

ONTARIO NURSES' ASSOCIATION

Submission to the Ministry of Labour

On Proposed Voluntary Occupational Health and Safety Management System Accreditation and Employer Recognition Program for Ontario Workplaces

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ONTARIO NURSES' ASSOCIATION

85 Grenville Street, Suite 400

Toronto, ON M5S 3A2 Phone:

Phone: (416) 964-8833

Fax: (416) 964-8864

Website: www.ona.org

INTRODUCTION

The Ontario Nurses' Association (ONA) is the union representing 65,000 front-line registered nurses (RNs) and health-care professionals, and more than 16,000 nursing student affiliates, providing care across the Ontario health sector in hospitals, long-term care facilities, public health, the community, clinics and industry.

Statement of Beliefs: Occupational Health and Safety

ONA believes all its members have the right to work in a healthy and safe work environment. ONA further believes in the pursuit of the highest degree of physical, mental and social well-being of workers in all occupations. As the largest health-care union in the country, ONA exercises a strong leadership role in achieving progressively greater gains in the fields of occupational health and safety and human rights.

Build on lessons and progress, not devise parallel process

We have read some of the cogent submissions from other labour organizations and support the basic repeating principles outlined in those documents.

For instance, the standard should only offer accreditation to employers who exceed minimum expectations, not just comply with basic law. And the accreditation standard should embody the lessons of luminaries like James Ham and Justice Campbell, and build on work already done, not lead to a whole new parallel process and approach to occupational health and safety.

It was Justice Campbell who advised after SARS that the precautionary principle be expressly adopted as a guiding principle throughout Ontario's worker safety systems. Any accreditation program needs to include this guiding principle.

And it was James Ham's inquiry into unchecked exposures of uranium miners that led to the internal responsibility system (IRS), and *joint* safety committees to monitor the performance of the IRS. If employers want accreditation, they should be made to demonstrate commitment to worker participation that exceeds the legal minimum.

We need to strengthen and enhance past and ongoing work in building solid Joint Health and Safety Committees (JHSCs), not develop parallel bureaucracies. ONA is disappointed that not only does this standard not thread safety committee involvement through it, JHSCs are only mentioned one single time. The safety committee needs to be at the heart of the accreditation standard, not a passing reference. Safety committees are legislated entities with basic powers and rights that aren't automatically imported into this draft standard. Health care has had challenges getting employers to cede power in running safety committees, even with legislation binding them. The standard, although it mentions worker participation "where appropriate," leaves too much room for employers to omit meaningful involvement of workers. Who decides "where appropriate?"

ONA members regularly experience significant challenges in attending JHSC meetings and fulfilling their duties and exercising their powers. Before they can qualify for accreditation, at an absolute minimum the standard must articulate that employers need to demonstrate they support and facilitate the operation of JHSCs and health and safety representatives (HSRs) by ensuring members are freed and back-up for their work is provided so they can attend to JHSC and auditing functions unencumbered.

Any accreditation standard should embody and leap-frog past existing best practices regarding safety committee involvement, such as the requirement in the *Regulation for Health Care and Residential Facilities* to develop, establish and put into effect measures and procedures “**in consultation with** the JHSC or HSR...” ONA submits that the various articles in the standard should be amended to expressly articulate the need for the employer to develop, establish, implement, etc. “**in consultation with** the JHSC/HSR/worker.” To do less would be to disregard historic health and safety lessons and to set minimum bars instead of promoting collaboration and driving excellence.

Furthermore, as proposed by other labour organizations, ONA supports that the standards should expressly articulate the need for JHSC/HSR/workers to be trained as auditors, have the power to determine compliance, and the ability to issue provisional improvement notices. To that end we support other labour organizations' call for:

- Increased mandatory training for JHSC members/HSRs and worker auditors.
- Health and safety training by the Workers' Health and Safety Centre (WHSC).
- Return to Work (RTW) for disability prevention, training by Prevention Link.

As others have said, a safety accreditation program cannot substitute for inspections and enforcement by the Ministry of Labour. As we wrote in December 2016:

“... an accreditation system is to be an enhancement of the IRS, not a substitute for government monitoring of workplaces. Truly successful employers with an effective Health and Safety Management System (HSMS) and a robust IRS can expect much shorter visits from the Ministry of Labour, not NO visits. There are many examples of internal systems that have been helpful but which have never replaced the critical role played by external government monitors. Canadian Standards Association (CSA) and International Organization for Standardization (ISO) standards come to mind.”

The process must be mandatory, with CSA Z1000-14 used as the foundation/prerequisite to accreditation/employer recognition.

There should be no rewards for simply demonstrating compliance. Employers must exceed legislated minimum in all areas to achieve accreditation.

Health care need for action

Justice Campbell concluded a decade ago that hospitals are as dangerous as mines and factories. And the evidence is that danger is only increasing. As stunning recent evidence of that, a retired career police officer, now involved in hospital security, has openly expressed surprise in the level of danger health-care workers face daily, opining that health care is more dangerous than police work! And his observation has been echoed around the province by others newly acquainted with the state of health care health and safety.

In light of our reality, we need less measuring, meeting and documenting, and more real action to protect our members from harm. Given ONA's experience with Accreditation Canada's evaluation of health and safety in hospitals, we are wary. ONA does not consider Accreditation Canada as an acceptable auditing body for occupational health and safety evaluation. For example, while in the past year the Centre for Addiction and Mental Health (CAMH) has made tremendous authentic strides toward a health and safety culture, this was not the case in the summer of 2016.

As we wrote last year:

“The most recent salient example of our concern about relying on an accreditation program without benefit of external review is CAMH. CAMH’s webpage proudly displays an ‘exemplary’ standing from its June accreditation, with one of the four areas of their excellence identified as ‘prioritizing worker...safety.’

http://www.camh.ca/en/hospital/about_camh/newsroom/CAMH_in_the_headlines/stories/Pages/CAMH-achieves-highest-standard-of-Accreditation.aspx

“This is the same hospital that in July received its third conviction and fine for Ontario Health and Safety Act (OHSA) infractions related to serious beatings and critical injuries of workers. Since receiving the exemplary accreditation standing and the latest conviction, there have been several more injuries of workers in further attacks, and the MOL is currently investigating at least two more critical injuries since August. In addition, the hospital has received orders for other violations of the OHSA.

Since 2017, however, after being approached by the unions, CAMH’s CEO has personally committed to working with the unions and JHSC in becoming the mental health care sector leader in preventing workplace violence. Accreditation Canada has had a required organizational practice for workplace violence since 2011, and in six years its audit program did not achieve what we have achieved in just a short 10 months of our collaboration.

Some of the initiatives included reviving the JHSC, by assigning a senior director to be the employer co-chair. That person would also lead in supporting the CEO on a newly revived Workplace Violence Prevention Committee that operates as a sub-committee of the JHSC. Given her knowledge of all employer policies and programs, she is ensuring JHSC consultation on all policies, measures, procedures and training that could impact worker safety.

As a result of the CEO’s personal commitment to ensuring for the health and safety of CAMH staff and the collaboration with the unions, health and safety initiatives undertaken by the employer include but are not limited to:

- Paying for almost two months of JHSC worker co-chair members’ leave to work exclusively on occupational health and safety.
- The unions, JHSC and Public Services Health and Safety Association (PSHSA) working collaboratively to revise and jointly deliver “effective joint health and safety training.”
- Hiring an external vendor conduct a comprehensive risk assessment of three of the highest risk areas and inviting the union and JHSC co-chairs to participate in the Request for Proposal (RFP) and risk assessment process from start to finish.
- Replacing the numerous different personal panic alarms they used with the best from that group. The employer has also committed that in 2020 they will further replace these with a new system-wide GPS enabled personal alarm system linked to security.

Initiatives to come include:

- Providing all supervisors PSHSA’s in-classroom Effective Leadership five-book series, plus an additional day of in-classroom training covering the employer’s policies, measures, procedures and program in the form of role plays and case examples that teach supervisor how to effectively respond and resolve hazards. The additional day was developed with the unions and management and will be jointly delivered in a pilot on February 21-22, 2018.
- Delivering a two-day program which teaches all staff in all in-patient care units, trauma-informed care, de-escalation, break free and self-protection (e.g. self-defense techniques).

These techniques are also safe for the client. Plus in addition to the two days of training, staff are also to be trained in restraints. This CAMH training far exceeds the typical ineffective Crisis Prevention Institute training that we see offered in so many hospitals.

We join with other labour organizations in emphasizing that participation in an accreditation program cannot be just about superior measuring and documenting, but about demonstrating proactive prevention – such as some of the CAMH latest examples provided above – in all areas of health and safety.

Health care is rife with well-intended efforts to measure, meet and create documents. But that has not incited the cultural shift needed to drive our injury and illness rates down from the upward trajectory we are currently experiencing (see attached). Health care has abundant talent that can write policies and procedures but any accreditation program needs to take those ideas and all that work “from the drawer to the floor.”

Going forward

We expressed open disappointment in the rushed way the accreditation legislation was passed at the end of 2016. Thereafter we were promised *meaningful* input and consultation.

We remain mindful of Justice Campbell's sage advice. Health and safety in health care is doubly important. The stakes spread beyond our members and health care to the community at large. Justice Campbell said that if workers aren't safe, neither are patients. It's that simple.

There is much to be applauded in your draft standard, but work is needed to embed historic principles, entwine JHSC/HSR throughout the process, and to ensure the standard leads to real action, not just a façade of such. We urge you to re-draft your standard to incorporate the suggestions of ONA and other labour organizations.