

August 25, 2004

The Honourable Justice Archie Campbell,
Commissioner,
Commission to Investigate the Introduction and
Spread of SARS in Ontario
180 Dundas St. West, 22nd Floor,
Toronto, Ontario M5G 1Z8

Dear Mr. Justice Campbell:

**OPSEU Response to June 30, 2004 Request for Views and
Recommendations on Legal Lessons Learned**

This letter responds to the Commission's request by letter dated June 30, 2004 for the Ontario Public Service Employees Union's ("OPSEU") views and recommendations with respect to the legal lessons learned from SARS including any recommendations in respect of the *Emergency Management Act* and the *Health Protection and Promotion Act*, specific health emergency legislation and the emergency use of confidential health records.

We confirm that you will be consulting with us separately on the issue of Occupational Health and Safety legislation. OPSEU has already provided the Commission two submissions with respect to occupational health and safety issues including the lessons learned in that area. (see OPSEU/ONA Final Recommendations to Justice Campbell regarding: Occupational Health and Safety Matters arising from SARS, July 2004 and ONA/OPSEU Joint Report on Health and Safety Matters arising from SARS, November, 2003) Our views in this letter are further to those submissions and OPSEU looks forward to providing further consultation and input on the occupational health and safety issues.

Background

OPSEU represents approximately 28,000 health care workers. It has approximately 15,000 members in the hospital sector, most of whom are members of regulated health professions such as respiratory therapists, x ray technologists, laboratory technologists, physiotherapists, occupational therapists, diagnostic imaging technologists, speech therapists and many others. This sector also includes OPSEU members who are cleaners, office and clerical workers, and other non-regulated health care workers.

OPSEU also has approximately 50 bargaining units, representing approximately 2,000 members in the community health care sector, such as community care access centres and public health units. In the community care access centres and related units, OPSEU represents both direct service providers, such as nurses, therapists and personal support workers, as well as support staff. In public health units, OPSEU represents public health inspectors, nutritionists, tobacco prevention workers, dental hygienists, dental educators and others.

OPSEU members who contracted SARS were those who delivered patient care, as well as clerical workers in hospital admitting departments.

As the SARS Commission is aware, the SARS experience took an incredible toll on health care workers. Health care workers accounted for over 40% of SARS infections. During SARS, approximately 30,000 Ontarians and health care workers, including numerous OPSEU members, were put into quarantine. In addition to the 10-day quarantine mandated by Toronto Public Health when SARS exposure was suspected, many health care workers who continued to work in SARS-affected hospitals were required to isolate themselves from their families during the course of the outbreak. Many such hospital staff also were ostracized from their families, friends and community.

A. *Lessons Learned*

There is much to learn from both the negative problems and positive solutions which occurred during the SARS outbreak in Toronto and this knowledge provides useful lessons for future health emergencies.

Central Role of OPSEU's Members in Emergency Health System

A key lesson learned during the SARS crisis, which has already been noted in your Interim Report is the need to recognize and support the central role played by front line health care workers in any emergency situation. As health care workers, many of our members are professionally responsible for safeguarding the health of Ontario's citizens through prevention, care and health promotion activities. Many systemic errors were made in the crisis as a result of the failure of the health care system to acknowledge and act on this reality. Again, as you noted in your Interim Report, the failure to properly inform, consult and heed the advice of front line health care workers had serious consequences for OPSEU's members and other Ontarians.

In addition to the failure to consult with our members, the SARS crisis demonstrated a failure to take our members' interests into account when developing health care worker protocols and addressing health care worker safety. As set out in our earlier submissions dealing with health and safety

issues, OPSEU members received little or no guidance with respect to how they could ensure their safety during SARS. The provincial government's directives did not, for example, address issues affecting x-ray technologists performing chest x-rays to diagnose SARS or respiratory therapists who performed functions critical to the diagnosis and treatment of SARS patients. Similarly, laboratory workers dealing with blood samples from probable or suspect SARS patients received no guidance, nor did clerical workers who worked in hospital emergency admitting departments, which received SARS patients.

Ontario requires a public health and emergency measures system which legally recognizes OPSEU's health care professional members as key partners with doctors, health care management and government officials in the delivery and management of the health care system. Specifically, front line health care professionals must be centrally involved in planning for and executing the health measures which are necessary in an emergency.

The *Health Protection and Promotion Act* ("HPPA") has as its central mandate the same responsibilities as many of OPSEU's members - delivering public health programs and services, preventing the spread of disease and promoting and protecting the health of Ontarians (s.2). The *Emergency Management Act* provides broad powers for the province and municipalities to respond to and manage emergencies and was implemented to deal with the health emergency of SARS.

It is necessary to have specific legal mechanisms in place to ensure that Ontario's citizens will be able to have the full benefit of OPSEU members' advice, expertise, care and knowledge both between and during the next health care emergency crisis.

Health Care Workers' Collective Bargaining Rights Must be Respected

A disturbing aspect of the failure to recognize the value and role of health care workers in the SARS crisis was the frequency with which hospital employers overrode collective agreements and unilaterally imposed new terms and conditions of employment on health care workers. In particular, employers overrode collective agreements on issues related to, among others, reassignment of workers, ordering members to work, cancelling approved vacation and site containment strategies. One of the most problematic issues was the way in which some employers dealt with compensation of health care workers during SARS. Some hospitals unilaterally gave bonuses, additional pay and/or gift packages to some but not all members of their bargaining units.

In addition, at the end of May, 2003, during the period commonly referred to as SARS II, a number of hospitals (North York General Hospital, St. Michael's Hospital, The Scarborough Hospital and William Osler Health Centre) agreed with the Ministry of Health and Long-Term Care to the

creation of the "Interim Healthcare Alliance". This coalition of hospitals opened SARS units and dedicated staff to these units. The Alliance hospitals further jointly decided to compensate staff, including OPSEU staff, assigned to work with SARS patients, at an enhanced level. This enhanced level of compensation, which was in breach of collective agreements, was not discussed with or agreed to by OPSEU. Rather, it was directly communicated to the staff at the hospital. Neither was it sanctioned by the Ontario Hospital Association or the Ministry of Health and Long-Term Care.

Positive and Creative Steps

The SARS crisis also led to some positive and creative steps which can now be drawn on in planning ahead for future health emergencies.

For example, early in SARS, an ad hoc committee ("Committee") to address issues arising out of SARS workplaces was established by the Ministry of Health and Long-Term Care ("MOHLTC"). It was comprised of representatives of the MOHLTC, the Ministry of Labour, WSIB, the OHA, various affected hospitals and most of the health care unions, including OPSEU.

The Committee met approximately once or twice a week, either in person or by teleconference, commencing from April 1, 2003 into June, 2003. The issues discussed included staffing, health and safety, movement of staff between facilities and compensation issues. The Committee did have serious limitations. The enhancements given to staff by hospitals, as outlined above, were neither communicated to nor approved by the Committee. In addition, the Committee did not solve many of the communication problems that existed during SARS, and OPSEU representatives were frustrated that many of their questions were not answered and that crucial information was not available to them, in spite of the Committee meetings. OPSEU's participation in the meetings obviously did not result in consideration of their members in the directives the government was issuing.

However, on the positive side, the Committee did discuss and approve creative staffing solutions to the SARS crisis. For instance, rather than enhancing pay, it concluded that the preferable approach was to shorten work hours for staff working in SARS units with no reduction in pay. In addition, the Committee agreed to a Compassionate Assistance Program which provided compensation to health care workers who suffered financial loss due to the impact of SARS.

A further positive solution arising out of SARS was the way in which certain ministries consulted with OPSEU and clearly communicated with OPSEU members. For example, at the Ministry of Public Safety and Security, by March 28, 2003, regional teleconferences involving senior ministry officials, superintendents, area managers and OPSEU health and safety

representatives were underway. SARS information bulletins were posted in all ministry operational locations, the SARS Screening Questionnaire had been developed and was being used and various reports of possible inmate and staff exposure were being actively followed up.

By March 29, 2003, additional SARS measures were implemented at that Ministry. OPSEU health and safety representatives were active participants in the development of these measures. When employees were advised of the implementation of these measures, it was through a memo jointly signed by the Assistant Deputy Minister, Adult Institution Services and the OPSEU Co-Chair of the Ministry Joint Health and Safety Committee.

As a result of this thorough and speedy action that included meaningful employee involvement, OPSEU received very few requests for information or assistance from members in this Ministry.

The ad hoc Committee, Compassionate Assistance Program and Ministry of Public Safety and Security protocols are examples of the types of positive, creative solutions which can be achieved through consultation with health care workers' unions in advance of and during an emergency.

B. Recommendations

The lessons learned in the SARS crisis as detailed by OPSEU in this and its previous submissions and as reflected in the Commission's Interim Report all point to a single recurring theme – Health care workers must be accorded sufficient legal protections so that their advice, expertise, health and employment interests are appropriately respected and acted upon. This leads to OPSEU's first overriding recommendation:

General Recommendation:

The key roles, responsibilities and rights of front-line health care workers in the health care system must have the necessary legal protection in all relevant legislation including specific laws such as the *Emergency Management Act* and more laws such as the *Health Protection Promotion Act*.

Emergency Management Act and Special Emergency Health Legislation Recommendations

OPSEU recommends the following measures to better ensure the necessary protections for health care workers and the establishment of

appropriate lines of accountability between health care workers and other partners in the emergency health care system:

1. *The Public Hospitals Act should be amended to provide that each hospital¹ should have in place a health emergency plan in advance of any emergency. Where the hospital is unionized, the health emergency plans should be negotiated with unions through collective bargaining to address issues affecting the employment conditions of health care workers. Issues to be bargained and included in the health emergency plan should include:*
 - a. *deployment of staff during an emergency;*
 - b. *scheduling and hours of work for health care workers during an emergency;*
 - c. *pay for health care workers during an emergency, including any entitlement to emergency premiums and protection from financial disadvantage caused by the emergency;*
 - d. *plans for staffing an emergency, including whether staffing should occur on a voluntary basis and whether those who volunteer should be entitled to premium pay;*
 - e. *training health care workers for the implementation of emergency plans, both in advance of any emergency and during the emergency;*
 - f. *training health care workers for additional health and safety issues arising during an emergency;*
 - g. *management of health care worker stress during an emergency;*
 - h. *protection of occupational health and safety standards during an emergency;*

¹For the purpose of these submissions, “hospital” is as defined in the *Hospital Labour Disputes Arbitration Act*, R.S.O. 1990, c. H.14, that is: “any hospital, sanitarium, sanatorium, nursing home or other institution operated for the observation, care or treatment of persons afflicted with or suffering from any physical or mental illness, disease or injury or for the observation, care or treatment of convalescent or chronically ill persons, whether or not it is granted aid out of moneys appropriated by the Legislature and whether or not it is operated for private gain, and includes a home for the aged.”

- i. impact of restrictions on health care worker employment during an emergency (e.g. restrictions placed on those who work in more than one facility);*
- j. impact on health care workers caused by the shut-down of facilities, including in terms of compensation;*
- k. workers requiring particular accommodation during an emergency, for example, pregnant workers or immunosuppressed workers;*
- l. workers required to be placed in quarantine during an emergency;*
- m. long-term impact on health care workers caused by the emergency ; and*
- n. vacation entitlement during an emergency.*

Some of the above issues, such as those dealing with compensation, should be bargained between central parties, while other issues, for example scheduling and hours of work, should be bargained locally according to principles determined by the central parties.

It is critical that the emergency plan be bargained with OPSEU, as well as other unions, so that OPSEU's members are not disregarded in a future emergency.

Emergency Declarations and Procedures

- 2. A health care emergency should be declared at a provincial level by the appropriate governmental authority and not by individual hospitals. An emergency at one hospital might easily have an impact on other hospitals in terms of redeployment of staff and patients, for example.*
- 3. A central coordinating health authority should be authorized to take charge of an emergency and ensure that consistent and accurate information is disseminated to unions and health care facilities. The committee which prepares and issues directives during a health emergency should include union representation. Again, it is critical that OPSEU have representation on the committee so that consideration is given to health care workers other than only doctors and nurses.*
- 4. Health care workers should have a process to effectively report their concerns during an emergency, for example, with respect to the emergence of a new cluster of the disease. During SARS, health*

care workers were not provided an avenue for their input and concerns they tried to raise, including with respect to patients they suspected had SARS, were not heeded.

5. *A provincial ad hoc committee, similar to the one in operation during SARS, should be struck during a health emergency to deal with ongoing issues that arise. The committee should include representation from all affected unions. Each hospital should also strike an ad hoc committee with union representation to deal with issues that arise throughout the emergency. This committee should include representation from the public health sector as well as to facilitate the integration and coordination of response actions and services between hospitals and public health services.*
6. *Following all emergencies, a study should be carried out at each facility to determine the emergency's impact, including on health care workers, and to evaluate the success of the emergency plan.*
7. *In addition, following all emergencies, a study should be carried out by the appropriate central body analyzing the effectiveness of the emergency planning system in protecting the health of Ontarians and respecting the rights of health care professionals.*

Collective Agreements

8. *Legislation should specifically provide that the declaration of a provincial emergency and/or special health emergency does not abrogate any legal rights, except those expressly identified. While the declaration of an emergency does not currently suspend collective agreements or otherwise limit employees' rights, hospitals took that position during the SARS crisis and, accordingly, a specific legislative provision is required.*

Health and Safety

9. *Unions and Joint Health and Safety Committees should be immediately notified upon the declaration of an emergency and/or special health emergency.*
10. *Health emergency plans should address how the facility will obtain adequate supplies of protective equipment during an emergency. During SARS, health care workers repeatedly reported the shortage of personal protective equipment, including proper respirators.*
11. *It should be specifically provided that the declaration of an emergency and/or special health emergency does not permit the circumvention of occupational health and safety obligations and legislation.*

12. *Health care facilities should be required to consult with Joint Health and Safety Committees throughout an emergency.*

Protection from Liability

13. Many of OPSEU's members have obligations to act in a professional manner as provided for under the *Regulated Health Professions Act*. They also have common law duties of care to their patients. Because of these obligations, health care workers may face College disciplinary proceedings, civil proceedings and other proceedings for conduct required of them during an emergency which in a non-emergency, would be unacceptable: for example, leaving one patient because of being ordered to perform another task, breaching a patient's confidentiality because of the need to track a spreading infection, failing to obtain the patient's informed consent or breaching the standard of care because of particular requirements of the emergency.

If health care workers are expected to follow specific government, hospital or other orders during an emergency, they should be provided immunity from disciplinary, civil and other legal proceedings for doing so. *OPSEU recommends that health care workers be provided such immunity where their conduct constitutes a good faith attempt to carry out an order in an emergency.*

OPSEU further recommends that health care workers be indemnified for reasonable legal costs incurred in respect of any proceeding in which the health care worker's manner of execution of her duties during an emergency was an issue, if the member is found to have acted in good faith. Such indemnification is contemplated for police officers under the *Police Services Act* R.S.O. 1990, c. P.15, s. 50 (1,2), and there is no reason that health care workers acting in good faith to protect the public during an emergency should enjoy less indemnification protection than that routinely extended to police officers.

Reference:

Police Services Act
Liability for torts

50. (1) The [police services] board or the Crown in right of Ontario, as the case may be, is liable in respect of torts committed by members of the police force in the course of their employment.

Indemnification of member of municipal police force

(2) The board may, in accordance with the guidelines established under clause 31 (1) (h), indemnify a member of the police force for reasonable legal costs incurred;

- (a) in the defence of a civil action, if the member is not found to be liable;
- (b) in the defence of a criminal prosecution, if the member is found not guilty;
- (c) in respect of any other proceeding in which the member's manner of execution of the duties of his or her employment was an issue, if the member is found to have acted in good faith.

Other

- 14. *The provincial government should be required to negotiate a compensation program (such as the Compassionate Assistance Program) with unions during a health emergency to address the impact of the emergency on health care workers.*

Emergency Use of Confidential Health Information Recommendations

OPSEU recommends the following changes to better ensure that confidential patient information is disclosed as necessary to prevent the spread of disease in conjunction with appropriate safeguards:

- 1. *In an emergency, confidential health information must be used to track patients from one facility to another in a coordinated manner to avoid the spread of disease or infection. Protection of patient confidentiality could be achieved by assigning a number or other identifier to each patient.*
- 2. *The Ministry of Health and Long-Term Care should have an obligation to report back to health care facilities regarding particular patients about which it has received a report where any information learned about the patient could threaten the health and safety of health care workers in the facility. Health care facilities should also be required to report this information to potentially affected health care workers.*

Health Protection and Promotion Act (“HPPA”)
Recommendations

OPSEU recommends the following changes to the *Health Protection and Promotion Act*:

- 1. *OPSEU supports the independence of the Chief Medical Officer of Health and local Medical Officers of Health from the Ministry of Health and Long-Term Care during infectious outbreaks as set out in the SARS Commission's Interim Report.*

2. *The HPPA should provide that information provided during investigations under the Act (e.g. during critical incident de-briefs) may not be used in future litigation or for purposes of a complaint to a professional college.*
3. *In making any order under the HPPA with respect to a health hazard and the measures to decrease or eliminate such hazards, e.g. isolation orders, the interests of health care professionals shall be considered and addressed.*
4. *No employer or disciplinary action should be taken against health professionals who in good faith carry out an order under the HPPA and such professionals should receive the same immunity from civil and other proceedings as officials such as the medical officer of health. see s. 95*
5. *The HPPA should include more appropriate accountability mechanisms to ensure Public Health exercises control over all health care facilities, including hospitals, to ensure better oversight of infection control procedures. This Commission should consider the implications of the Government's recently announced plan to implement Local Health Integration Networks (LHIN) and the impact of such LHINs for the oversight of infection control and other emergency health response procedures. See Government's July 14, 2004 communication to health care partners concerning this new plan and the planned Fall, 2004 consultation. The Government states that LHIN's will "plan, coordinate and fund the delivery of health services locally" and "will ensure alignment of providers including hospitals, CCAC's, physicians, long term care homes and public health so that together they can plan and coordinate care to respond directly to the distinctive health care needs of local populations."*

Whistle Blower Protection

1. *The Health Protection and Promotion Act should be amended to provide reprisal protection for employees who, in good faith, raise concerns about how a public health risk is being addressed. The Act does provide that "No action or other proceeding shall be instituted against a person for making a report in good faith in respect of a communicable disease or a reportable disease in accordance with Part IV", (Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 95 (4)), but that protection only deals with reporting specific occurrences, and not with raising concerns about how such an occurrence is being addressed by the public health system. This lack of real "whistleblowing protection" for public health workers is a gap in Ontario's health protection system.*

2. Any person with public health responsibilities should be able to bring their good faith concerns about public health risks to the attention of an independent public authority, and, if necessary, the public, without facing reprisal or retaliation from vested interests. The leading Canadian study makes the following observation concerning federal public servants:

An effective regime for the identification, disclosure and correction of wrongdoing ...provides public servants with the tools and support they need to reveal and correct instances where conduct and decision-making fall short of the high standards expected in public institutions. In addition, a trusted disclosure regime can make a significant contribution to public service morale and conduct, and to public confidence in government. (Government of Canada, Report of the Working Group on Disclosure of Wrongdoing, 2003, Executive Summary: on Treasury Board website)

These comments apply equally to persons employed in public sector health functions.

3. There is a Canadian common law whistleblower right for public servants (*Fraser v. Public Service Staff Relations Board* [1985] 2 S.C.R. 455), and presumably other public employees, which applies when government policies “jeopardize the life, health or safety” of the public (*Ibid*, para.41). One example of the use of this exception involved federal drug evaluators whose advice to the public about the risks posed by bovine growth hormone was found to be protected speech. (*Haydon v. Canada* [2001] 2 F.C. 82). However, the common law is too vague a standard to instill confidence in any potential whistleblower. Furthermore, remedies may not be accessible. While unions can raise this defence in grievances concerning employees who have suffered reprisals, non-unionized employees must have recourse to lengthy and expensive court litigation with no prospect of reinstatement.
4. Some whistleblower protection may soon be included in the Criminal Code. Bill C46 passed the House of Commons on November 5, 2003 and is likely to be proclaimed into force in the near future. Section 425.1 is directed at employers or persons acting on behalf of an employer. It prohibits them from taking a disciplinary measure against or otherwise adversely affecting the employment of an employee or threatening to do so, with the intent of convincing the employee not to give information to an enforcement agency. The intention of the Criminal Code provision is laudable, but it is an overly narrow and blunt instrument. The protection only covers the specific act of reporting to an enforcement agency. An employee who has suffered reprisal must bring a criminal charge against their employer, which has the attendant difficulties of a criminal burden of proof and

access only to criminal justice penalties, which do not include the reinstatement of a discharged employee.

5. The best mechanism is codified civil reprisal protection. Such legislation is receiving favourable consideration at the federal level (Government of Canada, Report of the Working Group on Disclosure of Wrongdoing, 2003). The United States, Britain and Australia all have forms of “whistleblowing” protection for government employees. (Ibid, Executive Summary). In Ontario, whistleblower protection for public servants was enacted but never proclaimed. (*Public Service Act*, R.S.O. P.47, Part IV)
6. Reprisal protection for persons bringing forward information has been included in the *Public Inquiries Act*, R.S.O. 1990, c. P-41, s.9.1. Your Commission has, of course, operated under that section and the importance of the whistleblowing protection it extends was reiterated by the Secretary of Cabinet in his September 17, 2003 directive to public servants. It is our impression that the work of the SARS Commission has significantly benefited from the receipt of information provided by employees who believe that they have some whistleblowing protection.
7. Ongoing whistleblower protection does exist to a certain extent in the environmental context under the *Environmental Bill of Rights*, S.O.1993, c.28. Subsection 105 (3) provides protection against reprisals, in part, where an employee “in good faith” gives “information to an appropriate authority” or complies with or seeks enforcement of an Act. That provision is enforceable by way of a complaint to the Ontario Labour Relations Board and brings with it the right to reinstatement of an employee, as well as adjudication on the basis of a balance of probabilities standard. Somewhat narrower reprisal protection is contained in the *Environmental Protection Act*, R.S.O. 1990, c. E.19, s. 174 (2). These protections have been relied on by employees in various situations. (See, for example, *Bakelite Thermosets*, [1990] OLRB Rep. January 3, where the Board found that the reprisal protection in the *Environmental Protection Act* had been breached and ordered compensation.)
8. There does not appear to be any good reason for employees in the public health context to be less protected from reprisal when acting in good faith to protect the public interest than employees in the environmental context. Public health employees should have at least the same degree of protection when bringing forward information in good faith.
9. Indeed, we suggest that this protection be augmented. The *Environmental Bill of Rights* provision does not include protection for

providing information to the public. This shortcoming is of particular importance in circumstances where the employee of an enforcement agency is raising a concern that the enforcement agency itself is not performing its duties appropriately. In those circumstances, the only practical alternative for that employee may be to provide the information to the public or to the political process for review. There should be protection for doing so.

Recommendation : Amend the Health Protection and Promotion Act to add a provision similar to the Environmental Bill of Rights, Section 105, but broadened to include protection against reprisals: ‘ where the employee is employed by an enforcement agency, for bringing the matter to public attention after the matter was first brought to the attention of the employer of that person’.

Reference:

Environmental Bill of Rights

In this Part,

Board means the Ontario Labour Relations Board. 1993, c. 28, s. 104.

Complaint about reprisals

Any person may file a written complaint with the Board alleging that an employer has taken reprisals against an employee on a prohibited ground.

Reprisals

For the purposes of this Part, an employer has taken reprisals against an employee if the employer has dismissed, disciplined, penalized, coerced, intimidated or harassed, or attempted to coerce, intimidate or harass, the employee.

Prohibited grounds

For the purposes of this Part, an employer has taken reprisals on a prohibited ground if the employer has taken reprisals because the employee in good faith did or may do any of the following:

1. Participate in decision-making about a ministry statement of environmental values, a policy, an Act, a regulation or an instrument as provided in Part II.
2. Apply for a review under Part IV.
3. Apply for an investigation under Part V.
4. Comply with or seek the enforcement of a prescribed Act, regulation or instrument.
5. Give information to an appropriate authority for the purposes of an investigation, review or hearing related to a prescribed policy, Act, regulation or instrument.
6. Give evidence in a proceeding under this Act or under a prescribed Act.

Public Hospitals Act

OPSEU recommends the following change:

1. *The Public Hospitals Act be amended to allow the Ministry of Health and Long-Term Care to direct facilities with respect to limiting the casualization of workers. The Ministry of Health and Long-Term Care should also be authorized to monitor compliance with its directions.* The casualization of workers has resulted in OPSEU members being employed in multiple institutions. During SARS, this threatened the necessary consistency of health care required in each facility as health care workers travelled between facilities and were expected to be aware of different infection control policies and procedures for multiple organizations. In addition, casualization impacted staffing in that, during SARS, hospitals had difficulty securing additional shifts when employees had commitments to multiple organizations. Moreover, the policy of containing workers to a single institution further reduced the availability of staff.

Regulated Health Professions Act

1. *OPSEU recommends that the Regulated Health Professions Act be amended to incorporate any changes flowing from the above recommendations.*

Conclusion

OPSEU appreciates the opportunity to make submissions on emergency, confidentiality and public health issues. The above recommendations are provided in broad terms for this stage of the Commission's process. OPSEU welcomes the opportunity to continue this dialogue with the Commission and provide more detailed input and advice when the Commission moves to formulate more specific ideas for proposed legislative and policy changes.

Yours truly,

Leah Casselman
President