



CUPE 4848 and MHSNB
November 27, 2019
10:00 am – 2:30 pm



In Attendance

CUPE	Andrew McLean	Greg McConaghy
	Joe Cormier	Sam Leblanc
	Yanick Mongeau	Philippe Noel
	Pat Hepditch	Chris Wall
	Scott Gavel	
MHSNB	Beth Simkins-Burrows	JP Savoie
	Robin O'Hara	Craig Pierre
	Jacques Charest	
	Paul Boudreau	Caroline Lumsden
	Daniel Bourque	Bryan Harris

Absent

	Michel Gravel	
Invited Guest	Jeannik Gallant	
Recording Secretary	Caroline Lumsden	

1. Meeting Called to Order at 9:59 am.
2. Introduction of New Members.
3. Approval of Minutes from June's Meeting.
4. Approval of Agenda
 - a. Follow Ups from June's Meeting

i. Sick Time – medical notes needed – MHSNB.

The current calculation for the absent rate has not been calculated yet. The new attendance support program will likely not be ready until the New Year. MHSNB will revamp the current program in the meantime.

CUPE and MHSNB agree that if someone is believed to have abused sick time MHSNB has the right to investigate and ask for a doctor's notes. Letters of expectations are for those that have continued absenteeism issues/culpable absences. These individuals will be required to provide a doctor's note when they return to work. The doctor's note has to be dated for the absence/illness period and provided as soon as they return to work. If an employee is out for one day they are expected to go to the doctor the date of the illness. This is to curb the abuse of sick time.



ii. Roadside Post – MHSNB

MHSNB reports getting accurate reports of chute times. They are working with IT to generate those reports. The reports are currently being tested. The system is generating reports for a 90 second or more Out of Chute time. Anything above two minutes is highlighted in yellow. Current Out of Chute time policy is:

- 12 hour units have a 1 minute chute time for 911 calls and emergency transfers.
- 12 hour and 24 hour units have a 3 minute chute time for an assigned post or non-emergency transfer.
- 24 hour units have a 1 minute chute time for 911 calls and emergency transfers from 6am to 8pm daily. This changes to 2 minutes for the night portion (between 8pm and 6am the next day) as it is understood that the crew may be resting. It may take a bit more time to respond.

MHSNB would like to publish the chute times by district or regions.

The reports do not include the PTUs. CUPE states that sometimes a transfer is dropped on employees as soon as they log in, before they have a chance to do the truck check.

Shift changes that delay the chute times will be considered in the report but the manager will have to look at them on an individual basis. The report is using CAD data but it considers other factors as well. There are known anomalies with the reporting system, an example would be the clocks not in sync.

MHSNB will release the report to the labour management committee first to see if there are any questions and/or concerns. Both parties agree we not want to create havoc by releasing the data to the staff before reviewing.

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Follow up: MHSNB will have a report ready for the committee January 15 to capture the month of December.

iii. Uniforms – MHSNB

When the MCMC uniform list was uploaded to the site it was not the correct list, it was the paramedic list. This has been corrected. Some MCMC employees want items on the paramedic list is possible.

CUPE states that some items are still missing on the MCMC list (shirts, dress pants). In addition, there are some sign-in issues, which MHSNB are working on. Some of the allotments were incorrect, however, the majority of them have now been fixed.

If there are any issues with the system CUPE should advise Operations and they will look into it.



CUPE states the 3 in 1 jacket is not part of the yearly allotment, and staff are entitled to a jacket once every three years. The MOU currently does not state that it is available every three years.

Follow up: Review the MOU on uniforms and adjust accordingly (timeline for 3 in 1 jacket).

iv. Transfer System updates – MHSNB

MHSNB are in the final stage of purchasing new transfer software which will hopefully help with ensuring meals and breaks for those working on the PTUs. We will be reviewing the data as the project will be live for one year in March. Such items as hours, utilization rate, transfer rate on weekends. We may need to relocate some of the hours to Monday to Friday. We would prefer not to put them on nights. It is not right to move patients in the middle of the night and most transfers are done before 5pm.

Feedback from medics is that they are happy and so are the healthcare facilities. This shows us that the system is working.

This allows single truck stations to have their ambulance at the station rather than doing transfers.

MHSNB states we may have to look at the schedule and it could be possible we change some PTU's to 10 hour shifts rather than 12 hours. There are some times when the PTUs are sitting at the stations not doing transfers.

MCMC will contact some of the facilities that are making PTUs wait longer than the 45-minute timeframe. MCMC is aware of some issues at the Moncton facilities. MHSNB and CUPE agree that at times we are spending too much time waiting for patients.

CUPE asked about the the Campbellton truck in Fredericton, if it will be going back to Campbellton. MHSNB is hoping that the next NEO intake will be in February and will be able to staff the unit in the community.

v. 15 minute breaks – MHSNB

This was related to the PTUs who are being run off their feet. After a discussion, MHSNB feel it is improving. MCMC is keeping an eye on this. MHSNB agrees that the staff need their 15 minutes breaks.

CUPE has not noticed an improvement. MCMC staff try to give them a break however; it is just not possible sometimes.

CUPE wants to know if employees are unable to get their 15 minutes break, how can they be compensated.

Follow up: MHSNB to look into compensating medics who do not get their break.

vi. Internet Coverage – MHSNB

There have been huge connectivity issues. The hardware has arrived to fix the issues. Unfortunately MHSNB does not have the IT staff to install the hardware. Some work is being done in the background until the hardware can be installed.



CUPE asked if there is an issue with employees hotspotting? IT does have an issue with staff using hotspot. Not having internet is effecting day-to-day operations. CUPE has raised this as an OHS issue as incident reports cannot be sent.

Follow up: Craig to follow up with IT as to what sites staff will be allowed to access. MHSNB will keep CUPE updated on the status of the hardware install. JP to have a discussion with the IT Director about hot spotting.

vii. Internal Shuffles – MHSNB

MHSNB and CUPE agree that no more internal shuffles will occur. There may be times when management will execute their right to shuffle employees around based on individual circumstances. There should be very limited occurrences and MHSNB appreciate the CUPE's support. CUPE will be involved in any movements as the union needs to be involved. Confidentiality will always be respected.

Decision: Internal shuffles will cease except for individual circumstances which will be reviewed between Operations, Human Resources & CUPE.

viii. Meals for in-services - MHSNB

The MOU is drafted. The RMs will review and it will be provided to CUPE next week.

Follow up: MHSNB to provide MOU to CUPE by December 6, 2019.

b. CUPE Topics

i. Unilingual crew requesting bilingual paramedics

There have been two occurrences in Saint John, where the patient has requested a bilingual paramedic. The unilingual crew requested a bilingual crew, however, they were denied by MCMC and told to use the language line. This situation was over a year ago. MHSNB states it is difficult for us to look into after a year.

CUPE asks why when there is a bariatric patient, two crews are sent but why can't a bilingual crew be sent in addition to a unilingual crew. MHSNB states two crews are sent for bariatric patients due to safety. The policy is to use the language line.

CUPE states that in some areas in the South cell phones do not work so the language line does not work.

If the resource is available to have a bilingual paramedic, why can't they be used?

CUPE states the issue is staff in the south are being denied positions because they are not bilingual, they are asking for help, and it is denied.

ii. Adverse Weather – Emergency Preparedness/activation

CUPE states that Riverside-Albert Station is not wired for a generator. MHSNB states that Riverside-Albert it set to get a new station shortly so we will not be investing funds in the existing station when we are moving shortly.

CUPE states that issues are raised during health and safety meetings, however, things are pushed to SMT for approval. There is no plan in place to get generators to those stations that do not currently have them. CUPE states employees should not



be asked to move generators and it should be the managers. MHSNB agrees employees were only asked as a contingency.

Not all stations will receive generators.

Only those trained are able to operate the generators.

There is an update to the adverse weather policy (policy 4020), which will be loaded on the website soon. An extra bullet has been added to the policy to cover hotels and wages for employees during adverse weather. The employee would ideally pay and then be reimbursed, however if that was not possible alternate arrangements can be made.

CUPE asks if an employee is scheduled to work the next day after having to stay overnight at a hotel, are they expected to work. MHSNB states yes. The employee is expected to work as they would be able to rest at the hotel and are expected to have a spare uniform at the station.

Follow up: Beth to talk to Marcus to assign someone to create a plan to move generators to the stations and a safe work procedure needs to be in every station.

Beth to discuss with TQA about an e-learning module for training on the generators.

iii. Snowbrushes (Vehicle Roofs)

CUPE would like to know if they are ordered. MHSNB states that snowbrushes have been approved but not ordered. We want a product that will not ruin the paint on the trucks and not pull the AVL pucks off the top. We also require a safe work procedure. CUPE states snowbrushes need to be at all stations. MHSNB states that approval is only for stations (about 30 stations) without a garage not for all stations. We have not had snowbrushes for the last 11 years.

CUPE states it is the operator of the vehicle at fault if ice flies off the truck not the employer.

Follow up: JP to meet with Marcus and Danny and to follow up with CUPE.

iv. Operations adding to MCMC dispatchers (sick calls/call outs)

MCMC staff getting asked by a PC to find another PC to cover shifts because their shift is almost over. There have been several cases of this. It should be the PC finding another PC not MCMC staff.

CUPE would like a refresher for the PCs on what the procedure is if they are doing call outs, get a transfer or 911 call.

Follow up: RMs to reach out to their PCs and explain the process.

v. Facilities Management/maintenance

There are two stations in the south (Kingston and St. Martins) when something goes wrong with the facilities, the timeline to get things done is unreasonable (ie. toilet backed up for days). Is there a way to get this stuff fixed faster?

MHSNB has a process in place but sometimes it is difficult to get a plumber to the station. The landlords also sometimes delay resolving the problem.

At the Hampton station there is a smell issue due to the sewer traps not being sealed properly, which has not been fixed.

Every district probably has a few stations where the property owner is not following the contract.



MHSNB states it does take some time to fix issues, which has caused frustration for management as well.

Follow up: JP will follow up with facilities manager.

vi. Seat-to-seat with a nurse

CUPE wants to know if it is the nurse that decides whether a seat to seat can be completed or not. MHSNB states the nurse has the clinical decision on the call not the paramedics. The nurse has the ultimate say.

vii. Inner Executive follow ups

MHSNB wants to ensure that the purpose of the inner executive committee is clear to everyone. The goal was to get things accomplished that could not be completed by the larger committee. The expectation is that things are kept confidential until the bigger committee is aware. Topics discussed were:

Lone Medics: JP has a meeting booked with the department of health for December 18.

Snowbrushes: discussed above.

Generators: discussed above.

Shift overruns – are there codes in payroll to capture this: yes, there is a code in payroll to distinguish when it is an overrun.

Sick notes: discussed above. MHSNB will not pay for day-to-day doctor's note however will pay the fitness to work forms when requested.

Chute times: discussed above.

PTUs: Beth to follow up regarding grievance.

Palliative Care Project: Trying to get together with CUPE and NBNU to provide an update on the HSCC and EMP Care Coordination centre. Finding it difficult to find a date that works for everyone.

Meal allowance: there was an issue with a meal allowance in the West, which was resolved.

Sign up sheets: there was an issue, which was resolved. CUPE states the sign up sheets work better than the telephony. Sign up sheets are out to the end of January in the East. If MHSNB stops using the sign up sheets it will be stopped across the entire province not just one region. The sign up sheets are here for the time being. CUPE states that there is an issue with the auto-dialer after hours and staff not meeting their 6 minutes to accept the shift. The auto-dialer is not a good replacement for the sign up sheets.

Staff are missing calls because they are working and cannot answer the phone while driving.

Follow up: Paul to talk with Mike and Karen and have a focus group with medics on the telephony project in the South.

viii. Bariatric Equipment

CUPE states many patients are heavy and we do not have the equipment.

JP states he has made the request to have five bariatric units. There would likely be one in every region. The addresses are flagged in the CAD. The units would have special equipment such as tarps and lifts. The request will be presented to the ANB Board next week and hoping for approval.



CUPE states every truck should have a tarp. A request was sent in to Karen, however, CUPE has not heard back.

MHSNB is looking at different units as well. CUPE asked if bariatric items could be left at stations similar to the Remote Rescue equipment that could be brought to patients who have been identified as bariatric and who we respond to frequently until such time as bariatric units are approved.

Follow up: JP to follow up with Karen and will advise if bariatric units are approved.

c. MHSNB Topics

i. Sick Notes

Discussed above.

ii. Adverse Weather

Discussed above.

iii. Frequency of Labour Management Meetings

CUPE wanted to block dates for future meetings. MHSNB has no issue of booking dates ahead of time, however, they may need to be rebooked if something comes up.

We would like to book five meetings a year in February, April, June, September and November.

CUPE suggests a meeting every six weeks alternating between inner executive and labour management. Start with an Inner Executive for January. Inner executive meetings will continue to be held in Moncton.

Follow up: Beth to map out the meetings.

5. New Items

i. Medications - CUPE

CUPE has concerns with the manner in which the medication is stored in the trucks related to temperature control. MHSNB is aware and is working on the issue.

Follow up: JP to look into issue and Beth to follow up with Marcus.

ii. Meal break

Staff need to have their 45-minute break within their 3-hour window. If an employee does not get their full 45 within the window, they will get a meal voucher.



6. Next Meeting

Respectfully submitted:

Andrew McLean
CUPE 1252, Local 4848

Beth Simkins-Burrows
MHSNB