
Subject: Collaborative Action to Support the Need for Permanent Paid Sick Days

Report to: Public Health and Social Services Committee

Report date: Tuesday, December 7, 2021

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario make permanent the currently temporary three (3) paid sick days in the *Employment Standards Act, 2000* (ESA) set to expire December 31, 2021;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities to understand the impacts of the three (3) permanent paid sick days created in 2021;
3. That Regional Council **RECOMMEND** the Government of Ontario develop, through consultation, a transition plan to support businesses and employers in making the three (3) sick days permanent;
4. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities to understand the challenges to increasing the number of sick days further, and the supports necessary to enable increasing the number of sick days to be in line with recommendations for adequate sick leave policies; and
5. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, and Niagara's Members of Parliament.

Key Facts

- The cost to the Canadian economy pre-pandemic of employees absent from work is \$16.6 billion; reducing infections spreading in the workplace could reduce this absenteeism and reclaim lost economic activity.¹
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others. The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces² including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In *From Risk to resilience: An Equity approach to COVID-19*, Chief Public Health Officer of Canada, Dr. Theresa Tam, highlighted the need to address the gap of access to paid sick days as an intervention effective in curbing the spread of COVID-19.³

- In February 2021, Regional Council endorsed the recommendations in Report PHD-1-2021 expressing support for legislated paid sick days through the *Employment Standards Act*. Similar motions were also passed by the Boards of Health for Toronto Public Health,⁴ Sudbury and District Health Unit, Windsor-Essex County Health Unit, Chatham-Kent, Kingston Frontenac and Lennox, and Peterborough Public Health.⁵
- On April 29, 2021, the Ontario government amended the *ESA* to require employers to provide employees with up to three (3) temporary days of paid infectious disease emergency leave because of certain reasons related to COVID-19. This is set to end on December 31, 2021.⁶
- The Ontario government providing three (3) temporary paid sick days is an important step in the pandemic response but is insufficiently large for preventing future outbreaks.

Financial Considerations

As a Corporation, Niagara Region has experienced a total cost of \$352,100.88 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19th, 2021, to October 30, 2021. If the Government of Ontario were to legislate three (3) paid sick days permanently, the projected cost annually would be \$659,000 to the Niagara Region.

Analysis

Evidence to Support Expanding Access to Paid Sick Leave

The evidence continues to be clear. Staying home when sick is one of the most effective containment strategies for infectious disease. However, without public policy to support this decision, behavioural recommendations are limited in their effectiveness.

Workers without paid sick days are 1.5 times more likely to go into work with a contagious illness.⁷ This phenomenon of “presenteeism,” working while sick, leads to the spread of infection amongst co-workers, longer absences, more serious health problems, and lower productivity.⁸ Conversely, paid sick leave allows workers to stay home when they have symptoms, especially during the pandemic.⁹ Additionally, parents with paid sick days have been found to be 20% less likely to send sick children to school.¹⁰

Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, including outbreaks in long-term care homes, farms,

meat-processing plants, grocery stores, and warehouses. In January 2021, 60% of workplace outbreaks in Ontario were in warehousing, manufacturing and the food-processing sector.¹¹ As of October 5, 2021, the Ontario Ministry of Health reported 48 active outbreaks among “other workplaces” which includes manufacturers, warehouses, construction sites and offices. The site of the largest workplace outbreak in February 2021 did not have paid sick days.¹²

In Niagara, as of November 12, 2021, of the 500 COVID-19 outbreaks that have occurred, 37.0% have occurred at workplaces and other community locations. Further, 11.9% of all COVID-19 cases in Niagara were staff at a workplace associated with an outbreak. Of the 2,206 staff associated with an outbreak, 1,041 were associated with a long-term care or retirement home, 845 with a community location, 221 with a hospital, and 99 with a communal/congregate setting. From April to November, the ESA has included three (3) paid sick days, likely a variable that has contributed to these workplace numbers not being worse.

Through Public Health’s contact tracing, there continues to be numerous examples where the absence of paid sick leave likely contributed to transmission: employees who continued to work while infected, spreading illness to others and causing outbreaks; and employees who are high risk contacts to someone infected with COVID-19, but continued to work, eventually becoming infectious and harming others.

The pandemic continues to reveal that precarious work, including the lack of paid sick days, is an individual and public health hazard. Report PHD-1-2021 previously described the disproportionate impacts of COVID-19 and access to paid sick days. The impacts will only persist and be exacerbated unless action is taken.

Increasing Action & Calls for Legislated Paid Sick Time

Throughout the pandemic, the recognition of the importance of paid sick days has been steadily increasing. Report PHD-1-2021 previously described that Canada lags behind other nations globally in guaranteeing workers access to paid sick days for short-term illness. Canada is in the bottom quarter of countries worldwide that do not guarantee paid sick leave on the first day of illness. Report PHD-1-2021 outlined the numerous calls on the Government of Ontario to take action on paid sick days. Since February, the federal government has committed to 10 legislated paid sick days for federally regulated employees and British Columbia is planning to legislate paid sick days. The Ontario government’s temporary pandemic-specific paid sick leave program is set to expire on December 31, 2021.

An adequate paid sick days policy in Ontario is urgent and required to protect public health, especially for those in low-wage and precarious work who have been most impacted by COVID-19, but also who are most impacted by influenza and other infections not associated with the pandemic. The federal government's commitment to legislate, employer-provided paid sick days can and should be replicated across the country.

There are two bills in the current Ontario Legislative Assembly that provide model legislation for effective paid sick days. Bill 7, *10 Paid Sick Days for Ontario Workers Act, 2021*, was introduced by MPP John Fraser and would provide for 10 permanent paid sick days and an additional 10 paid days during public health emergencies. Bill 8, *An Act to amend the Employment Standards Act, 2000* was introduced by MPPs Peggy Sattler, Jull Andrew, Dolly Begum, and Sara Singh and would provide for 10 paid sick days and additional 14 days of paid leave during public health emergencies. With support from the sitting government, these bills could become law in the current legislative session.

The COVID-19 pandemic has exposed the urgency of addressing gaps in paid sick days as a matter of health equity. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness. The gap in access to paid sick days is not a short-term pandemic-specific issue. Rather, it is a longstanding matter of health inequity, which has been exacerbated by the COVID-19 pandemic.

As we exit the pandemic in the coming year, COVID-19 will not completely disappear. Rather, it will remain as an infection that circulate regularly through society similar to influenza or cold viruses, though fortunately without overwhelming waves. Nonetheless, pre-pandemic costs such as the \$16.6 billion in economic loss from absenteeism and the inequity experienced by workers will only be greater as COVID-19 is layered onto the set of infections that afflict workplaces and employees. The need to reclaim economic losses from absence due to infection, and to protect low wage employees has never been more important.

Alternatives Reviewed

The alternatives of taking no action on and allowing the current paid sick time benefit to expire was considered. However, not taking action will continue to place burden of responsibility on the individual to decide between getting paid and staying home if they are sick. Evidence indicates that this is resulting in the spread of infectious disease, most pressingly COVID-19. However, as the pandemic comes to an end, there will

again be substantial economic losses and inequitable human impacts due to infectious diseases such as influenza, and COVID-19 will continue to afflict workplaces similar to influenza further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick leave will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

[PHD-01-2021](#)

(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323>)
Collaborative Action to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days

Recommended by:

M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health (Acting)
Public Health and Emergency Services

Recommended by:

Adrienne Jugley, MSW, PSW, CHE
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared by Lindsay Garofalo, Manager, Chronic Disease and Injury Prevention, Kavalpreet Grewal, Health Promoter, Chronic Disease and Injury Prevention and Dan Schonewille, Health Promoter, Chronic Disease and Injury

Prevention in consultation with Pam Abeysekera, Integrated Planning and Policy Advisor, and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.

Sources

¹ The Conference Board of Canada. Available from (<https://www.conferenceboard.ca/e-library/abstract.aspx?did=5780>). Published September 23, 2013

² Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). Available from: (<https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic/>)

³ From Risk to Resilience: An Equity Approach to COVID-19. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. Published October 2020. Available from: (<https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>)

⁴ Toronto Public Health. Response to COVID-19: January 2021 Update. Available from: (<https://www.toronto.ca/legdocs/mmis/2021/hl/bgrd/backgroundfile-159740.pdf>. Jan 2021).

⁵ alPHa. Local Board Resolutions – Determinants of Health. Available from: (https://www.alphaweb.org/page/Local_BOH_resolution?&hhsearchterms=%22paid+and+d+sick+and+days%22&#rescol_909480. April 2021).

⁶ Government of Ontario. Ontario Worker Income Protection Benefit. Available from: (<https://www.ontario.ca/page/covid-19-worker-income-protection-benefit>. April 2021).

⁷ Paid Sick Days Improve Public Health. Nationalpartnership.org. Available from: (<https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-improve-our-public-health.pdf>. Published February 2020).

⁸ Tucker EM and Vosco LF. Designing Paid and Protected Employment Leaves for Short-Term Sickness and Caregiving. October 2021.

⁹ Thompson A, et al. Benefits of Paid Sick Leave During the COVID-19 Pandemic. April 2021

¹⁰ Piper K, Youk A, James AE III, and Kumar S. Paid sick days and stay-at-home behavior for influenza. *PLoS ONE*. 2017; 12(2). Doi.org/10.1371/journal.pone.0171698.

¹¹ Mojtehedzadeh S. Toronto's top doctor calls on province to provide 10 paid sick days amid surging COVID-19 cases. The Toronto Star. Available from: (<https://www.thestar.com/news/gta/2021/01/11/torontos-top-doctor-calls-on-province-to-provide-10-paid-sick-days-amid-surg-ing-covid-19-cases.html>. January 2021).

¹² Mojtehedzadeh S. The employer with Toronto's largest COVID-19 outbreak doesn't have paid sick days. The Toronto Star. Available from: (<https://www.thestar.com/news/gta/2021/02/16/the-employer-with-torontos-largest-covid-19-outbreak-doesnt-have-paid-sick-days-wat-does-new-data-tell0us-about-which-workplaces-are-hardest-hit.html>. February 2021).