



UNITED ASSOCIATION
of Journeymen & Apprentices of the
PLUMBING & PIPEFITTING
Industry of the United States and Canada
Local Union 170 – Affiliated with AFL-CIO-CFL

1658 FOSTERS WAY, DELTA, BC, V3M 6S6
Tel: 604.526.0441 | Fax: 604.526.6261
Toll Free: 1.888.223.7711
info@ualocal170.com
ualocal170.com

March 30, 2020

Construction Labour Relations Association of BC

97 Sixth St
New Westminster, BC
V3L 5H8
Attention: Paul Strangway, Senior Director, Labour Relations

Dear Paul:

Thank you for your email and letter of March 27, 2020, outlining your position.

While we understand that it is the employer's responsibility to implement an appropriate safety program, we want to stress that our member's privacy is paramount. Yes the line between safety and privacy is indeed fluid and changing, but it is necessary to ensure that the COVID-19 situation does not imply that unnecessary private health information is required in order to make a reasonable assessment of the worker's ability to work.

We request that you encourage your contractors to include our suggested privacy statement and ensure that they are strictly adhering to their privacy policies and to privacy legislation. We request that the sample form and its questions be sent to your members with a strong message that the questions be limited to the four in the sample document (including the fourth question suggested in your March 27, 2020 letter) as we feel these are sufficient in order to make a proper assessment.

We will continue to monitor this ongoing situation and will be engaging you again if the extent of what is being asked of our members is unreasonable.

Sincerely,

A.D. Al Phillips, RSE
Business Manager & Financial Secretary

MoveUp

Pre-Shift Health Check – Sample Form

The daily pre-shift health check allows workers to self-assess their general health before starting work. At the beginning of each shift workers are asked to answer the questions below.

-
1. Are you experiencing any of the following symptoms?
- | | | |
|------------------------|-----|----|
| ▪ Fever | Yes | No |
| ▪ Coughing | Yes | No |
| ▪ Sore Throat | Yes | No |
| ▪ Difficulty Breathing | Yes | No |
2. Have you been outside of Canada in the past 14 days? Yes No
3. Have you been in close contact with a person with confirmed COVID-19? Yes No
4. Have you tested positive for COVID-19, been instructed by any health organization to go for screening, or been instructed/requested by any health organization to self-isolate or quarantine within the last 14 days? Yes No
-

If you answer **YES** to any of the above questions, contact First Aid or your Site Supervisor.

I have performed the Pre-Shift Health Check and have taken appropriate action.

Employee Signature

Date

Employee Name

The information collected by way of this Pre-Shift Health Check shall be collected, used and disclosed by the Employer solely for the purpose of administering a screening process aimed at preventing the spreading of COVID 19 in the workplace. The Employer shall furthermore be responsible for 1) the secure storage of the information; and 2) the immediate destruction of the information as soon as it is reasonable to assume that (a) the purpose for which that personal information was collected is no longer being served by retention of the personal information; and (b) retention is no longer necessary for legal or business purposes. The employer shall additionally comply with Section 5 of the Personal Information Protection Act.