

3rd April 2020
FP CGIL, CISL FP e UIL FPL
And Minsitry of Health
Sign the

**"AGREEMENT FOR THE
PREVENTION AND SAFETY OF
PUBLIC AND PRIVATE HEALTH
WORKERS FOR COVID-19
EMERGENCY**





THIS AGREEMENT INTEGRATES THE AGREEMENT SIGNED ON 14 MARCH 2020 BY CONFEDERATIONS CGIL, CISL AND UIL AIMING TO RECOGNIZE THE FUNDAMENTAL IMPORTANCE OF THE NATIONAL HEALTH SERVICE DURING THE DRAMATIC EMERGENCY AND IN THE FUTURE.



10/06/2020



THE JOINT COMMITTEE

The agreement, in addition to listing and integrating the most appropriate and rigorous prophylactic precautions for technical and health personnel, provides for the establishment of a Committee composed of the Ministry of Health and CGIL, CISL and UIL, whose objectives will be:

- monitoring and reporting of the most critical situations on the national territory,
- open a confrontation on the forthcoming measures.

ALSO PROVIDED for the activation of Regional Committees and a preventive confrontation with trade unions representatives in the workplace.

Personal protective equipments

The agreement guarantees the standards of protection in a rigorous manner, according to scientific evidence and the most prudent principle of caution.

Futher guarantees that the use of PPE, in compliance with the indications of the technical-scientific bodies, must be mandatory in order to carry out the activities;

That the supply of Personal Protective Equipment (PPE) must be guaranteed in the appropriate quantity and in compliance with the technical requirements necessary to protect the health of professionals and operators as well as citizens, also guaranteeing suitable training courses for its correct use.

Guarantees the opening of a confrontation to evaluate every possible option to provide PPE that offer a level of protection for workers even higher than as considered by technical-scientific bodies;





Health Surveillance

THE AGREEMENT PROVIDES FOR ALL PERSONNEL EXPOSED TO COVID :

- TESTING ALL PERSONNEL THROUGH ALL NECESSARY LABORATORY ANALYSIS TO HIGHLIGHT THE POSSIBLE POSITIVITY TO SARS-COV-2, ALSO TO UNDERSTAND IF THEY CAN KEEP ON WORKING;
- A PERIODIC FREQUENCY OF TESTS IS FORESEEN;
- ALL PERSONELL MUST BE INCLUDED IN APPROPRIATE SURVEILLANCE PATHWAYS;
- TO IDENTIFY PREVENTIVE MEASURES FOR PERSONNEL WHO CAN WORK BUT IS AFFECTED BY PREVIOUS PATHOLOGIES;
- TO ENSURE THE NECESSARY SANITATION OPERATIONS IN THE WORKPLACE .

MOREOVER, IT IS FORESEEN:

- REVISION OF ARTICLE 7 OF LEGISLATIVE DECREE NO. 14 OF MARCH 9, 2020, CONCERNING THE ASYMPTOMATIC PERSONNEL;
- THE TIMELY NOTIFICATION OF ACCIDENTS AT WORK.

10/06/2020



STAFF RECRUITMENT

- STABILIZE AND RECRUIT MEDICAL, HEALTH AND TECHNICAL PERSONNEL WITH PRECARIUS CONTRACTS INVOLVED IN THE EMERGENCY-URGENCY;
- HIRING NEW PERMANENT STAFF THROUGH AN EXTRAORDINARY RECRUITMENT PLAN;
- THE EXTENSION OF CURRENT FIXED-TERM EXPIRING CONTRACTS ;
- THE REVISION OF THE CURRENT STAFFING REQUIREMENTS PLANS ENSURING OPTIMAL STAFFING LEVELS BOTH TO RESPOND TO THE EMERGENCY AND TO GUARANTEE THE HEALTH NEEDS OF THE POPULATION IN THE ORDINARY SITUATION;



AGREEMENT SIGNED BETWEEN THE CONFERENCE OF THE REGIONS AND AUTONOMOUS PROVINCES OF TRENTO AND BOLZANO AND THE TRADE UNIONS FP CGIL, CISL FP, UIL FPL TO FIND AND ALLOCATE SPECIFIC RESOURCES AIMED TO REMUNERATE THE SPECIFIC CONDITIONS OF WORKERS COMMITTED IN THE COVID EMERGENCY 19 IN THE BODIES AND COMPANIES OF THE NATIONAL HEALTH SERVICE

29TH April 2020

PREAMBLE

The epidemiological emergency from Covid-19 determined in the national context:

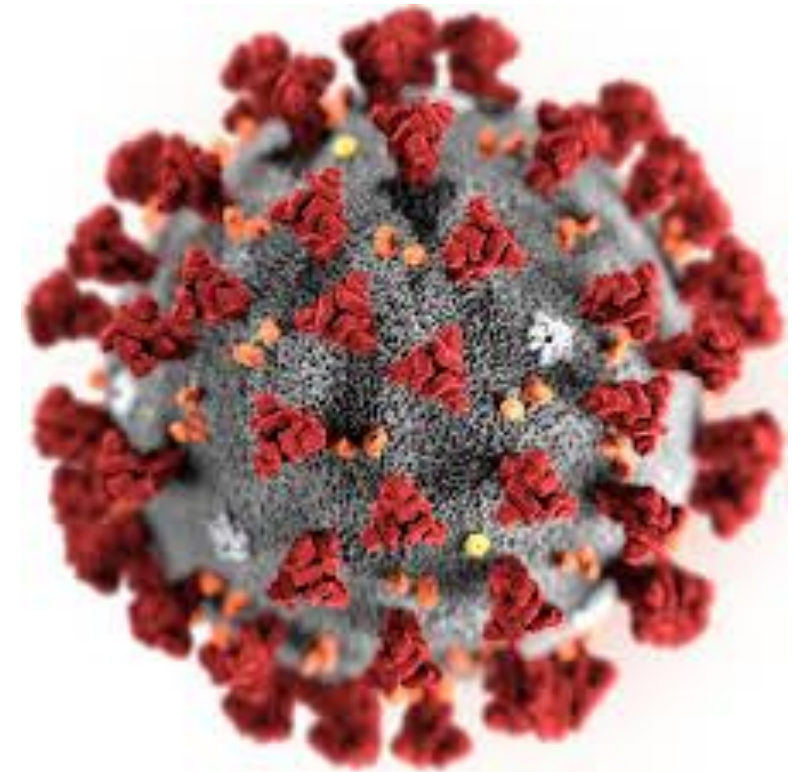
a generalized reorganization of entire hospitals or hospital wards that have been exclusively reserved to receiving infected patients;

a revision of the working methods through a review of the organization of procedures and/or activities;

the transfer of staff to the areas that most required it;

a very significant increase both in the work activity of the staff and in the number of units of workers working on a daily basis to provide the services needed to deal with this emergency;

a significant impact on the working conditions of all operators, in particular those involved in services, facilities and patient care departments Covid-19.





THE EXPECTATIONS OF PROFESSIONALS

The evolution of the pandemic has led to different demands from workers at different times:

In the first moment has prevailed the demand for PPE and procedures to increase safety – we answered to this with the agreement of 3rd of April

After was raised a request for economic recognition, to which some regions initially responded with regional agreements.

from this, in order to avoid unjustifiable differences in opportunities, has come up the need for a framework agreement to promote the spread of agreements throughout the territory.

THE METHOD TO IDENTIFY QUOTAS

To distribute National and Regional quotas to the individual companies on the national territory, most Regions have opted for distribution based on the number of workers who are present in each individual reality (heads);

- So no differences between medical management and the rest of health workers
- Once the amount was identified, it was further divided between medical management and health sector always considering *per capita* regardless of role and position

ECONOMIC RESOURCES

The gross resources made available at national level amount to 440 million euros, which the regions can double with their own resources.

They must be divided between medical management and health personell;

They have been allocated to increase the funds for the National Collective Agreement, and it has been an exception to the legal and contractual rules in force;

The distribution criteria between medical management and personell health sector will be defined during the regional confrontation;

These are (one time) economic resources for the year 2020;



RISK INDEMNITY

In many contexts, resources have also been used for covid-dedicated allowances in relation to risk and/or discomfort in light of the fact that extraordinary services are not usually high and often involve non-hospital sectors such as swabbing tests.

The modalities for the provision of these resources as well as the services identified will be established during the regional confrontation with trade unions.

USE OF ADDITIONAL RESOURCES

For the recognition of the additional quotas (both national and regional), they have identified project planning arrangements that provide for a higher remuneration using the performance measuring tool to be implemented through decentralized agreements that must involve both the health sector and the medical management.

In this context, various strategies have been identified to recognise performance assessments, for example by identifying different "bands" of commitment in relation to the personnel involved in the emergency as a whole.

In addition to additional regional resources, funds can be further increased in a variable manner from year to year with resources linked to specific laws.

Furthermore Tuscany, e.g., has also authorized with a special law companies and health service bodies to increase these resources with any contributions received from donations dedicated to the Covid emergency.



**Most of the contents of the agreement have
been incorporated into the Relaunch Decree.**

29th Aprile 2020

10/06/2020

WHAT WE HAVE STILL TO DO



To give the possibility to the Regions in positive economic balance, which have guaranteed essential levels of assistance, to allocate additional resources for supplementary collective bargaining further to those already provided for in the national collective bargaining agreement, within the limit of 2% of the regional wage bill.



In relation to the exceptional nature of the health emergency in progress, we need law intervention to protect all personnel involved, who have operated in the emergency phase, from civil and criminal liability, except in the case of conduct carried out with intent or in particularly serious cases of gross negligence.



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