction over two years – the cost is approx \$550.

xii. Linen in Stations

1. NB EMS stated that the RHAs say we are piling up linens in our stations. The RHAs are monitoring what we are taking. In the past crews were bringing in more linens than necessary. We need to



watch the budget on this. We do not want an over stock of linens in the stations.

d. New Items Added

i. No List (CUPE)

1. CUPE would like to know what we are doing with the NO list. The NO list has to rotate (if not technically then manually). It is a direct violation of the CA as the shifts are not being offered equitably. CUPE cannot wait to have this resolved with the new scheduling software, it has to be fixed sooner than that. If we can't do it manually then don't have a NO list which would cause trucks to be parked. If we do not fix it, CUPE will be filing a grievance to push it forward to adjudication.

Follow Up: John will present possible solutions by the next Labour Management meeting.

ii. 24 hr Rotations (CUPE)

1. CUPE would like to sit down and discuss the topic again with NB EMS. John stated if it comes it would be more at the executive level.

iii. Word "Supervisor" on SchedPro needs to be changed

1. CUPE would like to have this changed back to Coordinator and Casual Coordinator.

Follow Up: John to follow up with Mike.

iv. Spelling of Boiestown and Nackawic

Follow Up: John to follow up with Mike on correcting the spelling.

v. Deployment

1. CUPE would like follow up meetings on deployment, some topics were captured in the provincial tour. CUPE has points to add on SSP and deployment in the province. CUPE has a deployment



committee organized. CUPE mentioned we have staggered the start time, CUPE is wondering if we changed the EOC level. NB EMS said not necessarily. CUPE mentioned the peak trucks are starting to do forced overtime again which was supposed to be reduced do to the staggered start time (ie. Quispamsis). Ralph said we need to look at a truck that is almost out of service then being taken for a second call which could put them in forced OT. CUPE stated that paramedic crews should be placed "Out of Service" once cleared at the hospital from late call and return to station, used only if closest unit for a 911 call. Paramedic crew on roadside should be returned to station if relief is available at station. JP suggested the medics put in an incident report so we can investigate.

Follow Up: John will follow up with Alan to schedule a meeting. Michelle to look at Quispamsis area for forced OT.

vi. Inconsistencies across the province

1. NB EMS understands there are some inconsistencies across the province. This was also noted at Local 4848 AGM as a primary concern to their members. We are having an operations meeting next week to discuss as a group or try to resolve them.

vii. CISM

1. Medics are still finding that CISM is not being accessed as it should. CUPE would like to see debriefing taking place more often with multi-agencies and RHA staff. Follow up call was done by Beth on incident in Tracadie in which CISM was offered.

Follow Up: Beth to have CISM process sent to all the Executive and Regional Manager.

viii. Black Box (Gas & Diesel Units)

1. CUPE stated on the gas truck they have to recalibrate the RPM horn if you are accelerated up a hill.

Follow Up: Edgar to discuss with Fleet.



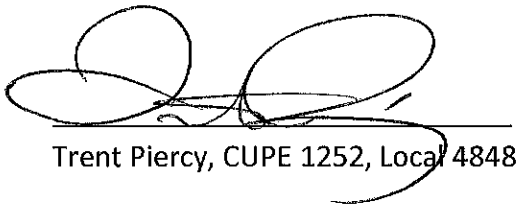
4. Next Meeting

- a. Next meeting will be scheduled for Thursday, November 29, 2012 at 10am at Rooney.

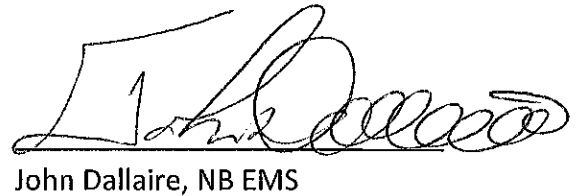
5. Adjournment

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

Respectfully submitted and approved by:



Trent Piercy, CUPE 1252, Local 4848



John Dallaire, NB EMS



Process: Clinical Return to Practice

Prepared by: Eric Beairsto

Date: November 5, 2012

Purpose:

In order to be considered clinically current, an employee must fulfill a minimum of one (1) shift with Ambulance New Brunswick (ANB) in a clinical capacity within each sixty (60) day period. In cases where a paramedic has been absent from clinical practice for more than sixty days, a Clinical Return to Practice (RTP) session is required. This document outlines the RTP process and the expectations of the paramedic before and during the session.

The RTP session is meant to provide the paramedic with any educational sessions missed during their absence as well as an opportunity to refresh skills, review protocols, policies and medications, and any other needs identified such that they return to work competent and confident.

Process:

The Training and Quality Assurance (T&QA) department will be made aware of a paramedic's intent to return to work by their Operations Manager or Human Resources staff who will provide the tentative return to work date as well as the date he/she last worked. The notice should be given as early as possible to the T&QA department; ideally, a notice of at least two (2) weeks in advance is required in order to allow time to arrange the session.

The T&QA Coordinators will review the paramedic's educational needs and build a list of objectives to be addressed during the RTP session. A letter is then sent to the paramedic describing the date of their RTP, the Field Training Paramedic (FTP) assigned, and some information that will assist them in preparation for the

session. Most notably, that the paramedic should review his/her protocols, policies and procedures paying close attention to the medications, doses, indications, contraindications etc, and to be able to calculate medication doses. A link to the ANB website where this material can be found is provided in the letter.

Additionally the paramedic is requested to complete the *required* on-line courses that they have missed during their absence and is encouraged to complete other *non-required* courses prior to the session. In both cases, a link to the site and instructions on how to log-on are provided.

During the RTP session, the paramedic is expected to function in alignment with the knowledge and skill set of a Primary Care Paramedic as defined by the current National Occupational Competency Profile (NOCP).

Following the session, the FTP will complete a report for the T&QA Coordinators review. The Coordinators will determine if the paramedic is ready for reinstatement or will require additional remediation to address identified issues before full reinstatement.

A letter is then provided to the paramedic, through their Operations Manager, describing a successful session and return to work, or, in the case of an unsuccessful session, a letter is sent describing if there are any scope of practice restrictions and the plan for remediation.



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.