

Report from the Chair -Oct. 2000

Patty Rout – Chair – OPSEU Local 348

I attended a meeting of leaders of Health Care Professional Unions from across Canada in June to discuss issues of mutual concern including shortages of workers, privatization and restructuring and barriers to negotiations. Many of our concerns within the workplace and within our college regulatory system are similar from province to province although Ontario was the only province represented that had not regionalized its health care system. I came home with copies of collective agreements, grievance awards and most importantly contacts with other union brothers and sisters from across the country, resources that I know we will put to good use.

Negotiations Policy

Your HHCPD executive with the assistance of staff have been working hard to update our negotiations policy to improve the central bargaining process, to reflect current practice and to comply with the OLRA. We will be making a presentation to the Executive Officers of OPSEU next month prior to a vote by the full OPSEU Executive Board in early December. And yes it is never too early to start formulating those proposals for the next round of bargaining!

Bill 136 Victory in Greater Niagara

OPSEU and the Hospital Health Care Professionals Division welcome an additional 300 new members as a result of a Bill 136 vote held in August following the amalgamation of eight Niagara area hospitals to form the Niagara Health System. Prior to the vote we represented approximately 190 members at the Welland and Greater Niagara Hospitals. Despite the fact that five of the amalgamating hospitals were non-union and one was represented by CUPE, health care professionals once again chose OPSEU to move them forward. Thanks to all the hard work of OPSEU members, board and staff, without them it could not have happened!

Questions or comments can be directed to the Division Executive through the OPSEU website (click on BPS, then Health Care Divisional Council, then the Hospital Health Care Professionals Division, then "Contact Us").

Bob Pick

Bob Pick a good friend to many in the division passed away in July. He was a long time member and activist in the Division. He sat on many committees such as bargaining and pay equity. Bob had worked at the Grey Bruce Regional Health Centre in Owen Sound as an MLT in Blood Bank but took a VEO and left the profession several years ago. He will be missed.

Late breaking Update on RRCP Challenge

The following information is from the RTSO home page.

The main application was heard on October 20 and 21. The court dismissed the application saying that the regulation is wide enough to permit the examination process in the context of the QA program and the costs of the litigation are to be paid by the Applicant to the College if demanded. Leave to appeal to the Court of Appeal is being sought as is an extension of the stay granted by Mr. Justice Heeney such that the CC examination will not be administered until all court appeal avenues are exhausted.

The Negotiator's Report

Diane Bull – OPSEU Negotiator

Hospital Job Opportunities on OPSEU Web Site

In the most recent round of bargaining the hospitals agreed to provide OPSEU with job opportunities available in our bargaining units for posting on the OPSEU web site.

OPSEU bargaining unit members (whose units participate in central bargaining) who are on layoff, or who have received a notice of layoff, and are selected for such vacancies will be entitled to transfer accumulated service for the purpose of placement on the wage grid and for vacation entitlement. See Article 28.01 of the collective agreement for more details.

In the first week we posted three job opportunities. Check them out from the 'Job Opportunities' link on the OPSEU home page or through the Hospital Health Care Professionals Division page on the OPSEU web site. That's www.opseu.org

Negotiations Update

Aimee Axler – Chair Central Negotiating Team – OPSEU Local 444

Local Issues Arbitration

For this round of bargaining we adopted a new process for resolving any disputes related to local issues bargaining. We adopted a "med/arb" process whereby the parties appointed a single individual, Murray Lapp, to act as our mediator/arbitrator. Murray, who acted as our facilitator during the central bargaining process, first attempted to mediate a settlement between the parties and if that was unsuccessful immediately moved into the role of arbitrator to hear any final arguments and render a binding decision. Only five hospitals, out of the forty who participated in central bargaining, required the

med/arb process that was held the week of September 25th in Toronto. I think that this is a streamlined process that lends itself well to our local issues bargaining and has been used successfully by the OPSEU's BPS Ambulance Division. A big plus is that all settlements and awards were completed by October 10 only twelve days after the final day of the process. While most local issues don't have a province-wide impact there was some language on multi-site issues from Lakeridge Hospital that was awarded. All Sector 10 staff reps have been provided with copies of this language should it be an issue in your area.

Respiratory Therapy Legal Challenge Continues

*JAN O'LEARY –
Head of Job Security Committee –
OPSEU Local 659*

The legal battle that the Respiratory Care Practitioners have launched against their College is an extremely important challenge affecting all Regulated Health Professions. I believe this is a landmark case, vital to our dignified survival in this overwhelmed system. I am very proud to say that my own local, which represents five paramedical groups in the Sudbury Regional Hospital, believes this fight to be extremely important: as of October 4th 2000, we have donated a total of \$7000 to this cause.

Bob Reid, with the support of our Division Executive, appealed to the OPSEU Executive Board for additional funding, and a motion was passed for another donation of \$40,000.

We cannot allow this challenge to fail for lack of funds. I urge you to approach your local and donate to the fund. All Regulatory bodies are watching this court case: if the Respiratory College wins this battle, rest assured your discipline will be introducing the same draconian measures. Let us do all we can to stop them once and for all!

Workplace Violence

*Frank Pezzutto –
Head of Health & Safety Committee
OPSEU Local 662*

Workplace violence is an occupational health and safety hazard and recognizing it is the first step towards preventing it. Awareness is increasing about exposure to violence on the job. Those who deal with the public face the greatest danger of violence. This category includes health and education services, retail sales, food service, hospitality and transportation.

Physical injuries and death from violent acts are only the most obvious consequences of violence. There are other more subtle health effects. Exposure to the threat of violence is a source of occupational stress.

There are no reliable statistics to demonstrate the true extent of workplace violence. Non-fatal assaults of course occur much more frequently than occupational homicides but for a variety of reasons, incidents are not usually reported if there is not physical injury. Even when a violence-related injury results, it may not be reported as an occupational injury. There are a number of reasons why an incident may not be reported: victims may believe the incidents are minor or too personal; they may see an assault as the result of their own failings or as part of their

job; they may fear being blamed for not handling the situation in a better manner; they may feel it is pointless to report as no action will be taken by their employer or they are unsure what to report as there are no policies and procedures about what should be reported, when and how.

There is no universally accepted understanding of what acts constitute violence. In the workplace, violence is usually broadly defined to include excessive aggression or hostility. Violence includes situations where there is a perception of physical danger. Assessing the extent and severity of these hazards requires a careful review of records and reports as well as a physical inspection of the workplace. A confidential worker survey is another way of learning about violent incidents and how they

have been dealt with in the past.

While neither employers nor Joint Health and Safety Committees (JHSCs) are in a position to solve the underlying societal problems they can nevertheless establish procedures and controls to ensure that workers are protected from violence while they are at work. If your Joint Health and Safety Committee is having difficulty in establishing protocols, remember that you still have the right to refuse.

Once the hazards of violence have been identified and assessed, methods must be found to eliminate or control them. When violence does occur in the workplace, support systems are needed to assist the victims. Training for workers who are at risk is essential to ensure that violence prevention and victim assistance programs work properly. Ideally, the Joint Health and Safety Committee will play a key role in recommending, implementing and monitoring such programs.

Mandatory Flu shots for Health Care Workers

I've been receiving many calls recently about hospitals requiring employees to receive flu shots or face the prospect of being sent home without pay should an influenza outbreak occur. I have been in contact with all your staff reps and provided them with a copy of the OHA's protocol on this issue. Your hospital should also have its own policy. There will be a meeting with the OHA shortly to discuss this issue centrally.

This issue has been grieved and lost in nursing homes (Trillium Ridge Retirement Home and SEIU, Local 184). The arbitrator came down on the side of protecting the frail and elderly. If the vaccine is medically contraindicated, for example because of an allergy, the Hospital does have a duty to accommodate. Contact your staff rep if you require more information. – *Diane Bull*

Public Policy Report

Pat Collyer – Head of Public Policy Committee – OPSEU Local 575

Proposed Personal Health Information Privacy Legislation

The Ontario government has been working for some time to develop privacy legislation on how personal health information is collected, used and disclosed. They have

released a consultation paper on the subject prior to legislation being drafted. Copies are available at the ministry's web site www.gov.on.ca/health.

College of Medical Radiation Technologists

The College of Medical Radiation Technologists (CMRTO) has been working to have sonographers legislated into the College. What does this mean for Ultrasonographers? Annual fees of \$267.50 per year. We urge members of OPSEU to become involved in this process if it will effect your working lives. The CMRTO has sent its submission to the Health Professions Regulatory Advisory Council (HPRAC) and its submission will go to the Minister of Health in December.

Over the past few months there has been much discussion at council meetings with respect to recruitment and retention issues in the field of radiation therapy.

Some hospitals in Ontario are now offering staff bonuses if they recruit a new staff member and

remain on staff for a year. At the Scarborough Hospital employees receive \$250.00 if the technologist is hired and another \$250.00 if the technologist is still on staff at the end of one year. Hospitals are also starting to pay relocation costs for new hires. Some clinics are closing because they are unable to recruit sufficient numbers of technologists. The CMRTO indicated that while they cannot address recruitment and retention issues they recognize as some of the causes wages, benefits and hours of work (specifically 12 hour shifts).

College of Social Workers and Social Service Workers

On August 15th, 2000 the government proclaimed the final provisions of the Social Work and Social Service Work Act. As of that date anyone wishing to use the title "social worker" or "social service worker" is required to be a member of the College. A transitional college has been in place since June 1999 and it will continue to function until

Regional Lab Reform

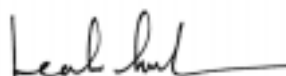
The Ministry of Health and Long-Term Care is moving ahead on its plans for Lab Reform. Each region (there are nine in the province) must have a plan to include hospital and community (i.e. private) services and that limits duplication of services. The first three regions to be targeted are the Northwest, Central-East and East regions of Ontario. The central-east region, which includes eight hospitals where OPSEU has members, has been told to have their plan completed by April 1st 2001. A consulting firm, Thiinc Health Inc. has been hired to facilitate and manage the process. Check out their website at www.thiinc.com.

The Planning Committee put together by the Ministry includes the hospitals, the doctors and the private labs but does not include the workers and their unions. We will be meeting shortly with the OHA to express our concerns and are formulating our response to the government. We will keep you informed.

the full College is up and running.

This legislation and College are similar to the Regulated Health Professions Act and the 21 Colleges that it covers. All affected members should already be aware of the regulatory requirements but you may want to check out the Transitional College's web site at www.ocswssw.org.

Authorized for distribution:



Leah Casselman, President