

**Canadian Union of Public Employees (CUPE)**  
**and**  
**Winnipeg-Churchill Health Region Employers Organization**  
**Northern Health Region Employers Organization**  
**Southern Health Region Employers Organization**  
**Shared Health Employers Organization**  
**(represented by Provincial Health Labour Relations Services (PHLRS))**

**Community Support Bargaining Units**

**“ESSENTIAL SERVICES SUPPORT FUNCTIONS”**

- "essential service" means a service, duty or function that is necessary to enable an employer to prevent or limit:
  - (a) loss of life;
  - (b) serious harm or damage to, or deterioration of, the mental or physical health of one or more persons; or
  - (c) serious harm or damage to, or deterioration of, property required in the performance of an essential service.
  
- The Health Care Employers and CUPE have developed the attached list of functions as being essential in the event of a legal strike / lockout of employees who would be in a community support bargaining unit.
  
- The essential work functions listed herein have been established based on the principle of supporting the essential services as identified above.

**NURSING SUPPORT**

1. Respond to and provide care during emergency codes.
  
2. Activities of Daily Living:
  - Safety – constant care (1:1), restraint management, respond to environmental hazards such as spills, assisted mobilization, responding to call bells and alarms, and scheduled patient monitoring as per policy / care plan.
  
  - Nutrition – distribution and collection of food and related supplies and equipment (includes meals, snacks required for diets, and supplements, assisting to eat and drink, and/or feeding including enteral feeding).
  
  - Elimination – assist with bowel and bladder needs (including catheter and colostomy care), empty and record amounts in drainage bags and elimination receptacles, and collection of specimens, where these functions are currently being performed by support bargaining unit members.
  
  - Hygiene – functions necessary to maintain mucosal and skin integrity.
  
  - Dressing – assist with application and removal of clothing as necessary to maintain skin integrity, assist with application and removal of orthotics, footwear prosthesis, glasses, hearing aides.

- Mobilization – assisting with lifts and transfers (all categories), perform exercise programs to maintain range of motion for function.
- Respirations – apply and maintain oxygen therapy, respiratory hygiene, posturing and pummeling.
- Behavioral Management – responding to unanticipated or episodic behavioral outbursts, and providing proactive behavioral management where these functions are currently being performed by support bargaining units members.
- Sleep, Rest and Comfort – functions necessary to assist patients / residents into or out of bed.
- Communications – observe, report and record changes in patient's condition, record intake and output, assist with augmented communication devices, processing and transcription of orders, answering phones, relaying messages, booking appointments and tests, and transportation for referred-out procedures, observing and reporting all incidents per Occurrence (Incident) Reporting Policy, and responding to family request/concerns regarding patient/resident care.
- Transport / Portering - transport patients / residents to and from diagnostics, treatment, and patient /resident care areas, provide escort to patients / residents for urgent referred-out appointment procedures, transport to dining areas, transport medical records and other related equipment, transport discharged patients / residents, transport of drug and diagnostic requisitions, specimens, and pharmaceuticals

3. Care of deceased - cleaning, wrapping, transporting; assisting with autopsies.

### **ACTIVITIES/ADULT DAY PROGRAM/ RECREATION**

Essential Functions will include:

- Direct patient care or functions that support patient care that if not performed may compromise respiratory or cardiovascular function, or lead to permanent disability or decline in function.
- Direct patient care related to care pathways, clinical pathways, care maps, etc.

### **HOME CARE PROGRAM**

Operating Principles

Client specific assessments will categorize client situations according to high, medium and low risk.

- High risk clients will receive care (Essential Job Functions only as defined in the Agreement).
- Medium risk clients may receive care however in modified service plan i.e. frequency, duration.
- Low risk clients will not be considered for care initially but will need to be reassessed in the event of a prolonged service disruption.

The client's category of risk may change (increase or decrease). The change may be related to a change in health status or social situation. For example, a client could improve in functional ability and therefore

need less care. Alternatively, family may be able to provide immediate care but over time their ability and capacity may change and the client moves from a low risk to a higher risk category. The programs will utilize resources such as family and friends to meet as many of the client's needs as possible.

Clients have been identified in need of program services (i.e. home care or mental health programs) and have already been deemed eligible to require those particular services and assigned a level of priority classification. Essential services will be determined in each unique client's situation. Tasks will be prioritized based on immediate need and need over time. For example: assistance with mobility may be required but frequency of both can be decreased for a period of time. Importance of this task will change over time.

Each Employer will have a dedicated team that meets regularly to problem-solve issues related to essential services, client care needs and level of risk.

Where a dispute arises in relation to the categorizing of clients and the specific client assessments in any of the community offices, the parties agree to the following:

- Services will be provided while the dispute is being resolved.
- That a sub-committee of three (3) representatives from the Union and three (3) representatives from the affected RHA will meet within 24 hours or sooner to discuss and attempt to resolve the dispute.
- Where the sub-committee is unable to resolve the dispute, the matter will then be referred to a representative of the Union and a senior representative of the RHA with the assistance of the Provincial Health Labour Relations Services and the Union Negotiator to discuss and resolve the dispute within 24 hours or sooner.

**HOME CARE ESSENTIAL WORK FUNCTIONS:**

These work functions apply to the following classifications: <b><i>Home Care Attendant 1; Home Care Attendant 2; Home Support Worker; Integrated Support Worker; Rehab Assistant; Supportive Housing Companion; Supportive Housing Worker</i></b>	
<b>Priority Level</b>	Client will be at risk if service not provided (i.e.: Palliative care, TB care, diabetes management, functional rehabilitation, ventilator dependent, post stroke, Health Coordination Activities*, etc.)
<b>High Risk</b>	Client cannot modify task independently (i.e.: severe mobility issues, severe chronic illnesses, dementia / cognitive issues) Client does not have reasonable access to third party support (i.e.: aging / fragile spouse, no familial support, etc.)
	<b><u>Task / Function - Essential services will be determined in each unique client's situation based on their level of functioning and level of third party support. Each task is therefore reviewed within the context of the risk to the client.</u></b>

	<ul style="list-style-type: none"> <li>- AM Care</li> <li>- HS Care</li> <li>- Incontinence care (includes toileting, pericare as required and catheter bag management)</li> <li>- Transferring, turning and positioning</li> <li>- Medication assistance</li> <li>- Meal prep</li> <li>- Heat &amp; Serve</li> <li>- Oral feeding for swallowing disorders as designated by speech language pathologist</li> <li>- Range of motion exercises</li> <li>- Delegated tasks (ostomy assist, tube feed, suctioning, etc.)</li> <li>- Graduated compression stockings</li> <li>- Monitoring physical and mental status</li> <li>- Completion of regular required documentation / reporting</li> <li>- Personal equipment / devices care</li> <li>- Escort to / from congregate meal program</li> <li>- Escort to medical appointments</li> <li>- Overnight respite for wandering or unsafe behavior</li> </ul>
<p><b><i>*“Health Coordination Activities” applies to persons between 18 – 85 years of age who have complex physical, behavioral and mental health needs and have continuously high service requirements, beyond the scope of existing traditional resources or programs.</i></b></p>	
<p><b>Priority Level</b></p> <p><b>Medium Risk</b></p>	<p>Client may be at risk if service not provided for a short period (2 - 3 days but would be client specific).</p> <p>Client may or may not be able to modify the task.</p> <p>Client may or may not have short term access to third party support (i.e.: family / friends will experience undue hardship if service not provided for extended period of time).</p>
<p><b><u>Task /Function - Essential services will be determined in each unique client's situation based on their level of functioning and level of third party support. Each task is therefore reviewed within the context of the risk to the client.</u></b></p>	

	<ul style="list-style-type: none"> <li>- AM care</li> <li>- HS care</li> <li>- Incontinence care (includes toileting, pericare as required and catheter bag management)</li> <li>- Medication assistance</li> <li>- Meal prep</li> <li>- Heat &amp; serve</li> <li>- Oral feeding for swallowing disorders as designated by speech language pathologist</li> <li>- Delegated tasks (ostomy assist, tube feed, suctioning, etc.)</li> <li>- Graduated compression stockings</li> <li>- Escort to / from congregate meal program</li> <li>- Escort to medical appointments, only where on the same site</li> <li>- Incontinence / hygiene laundry</li> </ul>	<p>Providing the third party support continues to provide these services, the client may only need to be monitored.</p> <p>If the third party support is unable to effectively provide or continue to provide specific task, those tasks would be considered essential.</p> <p>If the third party support is unable to continue, or if they run into difficulty in providing the needed services, then the client must be moved into the high risk category and be immediately considered essential.</p>
	<ul style="list-style-type: none"> <li>- Respite provided so family / care giver can attend employment / school</li> </ul>	
<p><b>Priority Level</b></p> <p><b>Low Risk</b></p>	<p>Client is at low immediate risk to client if service not provided for 3 to seven days (i.e.: non- essential service).</p> <p>Client may or may not be able to modify the task.</p> <p>Client may or may not have short term access to third party support.</p> <p><b><u>Task / Function - Essential services will be determined in each unique client's situation based on their level of functioning and level of third party support. Each task is therefore reviewed within the context of the risk to the client.</u></b></p>	
	<ul style="list-style-type: none"> <li>- House hold maintenance (cleaning bathroom and kitchen, removing garbage, washing floors and vacuuming) for basic sanitary and infection control precautions.</li> <li>- Laundry for basic sanitary and infection control precautions.</li> <li>- Tub bath / complete sponge Bath / Shower.</li> <li>- Bulk meal preparation.</li> </ul>	<p>These are individuals in a relatively stable situation and / or where health is being regularly monitored (e.g. regular physician follow-up and medications are well managed) and there are adequate and effective support systems to sustain the individual whether he / she lives alone or with others</p>

## MENTAL HEALTH PROCTOR PROGRAM

### Operating Principles

Client specific assessments will categorize client situations according to high, medium and low risk.

- High risk clients will receive care (Essential Job Functions only as defined in the Agreement).
- Medium risk clients may receive care however in modified service plan i.e. frequency, duration.
- Low risk clients will not be considered for care initially but will need to be reassessed in the event of a prolonged service disruption

The client's category of risk may change (increase or decrease). The change may be related to a change in health status or social situation. For example, a client could improve in functional ability and therefore need less care. Alternatively, family may be able to provide immediate care but over time their ability and capacity may change and the client moves from a low risk to a higher risk category. The programs will utilize resources such as family and friends to meet as many of the client's needs as possible.

Clients have been identified in need of program services (i.e. home care or mental health programs) and have already been deemed eligible to require those particular services and assigned a level of priority classification. Essential services will be determined in each unique client's situation. Tasks will be prioritized based on immediate need and need over time. For example: assistance with mobility may be required but frequency of both can be decreased for a period of time. Importance of this task will change over time.

Each Employer will have a dedicated team that meets regularly to problem-solve issues related to essential services, client care needs and level of risk.

Where a dispute arises in relation to the categorizing of clients and the specific client assessments in any of the community offices, the parties agree to the following:

- Services will be provided while the dispute is being resolved.
- That a sub-committee of three (3) representatives from the Union and three (3) representatives from the affected RHA will meet within 24 hours or sooner to discuss and attempt to resolve the dispute.
- Where the sub-committee is unable to resolve the dispute, the matter will then be referred to a representative of the Union and a senior representative of the RHA with the assistance of the Provincial Health Labour Relations Services and the Union Negotiator to discuss and resolve the dispute within 24 hours or sooner.

**MENTAL HEALTH ESSENTIAL WORK FUNCTIONS:**

These work functions apply to the following classifications:

***Mental Health Proctor 2; Mental Health Proctor 3; Community Mental Health Support Worker; Crisis Worker 1; Crisis Worker 2; Crisis Worker 3, Activities Instructor 2, Unit Assistant***

	<p>Client will be at risk if service not provided (Health Coordination Activities*).</p> <p>Client cannot modify task independently (i.e.: severe mobility issues, severe chronic illnesses, dementia / cognitive issues).</p> <p>Client does not have reasonable access to third party support.</p>
	<p><b><u>Task / Function - Essential services will be determined in each unique client's situation based on their level of functioning and level of third party support. Each task is therefore reviewed within the context of the risk to the client.</u></b></p>
<p><b>Priority Level</b></p>	<ul style="list-style-type: none"> <li>- Accompaniment / transport to: medical appointments (incl. psychiatric appointments), for diagnostic tests and / or treatments (e.g. chemo, dialysis, essential blood work)</li> <li>- Financial management (e.g. bill payment)</li> </ul>
<p><b>High Risk</b></p>	<ul style="list-style-type: none"> <li>- Psychosocial support</li> <li>- Shopping for essentials</li> <li>- Transportation to food bank</li> <li>- Forensic / court mandated services</li> <li>- Services as mandated by the Public Trustee</li> <li>- 24 / 7 supervision in community residences</li> <li>- Monitoring the physical and mental status</li> <li>- Completion of regular required documentation / reporting</li> </ul>
<p><b><i>*“Health Coordination Activities” applies to persons between 18 – 85 years of age who have complex physical, behavioral and mental health needs and have continuously high service requirements, beyond the scope of existing traditional resources or programs</i></b></p>	

<b>Priority Level</b>	<p>Clients would interact every two to three days due to diagnosis or circumstance; interactions may be missed on occasion but reductions greater than that will place the client at greater risk.</p> <p>Client will be at risk if service not provided over extended period.</p> <p>Client may or may not be able to modify task independently.</p> <p>Clients have limited access to third party support.</p>	
	<p><b>Task / Function - <u>Essential services will be determined in each unique client's situation based on their level of functioning and level of third party support. Each task is therefore reviewed within the context of the risk to the client.</u></b></p>	
<b>Medium Risk</b>	<ul style="list-style-type: none"> <li>- Accompaniment / transport to: medical appointments (incl. psychiatric appointments), for diagnostic tests and / or treatments (e.g. chemo, dialysis, essential blood work)</li> <li>- Psychosocial support</li> <li>- Shopping for essentials</li> <li>- Transportation to food bank</li> <li>- Monitoring the physical and mental status</li> <li>- Completion of regular required documentation / reporting</li> </ul>	<p>Care may be essential based on ongoing assessment of risk to these clients</p>
	<ul style="list-style-type: none"> <li>- Respite provided so family / care giver can attend employment/school</li> </ul>	
<b>Priority Level</b>	<ul style="list-style-type: none"> <li>- may be risk to client if service not provided for extended period</li> <li>- client or family may or may not be able to modify the task</li> <li>- may or may not have access to third party support</li> </ul>	
	<p><b>Task / Function - <u>Essential services will be determined in each unique client's situation based on their level of functioning and level of third party support. Each task is therefore reviewed within the context of the risk to the client.</u></b></p>	
<b>Low Risk</b>	<ul style="list-style-type: none"> <li>- House hold maintenance (cleaning bathroom and kitchen, removing garbage, washing floors and vacuuming)</li> <li>- Laundry</li> <li>- Social respite (i.e. issues of isolation)</li> <li>- Psychosocial support</li> <li>- Monitoring the physical and mental status</li> </ul>	<p>Not essential provided that there are no changes in the client's mental status / condition</p>



**NORTHERN EMPLOYER ORGANIZATION COMMUNITY HEALTH WORKERS**

- Conduct assessments on clients,
- Provide interventions for common minor conditions,
- Administer first aid,
- Create referrals if required
- Conduct telephone consultation with Emergency
- Provide onsite access to phones for client's phone appointments
- Arrange medivacs
- Arrange travel for medical appointments with KTC, NPTP, EIA and social assistance.

Dated this 16 day of August, 2021.

**Canadian Union of Public Employees**



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