



## Joint Central Committee on Health and Safety

May 21, 2008

OHA Offices, 200 Front Street West, Toronto

10:00am-1:00pm

### MINUTES

**Present:** Brendan Kilcline, Co-Chair  
Lisa McCaskell  
Joan Murray  
John Pellegrino, Co-Chair  
Tim Savage  
Chanta Baier  
Molly Rotering

#	AGENDA ITEM	ACTION ITEM
1.	<b>Call to order:</b> The meeting was called to order at 10:10am.	
2.	<b>Approval of Minutes for February 27, 2007</b> Minutes of the JCCHS February 27, 2008 were approved as presented.	<b>Approved</b>
	<p><b>Other Business</b></p> <p><u>Replacement for Terry McMahon</u> C. Biere and T. Savage are compiling a list of interested parties and will bring forward a replacement at the next JCCHS meeting.</p> <p><u>WSIB Schedule one vs. Schedule Two</u> T. Savage discussed the plan to convert the status of OHA member hospitals from WSIB Schedule 1 to Schedule 2. The OHA has consulted with Jason Mandlowitz of Hicks-Morley and Brian Brown of the School Board Cooperative. Most of Ontario's school boards have converted to Schedule 2. The experience of the school boards has been very positive and they have saved a lot of money. OPSEU and other healthcare unions are concerned that this change will lead to even poorer reporting of accidents as Schedule 2 firms must pay the full cost of worker injuries.</p> <p><u>LHIN Health and Safety Committee</u> There was discussion on the mandate of the LHIN and how regionalized and organization-based health and safety committees will be able to communicate with the LHINs. In particular, OPSEU raised the concern that centralized purchasing decisions and other centralized items will be handled by the LHINs with no opportunity for unions and health and</p>	

	<p>safety experts to have input into decisions which may have an impact on worker health and safety.</p> <p><u>A Healthcare Workplace Guide to Pandemic Influenza</u> L. McCaskell distributed the Guide, which was written by B. Kilcline. The guide is available on OPSEU's website.</p> <p><u>Roche Canada</u> This company has approached OPSEU for support in lobbying to change current decisions and practices around stockpiling Tamiflu in anticipation of an influenza pandemic. They have met with ONA already but have not spoken formally with OPSEU as yet. They may approach the OHA as well. The Roche Canada presentation was distributed to the committee.</p>	
<p><b>3.</b></p>	<p><b>Business Arising:</b></p> <p><u>3.1 Safety Group Update &amp; Accreditation</u> T. Savage reported that the latest Safety Group meeting took place on May 5 in Ottawa and it was very successful. Many topics at this meeting focused on legal issues such as due diligence and Bill C45. An overview from MOL was presented regarding the needle stick regulations. Many employers are requesting a form to submit to the MOL requesting an exemption to the regulations. J. Pellegrino reports that the Niagara Health System has a very good process and communications regarding SEMS regulations as well as exemptions. T. Savage plans to write an OHA bulletin shortly to clarify both the regulations and exemptions. There was discussion regarding the purchasing procedures for sharps. Several hospitals use procurement cards which allow staff to call a supplier and purchase supplies at their discretion and this allows disallowed supplies to get back into stock.</p> <p>T. Savage also gave an update on the Section 21 Committee and was asked why there weren't any CEO's on the Section 21 Committee. This Committee is currently representative of the entire healthcare field, not just hospitals. Employer members represent employer associations, not individual facilities.</p> <p>The OHA has a new WSIB representative, Carmela Coffa. As Safety Group is winding down, there was discussion on the usefulness of Safety Group. Safety Group has been very successful as educational and audit tool. One of the challenges with the Safety Group has been balancing the differences and needs between small versus large hospitals. The OHA will be considering ways to continue the educational and networking advantages of Safety Group.</p> <p>T. Savage reported that the WSIB will be asking for volunteer firms in mid-June to participate in a pilot program for the new H&amp;S accreditation program. Participation in the pilot program will be free and will run from July 2008 to August 2009. Only organizations that can demonstrate superior H&amp;S performance will receive accreditation. The proposed process for accreditation will be as follows:</p>	

- The firm makes an application to the WSIB to proceed to accreditation
- The firm selects an “accreditation partner” (one of the Health and Safety Associations) which will do an initial assessment and gap analysis based on the WSIB standard which is largely based on the CSA Z1000.06 standard,
- The accreditation partner then guides the employer towards superior performance, which can take up to three years.
- The firm is reassessed periodically and if the accreditation partner feels that the employer is ready for accreditation an application is sent to the WSIB to proceed with a third party audit.
- The third-party auditor determines if the firm has successfully fulfilled the requirements for accreditation (or not) and reports to the WSIB
- The WSIB make a the final decision to give a firm accreditation

Currently, there is no financial incentive being offered for participating in the accreditation program.

3.2 Health & Safety Committee Update

T. Savage reported on the recent Health and Safety Advisory Committee meeting. Marilyn Reddick has stepped down as chair of that committee and an announcement of a new chair will be made shortly.

*B. Kilcline and the co-chair recommitted to the task of creating a regular synopsis of JCCHS meetings to bring forward to the HSAC meeting, Safety Group meetings and the OHA H&S Bulletin. B. Kilcline will draft, send to J. Pellegrino for review/input by Monday and then send to T. Savage for inclusion in the next Safety Bulletin.*

**B.Kilcline  
J.Pellegrino  
T. Savage**

3.3 Request to WSIB: LTI Report Update

T. Savage has not been able to get any further information from the WSIB. He was advised that although individual hospitals can get their own data the OHA cannot access group data due to confidentiality concerns. There was a suggestion that a letter go from this committee to Tom Beegan, Chief Prevention Officer, regarding the committee’s request to receive data necessary for the Committee to assist in its prevention work. *T. Savage will create a draft letter and chronology of his communications to date. Tim will send the draft letter to B. Kilcline and J. Pellegrino for review. M.Rotering will finalize and format once co-chairs have reviewed and letter will be sent under co-chairs’ signatures.*

**T.Savage  
B.Kilcline  
J.Pellegrino  
M.Rotering**

3.4 Sonographer Assessment Update

*It will be posted on the OHA site shortly and M. Rotering will then send it to L. McCaskell for posting on the OPSEU site.*

**M.Rotering**

3.5 Recommendations: Workplace Violence

L. McCaskell reported that the OPSEU members of the Committee are proposing that the Committee initiate a project on workplace violence in the hospital sector, following a model similar to the one we used in the sonographer project. Recently, there has been a great deal of activity in the area: within the MOL, at the S.21 Healthcare H&S committee, within OSACH, and among the healthcare unions. There was discussion on the current legislation and regulations governing (or not governing) workplace violence. L. McCaskell has spoken with OHCOW and OSACH and both have expressed interest in participating with the Committee in a workplace violence assessment project which would look at several high-risk units, but not a whole hospital. OHCOW may be willing to use their Occupational Nurses for this project.

T. Savage noted that one of the advantages of the IRS is that it allows the workplace parties to exceed the legislation. He stated that the OHA would be very interested in participating in this project.

It was agreed that bullying and harassment should be included in the definition of workplace violence for the purposes of this project. A physical site assessment as well as a survey, similar to a safety audit, would be needed. There was discussion on the current range of hospital procedures regarding violence on the job.

It was agreed that mental health, emergency, ICU, complex continuing care and admitting are the high-risk areas the Committee would like to focus on. The risks involved in making home visits were also discussed and the Committee agreed that there may be some way to capture those hazards in the survey portion of the project.

It was agreed that the project might include a survey, onsite assessments, and focus groups or interviews in particular units. Cooperation from other unions will be needed, which L. McCaskell felt confident in receiving. The help that the OHA could provide would be to find cooperating organizations. It was agreed that three organizations would be needed, one large Toronto hospital, a hospital with complex continuing care and a small, northern hospital, perhaps in the Sudbury area. It was suggested that Elliot Lake, Baycrest and Mount Sinai be considered. There was discussion about other possible organizations to consider.

The survey tool will have to be carefully worded in order to bring out other types of violence beyond patient-to-employee violence. *L. McCaskell, B. Kilcline and J. Murray will draft a project plan and a draft survey to bring forward for discussion at the October JCCHS meeting.* It was suggested that an OHCOW representative attend the October JCCHS meeting for further discussions. *T. Savage and C. Baier will sound out Baycrest and Mount Sinai while L. McCaskell will determine which small, northern hospital to approach.*

**L.McCaskell  
B.Kilcline  
J.Murray**

**T. Savage  
C. Baier**

	<p><u>3.6 Employer Accident/Illness Reporting Obligations</u> Reporting Occupational Diseases and Occupational Infections bulletin written by T. Savage was distributed. It was created because an OHA member hospital had an identified outbreak of Norwalk virus and 30 of their staff were infected. The hospital reported it to WSIB but not to the MOL. The hospital wanted to appeal the MOL orders because they claimed that the WSIB said that they did not have to report it to MOL. After speaking with T. Savage the hospital decided not to appeal.</p> <p>T.Savage spoke with the MOL's Dr.Leon Genesove seeking clarification on employers' responsibility to report occupationally-acquired infectious diseases to the MOL and WSIB. The MOL has confirmed that these illnesses must be reported. This reporting is an opportunity to get more information on occupational infection, which can lead to further infection prevention programs.</p> <p><u>3.7 Ideas for Research Projects</u> Covered under point 3.5.</p>	
4.	<p><b>Emergency Planning/H&amp;S Issues</b> B. Kilcline brought forward that consultation with the Joint Health &amp; Safety Committee, when doing emergency planning, is currently missing. <i>B. Kilcline will forward the pertinent part of the document and this issue will be brought forward to the next meeting.</i></p>	<b>Bring Forward</b>
5.	<p><b>Next Meeting Date:</b> The next meeting will take place on Wednesday, October 1, 2008 from 10:00am – 1:00pm.</p>	
6.	<p><b>Adjournment</b> The meeting was adjourned at 1:29pm.</p>	