

Special Executive Meeting
July 8, 1986

Agenda

1. Approval of agenda.
2. Approval of minutes.
3. Business arising from the minutes.
4. Office report. - *Alan Black*
5. Joint policy on alcohol and drug related problems.
6. Essential services.
7. Internal structure.
8. Next General Meeting.
9. Other business.
10. Next meeting.

CUE Executive Meeting
July 8, 1986

Present: Ted, Edmund, Kitty, Suzan, Mary Vorvis,
Estelle, Shirley, Patricia

1. Approval of the agenda. Moved by Suzan, seconded by Mary, passed.
2. Approval of the minutes. Correction, Ted: item 8, '37 of 76 Clin. Sec. 1s'. Approval moved by Suzan, seconded by Edmund, passed.
3. No business arising from the minutes.
4. Office Report.

Patricia: i. Alan Black took 14 months to give decision on arbitration. Cue and University jointly decided to wait a year to pay him. Patricia House was called by Black about the bill; she explained why the bill wasn't paid yet. He apologized and asked us to reconsider. Patricia asked the Executive. Motion: that we pay Alan Black's bill. Moved by Ted, seconded by Patricia, passed.

ii. Helen and Patricia worked on cleaning files on Saturday and will do more work.

Ted: i. Rape Relief request for money. Rape Relief doesn't provide full help for women. For eg. doesn't provide help in court (Helen Glavina). We will defer decision until we find out more. Patricia will investigate.

ii. Video from Dalhousie on Ritchie and Associates. Kitty and Ted will preview it.

iii. Overtime report. Approved (attached).

5. Joint policy on alcohol and drug related problems (see attached). An effective employee assistance program will take several years to implement and will be expensive according to the University. The University isn't interested in a real program - they want to skip several steps. All we can decide about now is whether or not to agree in principle; also discuss draft policy.

Don't write Alcohol and Drug Commission into policy; should be employee's choice where to obtain counselling. Discipline shouldn't be in policy; University has right to discipline anyway, so we don't have to write it into the policy. Draft will be pared down to say that employee will not be fired or disciplined but referred to counselling. See attached for what we have taken out of draft. This is the start of an assistance program. If they agree to joint committee: Patricia, Estelle and Ted will sit on committee. Ted will meet with Libby and tell her what the executive is prepared to accept. Sub-committee to be struck

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but Executive to give final approval of policy: Ted, Patricia, Kitty, Mary Vorvis.

6. Essential Services. University wants Union agreement that certain jobs are 'essential'. We will hear what they say and tell them what we consider 'essential services' to be. If no agreement, we will go to the Board. Executive feels strongly that we don't have any essential positions. To meet with University, Friday June 11: Kitty, Suzan, Patricia, Ted.

7. Internal structure. Exec. mtg. of May 27 started the discussion. Bylaws to be updated by the Trustees. Exec. looked at duties of local officers in bylaws. Pres. - no change. Vice-Pres. - no change. (Discussion of 1 hr. orientation duties to be rotated among some executive members). Treasurer - changed before this meeting. Membership Secretary is now Recording Secretary (changed before). Trustees - no change. Union Organizer and Coordinator are now called Union Representatives (changed before this meeting). Job descriptions approved by Executive in a prior meeting.

Committees. Discussion of Communications Committee duties. This should be changed to give them responsibility for the newsletter only. Mailing bulletins etc. remains a problem. Discussion of Contract Committee. Problem of getting representation from different groups eg. library group, secretarial, clin secs., clerks, etc. Discussion of how to get Contract Committee reps. Discussion of Division Reps. vs. at-large positions. Suzan feels we should change by-laws to eliminate Division Reps because we don't operate on a divisional basis. Contract Committee. Contract Committee has more at-large reps than the bylaws allow. She feels the wording should reflect how we actually operate.

Next general meeting: to include notice of daycare motion - 1 hr., July 31.

Next Exec. mtg. July 22.

Meeting adjourned.

Overtime report

Ted

Tues. June 24	1 hr.	grievance (Ashdown)
Wed. June 25	1½ hr.	grievance (Ashdown, Bonevich)
Mon. June 30	1½ hr.	minutes, grievance (Field, Halama)
Wed. June 2	1 hr.	newsletter
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	5 hrs.	

Pat

Wed. June 25	1 hr.	grievance (Prebindery)
Thurs. June 26	½ hr.	grievance
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	1½ hrs.	

Joint policy on dealing with alcohol and drug related problems

As the result of a couple of recent grievances arising from discipline related to the alleged effect of alcohol on work performance, the Union has agreed to discuss with the University a joint policy for dealing with such problems in the future. This was necessary because the University had already unilaterally developed a 'policy' for dealing with these problems. This 'policy' was supposedly based on discussions and training sessions with a counsellor from the Alcohol and Drug Commission (actually no longer a Commission, but a Program). The University's approach is to force the employee with the problem to face reality by immediately confronting them with a choice between being assessed by a counsellor, and following through with any treatment recommended, or being fired. The problem with this approach is that it assumes something that has not yet been established — namely, a drinking problem. That is for a professional to assess. The first time this 'policy' was applied, it was applied to one of our members who was later assessed by a counsellor as not being an alcoholic, but rather being a person who was drinking as a response to stress. We did not feel that taking such a person by surprise, confronting him with the threat of being fired, and doing this in the presence of two people from the Personnel office, the person's supervisor, the supervisor's supervisor, and a senior Union official, was the proper way to handle the problem. The University calls this 'constructive coercion'. The result of the grievance that followed from this incident was an agreement that we would attempt to develop a joint policy on how such problems should be handled, and that the policy, once agreed to, would be applied retroactively to the employee in question. The Grievance Committee decided that the development of, and agreement to such a policy should be the job of the Executive.

The Alcohol and Drug Commission counsellor with whom the University has been dealing is a man called Fred Ursell. We discovered pretty quickly in discussion with Mr. Ursell that the University's 'policy' is far from what his Commission recommends. In fact, if you look at the attached outline of an Employee Assistance Program (EAP) recommended by the Commission, you will see that the University has leapt over all of the stages of 'voluntary referral', and the first stage of the 'formal referral' to the last stage in such a procedure: formal referral with threat of termination (see next page).

Before our first meeting with the University, I studied the material on EAPs supplied by the Alcohol and Drug Commission, the CLC guidelines for joint EAPs, and the literature provided by Interlock, a private agency which provides employee assistance.

When we met with the Personnel Director, together with Mr. Ursell, it was made very clear to us that, while the University approves of the EAP concept in principle, such a program is considered by them to be a long term project, and not something that we can begin to negotiate at this time. From their point of view, a full-scale EAP should be campus-wide, and would therefore require the involvement of all employee groups on campus. They indicated a willingness to establish some kind of task force to look into that possibility, but for the moment all they are willing to discuss with us is a joint policy. They feel that this is a necessary first step. If you are wondering what the difference is, an EAP would probably involve all of the following: a joint administrative committee, the joint training of union representatives (probably the stewards) and managers, a full-time counsellor with an off campus office (this function could be contracted out), and an ongoing commitment to publicizing the program and its services. Such a program would concern itself with a much broader range of employee problems than those related to 'substances'.

An EAP could be put on the negotiating table, and we should consider that. Our Cupe rep. recommends against this approach, largely because it then becomes a cost item which can reduce the amount of money available for a wage increase.

At the moment, our agreement is that we will meet with the University and present them with a proposal for a joint policy. In my opinion, such a proposal, in the absence of a fullscale EAP, should be quite restricted, and should be intended only to prevent the University from continuing to use a hammer and refer to it as a helping hand, and to allow us to avoid getting into disputes in the future which do not benefit the member with the problem.

After our meeting with the University, I had a long discussion with Joy Langan, a vice president of the BC Fed., who had some very helpful ideas about EAPs, and what we might consider in a joint policy. The following proposal is based on my discussions with her, Joe Denofreo, and the above cited literature.

Draft policy - for discussion

- In the event of a problem with work^K-performance which the supervisor believes is related to the use of alcohol or drugs, the problem will be brought to the employee's attention in the presence of a shop steward.
- The supervisor should clearly state that, because she believes the problem is related to alcohol or drugs, and because she values the employee and wishes to help her, she does not intend to discipline the employee, but would like the employee to seek counselling for the problem. ~~The Alcohol and Drug Commission will be recommended, and the name of a counsellor, together with the counsellor's phone number will be given to the employee.~~
- ~~At this stage~~ the employee's agreement to seek counselling is entirely voluntary, there is no discipline, and no formal record of the meeting on the employee's file.
- ~~At every stage of the procedure~~ Absolute confidentiality must be maintained. ~~At this stage,~~ the employee should be told that the discussion is strictly between the employee, the supervisor and the steward, and will not go any farther.
- The employer will allow time off for attendance ~~at counselling~~ sessions, with no deduction from the employee's wages or benefits. ~~If treatment is required, use of sick leave credits will be allowed for that purpose. (as per article 22.2)~~
- The employer does not at this stage receive any report, or have any contact with the counsellor.
- If poor work performance persists, and it is believed that it still relates to an alcohol or drug problem, the employee will be given an informal warning. ~~That is, in the presence of the shop steward, the employee will be asked whether or not she sought counselling, and if the answer is negative, she will be given a second informal referral, and will be told that a formal referral and the possibility of discipline may result if she does not seek counselling.~~
- If poor work performance continues, and the employee has not accepted the referral, the employee may be formally referred for counselling with the alternative of discipline. Discipline must be progressive, and based only on work performance. Nothing in this agreement is to be understood to supercede the right of the employee to grieve, or any other rights of the collective agreement. Acceptance of referral, counselling and treatment should mitigate discipline.
- Once a formal referral has been made, the employer has the right to verification that the employee has followed through with counselling, and treatment if such is recommended by the counsellor. But the relation between the employee and the counsellor is a confidential one, and this must be respected.
- A policy, once agreed to will be circulated to shop stewards and managers.
- Shop stewards and managers will be given training sessions by the Alcohol and Drug Commission to help them better understand the nature of these problems, and how best to handle referral interviews.

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- A joint committee will be established to act as a task force with the mandate to study Employee Assistance Programs, and to make recommendations to the parties of this agreement regarding the implementation of such a program. This committee will file a final report with the parties by the end of September. The final report is to be approved by both parties.

Pat
Estelle
Ted.

The joint policy that this draft addresses is to be decided on by a joint meeting of the University Labour Committee and the Cue Executive, or sub committees of these bodies.

sub committee: Ted,
Pat, Kitty,
Mary V.

filed by
p.l. ex. ce.

Handling of drug and alcohol related problems
Draft Union proposal, July 10, 1986

In the event of a problem with work performance which the supervisor believes is related to the use of alcohol or drugs, the problem will be brought to the employee's attention in the presence of a shop steward.

The supervisor should clearly state that, because she believes the problem is related to alcohol or drugs, and because she values the employee and wishes to help her, she does not intend to discipline the employee, but would like the employee to seek counselling for the problem.

The employee's agreement to seek counselling is entirely voluntary, there is no discipline, and no formal record of the meeting on the employee's file.

Absolute confidentiality must be maintained. The employee should be told that the discussion is strictly between the employee, the supervisor and the steward, and will not go any farther.

The employer will allow time off for attendance at medical or counselling appointments, with no deduction from the employee's wages or benefits (as per Article 30.06 c. of the Collective Agreement).

The employer does not receive any report, or have any contact with the employee's doctor or counsellor.

If poor work performance persists, and it is believed that it still relates to an alcohol or drug problem, and counselling was not sought, the employee will be given a second informal referral as outlined above.

Shop stewards and managers will be given training sessions by the Alcohol and Drug Commission to help them better understand the nature of these problems, and how best to handle referral interviews.

A joint committee will be established to act as a task force with the mandate to study the implementation of a full-scale Employee Assistance Program. This committee will make recommendations to the parties regarding the implementation of such a program. This committee will file a final report, to be approved by both parties, by the end of October.

The joint agreement that this draft addresses is to be decided on by a joint meeting of the University Labour Committee and the CUE Executive, or representatives of these bodies. Such an agreement will be circulated to shop stewards and managers.

Overtime report

Ted

Tues. June 24	1 hr.	grievance (Ashdown)
Wed. June 25	1½ hr.	grievance (Ashdown, Bonevich)
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Approved

Essential Services

for with Executive Committee Plan

- when St. Pauls was threatened with a strike in April, the Univ. at first approached us with a request that all of our positions there be declared essential - eventually this was reduced to one position 'until May 5' because of special circumstances - this was Margaret Stewart, Clin. Sec. 2 in Pulmonary - now they are asking for 76~~3~~ positions in the hospitals to be declared essential (including Margaret Stewart) - ie. ½ of the Clin. Sec. 1s; all but 3 of the Clin. Sec. 2s, and 16 clerical positions that are not even Clinical Secretaries

- HEU at St. Pauls at that time - 900 members, only 40 declared essential

- April 25, LN said that she would be giving us a list drawn up by the departments of all the positions they considered to be essential - I conveyed to her at that time the guidelines used by the LRB in determining essential services, as outlined to me by Val Cochran of the LRB: would health or life of patient be put at stake: - both the Code and the ESD act define essential services as 'immediate and serious danger to life or health' and 'immediate and serious danger to life, health, or safety' respectively

- BCLRB Decision 2/86 : 'to designate (pursuant to sec. 73 of the Code) the facilities, production and services of the Employer which it considered necessary or essential to the prevention of immediate and serious danger to life, health and safety of the recipients of the facility's service'

- ie. not inconvenience to the recipients, but actual danger -

- BCLRB 322/85 - employer arguing that the Board had to look beyond the Code and consider other regulations governing health care that stipulated the level at which people had to be cared for - the board decided against the employer's position - 'the statutory standards referred to by counsel for the Employer applied to the regular ongoing operation of the long-term care facility whereas the standards with which the Board was concerned in making its decision were those in a strike situation as set out in sec. 73'

(continuing what Val Cochran told me): the Board will deem certain functions essential on this basis (ie. life and health), and then determine the minimum no. of staff required to keep running at that level (ie. no immediate danger to life and health)

- BCLRB 2/86: 'The intervention of the Board contemplated by sec. 73 takes place at two levels, first, a direction that specified levels of service be maintained and second, the stipulation of the means by which those services will be maintained...'

the Board will require management staff to take over functions where possible

- BCLRB 2/86: '...one (of the Board's) directives was that the Employer not hire paid strike replacements but that it be required to perform the normal work of the BCNU with its available administrative and other staff...'

- there are not many BCLRB decisions on this question, and most of them are appeals of Board decisions - most of the essential service decisions are worked out by the Union and Employer with the help of the Board, but do not involve a hearing

- basically, we feel that the decision was made incorrectly - it is a labour relations decision - not a decision based on what the doctors feel is essential (or inconvenient) - the doctors, and Susan Langland must not have been given any guidelines on which to base a decision, or the decision would not have been so out of line - giving us a list of this length does nothing to help us reach an agreement amicably

(note: Can. Med. Assn., and BC Med. Assn. support the doctor's strike in Ontario, and bill Ontario patients seeing BC doctors directly (ie. cash) - look at what's happening in Ont. re. patient care, essential services on part of doctors (horror stories from Ont. about patients being shunted from hospital to hospital etc.) - obviously willing to take a strong position on essential services when it is their own strike, or that of their colleagues)

- any decision on essential services is obviously going to set a precedent in terms of future strikes by other unions, and more importantly future strikes of our own - agreeing to a large no. of essential positions in this situation will weaken our own position if/when we decide it is necessary to strike

- am not aware of any agreements arising out of 17.01 c) in the past

- as for our own strikes: essential services: 17.01 c) has been in contract since first contract: our only full scale strike was for the second contract: the question of essential services is dealt with in the strike report, but only in relation to other unions: AUCE instituted picket passes, signed by the President, and issued to those people it deemed essential (this was a poor decision, and led to every one and his brother wanting a pass: Cupe 116 for eg. was allowed to decide for itself which people were essential) - picket passes were not issued to our own members (Vera Gilder, Student Health Services (there was not ACU at the time) remembers not having a pass - she was asked to stay and handle the phones, and after a couple of hours someone phoned and told her to leave, then some arrangement was made with the Nurses that they could take the phones (our work)) - essential services within our own bargaining unit is never even mentioned in the strike report, and therefore I imagine was never even an issue

- can't see that we ever have made arrangement with Univ. re. essential services in the hospitals - 1983, hospitals not struck before Kelowna agreement