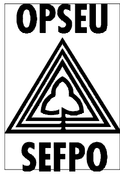

MEDline

The Hospital Professionals Division Newsletter November 2003

Central process moves forward

By Patty Rout, Chair, Hospital Professionals Division, Local 348

Over the last three years, much has been accomplished for members both in and out of central bargaining. In most cases we have worked together as one and that has been our strength. We would never have been as successful at the central table without the solidarity of all locals in this division.

It has taken over 15 years for the central process to equalize vacation for our members. Our employers continue to compare members below technologist classifications to CUPE and SEIU members. Obviously Bendel saw this differently; we now have a fair vacation system. Hopefully this comparison will help us in the future.

Bendel gave members retirement benefits, allowing us to move into retirement with dignity and money left in our pockets. All our members

Continued page 6

HPD members celebrate the successful Day of Action at the BPS Conference in June. Photo courtesy Mary Sue Smith.

Central award: Much gained; much left to accomplish

ByYves Shank, Chair, HPD Central Bargaining

On Aug. 29, we received the arbitrator's rulings on some of the outstanding issues from this present round of central bargaining. The Bendel Award has left the team with mixed feelings. This award was a substantial gain on monetary issues. We also moved ahead on training for laid off staff, and on equalization of vacations, two demands that previous rounds of bargaining attempted to achieve.

The disappointment from this round was the failure to fully recognize the changing scope of many of our professions and the need for reclassifications. We did make gains to deter many of our professionals from moving to the private sector, but the inability to recognize our need for an all-encompassing grid has left many of our professions facing the same problems as before. In short, we still have much work left for the next round of bargaining.

The bargaining team would like to take a moment to thank you for your support during this round of negotiations. It was reassuring to know the decisions the team made at the table reflected the

Continued page 8

Notice for Health and Safety Certified Activities

By Frank Pezzutto, Chair H&S Local 662

At the last round of bargaining the parties agreed to create a joint central committee on health and safety to gather and analyze information of health and safety risks to employees. This committee will meet with the OHA Health and Safety Advisory Committee and submit recommendations. I am on this OPSEU committee as well as OPSEU Health and Safety officer Lisa McCaskell, and another OPSEU member to be named. If you are a certified health and safety rep and would like to be on this committee please contact Frank Pezzutto by e-mail pezrez@cogeco.ca; (705) 464-8267. Your time off and approved expenses will be paid by OPSEU.

Health Hazard Alert - SARS

Although the SARS scare seems to have faded away in the media, for many of us the fear is still there. There are many problems and mistakes that we must deal with and watch for. Some employers don't want to follow the rules.

If you have not visited the OPSEU web site lately, now is a good time to do so. There is an article under the Health and Safety section that is titled "HEALTH HAZARD ALERT."

This article states that Employers must have a Respiratory Program in place if workers in a health care facility are at risk of exposure to inhalation hazards-biological or chemical. It says the Occupational Health and Safety Act and Regulations direct employers to provide workers with *appropriate protective device and equipment.*

I urge everyone to view this document on the web site at *www.opseu.org*. Click on the Health and Safety section on the right hand side and go to the HEALTH HAZARD ALERT. Contact your Health and Safety committee member to ensure that the employer does have a policy in place and let's stay safe out there.

Pre-bargaining conference date set

Save Feb. 13, 2004 for the Central Pre-Bargaining Conference in Toronto.

Bring your thoughts and ideas to the conference and help your negotiating team bring your concerns to the table. Watch for more information coming out soon.

HPD Clothing available

The HPD clothing sale was a great success at the BPS Conference this year. The sale will still be on at the Pre-Bargaining conference in February.

White Golf shirts – $25ea
Grey Sweat Shirts – $40ea
Combo special
1 golf shirt & 1 sweat shirt – $60/set
HPD pins – $2.50 each
(All prices include taxes–prices subject to change)
Watch for HPD Scrubs: coming soon

Why a scent free workplace ?

By Frank Pezzutto, Chair Health and Safety, Local 662, North Bay

Increasingly, workers are becoming sensitized to chemicals in the environment. For many workers, being exposed to perfumes can pose a serious health risk. Alerts such as the one shown above are becoming more and more prominent in workplaces. As more information becomes available labour organizations, employers, government agencies and others are taking action to protect those with fragrance sensitivities. If a co-worker or friend tells you that your perfume is making them ill – believe them. It probably is. But, do not take offence. Their reaction is not to you personally, but to one or more of the hundreds of chemicals present in the perfume. Whether your perfume or cologne is expensive or inexpensive, pleasant smelling or malodorous, the chemicals it contains may cause serious health problems for others. And it could cause future problems for those wearing it.

Fragrance sensitivity is a relatively new phenomenon. Before the 20th century, fragrances were extracted directly from the plants and animals. Today more than 80 to 90 per cent of fragrance materials are synthetic compounds derived from various petrochemicals.

“If a co-worker says your perfume is making them ill...it probably is.”

Fragrances are generally complex mixtures of chemicals formulated to have a specific or pleasant odour. Fragrance chemicals are volatile – they disperse quickly and linger for a long time. The result is a complex mixture of chemicals that changes on contact with other substances. Indoors, problems are increased.

Perfumes are considered the most concentrated form of fragrance, however fragrances are found in soaps, shampoos, deodorants, hairsprays, cosmetics, household and industrial cleaners, air fresheners, drugs, and even the food we eat. There are more than 1,000 body fragrances including colognes, perfumes, and toilet waters on the market today.

Fragrances can enter the body through numerous routes such as skin absorption, inhalation, ingestion, and olfactory (sense of smell) pathways. The purpose of fragrance in a product is to impart odour to it. To be detected, odour materials must disperse into the air. From the air the chemicals are inhaled into the airways and lungs and enter the blood stream. Once in the bloodstream they are distributed to other organs. Fragrances also go directly to the brain and the nervous system via the olfactory pathways. In addition, most cosmetics containing fragrance are directly applied to the skin, as are perfumes and colognes, which eventually enter the bloodstream. Ingestion through food is another route of exposure.

Problems with fragrances have emerged with increased use and exposure, for both those who use scented products and those exposed to others’ scents. For people with multiple chemical sensitivities, exposure to fragrance triggers various symptoms. They are often incapacitated or must forgo routine activities including work, to avoid exposure. Chemicals found in many scented products may also contribute to the development of sick building syndrome.

Fragrance sufferers report symptoms such as, shortness of breath/wheezing, dizziness, headaches (including migraine), nausea, muscle pain, fatigue, difficulty concentrating, depression, confusion, loss of appetite and cold-like symptoms after exposure to scented products. The severity of symptoms can vary. Some people report mild irritation while others are “incapacitated”.

Fragrances have long been recognized as skin allergies and irritants. In the workplace fra-

Continued page 4

Health and Safety Report *from page 3*

grances can be found in soaps, cleaners, and other products, which can cause skin problems such as dermatitis in fragrance sensitive workers.

More research is needed on the effects of perfumes and fragrances on the respiratory system, but, in general, fragranced products are recognized as respiratory irritants. Fragrances can induce or worsen respiratory problems such as asthma, emphysema, bronchitis, and allergies because of their irritant effect.

The National Academy of Sciences reports that 95 per cent of the chemicals used in fragrances are synthetic compounds derived form petroleum. They include benzene derivatives, aldehydes and many other known toxics and sensitizers – capable of causing cancer, birth defects, central nervous system disorders and allergic reactions. Fragrances can also impact the brain. Some of these effects are immediate and transitory while others can be long term.

What does the law say? The fragrance industry is unregulated and therefore is not legally required to test its products or guarantee their safety. Nor are fragrance manufacturers required to list ingredients in the formula on the product labels. As most products containing fragrance are considered "customer products" they are excluded from the Workplace Hazardous Materials Information System (WHMIS) and its provisions.

Nonetheless, without legislation addressing the hazards of fragrance, employers are still required under the general duty clause of the "Occupational Health and Safety Act" to take every precaution reasonable in the circumstances for the protection of a worker.

By taking precautions now to protect workers from exposure to fragrances the employer can prevent problems in future. The most effective strategy is to practice the "precautionary principle" and declare the workplace a scent/fragrance-free environment. The joint health and safety committee should recommend the drafting of a scent-free workplace policy.

**Material obtained from the Worker Health and Safety Centre.

Cancer Care Integration

You may remember that last year at this time the ministry announced it would amalgamate cancer treatment centers with public hospitals.

Hospitals are beginning to work with their individual locals and cancer centers to deal with human resource issues. OPSEU central and field staff are assisting with the transition.

There are still many unanswered questions. As we receive information we will send it on to local presidents. Communication is important to this process so if you hear anything, please pass it on to your staff representative.

HOOPP update

Marcia Gillespie, of OPSEU Membership Benefits, gave the HPD Executive an update on HOOPP, reminding us that in Jan. 2004, our premiums will go up more than previously. This jump will get us back to the premium that we should have been paying all along.

For the last few years, we have enjoyed a discounted premium due to the surplus. However, all good things must end, and in January we will be back to the full amount. The formula that should be followed is the following:

6.9 per cent up to first $40,500 and 9.2 per cent for anything over that. If you have any questions please contact Marcia at head office, (416-443-8888/1-800-268-7376 x338).

Unions fight P3 Hospitals – Public Private Partnerships

By Patty Rout,
OPSEU Local 348,
Chair HPD, and OPSEU Health Council

OPSEU, along with other unions, has gone to court to stop all actions on the sale of public hospitals and declare unlawful any approval between Ottawa and Brampton Hospitals and private consortiums. These private parties include Ellis Don, OMERS pension fund, and Borealis.

Private hospitals, known as P3s, have proven to be more expensive wherever they have been introduced. Private companies have to borrow capital from the same markets as governments do, but at a much higher rate of interest.

This additional interest cost is borne by the taxpayers. In Australia, P3s are twice as expensive as public hospitals. The PEI government stopped their P3 hospital when they realized it would cost more than keeping it fully public.

In Great Britain short cuts in construction have costs millions. P3s in Great Britain have led to a 30 per cent reduction in hospital beds and a 25 per cent reduction in clinical staffing.

How does it work?

In many P3 arrangements the private partner owns the building, employs the staff and provides the “non-clinical” service in a multi-decade contract. This is radically different than our governance system in Ontario now.

Profits must come from somewhere. P3 profits are made from cutting staff and beds, user fees and lower levels of service. In Britain, staff and beds were cut 26-30 per cent on average in P3 hospitals.

The OHA and the former health minister Tony Clement support the corporate takeover of our hospitals.

Dalton McGuinty has said he will cancel the P3s planned for the Royal Ottawa Hospital, William Osler-Brampton site, Grace Hospital, Markham Hospital and Centre for Addiction and Mental Health.

In late September OPSEU appealed to the courts to stop Tony Clement from signing agreements while the election was in progress. We said let the people of Ontario decide if they want private hospitals! We lost that appeal but continue the court challenge. Hopefully with this new government it will not be necessary.

McGuinty also said in his campaign he would not allow the privatization of CT and MRI. The OPSEU Health Council will be asking to make a presentation to the new Minister of Health George Smitherman about our issues such as private (P3) hospitals, MRI, CT and labs will be discussed. Remember this is your future, get involved!

Keep in touch with us

MEDline is the newsletter for Hospital Professionals in OPSEU. Contact Patty Rout, HPD Chair, for more information.

See our web site at http:www//opseu.org Please see BPS/Health Care/Hospital Professionals.

Central bargaining - What do you think?

The HPD Executive wants to know what you think about the central bargaining process and wants to hear from you. That is why a survey will be coming to you over the next few weeks. We ask that you please take the time to fill it out and return it to us so that we know the direction we need to take. As always, this union and this division are member driven. We look forward to hearing from you.

Sector Chair's Report from page 1

should benefit from this.

While Bendel did not award us what we were looking for in wages he did give us substantially more than what the OHA had offered. Technologists up to step 5 now earn more than a nurse. His inequity of awarding 3 per cent to some technologist groups only created a bigger divide. The OHA convinced him that some technologies were short and that to retain them he should offer more at the end of the scale. We all know too well of the shortages and their effect! Perhaps our management will let the OHA know?

Will our employers want more special deals because Bendel chose not to deal with either the reclassification issues or the grid? Poaching will continue. We know private clinics have given their employees a 10 per cent increase since our award.

Training before layoff will help all locals. We do not have chain bumping but we now have the opportunity to train in order to bump; we have seen many members with many years experience lose their jobs because they could not do the job with simple orientation. We have lost many grievances over this issue. It should now make the layoff process even less appealing to our employers.

"It's critical that we all enforce our collective agreements. It does not matter what language you have if you don't use it."

It is critical that we all enforce our collective agreements. It does not matter what language you have if you do not use it.

Workloads are a problem everywhere; free overtime happens in most locals and should stop. At the very least, take your entitled breaks. Both coffee and lunch breaks were negotiated to help keep you healthy and alert in your job. We must put quality in our work lives and strive for the best work environment possible.

You need to get involved. Your local executive can't do it all without you. They need all the support you can give. When elections come for your executive positions run, get involved with the bargaining team to get your issues heard.

Your executive has been working hard on the next step. In the next couple of weeks all HPD members will receive a survey. Your issues will set the agenda for the pre-bargaining conference on Feb. 13, 2004, (just coincidence honest!) Over the next few months the division executive will phone local presidents about their perspective on the last round of bargaining. We know some locals are still bargaining this round and we need to talk to them too.

The pre-bargaining conference will provide education for the issues you identify and it is an opportunity to put forward your locals opinions on these issues. It is for all locals in the Division whether in or out of central. Each local sends a representative, usually someone from your local negotiation team. Hospitals are discussing the future of central bargaining for all unions. We in OPSEU have that decision to make as well.

We have to be sure we are all moving forward together on common issues with the same information and the same plan. Whether we are central bargaining, co-ordinate bargaining, regionally or locally bargaining we need to be prepared and united. We found out how important that was last time.

We need to all be informed, educated and ready for whatever type of bargaining path we go down and whatever issues that you have. That is the goal of your division over the next few months. So please get involved; we need you to move forward with us! Without you it cannot happen!

Pharmacy technicians one step closer to registration

Marisa Forsyth, Local 143 Windsor Regional Hospital Communications

The latest Pharmacy Connection – the official publication of the Ontario College of Pharmacists (OCP) – outlined the framework for the future role of the “Registered Pharmacy Technician” and the six competencies the “registered” technician must have to fall under this classification.

Steve Balestrini, Chair of the Pharmacy Technician Working Group, says more than 2,000 pharmacists and pharmacy techs gave input into the draft. The 20-member *Pharmacy Technician Competency Working Group* is made up primarily of pharmacy technicians. The 12-member *Pharmacy Technician Working Group* is comprised of representatives from pharmacy practice, academia and council. These two groups together have come up with the *Competency Profile For Pharmacy Technicians.*

For five years, there has been talk about having technicians registered or regulated due to their expanded role. There is a critical shortage of pharmacists across the province (and country) and many pharmacy techs have had to take on new roles to ensure patient/client care continues. Usually these added duties do not come with more pay, nor the acknowledgement of the added responsibilities. Also, pharmacy technicians do not need a diploma from a college or other facility to get a job in a pharmacy.

Many techs in the province started their careers with no previous training or experience, and learned on the job. Courses were not available at the local college for this job. When college courses were finally developed, employers still did not require their staff to attend, and nothing forced the employer to hire a graduate of the course. Although the requirement to be a graduate of a recognized Pharmacy Technician course is in most job requirements, “or equivalent” is also seen.

The OCP then developed the “*Voluntary Certification”* program, the first step in attempting to get the techs registered. For a fee, any pharmacy tech/assistant could write a three-hour exam and, if successful, was registered with OCP. This allowed technicians without a diploma to be recognized as a pharmacy technician with OCP. This caused controversy. Why take a two-year college course if all you have to do is write the exam to be registered.

Some of the techs that did graduate from a course also wrote the exam. This now gave those techs and diploma as well as being registered under the OCP. However, very few Employers acknowledge this or even know about it.

Now the OCP is looking at the expanded role of the tech (which we have all been doing for many years now) and trying to put together a competency profile and develop a whole new level of technician.

In the article, Mr. Balestrini says “*However, entry-level pharmacy technicians may have differing experiences as they enter the role—given the variety of environments in which learning and practice occur. Therefore, the College will engage in a registration process that will ensure consistent benchmarks for entry. The pharmacy technician must be successful in this registration examination to apply for registration.”*

The working group found six areas in which we must be competent. These are 1) Practice professionally, 2) Receive prescriptions, 3) Enter prescriptions, 4) Prepare Pharmaceutical products, 5) Support Distribution and Quality assurance and 6) Communicate. The article outlines the level of competency the tech must reach in order to become “registered”.

As a Certified Pharmacy Technician for 26 years, I have done all of these jobs and continue to do them. Short of taking a prescription over the phone from a physician, the rest of the work

Continued page 8

Central Team report *from page 1*

feelings of our members. This round was difficult, and many of the decisions we took led us down paths we had never envisioned taking. Many people can take pride in the work they did to assure our victories. To the executive, to the mobilizers, the staff and finally to the members both in and out of central: The team wishes to thank you.

On a personal note, I would like to congratulate my fellow members on this team. Your commitment was greatly appreciated. This made it easier for me to drive hundreds of kilometres around the province to visit our locals.

A special congratulations to the previous chair, Aimee Axler! We wish her well in her new staff position in Kingston, and thank her for her leadership, and her work with the media.

This round is not officially finished. We are working on the implementation document that will bring together the awarded issues and the previously-agreed issues into our Collective Agreements. We've also started to plan our pre-bargaining conference and demand setting meeting, leading to the next round of bargaining.

Pharmacy technicians *from page 6*

is what all techs do on a day-to-day basis. Why now do we need to be competent in this work? What difference will it make in my job? Will the employer now have to ensure that all the techs meet these competency levels? Will these duties become regulated acts? If so, the shortage of pharmacists will seem small compared to the problems this will cause.

The only technicians that know about these changes are those who have been involved in teaching in the courses, have managers who keep their staff up to date, or who have kept current through the Canadian Association for Pharmacy Technicians. But many techs don't even know this is going on. Please pass this on to pharmacy technicians in your local or friends at other workplaces.

It will be years before "Registered Pharmacy Technician" becomes a reality, but all pharmacy technicians should be aware of the possible changes. Ask your manager or pharmacist if they are aware of these changes. Perhaps they have a copy of the September/October 2003 Pharmacy Connection. To find out more contact Bernie Des Roches at the Ontario College of Pharmacists at bdesroches@ocpinfo.com

Or contact me at 519-736-0477 or moforsyth@yahoo.com I am also trying to find out how many pharmacy techs we represent. Please send me that information as well.

Authorized by:

Leah Casselman, President

Hospital Professionals Division Executive

Chair	Patty Rout	Local 348	Oshawa Lakeridge Health Corporation
Vice-Chair	Mary Sue Smith	Local 464	Ottawa Hospital - General Campus
Secretary	Christine Luscombe-Mills	Local 466	Perth & Smith Falls District Hospital
Treasurer	Pat McNamara	Local 566	Toronto East General Hospital
Education, Membership	Marisa Forsyth	Local 143	Windsor General Hospital
Health & Safety	Frank Pezzutto	Local 662	North Bay General Hospital
Job Security	Jan O'Leary	Local 659	St. Joseph's Health Centre
Public Policy	Bryan Mitchell	Local 570	Mount Sinai Hospital
Chair - Central Team	Yves Shank	Local 659	Sudbury Regional Hospital
First Alternate	Yves Shank	Local 659	Sudbury Regional Hospital