

**QUESTIONNAIRE FOR OPSEU LOCALS ON SARS**  
***Please submit by August 31***

Local # _____	Employer: _____
Dept/Program area: _____ Worksite/campus: _____	
Job Title/Classification: _____	
Union position(s) (if any): _____	
Contact information (requested but optional):	
Name: _____	Work phone: _____
e-mail address: _____	Home phone: _____

**A. General**

1. Did your facility have any suspect/probable SARS patients?

Yes  No

2. Did any staff member contract SARS in your workplace?

Yes  No

If yes, were any of those who contracted SARS members of the OPSEU Bargaining Unit?

Yes  No

Please provide as much detail as possible (e.g. numbers, classifications).

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3. What could or should have been done to prevent staff or patients from contracting SARS?

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4. Were you or other OPSEU members quarantined from your workplace at any time during the SARS outbreak?

Yes  No

Please provide as much detail as possible (e.g. numbers, classifications, length of time, whether income was lost).

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5. What consultation, if any, occurred in your workplace between front-line workers and management about dealing with the SARS outbreak?

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## **B. Communicable Disease Protocols/Policies**

6. What policies/protocols were in place prior to SARS to protect workers from potentially infectious respiratory and droplet/contact exposures?

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7. What protocols/policies should have been in place?

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8. What changes, if any, have been made to these pre-existing policies/protocols?

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9. Have these changes met your concerns?

Yes  No

If no, what further changes should be made?

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10. Before or during the outbreak, were there any problems with

- a) Availability
- b) Guidelines/Direction
- c) Training

Concerning the following:	Yes	No
<input type="checkbox"/> Isolation/Negative pressure units	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clean-up/Showering facilities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gowns	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gloves	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Protective eyewear	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stryker suit or other full body protection	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Masks/Respirators	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fit-testing of masks/respirators	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide details of the problems \_\_\_\_\_

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11. Have any problems been adequately addressed for the future?

Yes  No

If no, please provide details \_\_\_\_\_

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12. Concerning Ministry of Health and Long-Term Care (MOHLTC) Directives (including the March 29, 2003 directive requiring personal protective equipment (PPE) to be worn “by all staff when in any part of the facility” and the May 31, 2003 directive requiring full SARS precautions by facility staff “in all patient areas”), were staff regularly and clearly informed about MOHLTC Directives?

Yes  No

If no, please provide details \_\_\_\_\_

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13. Were the directives followed? Yes  No

If no, please provide details \_\_\_\_\_

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14. Were staff provided with the equipment/resources needed to follow the directives?

Yes  No

If no, please provide details \_\_\_\_\_

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15. Is SARS screening of patients taking place currently?

Yes  No

16. Is SARS screening of staff taking place currently?

Yes  No

### C. Staffing Practices

17. Did staffing practices (shift scheduling, use of casuals, etc.) contribute in any way to the SARS 1 and 2 outbreaks and/or to the difficulties experienced coping with these outbreaks?

Yes  No

If yes, how did those practices contribute?

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### D. Staffing Levels

18. Did staffing levels contribute to the SARS 1 and/or 2 outbreaks?

Yes  No

If yes, how did staffing levels contribute?

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19. Did your employer experience staffing shortages during SARS 1 and/or 2?

Yes  No

If yes, how did your employer deal with staffing shortages during these periods?

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20. Have any staffing shortages now been fully addressed?

Yes  No

If no, what steps should be taken?

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21. How is your employer dealing with workload issues as “a new normal” is implemented?

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22. Did your local sign any letters of agreement to deal with workload issues during SARS?

Yes  No

**If yes, please provide a copy.**

### **E. Occupational Health & Safety**

23. Was there proper provision for occupational health and safety for employees during the SARS outbreaks?

Yes  No

If no, what were the shortcomings? \_\_\_\_\_

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24. Did JHSCs meet to deal with SARS related occupational health and safety issues in your workplace during the outbreak?

Yes  No

If yes, how often? \_\_\_\_\_

If no, was that because your employer denied a request for a meeting by an OPSEU or other worker rep? Please provide details \_\_\_\_\_

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25. Did anyone from your workplace call the Ministry of Labour to try to involve them with SARS-related health and safety issues?

Yes  No

If yes, what was the Ministry's response? Please provide details \_\_\_\_\_

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26. Did you have any occupational health and safety concerns during the outbreak?

Yes  No

If yes, how were these concerns addressed and/or what steps were taken by you, the employer or the union.

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27. What further steps, if any, should have been taken at the time?

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28. Are there any more steps that should be taken now? \_\_\_\_\_

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29. Has your employer accommodated pregnant workers?

Yes  No

If yes, how has your employer accommodated these members?

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30. Has your employer accommodated workers with health conditions that prevented them from wearing the respirators?

Yes  No

If yes, how has your employer accommodated these members?

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## F. Other Comments

31. Do you have any other comments? What recommendations for changes or improvements would you like to see from the SARS Commission?

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**Please submit as an attachment to an e-mail to:**  
**[lmccaskell@opseu.org](mailto:lmccaskell@opseu.org) or [taversa@opseu.org](mailto:taversa@opseu.org)**  
**OR fax to Lisa McCaskell or Terri Aversa at 416-443-0553**  
**OR drop it off at your Regional Office**