

## JCCHS MEETING NOTES

July 15, 2004

### Present:

For the OHA: Lynn Keays, Director Employee & Labour Relations, Humber River Regional Hospital  
Terry McMahon, Corporate Director, Human Resources, Grey Bruce Health Services  
Steve Shemluck, Consultant, Hospital Employee Relations Services, Ontario Hospital Association  
Melissa Barton, Wellness Consultant, Organizational Health Management Services, Ontario Hospital Association

For OPSEU: Frank Pezzutto, North Bay General Hospital  
Brendan Kilcline, Kingston General Hospital  
Lisa McCaskell, OPSEU Health & Safety officer

Since we had a new member, Lisa quickly went over the issues that came out of the last round of bargaining with OPSEU that have comprised the Letter of Understanding. The previous meeting was more of a discovery meeting where the parties shared information.

### Regional Council Executive Committee:

- RCECs are the Regional Council Executive Committees (there is one for each region). These committees are supported through the various hospital consultants (Member and Professional Relations). The Health and Safety Advisory Committee (HSAC) rep from each region is nominated by their RCEC.
- Each RCEC is mostly made up of hospital CEOs and Trustees in each region, but each committee also has an HR representative. These various HR representatives also sit on the OHA's, Human Resources Committee (HRC).
- The feedback loop from the HSAC to the RCEC are through the HRC updates that Marilyn Reddick (Sunnybrook & Women's Hospital), current chair of HSAC, provides. Note that the chair of the HSAC also is required to sit on the HRC in order to maintain this feedback loop.

### Review of Terms of Reference:

- The participants discussed the Draft Terms of Reference document
- Parties reached agreement on outstanding issues: time spent attending committee meetings, paid preparation time, quorum, minute taking and discussed a dispute resolution process.

- Draft copy sent to S. Shemluck for review.
- S. Shemluck agreed to communicate Terms of Reference with Kingston General and North Bay General with respect to the Hospital understanding the conditions under which the OPSEU committee members participate in the committee.

#### Health & Safety Advisory Committee:

- The Chair was on the Human Resources Committee (HRC), and that there were 5 Regional members, all with Health and Safety and WSIB backgrounds and that the group meets 4-5 times annually. Their advice goes back to the HRC. Each member is supposed to go back to their regions and report.
- The union would like the minutes of this committee's meeting go back to the Advisory Committee. *M. Barton to follow up.*
- The OHA has a public web site on safety groups. See [www.oha.com/safetygroup](http://www.oha.com/safetygroup) which contains higher level information and a published newsletter.
- Lisa requested an organizational chart. *M. Barton to follow up.*

#### Answers to Questions Arising from May 28, 2004 Meeting:

1. Determine if there is a member of our Health and Safety Advisory Committee with an OPSEU bargaining unit at their hospital.
  - Yes, there is from Sunnybrook, UHN, Hotel Dieu (St. Catherine's), St. Joseph's (London)
2. Are the safety group participants sharing information on a regular basis with the staff workers/worker reps? If no, can we please add this to the agenda for the next safety group meeting and express that this is a best practice.
  - The safety reps are members of the JHSC at their perspective hospitals, thus information from the safety group would be shared with committee members and recorded in the minutes available to all employees. This practice will be acknowledged at the next safety group meeting.
3. Does the WSIB track NLTs? If yes, how are they categorized?
  - Yes, they are tracked but not categorized just numbers.
  - WSIB tracks NLTIs, however hospitals are only required to report those NLTIs to the WSIB if they have healthcare aid required. Therefore, NLTIs do not represent a complete picture.
  - Hospitals may track NLTIs that require first aid and near misses and their JHSCs at the local level would analyze these in order to identify priority hazards in order to build effective prevention strategies.
  - We believe the WSIB can categorize the NLTIs by occupation and Nature of Injury (similar to the LTI breakdown)?

4. The OPSEU committee would like updates on the HSAC and Safety Group activities.
  - The minutes from HSAC could be made available through the regional representative, as stated the safety group activities are being updated through the JHSC.
5. How many hospitals are in the safety group?
  - 72 this year compared to 69 last year.
6. The OPSEU group would like some briefing material on the Safety Groups and the Healthy Hospitals Initiative (HHI) (general information packages).
  - The following was provided to Committee members:
    - Health Care Health & Safety Association of Ontario – Injury & Illness in Health Care in Ontario Report
    - OHA – Health & Safety Bulletin – Summer 2004
    - OHA – Ontario Hospital WSIB Safety Group – Call for Participation 2004 Letter, Action Plan template
    - OHA – Ontario Healthy Hospital Initiative – Briefing Note June 2004

Answers to additional questions:

1. How does the safety group measure success?
  - They set goals on 5 program elements (each that have 5 steps for completion). The safety group program tracks the progress and there is some financial incentive based on accomplishments as well as reduction in NEER costs.
  - At the start of every year, the safety group discusses their common goals for the year. Last year, following SARS, there was a review of what success meant for last year.
  - The program is set up on a self-reporting basis and there are WSIB spot checks. There is an on-line template to assist hospitals in progress reports and Hospitals must commit to attend 3 of 5 meetings.
  - Sign up for the program occurs at the end of December for the coming year.
  - Each year, Hospitals are required to maintain their previous year's elements as well as build on new ones.

### WSIB Statistics:

- OPSEU suggested that perhaps a joint request from the Committee to the WSIB could be made to get statistics from them.
- To assist the group, either the OHA or the WSIB (through a request) can get reports and can look at applicable OPSEU Codes. Extracting data may be problematic given the complex nature of health care professions.
- M. Barton to find a standard of Occupational Code. L. McCaskell will speak to M. Beall (OPSEU) about OPSEU codes. OPSEU provided list of information to be contained in request but indicated that they will come back with more.
- Health Care Health and Safety Association of Ontario web site extremely useful. [www.hchsa.on.ca](http://www.hchsa.on.ca)

### Respiratory Protection:

- In December of 2003, a survey was completed (52% response rate) that determined the status of respiratory protection programs in hospitals and to define their needs.
- Letter sent out last week to provide follow-up recommendations from the OHA Health and Safety Advisory Committee with respect to Respiratory Protection Programs. *M. Barton can provide copy of letter*
- Identification of high-risk group had lots of holes in it. Ministry required a plan for completion. Initial directives – fit test everyone then the science changed. OPSEU would have a problem with limiting testing. During SARS, some workers were away and did not have direct contact with patients.
- Some Hospitals hired additional staff just for training.

### Safety Engineering:

- There are currently many challenges in this area – we need education on how to implement risk assessment. Cost is reasonable because devices can protect them. Prices decreased because of growing U.S. market. Recommend it as a key element for next year. Need to know where injuries are.
- There has been some effort to look at sharps handling. There is an Alliance for safe sharps – online reporting tool.
- Ministry of Labour orders at some hospitals were to investigate safety-engineered medical devices but not ordered to use them. Orders were not issued consistently across all hospitals.
- This will likely be a topic at this year's OHA Convention.

### Safety Devices:

- Should be safe transporting devices, not just lifting.
- Prior to the end of 2004, some Hospitals were provided with a few days to provide a list of devices needed with the anticipation that a pool of money would

- be available to purchase some of these safety devices. Offer did not go to all Hospitals but only some containing a certain size of employees.
- Moving forward, the plan was to push a Health & Safety strategy forward through the Nursing Secretariat (Sue Matthews).
  - Hospitals should have already established a wish list.
  - Government sees this as a priority and it is anticipated that more money will be coming.

#### Formaldehyde:

- Most found in lab, morgue and OR (some on floors in labour and delivery for taking pathology samples).
- Some places are not managing this properly.
- At Grey Bruce Health Services, they test it regularly and work with the Health & Safety Committee.
- Due to a work refusal at North Bay General Hospital, the Morgue was redone and they decreased the exhaust levels by 90%.
- Perhaps this can be included in the agenda for the local Joint Committees.
- OPSEU shared with the Committee a copy of a Press Release from the International Agency for Research on Cancer concerning Formaldehyde.
- OPSEU would like the OHA to communicate to the health and safety contacts to make them aware of this issue - particularly relevant in pathology labs, morgues, biopsy suites (or anywhere they use formalin for preservative applications).

#### Frequency of JCCHS Meetings:

- Next meeting scheduled for Tuesday, September 21, 2004 from 9 to 12pm at OPSEU (Head Office) on 100 Lesmill Road (York Mills and Don Mills).
- The next meeting after that to be scheduled at the OHA on Tuesday, November 10, 2004 from 9 to 12pm.

The meeting adjourned at approximately 1200 h.