



## FREQUENTLY ASKED QUESTIONS – APRIL 9, 2020

As the COVID-19 outbreak continues to raise new questions among the membership, this second CSSEA Info containing the latest frequently asked questions round up our most commonly addressed member inquiries. Together with the attached original FAQs, we hope it can be used as a helpful one-stop resource for members continuing to address novel questions in their workplaces.

**Despite messaging on best occupational health and safety (OHS) practices we are utilizing and the April 4, 2020 notice from the Medical Health Officer on how to stay safe in the social services setting, we are still experiencing a number of employees who are reluctant to come to work. Have other employers reported what they are doing to show employees that their safety is a high priority?**

A number of employers have advised CSSEA that a fair amount of time is needed to both ensure that safe practices are adopted in the workplace and that this is conveyed to concerned employees. Time must be invested to communicate in both a group setting and in individual conversations specific to the worksites/programs. Some employers are explaining that the willingness of employees to remain at work as essential employees is a function of the trust that they have in them as an employer. Some employers have shared that they are prepared to demonstrate the best and safest practices to employees to show that they believe appropriate precautions are in place. Other employers have also put in place particular strategies for maintaining physical distancing and the separation of employees from possible exposure, like limiting the amount of staff at the office/worksites at one time; for example, placing staff on rotations that involve periods of time (eg. 14 days) not working, and periods of time (eg. 14 days) working in the office/worksites.

The April 4 notice from the MHO provides welcome guidance to employers and it should be made readily available to staff. Ultimately it is up to each employer to determine how to best follow the direction of the MHO and to be in compliance with WSBC regulations.

**Some employees refuse to return to work after self-isolation or to be redeployed. We have reviewed all of our appropriate safety practices/procedures with them. If they don't come to work, should they be placed on an unpaid leave of absence?**

As mentioned in the April 4 bulletin from the MHO: "It is vitally important that front line providers of social services continue providing essential services to vulnerable populations and implement as many public health measures as possible to prevent and control COVID-19 in their facilities." (<https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/covid-19-pho-letter-to-social-sectors.pdf>)

Employers must rely on employees to report for work unless they are not required. If the employer has had a discussion with the employee on the reasons for continued refusal, there are no exceptional circumstances, and a reasoned assessment is made to schedule the employee to work, then employee must report for work. If the employee does not report to work and does not resign, CSSEA recommends that at this time, the employee be notified that they are on an unauthorized leave of absence and their circumstances will be more fully addressed following the pandemic (discipline is not recommended at this time as employers will want to consider whether there are further factors to assess at a later date). As the employee is on an unauthorized leave of absence, their benefits beyond 20 days would not continue to be

paid by the employer. They should be advised of this in writing so that if they elect, they may continue to be covered by benefits if they prepay in advance for them.

**As our staff are now essential service employees, can we require them to work in situations where public health has advised them to self-isolate but they are asymptomatic? Does the MHO bulletin of April 4, 2020 change anything?**

Yes, the bulletin clarifies the self-isolation requirement. Note that the bulletin states that where there are critical staff shortages, “essential staff with exposure to COVID-19, who have no symptoms and are not sick, can come to work provided they are self-monitoring AND they self-isolate immediately if they develop symptoms. If masks are available, they should wear a mask.” (emphasis added)

Despite of the province's best efforts, personal protective equipment (PPEs) are still in short supply in many locations, and employers are recommended to follow PHO guidelines when prioritizing PPEs based on available supply and in accordance with their health and safety protocols.

**Some of our staff are working from home. Others have not been asked to work from home and are claiming unequal treatment. How can this perceived disparity be addressed?**

Many employers have developed criteria for determining whether employees can work from home and have shared them with staff. The criteria include whether: direct care is required; the service can be delivered remotely; face-to-face interactions with clients are necessary; the employee/employer have the necessary equipment available to enable working from home; privacy issues can be addressed; health and safety issues can be properly addressed; and the home space is suitable for working. Employers should discuss the application of the criteria with concerned employees based on their specific circumstances.

**Some of our employees have had a lingering cough for several weeks now. We believe that they may be able to work, but we are concerned about how they may present to clients and other staff. Can we err on the side of caution and have employees return to work when fully symptom free?**

Yes. They would continue to remain on sick leave status until ready to return to work.

**The April 4 bulletin from MHO seems to reference that employees can self-isolate based only on online self-assessments. Is this a change in how employees are to get approval to self-isolate?**

CSSEA continues to advise that employees who are asymptomatic and directed to self-isolate receive that direction from their physician or public health/8-1-1 professionals. Some support of this direction is still required, even if it is only the name of the 8-1-1 professional providing the direction and the date/time of the conversation. Self-isolating employees can, where feasible, work from home while asymptomatic, and should be directed to complete the daily self-monitoring form for symptoms: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/COVID19-Contact-monitoring-form.pdf>

**We are looking to redeploy some staff and it will involve a short notice of shift change. Do we have to pay the premium set out in Article 15.5(c)?**

Employers should do their best in the circumstances to review redeployment of staff with their union representative. The unions have indicated that they understand the requirements to reassign and redeploy staff and are prepared to discuss the waiver of this article in appropriate circumstances. If the discussions have not occurred and the union has not waived this provision, it will apply. Some employers are discussing this with their union representatives in the context of labour/management committee meetings, as well as other staffing challenges/solutions and finding these meetings to be

an effective forum. CSSEA recommends that employers enhance the use of their labour/management committee meetings as a forum for discussing the human resource staffing challenges they face, with a view to promoting understanding of them amongst all staff and exploring constructive solutions.

**We have had some constructive discussions with our union representatives on the redeployment of staff. Is it necessary to negotiate and conclude memoranda of agreement to confirm arrangements?**

Responding to staffing challenges is often time sensitive. While the discussions are helpful in promoting understanding and exploring solutions, it is not necessary or always possible to engage in negotiations and finalize memoranda. It can suffice for employers and unions to note the topics discussed and the understandings reached, and confirm this in emails to one another. Time need not be spent negotiating formal memoranda given time sensitivities and rapidly changing work environments. If waivers are granted to certain collective agreement provisions, like the premiums for short notice of schedule changes, this can be noted. A list of employees working specific new shift times/locations can also be noted, along with the date that the new shifts commenced.

If significant amendments to terms and conditions are being explored, like changes to wage rates, this must be done with CSSEA involvement and support and to ensure that there is a coordinated and consistent response in the social services and broader public sector.

**Can CSSEA provide an easy to read chart for all of the various types of leaves that may be granted at this time?**

A chart on the various reasons for leaves and their corresponding employment status is below:

Reason for Leave	Type of Leave/Status
Flu/Cold like symptoms	Sick leave
Possible COVID-19 symptoms	Sick leave
Confirmed COVID-19 virus	Sick leave
Asymptomatic and directed to self-isolate by 8-1-1 or health care professional or Provincial MHO due to: <ul style="list-style-type: none"> <li>• Direct exposure to COVID-19;</li> <li>• Direct exposure to person presenting with COVID-19 symptoms;</li> <li>• return from international travel prior to March 13, 2020; or</li> <li>• other reasons as directed by public health.</li> </ul>	14 Days Self-Isolation on fully paid leave (and continued accrual of all benefits) *  If directed by 8-1-1, provide some proof of direction, at least date and time of call, and name of directing individual.  Complete daily self-monitoring for symptoms.
Return from international travel after March 13, 2020	14 Days Self-Isolation – Unpaid leave of absence due to non-compliance with PHO direction.
Employee with pre-existing medical condition that elevates risk of serious health consequences due to COVID-19	Provide some proof of pre-existing condition that excuses the employee from work due to elevated risk - Sick leave (disabled from working).
Employee unable to find child care directly related to COVID-19;	Unpaid leave of absence. May use banked time first like vacation, overtime, but not sick leave.

Employee needing to care for a loved one directly related to COVID-19	
<p>Refusal to work.</p> <p>If safety related, follow OH&amp;S investigation procedures. If work not deemed to be unsafe, require employee to continue to work.</p> <p>If employee continues to refuse to work, remind employee of essential nature of work and the need to provide services.</p>	<p>If employee does not report to work as scheduled and does not resign, notify employee that they are on an unauthorized unpaid leave of absence and the management response will be made at a later date following the crisis. Notify employee in writing that benefits coverage ceases after 20 days but they will be allowed without prejudice to pay for own benefits for the time being.</p>
Employer directs employee not to work, as the employee poses a risk of carrying and transmitting the virus.	<p>If employee has symptoms, place on sick leave.</p> <p>If employee is asymptomatic, secure direction from public health. If directed by public health to be placed on leave, then fully paid leave for 14 days.</p>
Exhausts sick leave bank credits	Apply for EI

**Notes:**

- *If employee becomes sick during self-isolation, switch to sick time upon presentation of symptoms. Some employers prefer to retain employees on fully paid time for the duration of this 14 day period, if the employee develops symptoms after starting self-isolation and fully recovers prior to the conclusion of the 14 day period, as it is administratively easier. As pay for self-isolation is not covered by the collective agreement, there may be flexibility available to employers to do this.*
- **MEDICAL NOTES:**
  - No Proof Needed:**
    - For sickness after presenting with symptoms.
    - For return to work following recovery from illness that is not COVID-19.
    - For employees returning to work from self-isolation and who declare that they are symptom free.
  - Some proof needed:**
    - For direction to self-isolate when asymptomatic.
    - For a pre-existing condition that places the employee’s health at elevated risk if they continue to work. This includes a statement that they have a compromised immune system.
    - For employees returning to work following recovery from COVID-19.