

JOINT CENTRAL COMMITTEE ON HEALTH AND SAFETY

June 10, 2005

9:00am-12:00pm- OHA Office – 200 Front Street W. Suite 2800 Ontario Room

Teleconference Number: Not used

MINUTES

Present: OPSEU – Frank Pezzutto, Brendan Kilcline, Lisa McCaskell
 Chair – Frank Pezzutto
 OHA – Karey Carson, Terry McMahon
 Minutes – Iris Cooney & Lisa McCaskell

Regrets: Steve Shemluck, Sherry Millage

#	AGENDA ITEM	ACTION ITEM
	<p>Documents referred to are:</p> <ol style="list-style-type: none"> 1. Agenda 2. March 4, 2005 Draft Minutes 3. WSIB reports 	
	<p>Call to order: 9:00 AM</p>	
	<p>Welcome to 5th JCCHS meeting</p>	
<p>1.</p>	<p>General Discussion</p> <ul style="list-style-type: none"> • Oct 31st OHA convention. OHA will investigate pre-registering committee members. • OPSEU asked that OHA schedule time for a JCCHS report and activity update at OHA convention. Nancy Kemp to discuss at next meeting what information has been compiled and discuss update. OPSEU to provide ideas to Nancy. 	<p>OHA</p> <p>OHA/OPSEU</p>
	<p>2. Approve Minutes of March 4, 2005 Minutes approved. OHA to post minutes and TOR to OHA website.</p>	
<p>3.</p>	<p>Business Arising and ongoing issues from minutes of March 4.</p> <p>a) Provision of HSAC minutes to OPSEU OHA explained that HSAC is an employer group and therefore does not publicly post minutes, nor will they provide minutes to OPSEU members of JCCHS. The OHA Health & Safety Bulletin is posted and OPSEU can add a link on its website to that page</p> <p>b) 2004 Safety Group report on Competent Supervisor issue – Update Update provided by OHA. OPSEU requested more specific information on the content of actions taken to ensure supervisors are competent. Terry M. offered to provide a site specific example along with outcomes. K.Carson also agrees to try to provide more information about how hospitals achieved this goal.</p>	<p>TM, NK</p>

	<p>c) Notes from OHA/MOL meeting regarding MOL acute hospital blitz to be provided to JCCHS (SEMD's) – Update</p> <p>OPSEU distributed a report of all MOL orders concerning safety engineered medical devices that were written during the 2004 MOL blitz of acute care hospitals. OHA agreed to review and discuss the report with member hospitals if the opportunity presents itself. The Committee asked if OHA could follow-up on a sample of orders and review compliance. OHA agreed to review. All agreed this needs to be discussed further and added to HSAC agenda to get a general feel for compliance.</p> <p>d) Report re OHA position on endorsing EPINet - Update</p> <p>JCCHS SEMD memo to HSAC – Update</p> <p>OHA confirmed this was discussed at HSAC and a unanimous decision that HSAC is not mandated to endorse anything. OHA conducts literature reviews and provides to members – that is the extent of an endorsement. Proposed legislation, if passed, would address all these recommendations – memo did arrive and was distributed.</p> <p>e) OPSEU asked what job satisfaction and stress related activities are being supported at OHA. OHA agreed to provide an update on many of these initiatives in the upcoming weeks.</p> <p>Karey Carson provided update:</p> <ul style="list-style-type: none"> • Healthy Hospital Initiative was launched approximately 2.5 years ago with survey (provided copy) to find out what employees believe will make their workplaces healthier, how fit individuals and organizations are, and if they are connected? Collaborated with Brock University to create survey (fact sheet provided); • Pilot included 19 organizations. The results of the pilot study will be published. • Hospitals were invited to join Healthy Hospital Initiative and share data identifying organizations that performed well and not well. • Criteria: CEO sign off, part of HOODIP, had to demonstrate that wellness committee existed and is committed; • Today 60-80% of survey users dial in to a Healthy Hospital teleconference monthly, 32 organizations are signed on or completed survey – all get access to benchmarking so they have an idea of where they rank • Follow-up to survey – see joint CCHSA/OHA “Pulse” survey provided; • Have not fully decided if CCHSA will include the Pulse Survey in accreditation – still on CCHSA Board agenda on how to incorporate; • 17 pilots across Canada – Ontario members funded by OHA; • Response rates ranged from 30.6% to 85.1% - this is a web tool • CCHSA compiled and validated data – they reported back – quite cumbersome – Pulse is not for full release – still analyzing data – and comments; • Stress management document provided; 	NK
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	<p>f) Request for information regarding hospital purchase of Lifting Devices with MOHLTC funding - Update</p> <p>General discussion on history of funding, what kinds of lifts were purchased and where they are located. OHA to provide more detailed information in the upcoming months if available.</p>	NK
4.	<p>New Business</p> <p>a) Standing Safety Group Update to be provided by OHA (Delete word standing on next agenda.) Nancy Kemp is the chair of the Safety Group. Last year there were 76 members. The Safety Group chose Violence in Workplace as their common element. At the last meeting, an external expert was invited. Upcoming meeting dates are as follows: Region 2 – September; Region 1 – October at Health Achieve Conference; a closing session in November. There has been a large increase in participation this year to 101 participating members. Participants who meet their objectives often receive a WSIB rebate which encourages them to join the Safety Group. N.Kemp will give a further update next meeting.</p> <p>b) September 14th date to be changed to September 20th or 29th? September 20th is the next committee meeting at OPSEU offices.</p> <p>c) WSIB Statistics General Discussion Points:</p> <ul style="list-style-type: none"> • Update provided by L. McCaskell who had done a preliminary analysis of the statistics. The Committee queried why the injury incidence for Occupational Therapists was so high. L.McCaskell will see if WSIB can provide additional detail on this report. • The Committee agreed that it was difficult to understand the importance of some of the information because WSIB did not provide the total numbers of injuries/illnesses or the total costs. L. McCaskell has requested this information and is expecting to receive it by our next meeting. She has also requested a definition of the type of injury classified as “bodily reaction.” • In particular, the Committee noted the high rated of repetitive strain injuries among sonographers (ultrasound technologists). The Committee had a preliminary discussion about how to gather more information about injuries affecting sonographers and the working conditions and ergonomics that contribute to these injuries. The Committee will discuss this issue further next meeting focusing on the following points: surveying hospitals/sonographers re ergonomics, injury rates, working conditions; possibility of having the Occupational Health Clinics for Ontario Workers (OHCOW) perform an ergonomic assessment of two or three sonography workplaces; investigation of what kind of training sonographers receive about 	<p>LM – Michener Institute, WSIB, HRRH, OHCOW FP – NBH BK – KGH NK – HSAC TM – GBHC</p>

	<p>ergonomics; how WSIB approaches returning injured sonographers to work. All Committee members will bring the results of their inquiries to next meeting.</p> <p>d) Employers' reporting obligations under S.52 of the OHSA (reporting work-related injuries & illnesses)</p> <p>Under the Health and Safety Act employers must report Occupational injuries and illness within specific time frames to the JHSC, the union and the Ministry of Labour. Some employers are not meeting those legislative obligations. General Discussion points:</p> <ul style="list-style-type: none"> • These reporting obligations need to be documented and distributed to remind employers of their obligations to report injuries and illnesses. • The Committee discussed developing a JCCHS memo to be distributed to hospitals reminding them of S.52 obligations. The Committee also discussed the difficulties in sending such a memo out to all OHA members – group memos often read by computers as spam. There was also discussion of sending memo to OPSEU hospital mailing list and copied to directors of HR. The memo could also go out to HSAC and be broadcast that way. The Committee agreed that L. McCaskell would draft a memo that briefly outlines the JCCHS mandate, some of its activities and the S.52 issue for next meeting. 	LM
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