Confédération des syndicats nationaux

Brief presented by the
Confédération des syndicats nationaux
and the
Fédération de la santé et des services sociaux-CSN

to the Committee on Health and Social Services

on mandatory COVID-19 vaccination for health care workers and other categories of workers who have prolonged contact with citizens

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Foreward

The Confédération des syndicats nationaux (CSN) is a union organization with close to 1,500 unions. It brings together more than 300,000 workers in some 4,500 workplaces who are organized by sector of activity or profession into eight federations, as well as regionally organized into 13 central councils, mainly in Quebec. More specifically, it belongs to four federations working in the public and parapublic sectors, including the Fédération nationale des enseignantes et des enseignants du Québec (FNEEQ-CSN), which represents nearly 35,000 members in 102 unions from kindergarten to university, the Fédération des professionnèles (FP-CSN), which represents, among others, unions of professionals in the health sector and professors and professionals in the university sector, the Fédération des employées et employés de services publics (FEESP-CSN), which represents several sectors: municipal, education, school support, CEGEP and university, school transportation, correctional services and several government agencies, and the Fédération de la santé et des services sociaux (FSSS-CSN), which represents more than 250 unions with more than 120,000 members in the health and social services sector.

Introduction

The Confédération des syndicats nationaux (CSN) and the Fédération de la santé et des services sociaux (FSSS-CSN) would like to thank the Committee on Health and Social Services for hearing them in the context of this consultation on mandatory COVID-19 vaccination for health care workers and other categories of workers who have prolonged contact with citizens.

Whatever the objective, we should never veer off the path of democratic debate, even during the most difficult circumstances. Holding this parliamentary committee is an example of that and we are proud to participate.

Mandatory vaccination raises significant issues for our organizations and the members we represent. We want to be clear that we unequivocally support vaccination. However, we think it is necessary to present to this committee the realities that unions and their members will have to face in the context of mandatory vaccination.

Indeed, when they are called on to manage exceptional cases, requests for exemption and consequences their members may experience on the ground, unions will have to juggle with legal opinions that are not always straightforward and are often uncertain. They will have to operate by reconciling as best they can the collective good with individual rights, all the while maintaining a healthy and supportive climate among their members.

Finally, as vaccination is an additional weapon in the fight against COVID-19, it should be a priority to not end measures already in place that have proven to be effective.

Support for vaccination

We have wholeheartedly supported the government's vaccination campaign from the very beginning. We encourage all our members in all workplaces to get vaccinated, for their own protection, that of their co-workers and that of the people with whom they interact.

Methods used to promote vaccination are working as vaccination rates continue to rise. The vaccination rate is over 91%[1] in the health care system.

We certainly hoped the pandemic would peter out and we would not reach the point of having to discuss mandatory vaccines with you. Measures implemented in the health network, for example, Ministerial Order 2021-024 that instituted mandatory COVID-19 screening tests for unvaccinated employees in the context of labour relations, seem to be working and encourage but do not require vaccination.

In accordance with the precautionary principle, deploying all available preventive measures must continue in order to protect all workers and limit virus transmission.

So, even if vaccination becomes mandatory, we suggest continuing with all forms of encouragement to get vaccinated before resorting to coercion[2] in all workplaces.

The pandemic is a determining factor and is constantly evolving. In our current analysis, it constitutes an exceptional fact. Therefore, the deliberation and potential solutions we propose are only relevant in this context and at the particular moment they are made.

However, our deliberations apply to all sectors that will potentially be affected by such a measure, whether in health, education, higher education, childcare sector and elsewhere.

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1 INSPQ (2021), Vigie des activités de vaccination contre la Covid-19 et de suivi des couvertures vaccinales au Québec, août 2021. (French only).: https://www.inspq.qc.ca/sites/default/files/covid/vaccination/vigie-vaccination- 20210823.pdf

2 As the Comité d'éthique de santé publique stated in January 2021 in its opinion on mandatory vaccination of health care workers against COVID-1. (French only).: https://www.inspq.qc.ca/sites/default/files/publications/3091-avis-vaccination-obligatoire-travailleurs-sante-covid19.pdf

Some issues related to mandatory vaccination

Mandatory vaccination for workers, both in the health care sector as well as for those who have prolonged contact with citizens, such as in education or higher education, raises certain issues for our movement.

From the outset, two principles remain inevitable for us: no person who has reasonable grounds for refusing to be vaccinated should suffer consequences due to this fact and no breakdown in the employment relationship should result from not submitting to mandatory vaccination.

Managing exceptions

We shall continue our efforts in all our workplaces to ensure that we reach out to all workers to encourage them to get voluntarily vaccinated.

A minority of workers constitute the cohort of specific cases who will refuse to be vaccinated as a majority of workers are already fully vaccinated or in the process of being vaccinated.

The management of these exceptional cases should be worrisome to us all. The rules for implementing mandatory vaccination should be as clear as possible to avoid the multiplication of such cases. The reasons behind this requirement must be explained in a transparent manner. Unions have demonstrated their ability to convince their members to get vaccinated and will continue to do so if they have relevant and consistent arguments[3].

The concept of prolonged contact with citizens must be clearly defined so that everyone can easily understand their obligations. Furthermore, we must ensure that implementation is adapted to the realities of each workplace and to all employees who work there.

Finally, as fundamental rights are at stake, we suggest that comprehensive deliberation take place about other preventive measures to implement before arriving at mandatory vaccination. This is true for the health and social services sector, but also for all other sectors potentially targeted by such a measure, such as education.

Refusal to get vaccinated

In spite of this, it is likely that some employees will be unable or unwilling to get vaccinated. They will invoke, for example, their right to physical integrity, their state of health, their religious beliefs.

3 See comments about this issue at the end of this brief.

Due to their responsibilities and obligations[4], unions will have to review the situation of those who refuse to get vaccinated. Fundamental rights will be at stake and it is likely that some cases will head to court.

Few legal precedents exist when it comes to imposing a mandatory vaccination campaign in the workplace. The Rimouski-Neigette[5] case determined that in a disease outbreak situation, in the context of client vulnerability, mandatory vaccination could be justified and refusal to be vaccinated without a valid health-related reason or other prohibited discriminatory reason, such as religious belief, could lead to an administrative consequence, such as suspension without pay until the epidemiological situation is resolved.

Furthermore, even when infringing on a Charter-protected right is deemed a bona fide occupational requirement, consideration should be given to reviewing the cases of those who refuse the infringement of their right on the ground of discrimination prohibited by the Charter, for example, due to their health or for religious reasons. A demonstration that unfair hardship exists will allow an employer to not accommodate the employee[6].

We believe that one's state of health must undisputedly constitute a reasonable ground for refusing vaccination and we should avoid unnecessary involvement in legal challenges on this ground. Any person with a medical contraindication to vaccination must be accommodated, if possible, for example by being relocated to other duties with the employer and continuing to undergo required screenings.

It is important that such an accommodation does not result in consequences for the employer's other employees. If such an accommodation proves to be impossible and only removal from the workplace can protect an individual's health, they should be removed with pay for the duration of the situation that led to the introduction of the vaccination.

We also think that pregnant women should have access to the same accommodation. Although recommended, vaccination for them could involve more risk than a non-pregnant woman in the same age group, depending on their state of health at the time of receiving the vaccine. They should be allowed to not engage in a long demonstration of specific risks associated with their condition, especially as their condition is temporary[7].

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4 Article 47.2 of the Labour Code gives unions a monopoly on representation and also places on them the duty of fair representation.

5 Syndicat des professionnelles en soins infirmiers et cardiorespiratoires de Rimouski (FIQ) c. CSSS Rimouski-Neigette, AZ-50488533. (French only).

6 Undue hardship is defined as: "Undue hardship exists if the compromise sought would result in exorbitant costs to the employer or undue interference in the operation of their business. Factors considered when determining 'undue' hardship include, among others, company size, difficulty of employee interchange, safety risks to other employees or the public, achieving a collective agreement or other employee rights. One thing is certain, the hardship endured by the employer, or the union as the case may be, must exceed negligible inconvenience;" it must be "real, not trivial, but significant" and evidence of such hardship cannot be "based on impressions" or rely on imagination. (French only). Christian BRUNELLE and Mélanie SAMSON, « Les droits et libertés dans le contexte civil » in École du Barreau du Québec, Droit public et administratif, Collection de droit 2020-2021, vol. 8, Montréal (Qc), Éditions Yvon Blais, 2020, p. 85.

7 INSPQ (2021d), Avis intérimaire sur l'utilisation des vaccins à ARN messager contre la COVID-19, juillet 2021. (French only).: https://www.inspq.qc.ca/sites/default/files/publications/3093-utilisation-vaccin-arn-messager- covid-19.pdf

Any other reason cited by a worker to refuse vaccination that is based on a prohibited ground of discrimination under the Charter may also have to be accommodated, as long as evidence is provided that they must be accommodated and no undue hardship exists in doing so[8].

Furthermore, if an employee refuses vaccination for a reason that cannot be justified, we believe that this refusal cannot result in a definitive breakdown in the employment relationship. Administrative suspension without pay has been raised as a solution by the government in these circumstances. However, the duration of this is likely to last well beyond what was experienced in the only situation that can serve as a reference[9].

It is also likely that our analysis of this issue will evolve over time as the pandemic has an unknown duration and there may be lengthy administrative consequences for employees. In any case, it is important that any measures be temporary, reassessed in a timely fashion and take into account actual risks related to pandemic control and prevention.

In addition, we think the current labour scarcity and shortage situation in several sectors, particularly in health and social services, requires deliberation on solutions that will keep as many people at work as possible[10].

There is no doubt in our minds that employees must be able to return to their workplace if they change their decision regarding vaccination at any time.

Maintaining the quality of labour relations in a healthy workplace

Maintaining quality labour relations is key in a time of crisis like the one we are navigating through now. Vaccination and health measures implemented so far aim to allow a return to some kind of normal, to which we all aspire.

However, we cannot ignore new realties emerging in the working world due to the pandemic and rules that have been changed as a result.

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8 Syndicat des professionnelles en soins infirmiers et cardiorespiratoires de Rimouski (FIQ) c. CSSS Rimouski-Neigette, AZ-50488533, paragraphs 83 and 85. (French only).

9 Idem

10 Id. note 3.

The best and the worst are at play when it comes to telework. Mandatory vaccination and management of exceptional cases should not serve as a pretext to unilaterally modify working conditions and its organization.

We will be particularly vigilant regarding higher education. Imposing comodal education is not an option. Solutions must be found elsewhere so that people who cannot receive the vaccination are kept at work. All available means should be presented to avoid prolonged campus and school closures and to maintain in-person teaching. If vaccination is a tool to achieve this goal, it should not be the only option considered.

Where telework is an exception or even considered a privilege, it will also be necessary to ensure that an employee is being accommodated for legitimate reasons.

Importance of maintaining and improving personal protection and other preventive measures

Vaccination is an essential weapon in the fight against the pandemic and to ensure a safe working environment. It must remain readily accessible and available. However, it should not result in the abandonment of protective measures already in place and for which workers have at times fought tough battles.

The most effective personal protective equipment must be available for all workers in all workplaces[11].

Workplaces must be safe and healthy. Air quality remains a central concern in many educational institutions from kindergarten to university.

Moreover, as mandatory vaccination is on our doorstep, it is surprising that preventive measures implemented in the health care network were scaled back over the summer[12]. Shouldn't the use of screening tests be put in place for people who, despite their status as a vaccinated person, may be infected due to close contact with people with COVID-19?

If vaccination complements current measures in place, it must consequently not replace them, but rather help to improve them.

[11] Idem
[12] Idem

Conclusion

Numerous issues arise with mandatory vaccination. They will prove to be even more challenging if the management of exceptional cases is not appropriately handled. Vaccine hesitancy among employees who are not yet vaccinated will not disappear by imposing it. Unions must review all the grounds raised by their members who refuse to roll up their sleeve, without making assumptions about the decisions they have made. It is true that difficult choices must be made.

Transparency, maintaining other protective measures and ensuring that all citizens are invited to join the collective effort to fight the pandemic must be prioritized.

In the current context, actions undertaken must aim to make all parts of society safer and more efficient. Fair and transparent information about the reasons behind decisions made by the government are essential elements to ensure decisions have a positive impact and that everyone is on board.

Additional notes

1. Who are we?

The Fédération de la santé et des services sociaux (FSSS), affiliated with the Confédération des syndicats nationaux (CSN), is a recognized union force in Quebec. The largest and most representative organization in the health and social services sector, it represents more than 120,000 members, of which 80% are women, in more than 250 unions present in all regions of Quebec. FSSS-CSN members work in the health and social services network (CISSS, CIUSSS, facilities that are not amalgamated, RI-RTF, CHP and religious institutions, pre-hospital and community) and in the childcare network (CPE and RSG). FSSS-CSN takes action for a more fair, democratic and cohesive society.

2. Background

Long before the current COVID-19 pandemic, the health and social services network was disrupted by major reforms and weakened by years of austerity that resulted in a significant shortfall in the funding of public institutions[1], was facing a serious crisis that generated widespread burnout, absenteeism, difficult work environment and staff shortages.

Concerned about the health of its members and the network, our organization conducted several surveys of its members just prior to the pandemic, including the occupational health and work environment. These surveys reached nearly 25,000 members. The results of these surveys allowed us to evaluate the consequences of this crisis, determine the main causes and contained, in some cases, leading indicators that allowed us to predict the situation would continue to decline if nothing was done. We had no problem saying that we had passed a certain point of no return before the pandemic when we were seeing rates of psychological distress of well over 50% in some jobs, that a lack of resources and staff had deteriorated the work environment to the point that many people were planning to leave the network.[2,3,4]

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1 FSSS-CSN (2021). Budget 2021 : Des annonces insuffisantes pour les « anges gardiens », mars 2021. (French only). Accessible at: https://fsss.qc.ca/budget-2021-des-annonces-insuffisantes-pour-les-anges-gardiens/

2 FSSS-CSN (2018). Résultats du sondage de la FSSS-CSN sur la satisfaction au travail du personnel du réseau de la santé et des services sociaux, août 2018. (French only). Accessible at: http://www.fsss.qc.ca/download/vpp/rsultats_sondage_surcharge_vf.pdf

3 FSSS-CSN (2019b). Résultats du sondage de la FSSS-CSN portant sur les conditions de travail, l'organisation du travail et la santé et bien-être au travail des ASSS des établissements publics du réseau de la santé et des services sociaux, avril 2019. (French only). Accessible at: https://www.fsss.qc.ca/download/cat2/resultats_sondage_asss_2019.pdf

4 FSSS-CSN (2019b). Résultats du sondage de la FSSS-CSN portant sur les conditions de travail, la santé et le bien-être au travail des PAB des établissements publics et privés conventionnés du réseau de la santé et des services sociaux, juin 2019. (French only). Accessible at: https://www.fsss.qc.ca/download/cat2/resultats_sondage_pab_vff.pdf

The Government of Quebec declared a health emergency on March 13, 2020 when the network was already in full crisis mode and then proceeded to manage the network through ministerial orders and decrees.

Since the pandemic began, more than 45,000 health care workers have contracted COVID-19 and it cost some of them their lives.[5] Many have since decided to leave the network. Even though some hiring has been done, it is in the generalized context of staff shortages, work burnout and, even though working conditions and environment remain challenging and tense, the question arises about whether measures announced by the government are effective or not.

3. Questions

Potential adverse impacts

We are concerned about labour shortages and potential departures from the network due to this obligation, as well as the effect such a measure will have on an already tense and difficult work environment. Management by ministerial order and the granting of unfair job bonuses among jobs working directly in health care or with users have left their mark and some will certainly choose to leave the network as there are jobs to be had in other sectors. Placing people who refuse vaccination on indefinite leave without pay poses a significant risk when they could instead be screened on a regular basis and continue efforts made in recent months, which have been successful and encouraged staff to be voluntarily vaccinated by facilitating conditions to receive the vaccine.

Did the government evaluate the potential impacts of this measure in such a way? Has it surveyed network staff? Why not carry on with the current approach, which has produced good results and is the approach advocated in other Canadian provinces (Ontario, New Brunswick)? Are all our efforts made to attract staff to the network throughout the pandemic for naught ?

In addition, pressure on vaccinated staff will only intensify depending on the number of people who are removed from work or leave the network. However, we state categorically: there is no room in the network for any increased workload or additional work obligations as a result. The mobility required of staff has already pushed people to the limit of what's tolerable and any further deterioration in working conditions could exacerbate the current situation, which is already beyond the breaking point.

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5 ICIS (2021), COVID-19 cases and deaths in health care workers in Canada, August 2019. Accessible at: https://www.cihi.ca/en/covid-19-cases-and-deaths-in-health-care-workers-in-canada

What the problem really is

As mentioned, we note that the rate of vaccinated workers in the health and social services network is significant, that it has steadily increased over the months and that the return from vacation will probably allow many people who delayed doing so to get vaccinated, especially considering the vaccine passport will soon come into effect. However, given risks associated with the government's action, we think is it essential to clearly identify the problem we are trying to address.

Firstly, we observe that, as of August 14, 2021, there does not seem to be any outbreak issues in the health and social services sector.[6]

Furthermore, as data on immunization coverage by institution, by facility and by job title are not published, it is not possible for us to precisely determine specific issues that could possibly be addressed through targeted, adapted and less intrusive measures.

Many in the network do not work in the presence of users. This is notably the case of several people in category 2[7] (for example, in auxiliary services and trades) and 3[8] (administrative support staff). Do we even know the vaccination rate among employees in contact with users? It is reasonable to assume that rates are already quite high for many of these job titles. Is it addressing a real issue? In our view, this has not yet been demonstrated.

It also seems to us that it would have been worthwhile to examine and explain to network staff why current measures (voluntary vaccination and screening for unvaccinated people) do not meet the objectives, especially since it would have been possible to increase screening. For example, in accordance with provisions in Ministerial Order 2021-024, in addition to opting for increased screening, it would have been possible to extend its application to a greater number of employees by modifying the units covered, by gradation based on evolution of the situation or to intervene in a more targeted manner. It would also have been possible to establish better conditions to encourage vaccination of all employees.

Is there data available on the impact of these measures and associated shortcomings that warrant a change in strategy?

6 INSPQ (2021a), Vigie des situations d'éclosion de COVID-19 dans les milieux de travail, semaine 32-2021, août 2021. (French only). Accessible at: https://www.inspq.qc.ca/sites/default/files/covid/vaccination/vigie- vaccination-20210820.pdf

7 Paratechnical, auxiliary and trades staff.

8 Office staff, technicians and administration professionals.

Effectively limiting transmission

Since mandatory vaccination is being implemented by the government with the stated goal of protecting health and social services network users, a goal that we share, it is important to carefully examine the impact of vaccination on virus transmission and to review other measures to take to achieve this goal.

✓ The impact of vaccination on transmission

Many uncertainties persist regarding the effect of vaccination on virus transmission. While vaccination is effective in preventing people from developing a severe form of the illness, therefore preventing hospitalizations and death, the impact of vaccination on transmission is still unclear, particularly in the case of the Delta and other worrisome variants.

Recent publications show that vaccinated people can nevertheless be highly contagious. Vaccinated people can be reinfected and be asymptomatic carriers or not of a virus which, in the case of Delta, is much more contagious. Not to mention the fact that vaccine efficacy varies depending on the vaccine received and decreases with time, more significantly among older individuals or those with medical conditions. It goes without saying that people fitting this profile can be found among both staff and users. Therefore, the vaccine alone is certainly not enough to prevent transmission and future outbreaks will occur, particularly due to the Delta variant and despite extensive vaccination.

So, under no circumstances, and for as long as the virus is circulating in the community, can it be acceptable to us that as a result of broad immunization coverage among health and social services staff, every effort is not made to deploy all preventive means available, by applying the precautionary principle.[9] [10] [11] [12]

However, this is what we have been observing since the start of the pandemic, which is probably not unrelated to the fact that the Government of Quebec has done the worst job protecting the health and safety of staff with more than 12% of its staff having been infected and 13 deaths.[13]

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[9] INSPQ (2021b), Revue de la littérature scientifique sur le variant Delta : transmission, virulence et efficacité vaccinale, août 2021. (French only). Accessible at: https://www.inspq.qc.ca/sites/default/files/publications/3160-variant-delta-transmission-virulence-efficacite-vaccinale.pdf

[10] CNN (2021), CDC document warns Delta variant appears to spread as easily as chickenpox and cause more severe infection, July 30. Accessible at: https://www.cnn.com/2021/07/29/politics/cdc-masks-covid-19-infections/index.html

[11] Washington Post (2021), Read: Internal CDC document on breakthrough infections, July 30. Accessible at: https://www.washingtonpost.com/context/cdc-breakthrough-infections/94390e3a-5e45-44a5-ac40-2744e4e25f2e/

[12] Yale Medicine (2021), 5 Things To Know About the Delta Variant, August 18. Accessible at: https://www.yalemedicine.org/news/5-things-to-know-delta-variant-covid

[13] ICIS (2021)

✓ Hierarchy of preventive methods

This reluctance to do everything possible to protect staff, which we are still witnessing today, seems inconsistent to us.

In view of these findings, we are critical of the fact that the hierarchy of preventive methods is not yet well deployed in the network. Worse yet, current applicable directives are those that were scaled back over the summer.[14]

They are mainly based on the concept of staying at least 2 metres away from the user and on the concept of a duration of 15 minutes for potential exposure, which seem to us to be incompatible with the risk of airborne transmission of the virus, yet now recognized, and which attribute a protective effect to vaccination, in terms of transmission, which seems to us to contravene the precautionary principle (for example, for management of contact cases).

As an example, a properly vaccinated employee who does an IMGA without wearing a mask is allowed to stay at work without any screening test or isolation measures. We find this to be reckless, even inconsistent.[15]

Tools that have a definite and recognized impact on virus transmission include ventilation control, screening, isolation, wearing an APR and stabilization of staff. However, we have not done what is necessary in this area since the start of the pandemic. For example, more widespread deployment of respiratory protective equipment would prevent the contamination of double-vaccinated people, people whose vaccine protection has faded, unvaccinated people (persons who cannot be vaccinated for medical or other reasons) and users (via a bidirectional protective effect).[16] It would also be appropriate to undertake a ventilation quality control project in care and accommodation settings, which are often outdated, such as what was done in the school system.

Despite the government's call to health care workers to 'put the health of users first,' it must be said the government has failed to do so itself since the start of the pandemic. We had to go to court to enforce the precautionary principle and there is even a lot of resistance today to implementing the conclusions of this decision on the ground. Not to mention the fact that the government appealed this decision, sending a strong negative message to network employees whom, ironically enough, it calls 'its guardian angels'!

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[14] MSSS (2021), Directives COVID-19 du ministère de la Santé et des Services sociaux, août 2021. (French only). Accessible at: https://publications.msss.gouv.qc.ca/msss/document-003121/

[15] INSPQ (2021c), SRAS-CoV-2 : Gestion des travailleurs de la santé en milieux de soins, juillet 2021. (French only). Accessible at: https://www.inspq.qc.ca/publications/3141-covid-19-gestion-travailleurs-sante-milieux- soins

[16] Oxford (2021), Oxford Academic, Universal Use of N95 Respirators in Healthcare Settings When Community Coronavirus Disease 2019 Rates Are High, June 2021. Accessible at: https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab539/6296401?login=true

That being said, the goal of expanding vaccination as much as possible remains vital for the community. But emphasis must also be placed on other measures in order to effectively limit transmission in workplaces. Measures to be deployed should be consistent with the risk to be controlled. We invite the government to take a close look at the issue and do so with the utmost rigour and caution.[17]

To conclude, it seems paradoxical to say the least to impose such an intrusive measure even as the level of protective measures is decreased. It should be noted that in order for such a measure to be justified despite its infringement on the *Charter of Rights and Freedoms*, the courts will have to consider whether other less intrusive measures on fundamental rights would have fulfilled the objective equally well.

4. Other details and implementation modalities

Finally, several details and modalities remain to be clarified. From the outset, we notice that basic information is still missing, starting with the identification of job titles that will be covered by the measure. Also, we still do not know how many people are targeted by mandatory vaccination. Do we know anything about that in both the public and private sectors? And who and how will the situation be monitored in RPAs, RI-RTFs and in the prehospital sector? Will the community sector be included in the measure?

Other modalities must be defined. For example, how will this measure be monitored for independent employment agency staff? What will happen if a service breakdown situation can only be resolved by using staff who are unvaccinated and on unpaid leave? Will it be a callback to work or break in service?

How will achievement of a satisfactory outcome be defined? For example, will the target be waived for an institution that achieves the goal? What if this is the case for staff assigned to a facility?

What do we do if the target of 95% vaccinated workers is met by October 1? Will mandatory vaccination still apply? As we are days away from implementation of this measure, we hope these questions will be quickly answered.

Finally, we feel it is important to denounce the fact that, despite what is provided for in INSPQ's terms of reference for public health risk management in Quebec, opinions, directives and recommendations issued by the INSPQ are developed without any stakeholder involvement.

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[17] Greenhalgh, Ozbilgin et Contandriopoulos, Orthodoxy, illusio, and playing the scientific game: a Bourdieusian analysis of infection control science in the COVID-19 pandemic, May 2021. Accessible at: https://wellcomeopenresearch.org/articles/6-126/v1

Despite repeated demands, we have not been able to initiate real dialogue with the INSPQ since the start of the pandemic. This is all the more distressing given that directives implemented by the government are based on INSPQ opinions and basically repeat its recommendations.[18]

We believe that genuine openness to dialogue with stakeholders would lead to the development of a better mutual understanding of the issues. Therefore, we once again call for the establishment of a working committee comprised of stakeholders that would examine the issues from a public health perspective, but also from an occupational health and safety perspective.

[18] INSPQ (2021d), La gestion des risques en santé publique au Québec : cadre de référence, février 2016. (French only). Accessible at: https://www.inspq.qc.ca/sites/default/files/publications/2106_gestion_risques_sante_publique.pdf