**XXXXX, 2008**

**XXX**

**Board of Directors**

**CEO**

**XXX Hospital**

XXX

XXX, ON A1C D2F

Dear XXX,

Our unions have grave concerns about the state of occupational health and safety at XXX Hospital. We are frustrated that after years of effort, there is still no real health and safety culture at the hospital, and adequate systems are not in place to protect workers from illness and injury. This situation is completely unacceptable. We point you to the findings of the comprehensive three-year investigation by the Ontario SARS Commission of Inquiry. Commissioner Justice Archie Campbell found:

“Hospitals are dangerous workplaces, like mines and factories, yet they lack the basic health and safety culture and workplace safety systems that have become expected and accepted for many years in Ontario mines and factories and in British Columbia’s hospitals.”

Justice Campbell counseled hospitals to “listen more carefully” to the health and safety concerns and advice of unions and front-line workers. At XXX Hospital, despite several years of well-documented efforts, many of our concerns have been minimized or dismissed, and we have not seen significant improvements in our workplace. The state of XXX Hospital’s health and safety is disquieting enough, but our concern is heightened by the knowledge that we are facing major construction and all of the additional potential hazards associated with such an enterprise. We feel a pressing need to inform the highest levels of the hospital of our concerns, reasons for them, and of the need for your prompt and substantial attention to this problem.

The centerpiece of any effective health and safety culture is a concept known as the Internal Responsibility System (IRS), which is the implicit framework of Ontario’s Occupational Health and Safety Act (OHSA). There can be no IRS until the employer first complies with its legislated responsibilities to establish occupational health and safety policies, programs, measures, procedures, equipment and training. The employer must then ensure that supervisors are knowledgeable about legislation and hazards, and respond to and resolve health and safety concerns. The employer must also ensure that workers are trained about legislation, hazards and how to work safely. The employer must establish, and facilitate the activities of a Joint Health and Safety Committee (JHSC), which monitors and provides advice about workplace health and safety.

In our experience, XXX Hospital management talks a lot about an IRS, but has not done enough to establish one. For example:

1. Fumes from XXX in XXX made workers ill and necessitated the evacuation of patients from one floor of the hospital. Several air quality incidents were reported in that time period, XXXXXX.

Now almost X years later, there is still no clear system for handling complaints and preventing injury, this despite the fact that there have been several incidents in the intervening years. In XXX, the employer’s solution to persistent hazards was to suggest that the lead union activist in this area be reassigned. XXXXXX.

More recently, there was yet another incident on XXX and some of our members contacted the MOL to investigate.

In response at the next JHSC meeting, the employer co-chair criticized workers for contacting the MOL.

Worker members were disturbed by the employer’s intimidating response. Instead of learning lessons from the incident and taking steps to prevent similar hazards in future, the employer tried to suppress the issue and intimidate workers for seeking enforcement of the OHSA. We fear such a response does not bode well for the increasing hazards our members will surely face when hospital construction resumes.

In fact, even more recently, on XXX, there was yet another XXX incident in the same area. This time, XXX called the MOL with a formal union complaint and a XXX order was issued.

1. The employer has not been complying with its legislated responsibility to notify the JHSC and unions of injuries. Furthermore, for several months, management recently produced a disturbing report about incidents and injuries, which clearly illustrates an upward trend in first aid, lost time and recurrent injuries.
2. Training of supervisors in occupational health and safety legislation and hazards is not only required by legislation, it is key to building a solid IRS. Our unions have long been asking the employer to ensure supervisor “competency” (defined under the OHSA), but have seen no evidence of progress. As illustrated in point #1 above (and countless other examples), supervisors continue to exhibit inattention to worker health and safety and appalling ignorance of their own personal legislated responsibilities and liabilities.
3. Despite specific funding from the Ministry of Health and Long-term Care (MOHLTC), progress in implementing safety engineered medical devices to prevent needlestick injuries has been slow. Training is deficient and we have recently had another HIV needlestick exposure, with no investigation of this critical injury by the JHSC nor the MOL.
4. Years ago, the MOHLTC provided funding for the installation of ceiling lifts to protect workers from back injuries, but such equipment must be properly installed and regularly monitored. The hospital has not instituted a program of inspection and repair of this equipment, and now there are increasing reports of failure. This is in stark contrast to other Ontario hospitals, which recognized early the need and the requirement to be as respectful of patient lifting equipment as they are of material lifting equipment, instituting at least an annual inspection and refurbishment of all patient lifts by a competent person.
5. Over the years, many of our members have been exposed to workplace violence, and across the country similar incidents, with slightly different circumstances, have had horrific results. Yet, XXX Hospital still does not have a violence prevention program in place. In fact, the issue of one nurse who was recently placed at risk in the Emergency Department was dismissed by JHSC management as a “Building Services” matter not appropriate for discussion by the JHSC! The PSHSA offers training in how to develop and establish policies, programs, procedures, measures, equipment and training for this serious and pervasive hazard in hospitals, and the hospital would be well advised to tap this affordable resource to develop its programs in violence prevention and other health and safety hazards.
6. Despite the foregoing and numerous other health and safety deficiencies, and despite the legislative requirement for the employer to facilitate the operation of the JHSC, management members of the JHSC have expressed and demonstrated that they cannot commit time to the operation and the business of the committee. Most recently, management has shortened meetings of the JHSC of this, XX large XX health care facility XXX, to two hours, with only five minutes permitted for discussion of each item on the agenda. Hospitals less than half the size of XXX have made much more significant commitments of staff and resources to their JHSCs, perhaps because they have independently seen the value of a robust IRS and JHSC, or perhaps because they have been made to see its value via prosecution.

In response to our concerns, your management may point out that the XXXX Hospital has managed to escape directed MOL attention in its ongoing “high-risk” facility inspections. It is important that you understand that this MOL initiative is driven entirely by WSIB statistics from the past three years, and in this period, we have found reason to seriously question the statistics XXX Hospital has provided to WSIB. We have little confidence in the employer’s WSIB statistics, and our actual experiences, some of *which are outlined above, make us question why the hospital is not receiving MOL initiative attention.*

We are nervous. The statistical picture that your own management has painted points to a serious injury on the horizon, and the upcoming construction, particularly in light of our experience with past construction, makes us even more worried. As concerned partners in this workplace, we find it necessary to raise these issues directly to you, and as officers and directors of the corporation, we know you understand as individuals that you must take active steps to investigate and respond to these matters.

As unions, we want nothing more than for our members to go home safe and healthy after the challenges of a day’s work in the demanding health care sector. We want to work collaboratively with the employer to accomplish this goal. But your management and our members have struggled for too long to establish an effective IRS at the hospital. They need senior commitment, advice and direction, as well as committed occupational health and safety leaders representing the employer on the JHSC and championing health and safety in the workplace.

As you deliberate on this most serious issue, we ask you to consider your legislated responsibilities as officers and directors of the corporation, as well Justice Campbell’s warnings to the government about how it needs to respond to health and safety in the health care sector:

“Ontario … slept through many wake-up calls. Again and again the systemic flaws were pointed out, again and again the very problems that emerged [during SARS] were predicted, again and again the warnings were ignored.

The Ontario government has a clear choice. If it has the necessary political will, it can make the financial investment and the long-term commitment to reform that is required to bring our public health protection against infectious disease up to a reasonable standard. If it lacks the necessary political will, it can tinker with the system, make a token investment, and then wait for the death, sickness, suffering and economic disaster that will come with the next outbreak of disease. The strength of the government’s political will can be measured in the months ahead by its actions and its long-term commitments.”

Sincerely,

XXX XXX XXX

President Local \_\_\_ President Local \_\_ President Local \_\_

XXX XXX XXXX