

Provincial Framework on  
Occupational Health and Safety  
in Health Care Working Group

**Recommendation Report:  
New Occupational Health  
and Safety Organization**

Prepared for the Leadership Council  
November 21, 2019

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# I Executive Summary

This report has been prepared by the Provincial Framework on Occupational Health and Safety in Health Care Working Group (the “Working Group”) for the purpose of providing its recommendations for addressing the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector.

This report is submitted pursuant to the mandate described in Memorandum of Agreements (MOAs) across different Collective Agreements (APADBA, CBA, FBA, HSPBA, NBA, and RDBC) and the Physicians Master Agreement.<sup>1</sup>

Workplace injuries are on the rise in the health care and social service sector (HCSS). The industry is seeing a steady increase in days lost and claims costs year over year. In 2018 alone, claims costs were more than \$107 million<sup>3</sup>, an increase of over \$11 million from the previous year.<sup>2</sup>

Due to the current state, there is a need for a provincial effort, coordinated among all stakeholders to make workplaces safer. This Working Group was created to develop recommendations to address this need.

The Working Group recommends the creation of an independent provincial OHS Organization (the “Organization”) to help address the need for a coordinated and integrated effort to improve the health and safety of health care workers in the BC health care sector. This new OHS Organization will be incorporated as a non-profit society under the *Societies Act*.

A key element that informed this recommendation was a review of the successes and challenges of the Occupational Health and Safety Agency for Healthcare (OHSAH). OHSAH was created in 1998 through the Public Sector Accord on Occupational Health and Safety, and was closed in 2010.

The review informed a number of Working Group recommendations about key elements of a provincial OHS Organization, including the structure of the Board. In addition to the structure of the Board, the stakeholders have spent a considerable amount of time discussing the processes and approaches which will ensure significant stakeholder commitment and ultimately the implementation of the work product of the Organization.

## I.1 Governance

The Organization will be governed by a Board of Directors, who shall represent the various stakeholders in the BC health care sector. The Board will provide overall direction and governance to the Organization, and will hold the Chief Executive Officer (CEO) accountable for all management activities.

The Board of Directors shall consist of the following:

- 1) Six (6) Employer Directors appointed by the HEABC Board

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<sup>1</sup> These MOAs are included as appendices A through F of this document

<sup>2</sup> *WorkSafeBC Statistics 2017*. Retrieved from <https://www.worksafebc.com/en/about-us/shared-data/facts-and-figures/statistical-reports>

- 2) Six (6) Worker Directors appointed by the individual Bargaining Associations as follows:
  1. Ambulance Paramedics and Ambulance Dispatchers Bargaining Association (APADBA)
  2. Community Bargaining Association (CBA)
  3. Facilities Bargaining Association (FBA)
  4. Health Science Professional Bargaining Association (HSPBA)
  5. Nurses' Bargaining Association (NBA)
  6. Resident Doctors of BC (RDBC)
- 3) One (1) Director appointed by Doctors of BC
- 4) One (1) non-voting Independent Chair
- 5) Two (2) Ex Officio (non-voting) Directors appointed by the Ministry of Health and WorkSafeBC

The Board will strive to achieve consensus on all decisions and resolutions. If, despite the Board's best efforts and the Chair's facilitation, consensus is not reached, the Board will call a vote. In order for a resolution to pass, eleven (11) of the thirteen (13) Directors are required to vote in favour of the resolution.

The Board will establish a standing stakeholder technical advisory group to provide OHS system level guidance, advice, and recommendations to the Organization. This will allow stakeholders to provide their feedback and expertise to ensure that the work of the Organization is valued and used by the sector.

Board Directors may participate on Board committees, but not on any technical advisory committees or project working groups established by the Organization. This will strengthen the Board's ability to hold the CEO accountable and maintains a clear division between governance and operations.

## **1.2 Funding**

Upon approval of the work plan presented to Leadership Council, the Ministry of Health will provide annual operational funding for the OHS Organization, in the following amounts:

2019/2020	\$1,500,000
2020/2021	\$3,000,000
2021/2022	\$4,000,000

Before the end of 2021/22, the Board of the Organization will meet with the Ministry of Health to evaluate the achievements of the Organization and discuss the continued funding requirements of the Organization.

In the 2019 round of collective bargaining, all agreements with the individual Bargaining Associations, and the Doctors of BC, contained provisions for funding which may be allocated, in whole or in part, to the Organization for projects or other work. All Bargaining Associations, and the Doctors of BC, may choose to use all or part of the specific funding, in conjunction with the member Employers and HEABC, to identify and address initiatives specific to the Bargaining Association or the Doctors of BC.

Prior to the 2019 round of bargaining, a number of Collective Agreements contained provisions for OHS related funds. The parties to those agreements retain control over these funds and may contribute these funds to support work which the Organization will undertake, or may continue with existing or new projects and processes.

### **I.3 Operations**

The Board of Directors will hire a CEO of the Organization. The CEO in consultation with the Board will determine the staff structure and infrastructure of the Organization. The intent of the Organization is to make a difference for front line health care workers. As such, efficiency and minimizing administrative costs will be a principle used by the Board in considering and evaluating options for administrative system support.

Key deliverables for the Organization will be coordination/information sharing, reduced duplication and increased partnerships across the health sector. This will require stakeholders to provide the Organization with information of any proposed projects (and results of the projects) supported by OHS MOAs, WorkSafeBC, and Employer specific initiatives.

### **I.4 Data Sharing**

The existing data sharing agreements will be extended and updated so the Organization and its stakeholders will full access to data related to health and safety. The Organization will develop policies and procedures for data governance in accordance with the data sharing agreements, relevant legislation, and in a manner that is acceptable to the Organization.

### **I.5 Accountability/Commitment (Compliance)**

The stakeholders agree that the objective of the Organization is to develop work products to further the implementation of programs and activities that increase safety in the workplace. As such, the Organization will prioritize efforts that will support and enhance employer's health and safety management systems and initiatives.

Employer commitment to implementation of projects or resources, is essential to the Organization as it considers where to invest its resources. Employer participation on the Board is an important part of developing that commitment.

Employers will adopt and incorporate the work product of the Organization into the Employer's health and safety management systems, in accordance with the provisions of the CSA Standard Z1000-14.

Given the significant differences between health sector employers (from small HEABC affiliate Employers to the largest health authority), the Organization in consultation with stakeholders will develop a process to allow for some flexibility in implementation that considers the employer's capacity to support any required changes.

### **I.6 Evaluation and Continuation of the Organization**

The Board of Directors will be responsible for reviewing and evaluating the Organization. The Board will also provide regular evaluations and updates to stakeholders, and the Ministry of Health through Leadership Council.

As outlined in the funding letter from the Ministry of Health, representatives will meet with the Ministry prior to the end of 2021/2022 to evaluate the achievements of the Organization and discuss continuing funding.

### **1.7 Implementation of the Organization**

The Working Group recommends that the following measures be implemented immediately to address the need for a coordinated and integrated effort to improve the health and safety of health care workers in the BC health care sector:

- Approval of the creation of this Organization,
- Appointment of the Board of Directors, and
- Establishment of a start up team to work on the creation of the Organization.

## 2 Overview of Occupational Health and Safety in the BC Health Care Sector

### 2.1 Current State

Workplace injuries are on the rise in the health care and social service sector (HCSS). The industry is seeing a steady increase in days lost and claims costs year over year. Over the last five years, the total days lost in this sector accounted for 14 per cent of the days lost in all sectors province wide (the highest contributor in the province).<sup>3</sup>

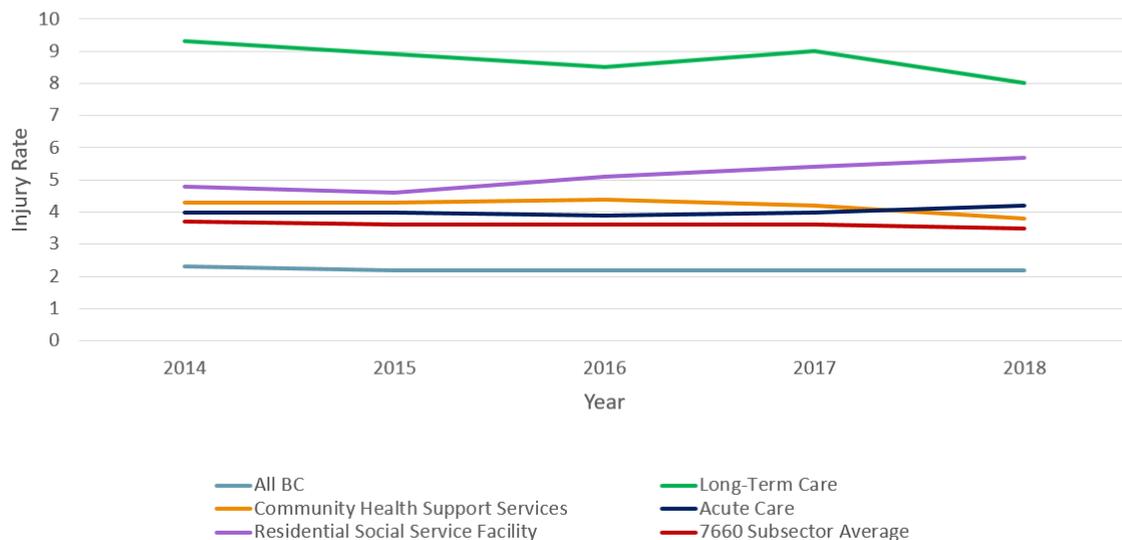
Claims costs have been increasing significantly. In 2018 alone, claims costs were more than \$107 million<sup>3</sup>, an increase of over \$11 million from the previous year.<sup>4</sup>

The provincial injury rate for all industries sits at just over 2.0 per 100 employees. In contrast, the rate in the HCSS Sector is almost double the provincial rate, and the most significant burden is experienced in long-term care, where the injury rate is over four times the provincial rate.<sup>5</sup>

**Figure 2.1.1 Health Care Injury Rates Comparison by Sector (2014-2018) - Number of claims for every 100 workers**

### Health care injury rates

2014 - 2018



<sup>3</sup> WorkSafeBC Statistics 2018. Retrieved from <https://www.worksafebc.com/en/about-us/shared-data/facts-and-figures/statistical-reports>

<sup>4</sup> WorkSafeBC Statistics 2017. Retrieved from <https://www.worksafebc.com/en/about-us/shared-data/facts-and-figures/statistical-reports>

<sup>5</sup> Statistics: Health care. Retrieved from <https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/statistics>

Workplace injuries have a significant impact on both healthcare workers and their families, often for their lifetime. In addition, time loss injuries further tax a system that is chronically short-staffed and experiencing sharply rising workloads. Data over a five-year period continuously shows that overexertion and workplace violence accounts for more than 50 per cent of the incident types that make up Healthcare sector claims.<sup>6</sup>

The healthcare sector is a complex system with many competing demands including:

- increasing patient acuity and an aging population;
- increased scrutiny of legislative, accreditation and licensing bodies;
- aging infrastructure;
- divided responsibility for care among multiple Employers;
- lack of clarity on OHS responsibilities for supervisors, managers and staff, and
- under reporting of issues/incidents across the health care sector.

Occupational health and safety is often seen as competing with these and other demands. Over the years, different structures and approaches have evolved to address specific issues or topics. Some structures are mandated by legislation (joint occupational health and safety committees), some have been created through collective bargaining, some have been created through project funding and others have been initiated by various stakeholder groups. These structures or groups have evolved over time and a number have ceased, for a variety of reasons.

Physicians add other complexities to the system and have their own unique challenges. Typically, physicians are not included in existing processes and structures due to the nature of their employment relationships with health authorities. Additionally, there is significant under reporting of issues/incidents, poor data collection/reporting, unclear/inconsistent policies and procedures, and a lack of clarity about their OHS responsibilities in the system.

While examples of good work and local improvement are available, there is a lack of coordination and uptake of initiatives demonstrated to make a positive difference. The reason for this lack of coordination and complexity is multifaceted, but part of the issue is the absence of a coordinating structure or organization, with a primary focus on injury prevention. Experience shows that only a provincial effort, coordinated among all stakeholders can shift the situation.<sup>7</sup>

## 2.2 Background of Occupational Health and Safety Agency for Healthcare (OHSAH)

OHSAH was conceived in 1998 through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the healthcare sector.<sup>8</sup> The Accord resulted in the creation of OHSAH, an agency with the goal of reducing workplace injuries and illness in healthcare workers and to return injured workers back to the job quickly and safely. In 1999, OHSAH was an incorporated agency under the British Columbia Society Act.<sup>9</sup> OHSAH was jointly administered with equal representation from unions, employers and a neutral chair. At the time, the benefit of and

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<sup>6</sup> *Statistics: Health care*. Retrieved from <https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/statistics>

<sup>7</sup> Appendix I: Occupational Health and Safety in the BC Health Sector A Provincial Framework

<sup>8</sup> May 23, 1998 Public Accord on Occupational Health and Safety

<sup>9</sup> July 5, 1999 Certificate of Incorporation

commitment to a joint approach was evident in the language of the Public Sector Accord and subsequent Collective Agreements, and is a principle that continues to be relevant today.

OHSAH was built on the values of bipartite collaboration, evidence-based decision making and integrated approaches. Its mission was:

- To work with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe early return-to-work.
- To promote pilot programs and facilitating the sharing of best practices.
- To develop new measures to assess the effectiveness of programs and innovations in this area.<sup>10</sup>

OHSAH contributed to a reduction in injury rates and was the primary forum for discussing health sector occupational health and safety issues and solutions. An MOA in the 2010-2012 FBA-HEABC collective agreement contained language affirming the impact of OHSAH on injury rates and savings in WCB premiums paid by the sector.<sup>11</sup> The parties to the MOA also agreed that the joint bipartite governance model of OHSAH was successful.

In October 2010, OHSAH was closed due to a number of reasons, including budgetary pressures and OHSAH's heavy focus on academic research. The Ministry of Health funded OHSAH until 2010. Its principle assets were the Workplace Health Indicator Tracking and Evaluation database (WHITE), the MSDS database and OHS Connect, which were transferred to the Provincial Health Services Authority (PHSA). In September 2010, a Data Sharing Agreement was signed by the unions, HEABC and employers, which gives the parties access to data from WHITE.net, OHS Connect and MSDS.<sup>12</sup>

## 2.3 Overview of Provincial Health and Safety Associations

There are numerous associations across Canada that are dedicated to OHS, but a limited number are focused on the health care sector. The Working Group has reviewed the governance structure and activities of health and safety associations across Canada to inform the recommendations for what is needed in the BC health care sector.

Please refer to Appendix K for an overview of Saskatchewan Association for Safe Workplaces in Health, Nova Scotia Health + Community Services Safety Association, and Ontario's Public Services Health & Safety Association.

## 2.4 Provincial Framework on Occupational Health and Safety (OHS) in Health Care Working Group

Due to the current state, there is a need for a provincial effort, coordinated among all stakeholders to make workplaces safer. As per the various MOAs across different Collective Agreements and the Physicians Master Agreement<sup>13</sup>, all parties to the agreements acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a

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<sup>10</sup> OHSAH At A Glance Brochure

<sup>11</sup> Memorandum of Agreement Re: Occupational Health and Safety Agency for Healthcare in the 2010- 2012 Collective Agreement between FBA and HEABC

<sup>12</sup> Appendix J: 2010 Memorandum of Agreement Re: Data-Sharing Agreement between the Unions, HEABC and the Employers

<sup>13</sup> These MOAs are included as appendices A through F of this document

provincial framework/structure for occupational health and safety in the BC health care sector, built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency;
- Evidence based decision making; and
- Compliance.

This report is submitted pursuant to the mandate described in the following Memorandum of Agreements (MOAs):

APADBA Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety (OHS) in Health Care<sup>14</sup>

CBA Memorandum of Agreement Re: Working Group for Occupational Health and Safety Provincial Framework/Structure<sup>15</sup>

FBA Memorandum of Agreement Re: Working Group for Occupational Health and Safety Provincial Framework/Structure<sup>16</sup>;

HSPBA Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety (OHS) in Health Care<sup>17</sup>;

NBA Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety (OHS) in Health Care<sup>18</sup>;

RDBC Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety<sup>19</sup>;

Physicians Master Agreement Memorandum of Agreement Re: Physical/Psychological Safety<sup>20</sup>.

Pursuant to those MOAs, this Working Group was created for the purpose of developing and submitting recommendations to the Ministry of Health, through Leadership Council, that will:

- a) Establish institutional systems for implementing the below objectives, including, sharing information, data and experience across the sector.
- b) Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, safe work practices and healthy workforces, including pilot and demonstration programs.
- c) Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases.

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<sup>14</sup> Appendix A

<sup>15</sup> Appendix B

<sup>16</sup> Appendix C

<sup>17</sup> Appendix D

<sup>18</sup> Appendix E

<sup>19</sup> Appendix F

<sup>20</sup> Appendix G

- d) Support the adoption of leading (best) practices, programs or models, including the implementation of Canadian Standards Association's CAN/CSA-Z1000-14 (Occupational Health and Safety Management) and CAN/CSA-Z1003-13 (Psychological Health and Safety in the Workplace).
- e) Facilitate co-operation between unions, employers, Doctors of BC on health and safety issues.
- f) Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees.
- g) Improving the awareness of and compliance with the Workers Compensation Act, the Occupational Health and Safety Regulation.

The parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces at all worksites, throughout the health care sector. To that end, the parties have developed a work plan for approval by Ministry of Health through Leadership Council. The plan includes recommendations on an approach to governance, data sharing, objective setting, implementation, compliance and evaluation. The intention is to create proactive programs with a focus on prevention.

The list of Working Group representatives and supports can be found in Appendix L.

## 3 Working Group's Recommendations

The Working Group recommends that an independent provincial OHS Organization be created to focus on improving the safety of workers, preventing workplace injuries and promoting safe and healthy workplaces at all worksites, throughout the BC health care sector.

This new Organization will bring a coordinated and integrated effort to improve the health & safety of health care workers and ensure meaningful participation from the employer and worker. In order to achieve this, the Organization will establish institutional systems, including the sharing of data, information and experiences across the sector.

The Organization will be incorporated as a non-profit society under the *Societies Act* and governed by a Board of Directors.

### 3.1 Governance

The Organization will be governed by a Board of Directors. The Board's responsibilities will include the following:

- providing overall direction and governance to the Organization by defining its mission and vision and establishing the priorities, policies and strategy;
- hiring and ensuring effective management by the CEO;
- delegating responsibility for the implementation of the strategic plan and the Organization's priorities and policies to the Organization's CEO;
- approving budgets and monitoring finances;
- monitoring risk;
- evaluating the progress toward achieving strategic plans; and
- reporting to stakeholders and Ministry of Health.

Board members will be senior leaders appointed from stakeholder organizations. Board appointments will ensure diverse skill sets, broad perspectives, and a thorough understanding of industry issues.

Board members will participate on Board committees, but not on any technical advisory committees or project working groups established by the Organization. There will be case-by-case flexibility for smaller stakeholder groups as approved by the Board (eg. Resident Doctors of BC). This independence strengthens the Board's ability to hold the CEO accountable for all management activities and to maintain a clear division between governance and operations.

### Board Structure

The Board of Directors will be composed of thirteen (13) voting Directors, who shall represent the various stakeholders in the BC health care sector.

The Board of Directors shall consist of the following:

- a) Six (6) Employer Directors appointed by the HEABC Board
- b) Six (6) Worker Directors appointed by the individual Bargaining Associations as follows:
  - i) Ambulance Paramedics and Ambulance Dispatchers Bargaining Association (APADBA)
  - ii) Community Bargaining Association (CBA)
  - iii) Facilities Bargaining Association (FBA)
  - iv) Health Science Professional Bargaining Association (HSPBA)
  - v) Nurses' Bargaining Association (NBA)
  - vi) Resident Doctors of BC (RDBC)
- c) One (1) Director appointed by Doctors of BC
- d) One (1) non-voting Independent Chair
- e) Two (2) Ex Officio (non-voting) Directors appointed by the Ministry of Health and WorkSafeBC

## **Board Chair**

The Board will appoint a non-voting Independent Chair, who does not belong to any stakeholder group or an employee of the Organization. The Chair will facilitate meetings of the Board and support the CEO by:

- setting expectations and accountability of the directors;
- managing group decision making;
- fostering open communication; and
- enhancing working relationships.

## **Decision Making**

To meet the Organization's principles of collaboration, transparency, commitment, and being evidence-informed, decision-making will require a high test of support. What this means is:

1. The Board will strive to achieve consensus on all decisions and resolutions. Consensus decision making takes all perspectives into account and results in better decisions and stronger commitment and cooperation to implement decisions. It is the Board's responsibility to develop its own process for decision-making. One of the Board's first actions will be to consider and adopt a consensus model of decision-making. An example of consensus based decision-making model is in Table 3.1.1.
2. In order to build consensus, the Board members will commit to being collaborative, open and understanding of opinions that they may not agree with and/or support.
3. One critical role of the Independent Chair will be to facilitate open and constructive communications amongst Directors so that consensus can be reached. In selecting the Chair, the Board will consider the ability of a candidate to facilitate consensus in groups.
4. The Board may also use the ex. Officio members of the Board, particularly the Ministry of Health representative, to support the development of consensus.

5. At its discretion, the Board may also retain a third-party consultant or facilitator to assist with efforts at building consensus. For example, it may be helpful to the Board to have support in developing an initial Strategic Framework and multi-year work plan.
6. If, despite the Boards best efforts and the Chair’s facilitation, consensus is not reached, the Board will call a vote. In order for a resolution to pass, eleven (11) of the thirteen (13) Directors are required to vote in favour of the resolution.

**Table 3.1.1 Example of Consensus Based Decision Making Model**

Term	Description
<b>CONSENSUS</b>	We all agree and support without reservation (presupposes that each individual has expressed their agreement)
<b>CONSENT</b>	The details may not be perfect, but it is close enough for me to support it here at the table and outside this meeting as well.
<b>RESERVATION</b> <i>(If possible, postpone the decision to a later date)</i>	I have reservations, I would like more discussion. I may then move up to consensus or consent; move down to concern; or agree that you can decide without going to a vote. I will not second-guess your decision outside this meeting.
<b>CONCERN</b> <i>(If attempts to address concerns are not successful and a decision is required, proceed to a vote)</i>	I have fundamental concerns; I am not able to support this choice at this time.
<b>DISAGREEMENT</b> <i>(If decision is required, proceed to a vote)</i>	I do not agree. My organization does not support this proposal.

### **Stakeholder Advisory & Working Groups**

The Board will establish a standing stakeholder technical advisory group to provide OHS system-level guidance, advice, and recommendations to the Organization. It will include representatives from health authorities, bargaining associations, and Doctors of BC.

The Organization will establish project-based working groups as required for Organization initiatives to provide OHS content expertise. It will include representatives as needed from health authorities, bargaining associations, and Doctors of BC.

These groups will allow worker and employer stakeholders to provide their feedback and expertise ensuring that the work of the Organization is valued and used by the sector.

### 3.2 Objective Setting

The Board in collaboration with the CEO will set and evaluate the Organization’s objectives and strategic goals, based on the mandate provided by the various MOAs.

### 3.3 Funding

#### Operational Funding

Upon approval of the work plan presented to Leadership Council, the Ministry of Health will provide annual operational funding for the Organization, in the following amounts:

2019/2020	\$1,500,000
2020/2021	\$3,000,000
2021/2022	\$4,000,000

Before the end of 2021/22, the Board of the Organization will meet with the Ministry of Health to evaluate the achievements of the Organization and discuss the continued funding requirements of the Organization.

Refer to Appendix H for the Funding Letter from the Ministry of Health.

#### Other Negotiated Funding

In the 2019 round of collective bargaining, all agreements with the individual bargaining associations, and the Doctors of BC, contained provisions for funding which may be allocated, in whole or in part, to the Organization for projects or other work. All bargaining associations, and the Doctors of BC, may choose to use all or part of the specific funding, in conjunction with the member employers and HEABC, to identify and address initiatives specific to the bargaining association or the Doctors of BC.

Prior to the 2019 round of bargaining, a number of collective agreements contained provisions for OHS related funds. The parties to those agreements retain their control over these funds and may contribute these funds to support work that the Organization will undertake, or may continue with existing or new projects and processes.

These funds are separate from the funding provided by the MoH to the Organization.

When the parties agree to use bargaining association-specific funds for projects developed and administered by the Organization, the parties in collaboration with the Organization, will determine mechanisms for committing those funds.

In order for the Organization to develop a comprehensive understanding of OHS projects across the sector, to enhance coordination of OHS project work, decrease duplication, and assist with partnership building and information sharing, stakeholders will provide the Organization with details of any proposed

projects supported by OHS MOAs, WorkSafeBC, other funding sources and significant employer-specific initiatives.

In the event that health authorities receive specific funding for occupational health and safety projects from other sources (research grants, WorkSafeBC for example) that is not contributed to an Organization supported project, quarterly reporting on the project and the high-level use of the funds will be provided to the Organization.

### 3.4 Operations

It is the employer's responsibility to provide a safe workplace. No activity or action by the Organization is intended to relieve the employer's responsibility. The Organization will support and enhance, not duplicate, work that employers are doing to achieve their legislative responsibility.

The initiatives of the Organization will:

- a) Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, safe work practices and healthy workforces, including pilot and demonstration programs.
- b) Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases.
- c) Support the adoption of leading (best) practices, programs or models, including the implementation of Canadian Standards Association's CAN/CSA-Z1000-14 (Occupational Health and Safety Management) and CAN/CSA-Z1003-13 (Psychological Health and Safety in the Workplace).
- d) Facilitate co-operation between unions, employers, Doctors of BC on health and safety issues.
- e) Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees.
- f) Improving the awareness of and compliance with the Workers Compensation Act, the Occupational Health and Safety Regulation.

As part of its work, the Organization will develop and support the implementation of its initiatives.

The Organization will carry on with all projects previously agreed to and undertaken by the Provincial Occupational Health and Safety and Violence Prevention Steering Committee and future projects in support of Occupational Health and Safety in the healthcare sector. Such projects will include maintenance of the Provincial Violence Prevention Curriculum, the design/update/implementation of the OHS Resource Centre and support of the implementation of the CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.

In order for the Organization to coordinate OHS projects, decrease duplication, and assist with partnership building and information sharing, stakeholders will provide the Organization with details of any proposed projects supported by OHS MOAs, WorkSafeBC, and employer-specific initiatives.

To further support learning and a coordinated approach to increasing safety for employees and physicians, stakeholders engaged in significant OHS projects agree to present the results of the project, including any evaluations or significant learnings, to the Organization, either upon completion or at any other relevant point in the project, as determined by the stakeholders

## Staff Structure

The Board of Directors will hire a Chief Executive Officer (CEO) of the Organization. The Board will determine CEO's salary and terms and conditions of employment, as defined by the PSEC/HEABC Compensation Reference Plan.

The CEO shall:

- be entitled to attend and participate in all general meetings, meetings of the Board and committee meetings, but shall not have the right to vote in any such meeting;
- manage the Organization and be responsible for its general operation and the administration of its affairs;
- employ persons necessary for the proper administration and operation of the Organization;
- ensure that the Organization complies with the *Societies Act* and any other legislation;
- prepare and submit to the Board for approval a financial budget; and
- other responsibilities as set by the Board.

The staff structure of the Organization will be determined by the CEO in consultation with the Board of Directors.

## Infrastructure of the Organization

As an incorporated society under the *Societies Act*, the Organization will be an independent organization, with its own identity. Under the direction of the Board, the CEO will determine the physical facilities and systems, along with staff to maintain them. The intent of the Organization is to make a difference for front-line health care workers. As such, efficiency and minimizing administrative costs will be a principle used by the Board in considering and evaluating options for administrative system support.

### 3.5 Data Sharing

Through extending and updating existing data sharing agreements, the Organization and its stakeholders will have full access to data related to health and safety. The Organization will develop policies and procedures for data governance in accordance with the data sharing agreements, relevant legislation, and in a manner that is acceptable to the Organization.

### 3.6 Accountability/Commitment (Compliance)

As the Working Group considered how to best support a significant change in occupational health and safety in BC healthcare, one of the pieces of work that helped inform the recommendations was a review of the successes and challenges of the Occupational Health and Safety Agency for Healthcare (OHSAH). One very clear learning from the OHSAH experience was that sometimes, for a variety of reasons, OHSAH developed projects or work product that were not taken up or implemented consistently by employers. The members of the Working Group agree that the approach of the

Organization must minimize any potential to recreate a situation where employers do not take up the work product of the Organization. A number of Working Group recommendations, including the structure of the Board, are intended to address this concern. In addition to the structure of the Board, the stakeholders have spent a considerable amount of time discussing the processes and approaches which will ensure significant stakeholder commitment and ultimately the implementation of the work product of the Organization.

The stakeholders agree that the objective of the Organization is to develop work products to further the implementation of programs and activities that increase safety in the workplace. As such, the Organization will prioritize efforts that will support and enhance employers' health and safety management systems and initiatives.

A commitment to implementation of projects or resources, by employers, is essential to the Organization, as it considers where to invest its resources. Employer participation on the Board is an important part of developing that commitment.

Employers will adopt and incorporate the work product of the Organization, into the employers' health and safety management systems, in accordance with the provisions of the CSA Standard Z1000-14.

Given the significant differences between health sector employers (from small HEABC affiliate employers to the largest health authority), the Organization in consultation with stakeholders will develop a process to allow for some flexibility in implementation that considers the employer's capacity to support any required changes.

As the Organization prioritizes projects and develops work products, it will take a systematic approach, including:

- identification of, and consultation with, stakeholders impacted by the work;
- consideration of the need for standardization and the potential for local adaptation, including processes for review by the Organization of any local modification,
- development of implementation plans, including change management support,
- communication of the options and flexibility for local adaptation of the specific work product, and
- development of an evaluation approach, including efficient project reporting requirements (with the intent to minimize any administrative burden created by the need to provide reporting projects)

Commitment from stakeholders, prior to significant investment of resources, will be an important step in any project plan.

The Organization, in consultation with the employers, unions and Doctors of BC, will develop processes and procedures for evaluating the implementation, effectiveness and impact of the work products of the Organization. The Organization, on at least an annual basis, will report on the implementation, effectiveness and impact of the work of the Organization to the parties, including the Ministry of Health.

### **3.7 Evaluation and Continuation of the Organization**

The Board of Directors will be responsible for reviewing and evaluating the Organization. The Board will also provide regular evaluations and updates to stakeholders, and the Ministry of Health through Leadership Council.

As outlined in the funding letter from the Ministry of Health, representatives will meet with the Ministry prior to the end of 2021/2022 to evaluate the achievements of the Organization and discuss continuing funding.

### **3.8 Implementation of the Organization**

The Working Group recommends that the following measures be implemented immediately to address the need for a coordinated and integrated effort to improve the health and safety of health care workers in the BC health care sector:

- Approval of the creation of an OHS Organization
- Appointment of Board of Directors, and
- Establishment of a start up team to work on the creation of the Organization.

Once appointed, the Board will need to:

- Meet for the first time;
- Start the search for the Independent Chair;
- Create the by-laws and constitution;
- Incorporation the Organization; and
- Recruit the CEO.

To assist the Board, a start up team will be seconded or contracted. This team will assist the Board with the activities indicated above plus the following:

- Updating the data sharing agreements;
- Setting up the infrastructure of the organization;
- Support projects the parties agree to have under the leadership of the initial Organization; and
- Other responsibilities as directed by the Board.

**Figure 3.6.1 Projected Timeline for Key Activities**

Activity	2019		2020								Ongoing	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Presented to Leadership Council	█											
Appointment of Board Directors			█									
First Board Meeting			█	█								
Selection of Independent Chair			█	█	█							
Recruit CEO			█	█	█	█						
Start Up Team			█	█	█							
Creation of By-Laws & Constitution			█	█	█							
Incorporation of Organization					█							
Update Data Sharing Agreements			█	█	█							
Set Up Infrastructure			█	█	█	█	█					
Strategic Planning					█	█	█	█	█	█	█	
Create Policies & Procedures					█	█	█	█	█	█	█	
Onboarding of Projects					█	█	█	█	█	█	█	█

# Appendix A: APADBA Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety (OHS) in Health Care

2019-2022 Ambulance Paramedics and Ambulance Dispatchers Collective Agreement  
Summary of Collective Agreement Changes  
September 2019

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## MEMORANDUM OF AGREEMENT (NEW): RE: WORKING GROUP FOR A PROVINCIAL FRAMEWORK ON OCCUPATIONAL HEALTH AND SAFETY (OHS) IN HEALTH CARE

Whereas the parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces throughout the health care sector, with shared objectives to:

- Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, promotion of safer work practices and healthy workforces, including pilot and demonstration programs
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases
- Evaluate and promote the adoption of leading practices, programs or models
- Identify and develop a provincial framework and systems for implementing these objectives
- Facilitate co-operation between unions and employers on health and safety issues
- Facilitate education and training for effective functioning of local Joint OHS committees
- Share information, data, experience and best practices across the sector
- Improve compliance with Workers Compensation Act, OHS regulation and recommendations
- Implement CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.

Whereas the parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector, built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency; and
- Evidence-based decision making.

Therefore, the parties agree as follows:

1. APADBA will join the joint provincial working group, within thirty (30) days of ratification, or as soon as reasonable practicable.
2. The working group will meet as frequently as necessary in order to conclude recommendations within the timeframe set by the joint provincial working group.
3. The working group is co-chaired by HEABC and the representative from the Facilities Bargaining Association (FBA) and comprised of one representative from each participating Employee stakeholder group (bargaining association) and three Employer representatives. The working group also includes a representative from Doctors of BC, and other relevant groups as agreed by the participants. The working group operates on a consensus model.

**2019-2022 Ambulance Paramedics and Ambulance Dispatchers Collective Agreement  
Summary of Collective Agreement Changes  
September 2019**

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4. The working group is responsible for making recommendations to the stakeholder groups and Leadership Council to establish a provincial framework/structure (the "Provincial Framework") for Health Care Sector Occupational Health and Safety issues and solutions including consideration of a staff structure. The working group will regularly (monthly) update all stakeholders, prior to the submission of final recommendations, which shall be given due consideration by stakeholders and Leadership Council.
5. The working group will explore opportunities and make recommendations regarding potential sources of ongoing funding for initiatives carried out under this Provincial Framework.
6. HEABC will contribute a sum of \$100,000 per annum to APADBA to be used to advance Occupational Health and Safety improvements. APDABA may use all or part of the funding allocated to it to contribute towards the Provincial Framework/structure/projects, or APADBA may choose to use all or part of this funding, in conjunction with the member Employers and HEABC, to identify and address initiatives specific to APADBA.

# Appendix B: CBA Memorandum of Agreement Re: Working Group for Occupational Health and Safety Provincial Framework/Structure

## Memorandum of Agreement

Between

Health Employer's Association of BC (HEABC)

And

Community Bargaining Association (CBA)

**Re: Working Group for Occupational Health and Safety Provincial Framework/Structure**

The parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector (the "Framework"), built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency;
- Evidence based decision making; and
- Compliance

Further, the parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces at all worksites, throughout the health care sector.

To that end, the parties will develop a work plan for approval by Ministry of Health through Leadership Council. The plan will include recommendations on an approach to governance, data sharing, objective setting, implementation, compliance and evaluation. The intention is to create proactive programs with a focus on prevention.

To support the implementation and continuation of the Working Group's recommendations, the parties agree that a decision to provide funding by the Ministry of Health will be required.

To create the work plan for submission to Ministry of Health through Leadership Council, the parties agree to work diligently and in good faith to achieve the following objectives:

- I. The parties will establish a working group to be co-chaired by HEABC and representative from one of the participating employee stakeholder groups (bargaining associations) and comprised of one representative from each participating employee stakeholder group (bargaining association) and three employer representatives and a representative from the Ministry of Health (the "Working Group"). The Working Group may also include a representative from Doctors of BC, or other relevant groups as agreed by the participants. The Working Group will decide matters by consensus.

2. The Working Group shall develop Terms of Reference for the purpose of drafting recommendations for the Framework that will:
  - a. Establish institutional systems for implementing the below objectives, including sharing information, data and experience across the sector.
  - b. Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, safe work practices and healthy workforces, including pilot and demonstration programs.
  - c. Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases.
  - d. Support the adoption of leading (best) practices, programs or models, including the implementation of *Canadian Standards Association's* CAN/CSA-Z1000-14 (Occupational Health and Safety Management) and CAN/CSA-Z1003-13 (Psychological Health and Safety in the Workplace).
  - e. Facilitate co-operation between unions and employers on health and safety issues.
  - f. Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees.
  - g. Improving the awareness of and compliance with the *Workers Compensation Act*, the Occupational Health and Safety Regulation.
3. It is understood that the Framework should serve all stakeholders in the provincial health care sector, not only the Community Subsector. To that end, the parties will make all reasonable efforts to promote the adoption of the Framework on a province and sector-wide basis.
4. Unless otherwise agreed by the majority of representatives in the Working Group, the Working Group shall meet not less than once per calendar month until its final report is issued.
5. By August 7, 2019, the Working Group will issue a final report outlining its determinations and recommendations with respect to the Framework to the Ministry of Health through Leadership Council, and stakeholders.
6. The CBA may use all or part of funding from Memorandum of Agreement #26 Re: Joint Provincial Health, Safety and Violence Prevention Committee to allocate to contribute towards the Framework, or the CBA may choose to use all or part of its funding to, in conjunction with the member employers and HEABC, identify and address initiatives specific to the CBA.

# Appendix C: FBA Memorandum of Agreement Re: Working Group for Occupational Health and Safety Provincial Framework/Structure

2019-2022 Health Services & Support Facilities Subsector Collective Agreement  
Summary of Changes  
December 2018

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## MEMORANDUM OF AGREEMENT (NEW) – OHS ENTITY

### **Re: Working Group for Occupational Health and Safety Provincial Framework/Structure**

The parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector (the "Framework"), built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency;
- Evidence based decision making; and
- Compliance

Further, the parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces at all worksites, throughout the health care sector.

To that end, the parties will develop a work plan for approval by Ministry of Health through Leadership Council. The plan will include recommendations on an approach to governance, data sharing, objective setting, implementation, compliance and evaluation. The intention is to create proactive programs with a focus on prevention.

To support the implementation and continuation of the Working Group's recommendations, the parties agree that a decision to provide funding by the Ministry of Health will be required.

To create the work plan for submission to Ministry of Health through Leadership Council, the parties agree to work diligently and in good faith to achieve the following objectives:

1. Within sixty (60) days of ratification, the parties will establish a working group to be co-chaired by HEABC and representative from one of the participating employee stakeholder groups (bargaining associations) and comprised of one representative from each participating employee stakeholder group (bargaining association) and three employer representatives and a representative from the Ministry of Health (the "Working Group"). The Working Group may also include a representative from Doctors of BC, or other relevant groups as agreed by the participants. The Working Group will decide matters by consensus.
2. The Working Group shall develop Terms of Reference for the purpose of drafting recommendations for the Framework that will:
  - a. Establish institutional systems for implementing the below objectives, including, sharing information, data and experience across the sector.
  - b. Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, safe work practices and healthy workforces, including pilot and demonstration programs.

- c. Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases.
  - d. Support the adoption of leading (best) practices, programs or models, including the implementation of Canadian Standards Association's CAN/CSA-Z1000-14 (Occupational Health and Safety Management) and CAN/CSA-Z1003-13 (Psychological Health and Safety in the Workplace).
  - e. Facilitate co-operation between unions and employers on health and safety issues.
  - f. Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees.
  - g. Improving the awareness of and compliance with the Workers Compensation Act, the Occupational Health and Safety Regulation.
3. It is understood that the Framework should serve all stakeholders in the provincial health care sector, not only the Facilities Subsector. To that end, the parties will make all reasonable efforts to promote the adoption of the Framework on a province and sector-wide basis.
4. Unless otherwise agreed by the majority of representatives in the Working Group, the Working Group shall meet not less than once per calendar month until its final report is issued.
5. Within one-hundred-eighty (180) days of ratification, the Working Group will issue a final report outlining its determinations and recommendations with respect to the Framework to the Ministry of Health through Leadership Council, and stakeholders.
6. The FBA may use all or part of funding from the Memorandum of Agreement re: Occupational Health, Safety and Violence Prevention Committee to allocate to contribute towards the Framework, or the FBA may choose to use all or part of its funding to, in conjunction with the member employers and HEABC, identify and address initiatives specific to the FBA.

# Appendix D: HSPBA Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety (OHS) in Health Care

2019-2022 Health Science Professionals Bargaining Association Provincial Agreement  
Summary of Changes  
November 2018

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## APPENDIX NEW \_ XXX RE: WORKING GROUP FOR A PROVINCIAL FRAMEWORK ON OCCUPATIONAL HEALTH AND SAFETY (OHS) IN HEALTH CARE

[This proposal replaces the Letter of Agreement Re: Joint Provincial Health, Safety and Violence Prevention Committee - HSPBA Funding dated October 24, 2018]

Whereas the parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces throughout the health care sector, with shared objectives to:

- Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, promotion of safer work practices and healthy workforces, including pilot and demonstration programs
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases
- Evaluate and promote the adoption of leading practices, programs or models
- Identify and develop a provincial framework and systems for implementing these objectives
- Facilitate co-operation between unions and employers on health and safety issues
- Facilitate education and training for effective functioning of local Joint OHS committees
- Share information, data, experience and best practices across the sector
- Improve compliance with Workers Compensation Act, OHS regulation and recommendations
- Implement CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.

Whereas the parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector, built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency; and
- Evidence based decision making.

Therefore the parties agree as follows:

1. The parties will establish a joint provincial working group, within 90 days of ratification, grounded in the principles of meaningful collaboration and system based approaches with a purpose to support and promote safe and healthy work environments in healthcare across BC.
2. The working group will meet as frequently as necessary in order to conclude recommendations within 6 months of ratification.
3. The working group will be chaired by HEABC and comprised of one representative from each participating Employee stakeholder group (bargaining association) and three Employer

representatives. The working group may also include a representative from Doctors of BC, or other relevant groups as agreed by the participants. The working group will operate on a consensus model.

4. The working group will make recommendations to the stakeholder groups and Leadership Council to establish a provincial framework/structure (the "Provincial Framework") for Health Care Sector Occupational Health and Safety issues and solutions including consideration of a staff structure. The working group will regularly (monthly) update all stakeholders, prior to the submission of final recommendations, which shall be given due consideration by stakeholders and Leadership Council.
5. The working group will make recommendations regarding terms of reference and rules of governance for the Provincial Framework.
6. The working group will explore opportunities and make recommendations regarding potential sources of ongoing funding for initiatives carried out under this Provincial Framework.
7. The Provincial Framework/structure will carry on with all projects previously agreed to and undertaken by the Provincial Occupational Health and Safety and Violence Prevention Steering Committee and future projects in support of Occupational Health and Safety in the healthcare sector. Such projects will include maintenance of the Provincial Violence Prevention Curriculum, the design/update/implementation of the OHS Resource Centre and support of the implementation of the CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.
8. HEABC will contribute a sum of \$250,000 per annum to HSPBA for the Joint Provincial Health, Safety and Violence Prevention Committee. The HSPBA may use all or part of the funding allocated to it to contribute towards the Provincial Framework/structure, or the HSPBA may choose to use all or part of this funding to, in conjunction with the member Employers and HEABC, identify and address initiatives specific to the HSPBA.

# Appendix E: NBA Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety (OHS) in Health Care

2019-2022 Nurses' Bargaining Association Provincial Collective Agreement  
Summary of Changes  
December 2018

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## MEMORANDUM OF AGREEMENT – RE: WORKING GROUP FOR A PROVINCIAL FRAMEWORK ON OCCUPATIONAL HEALTH AND SAFETY (OHS) IN HEALTH CARE

*New Collective Agreement Language*

Whereas the parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces throughout the health care sector with shared objectives to:

- Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, promotion of safer work practices and healthy workforces, including pilot and demonstration programs
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases
- Evaluate and promote the adoption of leading practices, programs or models
- Identify and develop a provincial framework and systems for implementing these objectives
- Facilitate co-operation between unions and employers on health and safety issues
- Facilitate education and training for effective functioning of local Joint OHS committees
- Share information, data, experience and best practices across the sector
- Improve compliance with Workers Compensation Act, OHS regulation and recommendations
- Implement CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.

Whereas the parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector, built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency; and
- Evidence based decision making.

Therefore the parties agree as follows:

1. The parties will establish a joint provincial working group, within ninety (90) days of ratification, grounded in the principles of meaningful collaboration and system based approaches with a purpose to support and promote safe and healthy work environments in healthcare across BC.
2. The working group will meet as frequently as necessary in order to conclude recommendations within six (6) months of ratification.
3. The working group will be chaired by HEABC and comprised of one representative from each participating employee stakeholder group (bargaining association) and three Employer representatives. The working group may also include a representative from Doctors of BC, or other relevant groups as agreed by the participants. The working group will operate on a consensus model.
4. The working group will make recommendations to the stakeholder groups and Leadership Council to establish a provincial framework/structure (the "Provincial Framework") for Health Care Sector Occupational Health and Safety issues and solutions including consideration of a staff structure. The working group will regularly (monthly) update all stakeholders, prior to the submission of final recommendations, which shall be given due consideration by stakeholders and Leadership Council.
5. The working group will make recommendations regarding terms of reference and rules of governance for the Provincial Framework.
6. The working group will explore opportunities and make recommendations regarding potential sources of ongoing funding for initiatives carried out under this Provincial Framework.
7. The Provincial Framework will carry on with all projects previously agreed to and undertaken by the Provincial Occupational Health and Safety and Violence Prevention Steering Committee and future projects in support of Occupational Health and Safety in the healthcare sector. Such projects will include maintenance of the Provincial Violence Prevention Curriculum, the design/update/implementation of the OHS Resource Centre and support of the implementation of the CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.
8. The NBA may use all or part of funding from Appendix A.4 and allocate to it to contribute towards the Provincial Framework, or the NBA may choose to use all or part of its funding to, in conjunction with the member Employers and HEABC, identify and address initiatives specific to the NBA.

# Appendix F: RDBC Memorandum of Agreement Re: Working Group for a Provincial Framework on Occupational Health and Safety

## 2019 Collective Bargaining in the Health Sector

### Renewal of the 2014-2019 Resident Doctors of BC (RDBC) Collective Agreement

Amend the collective agreement, by adding the following Appendix

#### **MEMORANDUM OF AGREEMENT**

#### **Re Working Group for a Provincial Framework on Occupational Health and Safety**

Whereas the parties share a common interest in preventing workplace injuries and promoting safe and healthy workplaces throughout the health care sector, with shared objectives to:

- Promote a safe and healthy work environment and organizational safety culture through prevention of injury initiatives, safe workloads, promotion of safer work practices and healthy workforces, including pilot and demonstration programs
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases
- Evaluate and promote the adoption of leading practices, programs or models
- Identify and develop a provincial framework and systems for implementing these objectives
- Facilitate co-operation between unions and employers on health and safety issues
- Facilitate education and training for effective functioning of local Joint OHS committees
- Share information, data, experience and best practices across the sector
- Improve compliance with Workers Compensation Act, OHS regulation and recommendations
- Implement CSA Z1000-14 Occupational Health and Safety Management and CSA Z1003-13 Psychological Health and Safety.

Whereas the parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health care sector, built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency; and
- Evidence based decision making.

Therefore the parties agree as follows:

1. The parties will participate in the establishment a joint provincial working group, within 90 days of ratification, grounded in the principles of meaningful collaboration and system based approaches with a purpose to support and promote safe and healthy work environments in healthcare across BC.

2. The working group will meet as frequently as necessary in order to conclude recommendations within 6 months of ratification.
3. The working group will be chaired by HEABC and comprised of one representative from each participating Employee stakeholder group (bargaining association) and three Employer representatives. The working group will include a representative from Doctors of BC, or other relevant groups as agreed by the participants. The working group will operate on a consensus model.
4. The working group will make recommendations to the stakeholder groups and Leadership Council to establish a provincial framework/structure (the "Provincial Framework") for Health Care Sector Occupational Health and Safety issues and solutions. The working group will regularly (monthly) update all stakeholders, prior to the submission of final recommendations, which shall be given due consideration by stakeholders and Leadership Council.
5. The working group will make recommendations regarding terms of reference and rules of governance for the Provincial Framework.
6. The working group will explore opportunities and make recommendations regarding potential sources of ongoing funding for initiatives carried out under this Provincial Framework.
7. The Provincial Framework/structure will carry on with all projects previously agreed to and undertaken by the Provincial Occupational Health and Safety and Violence Prevention Steering Committee. Such projects will include maintenance of the Provincial Violence Prevention Curriculum and the design update and implementation of the OHS Resource Centre.
8. The RDBC will be provided with \$30,000 annually to contribute to the activities of the working group. The RDBC may use all or part of the funding allocated to it;
  - a. To contribute towards the Provincial Framework/structure; or
  - b. In conjunction with the member Employers and HEABC, to identify and address initiatives specific to the RDBC.
9. Article 2.09 will apply to Residents fulfilling their duties as an appointed representative of RDBC on the Committee.

# **Appendix G: Physicians Master Agreement Memorandum of Agreement Re: Physical/Psychological Safety**

## **MEMORANDUM OF AGREEMENT PHYSICAL/PSYCHOLOGICAL SAFETY**

**BETWEEN:**

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH  
COLUMBIA, as represented by the Ministry of Health**  
(the "Ministry")

**AND:**

**FRASER HEALTH AUTHORITY, INTERIOR HEALTH AUTHORITY, ISLAND  
HEALTH, VANCOUVER COASTAL HEALTH, NORTHERN HEALTH and  
PROVINCIAL HEALTH SERVICES AUTHORITY**  
(the "Health Authorities")

**AND:**

**THE BRITISH COLUMBIA MEDICAL ASSOCIATION**  
(doing business as Doctors of BC)  
(the "Doctors of BC")

(individually a "party" and collectively the "parties")

## **Occupational Health & Safety, Psychological Health & Safety, and Violence Prevention for Physicians Working in Health Authority Facilities**

### **1. Provincial Level: Working Group for Provincial Framework/Structure**

The parties acknowledge the need for a coordinated and integrated effort to improve the health and safety of health care workers/providers and renew and rebuild a provincial framework/structure for occupational health and safety in the BC health sector (the “**Framework**”), built on the following principles:

- Broad stakeholder engagement in governance;
- Collaborative approach;
- Transparency;
- Evidence based decision making; and
- Compliance.

To this end, the parties, within 180 days of execution of the 2019 Physician Master Agreement, will develop a recommended work plan for submission to and approval by the Ministry through Leadership Council. The plan will include recommendations on an approach to governance, data sharing, objective setting, implementation, compliance, measurement and evaluation. The intention is to create proactive programs with a focus on prevention.

To create the work plan, the Doctors of BC will participate in a broad working group chaired by HEABC, and comprised of one representative from Doctors of BC, one representative from each participating employee group (bargaining association), three employer representatives (Health Authorities or health sector affiliated employers), and a representative from the Ministry (the “**Provincial Working Group**”). The Provincial Working Group may include a representative from other relevant groups as agreed by the participants. The Provincial Working Group will decide matters by consensus.

Unless otherwise agreed by the majority of representatives in the Provincial Working Group, the Provincial Working Group shall meet not less than once per calendar month until its final report is issued.

The Provincial Working Group shall develop Terms of Reference for the purpose of drafting recommendations for the Framework that will:

- Establish institutional systems for implementing the below objectives, including sharing information, data, and experience across the sector.

- Promote a safe and healthy environment and organizational safety culture through prevention of injury initiatives, safe workloads, safe work practices and healthy workforces, including pilot and demonstration programs.
- Prevent and reduce the incidence of injuries (physical and psychological) and occupational diseases.
- Support the adoption of leading (best) practices, programs or models, including the implementation of the Canadian Standards Association's Occupational Health & Safety Management, and Psychological Health and Safety Workplace standards.
- Facilitate co-operation information and data sharing between the Doctors of BC, Health Authorities and unions, on health and safety issues.
- Facilitate and provide education and training for effective functioning of local Joint Occupational Health and Safety committees.
- Improve the awareness of and compliance with, where appropriate, the *Workers Compensation Act* and the *Occupational Health and Safety Regulation*
- Discuss and consider appropriate Doctors of BC participation in the ongoing Framework.

It is understood that the Framework should serve all stakeholders in the provincial health care sector. To that end, the parties will make all reasonable efforts to promote the adoption of the Framework on a province and sector-wide basis.

## **2. Physician Violence Prevention Working Group (PVPWG)**

The work of the Physician Violence Prevention Working Group (PVPWG) will continue, and the focus will shift to implementation and evaluation.

## **3. Psychological Safety – Physician Specific Issues**

The parties will create a small working group composed of an equal number of representatives of the Doctors of BC and the Ministry/Health Authorities for addressing specific physician issues related to psychological safety (the “Physician Specific Issues Working Group”).

The Physician Specific Issues Working Group will decide matters by consensus.

The Physician Specific Issues Working group will make recommendations to the Provincial Working Group or Regional Committees where necessary.

## **4. Physician Training**

Health Authorities will:

- Provide appropriate violence prevention and response training for individual physicians working in high and low-risk environments. This training will include an online module for all medical staff, and Health Authorities will make reasonable efforts to ensure such modules may be credited towards continuing education.
- In addition, and for physicians in high-risk environments (Emergency/Urgent Care, Psychiatry/Mental Health Addictions, Residential/Long-term Care, Neurology/Brain Injury), there will be additional classroom training compensated at current sessional rates.
- Where appropriate, provide team-based training at a department/group level with entire teams (physicians, nurses etc.) to help those teams better prevent and respond to violent incidents in their environment.

## 5. Regional Level

In order to explore safety improvement opportunities, the parties will develop, within 180 days of execution of the 2019 Physician Master Agreement, recommendations for Regional OHS, PHS and Violence Prevention Committees.

To develop the recommendations, the parties agree to establish a broad working group to be chaired by HEABC, comprising one representative from each of Doctors of BC, the employee groups (bargaining associations), and the Health Authorities or health sector affiliated employers (the “Regional Working Group”). The Regional Working Group may also establish subcommittees as appropriate and include a representative from other relevant groups as agreed by the participants, and will decide matters by consensus. Unless otherwise agreed by the majority of representatives of the Regional Working Group, the Regional Working Group shall meet not less than once per month until its final recommendations are made.

The Regional Working Group shall develop Terms of Reference for the purpose of drafting recommendations for the Regional OHS, PHS and Violence Prevention Committees that will:

- provide a consistent and collaborative approach to safety related issues
- make recommendations to the Health Authorities on:
  - OHS, PHS, and Violence Prevention policies and procedures
  - OHS, PHS, and Violence Prevention training implementation
  - Risk assessment completion
  - Worksafe BC Orders (where applicable)

- Corrective action to address OHS and violent incidents and trends
- clear and consistent reporting, tracking and follow up processes across health authorities and hospitals related to violent incidents and recommendations for improvement, as well as psychological safety

In addition, the parties will ensure Doctors of BC and/or physician representatives are appointed to these Regional Committees.

## 6. Communication and Consultation

Health Authorities will:

- create a comprehensive communication plan for Health Authority facilities encompassing violence prevention and response as well as psychological safety that ensures key information reaches the department/individual level. This includes effective reporting of critical tracking information, policy or process changes as well as progress on elements of the CSA standard regionally and for specific sites.
- share such communication plans with Doctors of BC and Medical Staff Associations.

## 7. Local Level

Health Authorities will work:

- with both the Doctors of BC and SSC Facility Engagement to engage Medical Staff Associations (MSAs) at local sites about violence prevention and psychological safety that includes consultation about existing challenges as well as ongoing feedback regarding any changes or initiatives made at a local level; and
- with MSAs to ensure that physicians are invited from their MSAs to participate on local committees, where appropriate.

## 8. Physician Compensation

The physician members appointed by the Doctors of BC on the Working Groups and Committees noted above will be compensated from existing Joint Collaborative Committee funding.

## 9. Project funding

The parties agree to re-allocate one time funds from the General Practice Services Committee (GPSC), the Specialist Service Committee (SSC) and the Joint Standing Committee on Rural

Issues (JSC) as outlined below that the Doctors of BC may use in conjunction with the Health Authorities for activities contributing to the development of a provincial Framework, or to identify and address initiatives specific to physicians within any appropriate ongoing structures within the Framework:

- Effective April 1, 2019
  - i. From SSC: \$250,000
  - ii. From GPSC: \$150,000
  - iii. From JSC: \$100,000
  
- Effective April 1, 2020:
  - i. From SSC: \$250,000
  - ii. From GPSC: \$150,000
  - iii. From JSC: \$100,000
  
- Effective April 1, 2021:
  - i. From SSC: \$250,000
  - ii. From GPSC: \$150,000
  - iii. From JSC: \$100,000

#### **10. Resolution of Disagreements**

If any of the parties has a concern respecting this Memorandum, the parties directly impacted (e.g. Doctors of BC and a Health Authority) will meet to attempt to resolve the issues. If they cannot resolve the issues, the matter will be resolved in the same manner as set out in Article 22.1 of the 2019 Physician Master Agreement for resolution of Provincial Disputes.

#### **11. Termination**

This Memorandum shall terminate effective March 31, 2022, or as otherwise agreed by the Parties.

Dated this 1<sup>st</sup> day of April 2019

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Dr. Eric Cadesky  
President  
Doctors of BC

# Appendix H: Funding Letter from the Ministry of Health



Cliff #:

December 1, 2018

Jennifer Whiteside  
Secretary Business Manager, Health Employees Union  
Spokesperson, Facilities Bargaining Association  
5000 North Fraser Way  
Burnaby, British Columbia  
V5J 5M3

Dear Ms. Whiteside,

The Ministry of Health is pleased to support the coordinated and integrated effort to improve the health and safety of health care workers as outlined in the Memorandum of Agreement between the Facilities Bargaining Association (FBA) and the Health Employers Association of British Columbia (HEABC) that establishes the Working Group for Occupational Health and Safety Provincial Framework/Structure.

To that end, upon Ministry of Health approval of a work plan presented to Leadership Council, the Ministry will provide funding for the provincial Framework/Structure, in the following amounts:

2019/20	\$1,500,000
2020/21	\$3,000,000
2021/22	\$4,000,000

Before the end of 2021/22, the Ministry will meet with representatives of the Working Group to evaluate the achievements made within the framework, and discuss the continuing funding requirements of the organization. Similar to all funding commitments made by the Ministry, the commitment in this letter is subject to appropriation by the Legislature of the required monies on an annual basis as required under s.21 of the *Financial Administration Act*.

I want to thank you and the members of the Facilities Bargaining Association for your leadership on this important matter. I am confident that a strategy and structure which draws all stakeholders together in common purpose will result in safer and healthier workplaces at all worksites throughout the health care sector.

Sincerely,

Mark Armitage  
Assistant Deputy Minister, Health Human Resources and Labour Relations Division  
Ministry of Health

Ministry of Health

Health Human Resources and Labour Relations Division

1515 Blanshard St  
Victoria BC V8W 3C8

# Appendix I: Occupational Health and Safety in the BC Health Sector A Provincial Framework

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October 2018 DISCUSSION PAPER

## Occupational Health and Safety in the BC Health Sector A Provincial Framework

### INTRODUCTION

Workplace injuries are on the rise in the health care and social service sector (HCSS). The situation is critical - this industry has seen a 14% increase in days lost over the past five years. Over that time, the total days lost in this sector accounted for 13.5% of the days lost in all sectors province wide (the highest contributor in the province). In 2017, claims costs reached \$95 million dollars.

The provincial injury rate<sup>1</sup> has seen a steady decline in the past decade, and sits at just over 2.0. According to the *WorkSafeBC Statistics 2017* Report, the rate "has been stable and at near-historic lows in the past few years". In contrast, the rate in the HCSS Sector has plateaued at almost double the provincial rate, and the most significant burden is experienced in long term care, where the injury rate is over four times the provincial rate.

There is an enormous human cost in these numbers. Workplace injuries have a significant impact on both healthcare workers and their families, often for their lifetime. In addition, time loss injuries further tax a system that is chronically short staffed and experiencing sharply rising workloads.

Experience shows that only a provincial effort, coordinated among all stakeholders (Unions, Employers, the Ministry of Health, and WorkSafeBC) can shift the situation.

This document is meant to provide a reference point for a stakeholder discussion about the urgent need to rebuild a provincial framework for occupational health and safety in BC's health care sector and to foster agreement on the steps to be taken to meet that objective. Due to the shared responsibilities required in health and safety systems, this process and any outcomes of this process, must be based on principles of consultation and collaboration among all health sector workplace stakeholders, including bipartite governance principles.

The health and safety framework for the purposes of this dialogue refers to the coordination and support of all provincial health sector initiatives related to workplace occupational health and safety which is defined as, "the promotion in the workplace of the physical, mental and social wellbeing of workers and the protection of workers from, and the prevention of, workplace conditions and factors adverse to their health and safety" (CSA Z1000-14). This

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<sup>1</sup> WorkSafeBC injury rate is defined as the number of claims per 100 person-years of covered employment (one person-year is the equivalent of one person working all year on either a part- or full-time basis). WSBC Statistics 2017.

definition includes all aspects of physical and psychological health and safety, including the prevention of violence.

This framework discussion expands upon principles and recommendations already laid out in the November 2017 Ministry of Health Policy Paper, "***Preventing Workforce Violence in BC's Health Care System***", the Ministry's "***Health Authority Workforce Violence Prevention Policy Directive***" and the report from the Health Employers' Association of BC (HEABC) Workplace Violence Prevention Workshop, which took place on April 18, 2018.

It is worth noting that the Ministry's policy paper and directive state that the health authorities will implement the **Canadian Standards Association Occupational Health and Safety Management System Z1000-14** and report annually on progress. The policy paper and directive have a focus on violence prevention, but the systems-based approach defined in CSA Z1000-14 suits the integrated nature of all aspects of health and safety programs and systems within the sector currently. To further emphasize, successful implementation of Z1000-14 will require coordination and integration of a variety of systems and programs.

### **Purpose of Meeting**

The purpose of our meeting is to begin a multi-party dialogue about how to fix problems identified in the sector's health and safety framework and to build a solid foundation for dealing with current challenges. This dialogue will include an examination and realignment of current provincial coordination, governance, and funding. With health, safety and violence prevention proposals tabled in current collective bargaining, the direction provided by the Ministry of Health and the ongoing concern about unacceptably high injury rates in the sector, this is an opportune time to engage in this dialogue.

### **BACKGROUND**

For at least the past 20 years, the health sector has experienced an array of health and safety initiatives at the provincial level through a combination of collective agreement revisions, government directives, employer programs and WorkSafeBC initiatives. This has led to a current state where inefficiencies and gaps exist in health sector safety programs and systems.

Despite the high number of health and safety related initiatives and the huge amount of resources invested in health and safety programs, the sector continues to report unacceptably high rates of worker injury with little or no change in sight. Currently there are barriers and a certain amount of systemic dysfunction which make it difficult - if not impossible - to implement effective, long term solutions and injury prevention measures.

The following paragraphs are meant only to provide a high-level historical context to assist in our discussion and are not meant to be considered a scientific analysis of a very complicated set of systems and programs.

### **Occupational Health and Safety Agency for Healthcare (OHSAH): 1998-2010**

OHSAH was created in 1998 through the Public Sector Accord on Occupational Health and Safety as a system-wide response to a crisis in which days lost due to injury increased dramatically. The Accord mandated joint administration with equal representation from unions, employers and a neutral chair. OHSAH was incorporated under the British Columbia Society Act (RSBC 1996) c. 43.

OHSAH was built on the values of bipartite collaboration, evidence-based decision making and integrated approaches. The bipartite model permeated all levels of OHSAH initiatives, from governance of the organization as a whole to how individual project working groups functioned. At the time, the benefit of and commitment to a joint approach was evident in the language of the Public Sector Accord and subsequent collective agreements, and is a principle that continues to be relevant today.<sup>2</sup>

OHSAH's purpose was to "make healthcare a healthier place to work" by:

- working with all members of the healthcare community to develop guidelines and programs designed to promote better health and safety practices and safe early return to work
- promoting pilot programs and facilitating the sharing of best practices
- developing new measures to assess the effectiveness of health and safety programs and innovations in healthcare

A Memorandum of Agreement in the 2010-2012 FBA-HEABC collective agreement contained language affirming the significant impact OHSAH had in improving sectoral health and safety outcomes and in promoting evidence based best practices. OHSAH contributed to a reduction in injury rates and was the primary forum for discussing health sector occupational health and safety issues and solutions. The parties to the MOA also agreed that the joint bipartite governance model of OHSAH was successful and that the parties would work cooperatively to allow the work and mandate of OHSAH to continue.

Signature OHSAH initiatives are linked to millions in claim cost savings, and sharp declines in days lost. For example, a 2003 UBC Reports<sup>3</sup> article noted healthcare employer savings of \$51 million and a 28% drop in the injury rates from 1998-2003 (OHSAH's first 5 years) due to strong collaboration with unions and employers. In addition, a 2008 presentation reported a

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<sup>2</sup> European Agency for Safety and Health at Work (EU-OSHA). (2017). Worker participation in the management of occupational safety and health: qualitative evidence from ESENER-2. Retrieved from: <https://osha.europa.eu/en/tools-and-publications/publications/worker-participation-management-occupational-safety-health/view>

<sup>3</sup> Thomson, H. (December 4 2003, Vol. 49, No. 12). UBC Researchers Help Save Millions for Health-Care Employers. *UBC Reports*. Retrieved from: <https://news.ubc.ca/ubcreports/2003/03dec04/03dec04.pdf>

steady decline in premium rates from 2002 – 2006, with estimated cost savings upwards of \$160 million.<sup>4</sup>

These initiatives included:

- Ergonomics and Injury Prevention interventions, such as ceiling lift implementation, MSI peer coaching, the automated pill crusher, an ergonomically designed medication cart, as well as a pilot projects and guidebooks to reduce MSI in a wide range of occupations including housekeeping and laundry.
- The Prevention and Early Active Return to Work Safely (PEARS) program where OHSAH had a leadership role in the program aimed at reducing disability and timeloss through integrated clinical treatment and workplace modifications.
- The Healthcare Education and Learning Program, in which OHSAH led the process to jointly develop six core education modules for employer and worker representatives on Joint OHS committees. OHSAH was responsible for coordinating workshops delivery throughout the province through a network of OHSAH facilitators.
- The Mental Health and Organizational Development project aimed at “Changing the Workplace: Improving the Mental Health of Hospital Workers” by addressing mental health in the workplace.
- Affiliate OHS Services Program which provided integrated primary and secondary prevention services to affiliate employers following an initial pilot project, in collaboration with a bipartite working group.
- Exposure Prevention initiatives to explore exposure risks and prevention measures for a range of biological and chemical hazards.
- Violence Prevention
  - The **Violence Prevention Steering Committee (PVPSC)** was coordinated by OHSAH. Its purpose was to develop and oversee implementation of a comprehensive, cohesive, and effective provincial violence prevention strategy for healthcare worksites in BC. The PVPSC worked cooperatively with the Regional Violence Prevention Committees to identify and promote examples of best practice in violence prevention. Initiatives included the first provincial violence prevention survey, as well as pilot projects to trial innovative approaches to violence prevention such as the the Safety Chat Guidebook: A Risk Assessment Component, and the Behavior Documentation Took Kit.
  - The VP curriculum, which was begun by OHSAH and carried on by the Provincial Violence Prevention Steering Committee (see below), was the result of a concerted bipartite effort and is now considered to be world class. It is necessary to continually monitor and evaluate the effectiveness of that curriculum and its

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<sup>4</sup> Guzman, J. (2008). Reducing Occupational Injuries and Their Impact Among Healthcare Workers. Retrieved from <http://www.mtpinnacle.com/pdfs/Guzman.pdf>

delivery, but there are gaps in how that is coordinated. A bipartite governance model must be applied to this situation so that all of the ground-breaking work that was accomplished is not lost.

OHSAH was funded through the Ministry of Health, but in 2010 that funding ceased and OHSAH was disbanded. At the time OHSAH employed more than 60 employees. Its principle assets were the Workplace Health Indicator Tracking and Evaluation database (WHITE), the MSDS database and OHS Connect.

A Memorandum of Agreement signed on June 17, 2010 by Health Sector employers and unions regarding the ownership and transfer of OHSAH assets stated that WHITE, MSDS and OHS Connect would be transferred to the Provincial Health Services Authority (PHSA) and that both HEABC and the Health Sector unions would enter into data sharing agreements guaranteeing on-going access to OHSAH assets.

The Data Sharing Agreement was signed by the employers and the unions in September, 2010, and since that time there have been tremendous advancements in technology applied to the sector's health and safety related data systems. Unfortunately, many – if not most – of those who need access to that data in order to do their jobs properly, can't access it or have trouble in accessing it. The proposed OH&S Resource Centre (described below) could go a long way to correcting this big problem.

Some of OHSAH's work has continued on and evolved to suit today's health sector workplaces, but there are large gaps in efficiency and effectiveness of how that work has carried on due to the fragmentation of systems, programs, leadership and governance. Much of OHSAH's legacy is in danger of being lost if action is not taken soon.

#### **Provincial Violence Prevention Steering Committee (PVPSC): 2007-2012**

Violence prevention initiatives started by OHSAH carried on under the umbrella of the PVPSC, established in 2007. The PVPSC was made up of representatives from sector unions, employers and WorkSafeBC. In 2009, the committee began the work of developing a province wide violence prevention curriculum. In 2012, the committee was merged into the newly created Occupational Health and Safety and Violence Prevention Steering Committee, which continued with a similar structure, but with no participation from WorkSafeBC.

#### **Health Safety In Action (HSIA): 2010 – ongoing**

HSIA was established as a joint project of BC health authorities, HEABC and WorkSafeBC to implement the violence prevention curriculum and to support other projects including provincial data reporting, the Workplace Health Provincial Call Centre, the Provincial Residential Care MSI Program and the Absence Reporting Line.

HSIA Phase 1 projects were funded with \$37M from WorkSafeBC. HSIA Phase 2 work is ongoing, but details of that work and its funding were not available for this report.

There has not been direct union involvement in the HSIA initiatives since 2011 or 2012. No evaluation or reporting on activities has been done to the knowledge of the unions.

### **Occupational Health and Safety and Violence Prevention Steering Committee: 2012 – ongoing**

Health sector collective agreements were amended in 2012 to establish a provincial Occupational Health and Safety and Violence Prevention Steering Committee (Steering Committee), with \$1.29M and \$.5M contributed from the Nurses Bargaining Association (NBA) and Facilities Bargaining Association (FBA) respectively.

Draft terms of reference for the Steering Committee were formed by merging elements from the previous OHSAA and PVPSC terms of reference. Some initiatives begun by OHSAA and oversight of the PVPSC violence prevention curriculum project were taken on by the Steering Committee and working groups established under the Steering Committee umbrella.

With the establishment of the Steering Committee, the previous PVPSC was disbanded. The Steering Committee was made up of union and employer representatives, but did not involve WorkSafeBC.

Major initiatives of the Steering Committee and its working groups included finalizing the provincial violence prevention curriculum and working to design a provincial health sector OH&S Resource Centre. The purpose was to provide “an integrated, provincially accessible OH&S resource centre site for the BC health sector that will solve current JOHS committee and violence prevention information sharing, collaboration and standardization challenges and provide the province with a platform for supporting future initiatives”.

The Resource Centre design and budget was presented to the Steering Committee in the spring of 2015, but has been stalled since then.

Other initiatives contemplated by the Steering Committee included projects on workplace mental health, MSIs in long term care and a focus on injuries and working conditions for community health workers – all of which were projects first begun under OHSAA.

In 2015, provisions in a revised Nurses’ Bargaining Association collective agreement (2014-2019) diverted the previously negotiated \$1.29M in funding to a new NBA Occupational Health and Safety and Violence Prevention Committee. That committee has apparently not met and the status of the NBA funding is unclear.

Since 2015, projects undertaken or contemplated by the Steering Committee – including the implementation of the OH&S Resource Centre - have been stalled due to these circumstances, in particular the funding question.

### **Provincial Psychological Health and Safety Steering Committee: 2015 – ongoing**

In 2015, the Ministry of Health directed health sector employers to implement CSA Standard Z10013 on Psychological Health and Safety. A Steering Committee was established to oversee this initiative, with representation from employers, HEABC and the Ministry. There are a variety of employer initiatives at various stages around the province under the umbrella of the CSA Standard - many of which have occupational health and safety implications – although it appears most do not have any significant union involvement. It should also be noted that CSA Z10013 is meant to be integrated with CSA Z1000-14 as a component of an overarching health and safety management system. It is not clear that this is currently being considered.

### **Provincial Standards Working Groups (WSBC Regulation Changes): 2017 – ongoing**

Several joint (employer/union) working groups were established to support new regulatory requirements introduced in 2017. The work of the groups includes OH&S education, joint occupational health and committee effectiveness and incident investigation protocols. It is not clear how these important initiatives fit into a provincial framework, especially in terms of the implementation of CSA Z1000-14.

### **CONCLUSION**

All of the above is meant to inform a discussion about where to go from here. There are large questions about governance models and funding sources, including possible reallocation of current funding. It is our hope that in an environment of cooperation and collaboration, we can begin the work needed to resolve these issues which are key if we are truly serious about making health sector workplaces safer for everyone.

HSPBA  
David Durning  
Health Sciences Association  
[dadurning@gmail.com](mailto:dadurning@gmail.com)  
604-787-5301

FBA  
Georgina Hackett  
[ghackett@heu.org](mailto:ghackett@heu.org)  
Hospital Employees' Union  
604-438-5000

# Appendix J: 2010 Memorandum of Agreement Re: Data-Sharing Agreement between the Unions, HEABC and the Employers

September 30, 2010

*Data Sharing Agreement*

## MEMORANDUM OF AGREEMENT

BETWEEN

THE UNIONS

(as represented by the Hospital Employees' Union,  
Health Sciences Association of British Columbia,  
British Columbia Government and Service Employees' Union and  
British Columbia Nurses' Union)

(the "Unions")

AND

THE HEALTH EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA

("HEABC")

AND

VANCOUVER COASTAL HEALTH AUTHORITY, FRASER HEALTH AUTHORITY,  
INTERIOR HEALTH AUTHORITY, NORTHERN HEALTH AUTHORITY,  
VANCOUVER ISLAND HEALTH AUTHORITY and  
PROVINCIAL HEALTH SERVICES AUTHORITY

(the "Employers")

(hereinafter collectively referred to as the "Parties")

### RE: DATA-SHARING AGREEMENT

WHEREAS there is an agreement (hereinafter the "OHSAH Transfer Agreement") to transfer the Workplace Health Indicator Tracking and Evaluation database (hereinafter "WHITE.net"), the MSDS database (hereinafter "MSDS") and the OHS Connect database (hereinafter "OHS Connect") from the Occupational Health and Safety Agency for Healthcare (hereinafter "OHSAH") to the Provincial Health Services Authority (hereinafter "PHSA").

AND WHEREAS the Employers agree to execute a data-sharing agreement with the Unions and HEABC to ensure access to information and data related to health and safety as provided for in the OHSAH Transfer Agreement and the subsequent Amendment Agreement dated September 30, 2010.

AND WHEREAS the Parties are committed to protecting the privacy and confidentiality of healthcare workers' personal information.

**AND WHEREAS** "data" means any and all information that the Employers have provided to OHSAH for WHITE.net, OHS Connect and MSDS and any and all information that the Employers will provide to PHSA in the future for WHITE.net, OHS Connect and MSDS, but does not include personal information.

**AND WHEREAS** "personal information" means any information or data that is defined as such in the *Freedom of Information and Protection of Privacy Act* [RSBC 1996] c. 165.

**AND WHEREAS** nothing in this Memorandum of Agreement alters or diminishes any rights the Union has to request or access personal information about their members in the course of representing those members in any matter.

**NOW THEREFORE**, in recognition of the consideration provided by the Unions and HEABC, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. The Employers agree that they will provide unrestricted access to the Unions and HEABC to data through the WHITE.net portal and the Unions and HEABC may create ad-hoc reports and run pre-existing reports.
2. The Employers agree that they will provide unrestricted access to the online, virtual library of occupational health and safety resources through OHS Connect to the Unions and health care workers.
3. The Employers agree that they will provide unrestricted access to the data in the MSDS database to the Unions and healthcare workers.
4. The Employers agree that the access referred to in Clauses 1, 2 and 3 above will be provided in perpetuity, free of charge (i.e., no user fees will apply to the Unions, HEABC or healthcare workers), in a manner that is acceptable to the Unions and Employers, and that it will apply to any successor or alternate systems that may be utilized by the Employers in lieu of WHITE.net, MSDS and/or OHS Connect.
5. The Employers agree that they will regularly update the information and data they provide to OHS Connect, MSDS and for the WHITE.net portal, or any successor or alternate systems, and ensure it is accurate and complete, which includes providing mechanisms to ensure that data quality and integrity are maintained, as is reasonable in the circumstances.
6. The Parties agree that no amendment, supplement, revision or deletion of any provision in this Agreement will be binding unless it is in writing and signed by the Parties.

September 30, 2010

Data Sharing Agreement

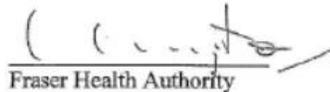
7. The Parties agree that in the event there is any dispute or difference arising out of or in connection with this Memorandum of Agreement, there shall be a meaningful effort by the parties to reach a mediated resolution prior to referral for determination under the *Commercial Arbitration Act*, [RSBC 1996] c. 55, or as otherwise agreed to by the Parties.

Signed this 30<sup>th</sup> day of September, 2010.

**Signed on behalf of the Employers**



Vancouver Coastal Health Authority



Fraser Health Authority



Provincial Health Services Authority



Vancouver Island Health Authority

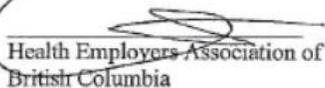


Interior Health Authority



Northern Health Authority

Signed on behalf of



Health Employers Association of  
British Columbia

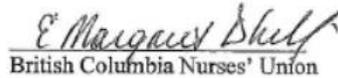
**Signed on behalf of the Unions**



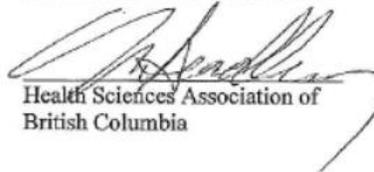
Hospital Employees' Union



British Columbia Government and Service  
Employees Union



British Columbia Nurses' Union



Health Sciences Association of  
British Columbia

# Appendix K: Overview of Provincial Health and Safety Associations

## Saskatchewan Association for Safe Workplaces in Health (SASWH)

All information is from <https://www.saswh.ca/>

Established March 12, 2010

**Mission:** To guide the health related industry in the elimination of workplace illness and injury.

**Vision:** Workplace health and safety: a priority for all.

**Values:**



### Board of Directors

- Policy governance board who sets the strategic direction of the association and ensures the ends and outcomes of each strategic element are met and adhered to
- They strive for consensus of opinions in decision-making.
- Current Employer and Worker representatives
  - 6 Employer Directors
    - Executive Director, Continuing Care, Integrated Rural Health, Saskatchewan Health Authority (Chair)

- Executive Director, Enterprise Risk Management, Saskatchewan Health Authority
- Executive Director, Quality & Safety, Saskatchewan Health Authority
- Executive Director, Organizational Development & Employee Wellness, Saskatchewan Health Authority
- Executive Director - Santa Maria Senior Citizens Home Inc., Emmanuel Health
- President, Association of Personal Care Home Operators of Saskatchewan
- 5 Worker Directors
  - Vice President, Service Employees' International Union (SEIU) West
  - Worker Director - Saskatchewan Union of Nurses
  - First Vice-President, Saskatchewan Union of Nurses
  - Health Sciences Association of Saskatchewan (HSAS)
  - Worker Director - Canadian Union of Public Employees

#### **Board Structure**

- Equal representation Employer or Employer Representative and Worker or Worker Representative Directors.
- Four (4) Employer Directors appointed by the Council of Chief Executive Officers (CEOs) as follows:
  - One (1) Regina Qu'Appelle Regional Health Authority
  - One (1) Saskatoon Regional Health Authority
  - One (1) Regional Health Authority/Saskatchewan Cancer Agency other than 1 or 2 above
  - One (1) Regional Health Authority/Saskatchewan Cancer Agency other than 1, 2 or 3 above
- Two (2) Employer Directors as elected at the Annual General Meeting: 5.
  - One (1) Director at Large
  - One (1) Director at Large
- Five (5) Worker Directors appointed by the individual unions as follows
  - One (1) Canadian Union of Public Employees
  - One (1) Health Sciences Association of Saskatchewan
  - One (1) Service Employees International Union West
  - One (1) Saskatchewan Government and General Employees' Union
  - One (1) Saskatchewan Union of Nurses
  - One (1) Worker Director at Large The preference is always to have the Worker Director at Large filled by a group not represented as an appointment (non-union).

#### **Staff**

- CEO: [Sandra Cripps](#) Appointed in March 2013
- 18 staff members
  - 12 - Workplace Safety Specialist (regional)
    - Same specialist for half the province (north)
  - 2 - Coordinator
  - Workplace Program Manager
  - Executive Admin. & Office Manager
  - Director, Workplace Safety
  - Finance & Human Resource Clerk

#### **Programs & Services**

Safety Management System – They provide support for employers looking to implement the system.

Saskatchewan's Occupational Health & Safety Legislation – They provide education to directly support requirements to regulations.

#### Education & Training Programs

- In person and online
- Designed for workers at every level
- Programs include:
  - a. Health and Safety for Board Members
  - b. SMS Basics
  - c. Occupational Health Committee(OHC)Training - Level I and Level II
  - d. Incident Reporting & Investigation – Getting to the Root Cause
  - e. Inspection Training
    - Safety for Supervisors Training
    - Violence Intervention
    - Professional Assault Response Training (PART®) Program©
    - Workplace Assessment Violence Education (W.A.V.E.)©
    - Transferring Lifting Repositioning (TLR®) Program©
    - Safe Moving And Repositioning Techniques (SMART®) Program©
    - Workplace Hazardous Materials Information System (WHMIS) 2015
    - Transportation of Dangerous Goods - Infectious Substances (TDG 6.2)
    - Mental Health First Aid (MHFA)

#### Support & Resources

- Violence Prevention Online Tool Kit
- Certified Ergonomic Specialists (CEs)
- Personal Protective Equipment (PPE) – Bio Hazard Level 4
- Respiratory Fit Testing
- Safety Data Sheets (SDSs)
- Safety Management System (SMS) Policy Templates
- Job Safety Analysis (JSA)
- Safety Talks (resources to help with safety huddles on a wide range safety related topics)
- Small Employer Resources
- And More

#### Office

952 Albert Street  
Regina SK S4R 2P7



#### Employer Membership

Access to prevention programs and support services with the Workplace Safety Specialist is free for employers who are under a certain Workers Compensation Board (WCB) of Saskatchewan Rate Code Book (G22 Rate Code).

#### Funding & Financials

- Funded by Healthcare employers though a portion of their Saskatchewan Workers' Compensation Board (WCB) premiums

## History

2010: The Association was established in March 2010 representing G-22 Safety Association members – this includes all the health regions, EMS service providers, small healthcare employers, and personal private care homes. A Board of Directors was elected consisting of both worker and employer representatives. Selection of key values were adopted and a set of [bylaws](#) was established. An Interim Executive Director both contributed to assist and guide informed decision making. In this early stage an environmental scan was also completed to identify best and promising practices in Occupational Health and Safety.

2011: The first CEO was hired and the staffing complement was completed. Much effort was placed in establishing the visual identity of the organization. The Association established the mission and vision. Dedicated work and collaboration with the healthcare industry to develop a Provincial Safety Management System was a key milestone for the Association and the healthcare system.

2012: The Association experiences some transitions in structure and operations. During this time, Board members stepped up to provide more support to the Association and guided them through this transition. Meeting the deliverables of the strategic plan remains top of mind throughout the year.

2013: This year held some challenging yet exciting transitions for the organization. There were additional staffing changes that included the hiring of a new CEO. Focused attention was placed on connecting with all members with continued focus on service delivery and creating safer workplaces. As an approved agency for the delivery of training the Association covers various areas specific to healthcare such as, Occupational Health and Safety Level I and II, Safety for Supervisors, education in Safety Management Basics, development of the SASWH e-learning community, and focused attention on program evaluation and follow-up.

2014: There was continued attention to hold the gains achieved in 2013 and a change in the philosophy of delivering services to the point of supporting members to reach a level of safety competency. This included greater emphasis by safety specialists to ensure within the workplace, knowledge transfer of theory to practice, on-site follow-up, and to observe the active improvements in workplace safety. Employees are safer with less injuries occurring, shorter duration of claims and more people going home safer at the end of a work day.

2015: The drive towards a culture of safety and zero workplace injuries remained a priority for 2015. There has been an excellent uptake on the investigation of incidents of injury to identify the root cause and this commitment by members is a true sign of a culture shift. The implementation of the Provincial Safety Management System (SMS) has been an ambitious undertaking for healthcare employers and that will continue in earnest now and into the future. The connection between the proactive work that happens with investment in a fully implemented SMS and reducing the risk of workplace injury is undeniable. Reduction of \$0.23 in the premium rate – a 10 year low.

2016: SASWH made it a priority to connect with all members to better understand their safety profile and reached 80% of our members. There was a continued commitment to the implementation of the Safety Management System.

2017: This year marked the celebration of a successful 2015-17 strategic plan for SASWH with a 99% connectivity with our membership. Of the many highlights listed above, 2017 held a focus on those priorities as well as the development of a Provincial Violence Prevention Framework and Strategy.

#### 2018 Overview:

- Completion of the Provincial Violence Prevention Framework and Strategy
  - Public Services Health and Safety Association of Ontario shared their risk assessment tools and resources with SASWH
  - Collaboratively built and endorsed by system partners
- They did not reach their goal of a 5% decrease of overall WCB claims from the previous year
- Over 16,000 employees received training
- SASWH connected with 89% of its members
- Ran a ["I Will Report" campaign](#) on reporting violence and aggression

#### History of Premiums for G-22 Healthcare

YEAR	PREMIUM RATE CHANGE	SYSTEM IMPACT
2014	Down \$0.09	Saving: \$1.77M
2015	Down \$0.06	Saving: \$1.23M
2016	Down \$0.23	Saving: \$5M
2017	Down \$0.15	Saving: \$3.4M
2018	No change	No change
2019	Increase \$0.06	Cost \$1.56M

#### Strategic Plan 2018-2020 Highlights

"The plan outlines our commitment to working collaboratively with employers, assisting in identifying needs as well as celebrating our successes, and in providing standardized programs and resources important for our stakeholders. We have set a goal to support employers and workers on the implementation and now evaluation of the Safety Management System and build the support needed for our members. We will continue to identify and share leading practices and standards and set an example for healthcare organizations across Canada."

#### Strategic Priorities

- 1) Promote the Safety Management System (SMS) in the healthcare industry
  - The Safety Management System is the standard methodology in healthcare that includes evaluation tools and guidelines for effective accountability:
    - Management and Leadership;
    - Hazard Identification and Control;
    - Training and Communication;
    - Inspections; e. Incident Reporting and Investigation; and
    - Emergency Response.
- 2) Building and enhancing partnerships with the goal of improving workplace health and safety and eliminating injuries.
- 3) The Saskatchewan Association for Safe Workplaces in Health to lead the industry to set the standard for health and safety education and training resources in the Province of Saskatchewan.
- 4) Support our members to achieve a culture of safety where there will be no harm to staff.
- 5) Maintain organizational sustainability with focused attention on continuity of service delivery.

### **Nova Scotia Health + Community Services Safety Association (AWARE+NS)**

All information is from <https://awarens.ca/>

Estimated in 2009

"AWARE-NS was founded to help make a difference in the health and community service sector through collaborative partnerships and initiatives that will begin to reverse the trend of injuries and illness within the sector

The role of AWARE-NS is to add clear value to the occupational health and safety agenda and support our stakeholders to champion safety excellence through our Mission fostering a culture of safety and well-being."

They are part of the [National Alliance for Safety and Health in Healthcare](#).

Sectors they support:

- Long-Term Care
- Acute Care
- Community Services
- Home Care / Home Support

**Mission:** Working with stakeholders and partners to promote and improve health and safety in Health and Community Services workplaces.

**Vision:** Safe and healthy people; safe and healthy workplaces.

**Values:**

- Leadership
  - We strive for every person to be a leader in health and safety in their workplace, and together be accountable for promoting change to the health and safety culture.
- Accountability
  - We are accountable by making transparent, evidence-based decisions that lead to value-added health and safety outcomes.
- Collaboration
  - We encourage collaboration by engaging and enabling all stakeholders to work together, sharing knowledge and expertise.
- Diversity
  - We recognize diverse needs by building trust, and respect and valuing everyone's contribution.
- Courage
  - We support every person to have the courage to make health and safety a priority in their workplace.

**Beliefs**

- A health and safe workplace is every person's right
- All workplace injuries are preventable
- Every person has a role and responsibility for workplace health and safety

### **Board of Directors**

- Governed by a Board of Directors representing the Nova Scotia Health Authority, home care, community based care, facility based long term care, front line workers and labor.
- Current directors are from:
  - AWARE-NS - Executive Director
  - CUPE – Labour
  - Breton Ability Centre
  - VON – Frontline
  - Health Authority
  - Annapolis County Munic. Housing Corp
  - Indigenous Services Canada
  - Windsor Elms Village
  - Grand View Manor
  - The Berkeley
  - Workers' Compensation Board (Ex-Officio)

### **Board Structure** (from [Bylaws](#))

- Number of Directors shall not be less than 4 and not more than 9
- Directors shall be elected at each Annual General Meeting
- The Directors of the Society should reflect the scope and diversity of its Members and of the health care and community services sector. Directors shall be elected to represent the following:
  - 1 for the acute care sector;
  - 1 for facility based long term care (Department of Health and Wellness funded);
  - 1 for facility based long term care (Department of Community Service funded);
  - 1 for labour;
  - 1 home care/home support;
  - 1 for community residential homes;
  - 1 for frontline workers; and
  - Up to 2 Members-at large.
- A representative of each of the following shall be invited to every Directors meeting in an ex-officio capacity:
  - Nova Scotia Department of Health;
  - Nova Scotia Department of Community Services; and
  - Nova Scotia Workers' Compensation Board.

### **Staff**

- 8 staff members
  - Executive Director
  - Administrative Coordinator
  - Occupational Health & Safety Manager
  - 3 Occupational Health & Safety Coordinators
  - Health Care & Community Services Action Plan Lead

### **Education & Training**

- Online Learning
  - Blended WHIMIS
  - Code White
  - Contractor Safety Orientation
  - How to Use your Pace Card

- Incident Reporting
- Internal Responsibility System
- Health & safety for Board members
- OHS Legislation
- Lock out/Tag out
- PACE
- Safety Accountability
- Stay at Work/Return to Work for Employees and for Supervisor/Managers
- Staying Safe in the Community
- Preventing Workplace Violence
- In person course include:
  - COSP
  - JOHS Committee
  - Safety for Supervisors and Managers
  - Safety Management System
  - Workplace Violence

#### **Programs**

- Safety Management System (SMS)
  - Helps organizations proactively identify and control hazards. Includes program content, tools, templates and forms that will support the needs of the Nova Scotia Health and Community Services sectors.
- Safe Handling and Mobility (SHM)
  - In partnership with WCB Nova Scotia
  - Program begins with building awareness and senior leadership commitment through active engagement. Program Review is then conducted to identify gaps and opportunities. Equipment Inventory is conducted, and an Action Plan is developed to close the gaps on the program and equipment. The SHM Team is formed and roles and responsibilities are identified (SHM Champion, peer leaders, PACE Team & trainers) and an education/training roll-out plan is prepared for staff.
- [Workplace Violence Prevention](#)
- [Joint occupational health and safety committee \(JOHSC\)](#)
  - Resources include templates, tools and tip sheets
- Safety for Supervisors and Managers
  - Provides the tools and resources in developing a proactive occupational health and safety management system (OHSMS), and supports leadership values that positively impact safe work culture.

#### **Office**

201 Brownlow Avenue, Unit I Dartmouth, NS B3B 1W2 Canada

#### **Membership**

- Membership is free and consists of voting and non-voting members
- There is an application process with an application form

#### **Funding**

AWARE-NS is a non-profit provincial association and receives funding from the Nova Scotia Department of Health and Wellness.

## History Highlights

### 2019/2010:

- Formed key partnerships
- OH'S Environmental Scan (survey based)
- OHS Workshops
- Provincial Communications Audit
- Development of the website
- Participated at OHS Events

### 2010/2011:

- Pilot Project for Homecare and Home Support
- Advocacy and Provincial OH&S Initiatives and Campaigns
- Material Safety Data Sheets (MSDS) Strategy for District Health Authorities
- AWARE-NS Knowledge Solutions Program Plan
- Building the Business Case for Future Sustainability of AWARE-NS

### 2012/2013:

- Online learning and webinars
- Online newsletter and updates
- Developed a provincial network that allows for quick alert and engagement of stakeholders on various OHS policy changes
- Community of Safe Practice (COSP) Leadership Charter group began the development of a shared provincial vision to establish a health and safety management system for Homecare & Home Support in Nova Scotia
  - As part of this initiative assessments were done on systems and JOHSC committee effectiveness

### 2013/2014:

- Community of Safe Practice System was implemented province-wide. Next focus is to customize program for Long Term Care
- Working to address workplace violence with WCB

### 2014/2015:

- AWARE-NS and WCB continued to work in partnership with the Violence Prevention Working Group in developing and delivering best practice guidance and program materials to reduce the risk of injuries due to violence and aggression in healthcare and community work environments. The 'Six Step Resource Program Guide' supports organizations to be compliant with the NS Legislation and to adopt best practices within workplaces.
- 240 organizations participated in programs and 2,187 participants.

### 2015/2016:

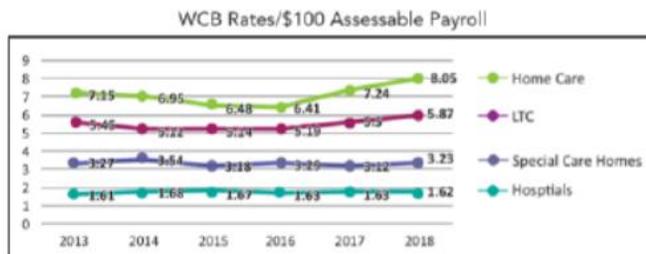
- Contractor Safety Program
- Continue work on violence and MSI prevention, and training.

#### 2016/2017:

- Workplace Safety Action Plan report, which sets out 21 recommendations
- Developed Safety Management System (SMS)
- 3,781 participates in training and worked with 225 organizations

#### 2017/2018:

- Supporting the implantation of the Workplace Safety Action Plan
- Code White Awareness Program
- 3,599 participates in training and worked with 200 organizations



#### 2018/2019:

- 6,761 trained employees
  - 4813 workers training in the classroom, 1948 works training via e-learning
- Developed Safe Handling and Mobility Program, a prevention initiative for MSIs at all levels. It's a train the trainer model. 3,500 staff trained.

#### Strategic Directions 2015-2018

They want to be the 'thought leader' to advance health and safety in health and community services.

- 1) Provide leadership to Support a Positive and Sustainable Culture of health and Safety.
  - a. Collaborate with stakeholders
  - b. Develop performance measurement system
  - c. Promote awareness
  - d. Create opportunities to build safety leadership
  - e. Consult with stakeholders
  - f. Create and implement a long term funding model to ensure sustainability
- 2) Build Health and Safety Capacity through Programs and Training.
  - a. Provide and facilitate access to education and training
  - b. Strengthen OHS program development and support implement of best practices
  - c. Create a repository of high quality resources, tools, polies and standards
- 3) Foster and enhance Relationships and Partnerships to Support Success.
  - a. Develop and expand networks to prevent workplace injuries
  - b. Support health and safety leadership culture at all levels
  - c. Continue to align and support stakeholders

## **Public Services Health & Safety Association (PSHSA) – Ontario**

All information is from <https://www.pshsa.ca/>

Public Services Health & Safety Association (PSHSA) is a non-profit cooperation that works with Ontario's Public and Broader Public Sector employers and workers, providing training, consulting and resources to reduce workplace risks and prevent occupational injuries and illnesses. They are located across Ontario and serve more than 10,000 organizations and over 1.6 million workers.

### **They serve the following sectors:**

- [Health & Community Services](#) sectors (39%)
- Government & Municipal (30%)
- Education & Culture (13%)
- Emergency Services and Public Safety (4%)
- Other - includes childcare, hospitality, and food services (14%)

**Mission:** Create safer workplaces. We achieve this through collaboration, innovation and knowledge transfer.

**Vision:** Enable a healthier and safer tomorrow for Ontario's Public Sector Community.

### **Values: (ICARE)**

- Innovation
  - PSHSA understands that to be leaders in health and safety and cultivate solutions relevant to our stakeholders' needs we must actively dream, change, take risks and be creative.
- Collaboration
  - PSHSA knows that the outcomes of engaging, partnering and sharing ideas to include multiple perspectives will improve our ability to succeed.
- Accountability
  - PSHSA takes pride in our commitment to responsibly own our actions, decisions and obligations. We believe in transparency as well as acknowledging and celebrating accomplishments.
- Respect & Integrity
  - PSHSA will earn the trust and confidence of our stakeholders through living up to the right commitments, while recognizing and valuing differences and diversity.
- Excellence
  - PSHSA delivers results by setting high standards and goals. We achieve these goals by distinguishing ourselves through persistence, continual improvement, competence and professionalism.

### **Board of Directors**

- Volunteer board, with membership from across Ontario to reflect the diversity of the sectors they serve
- Current have 14 directors

### **Board Structure (from bylaws)**

- Sixteen (16) directors (including one (1) ex officio director who shall be a director by virtue of being the Chief Executive Officer of the Corporation). The Chief Executive Officer, if any, shall be ex officio a director of the Corporation.
- Directors are elected through a voting processes by the 35 voting members, which include healthcare, teachers, police and other public sector associations and unions.
- Standing committees
  - Governance committee Governance Committee,
  - Audit/Finance Committee,
  - Human Resources Committee
  - Other committees as approved by the board.

### **Staff**

- [CEO/COO](#)
- VP, Client Outreach
- Director, Finance & Administration
- Director Corporate & Customer Marketing
- Executive Director, Healthcare & Community Service
- Director, Prevention and Operations, Engagement and Retention Health and Community Care
- Director, Prevention, Engagement and Retention Government, Municipal and Public Safety
- Project Coordinator
- [Health & Safety Consultants](#)
  - 7 Education & Culture Consultants
  - 9 Government & Municipal Consultants (some are the same as Education)
  - 14 Healthcare & Community Services Consultants

No other staff members are listed or mentioned on the website.

### **Programs & Services**

#### Education & Training Programs

- Courses that are in person, online or blended (\$)
- Free webinars and eLearning
- Custom Training
- Mandatory Compliance Training
  - JHSC Certifications (Part 1, 2 and refresher)
  - Working at Certification
  - WHMIS 2015
  - OFMEM
  - Health & Safety Awareness for Supervisors & Workers

#### **Support**

- [Consulting](#) (in person and online) which provides:
  - strategic assessment
  - planning support or help with tactical implementation
  - deliver tailored, cost-effective solutions to make workplaces healthier and safer
  - Basic certification to specialized hands-on training
  - eConsulting
  - [Occupational Health & Safety Management System Accreditation](#) (in process)
- PSHSA's Affiliate Program

## Resources

- Education topics
- Resource Catalogue
  - Including resources for JHSC committees and Musculoskeletal Disorders in Healthcare
- Safety Groups
  - Employee Participation in Change (EPIC) Program
- Information for staying healthy at work, and personal life including family and friends.
- Health & Safety Trends Report
- Legislation Tracking
- [Workplace Violence in HealthCare](#)
  - They have created a site just for this project. This [website](#) has:
    - Tool kit
    - Resources, including links to research
    - Steps to help build a Workplace Violence Program
- Online toolkit for first responder organizations in regards to PTSD prevention
- Resources for small Businesses, vulnerable workers, and First Nations

## Office

4950 Yonge Street  
18th floor, Suite 1800  
Toronto, Ontario, Canada  
M2N 6K1

## Funding & Financials

- Funded by the Ontario Ministry of Labour

## [Strategic Plan 2018-2021 Highlights](#)

"PSHSA's 2018–2021 Strategic Plan sets out a robust leadership role in the Occupational Health and Safety marketplace."

[Safe Environments](#) focuses on prevention efforts on the environment in which a worker works, addressing all of the physical, environmental and safety-related hazards that impact a worker's safety.

[Healthy Workers](#) focuses on efforts on the holistic health and wellbeing of workers and the prevention of injuries and illnesses.

[The overall focus](#) is to organize resources to address systemic health and safety priorities across all sectors they serve. They plan is to utilize research to resolve issues, pinpoint trends, validate new knowledge and bring evidence-based content and solutions to market through the most effective platforms and channels

## Goals:

- Cultivate Enduring Connections
- Expand Multi-Channel Access
- Positively Impact Health % Safety Performances

## Strategies

- Focus on Core Business
  - Their core business is supporting stakeholders in establishing and maintaining safe environments and healthy workers.
  - Current business approaches are training, consulting, products.
- Stimulate Emerging Markets & Promote Commercialization
- Be an Employee & Customer Experience Leader
- Enable the Market through Technology
- Govern Growth

## History

2012/2013: First year

2013/2014: Focused on to two areas:

- 1) Prevention Services
- 2) Products Development & Corporate Programs
  - a. Implemented eLearning and eConsulting
  - b. Launched an app as part of a project

2014/2015: First strategic plan with a goal of becoming the leading health and safety solution provider.

Strategic Actions – Accomplishments in 2014/2015

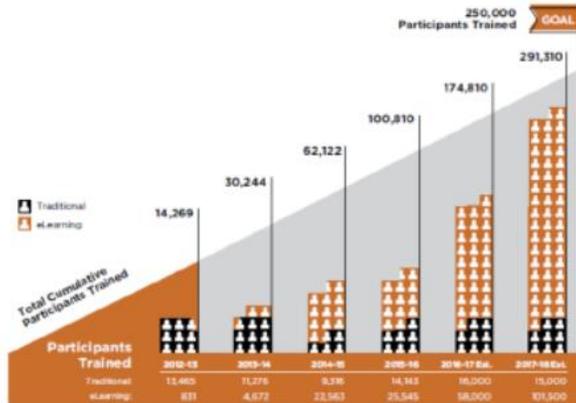
- 1) Understand & Respond to the Diversity of Complexity of Health & Safety Needs
  - Increased consulting services
  - Led multi-stakeholder projects included Managing Aggressive & Responsive Behaviours in Healthcare (2-year project to assess and develop a toolkit), and developed an education and communications plan and resources related to Ebola Virus Disease (Ebola) infection prevention.
- 2) Organize for Growth & invest in talent
- 3) Grow business lines
  - Increased revenue
  - 160% increase in participation in training and 506% increase in eLearning
  - Established 48 collaborative partnerships
- 4) Enhance reputation and brand awareness
  - Targeted Mobile Ads to Raise Awareness for Healthcare Workers
- 5) Support and conduce leading edge resource and invocation
  - Participated in 33 proposals and in partnership research and knowledge

2015/2016 highlights:

- Client Value Survey
- Addressing PTSD in the First Responder Community - <http://www.firstrespondersfirst.ca/>
- Addressing Violence Aggression and Responsive Behaviours in Healthcare
- Addressing an Emerging Hazard through Comprehensive Services
- Helping employers with Bill 132 requirements
- PSHSA's Affiliate Program

2016/2017 highlights:

- Over 78,000 people were trained and certified by PSHSA
- Launched [www.workplace-violence.ca](http://www.workplace-violence.ca), an interactive platform that houses a collection of tools and resources to provide employers with a consistent, scalable, evidence and consensus-based approach to addressing workplace violence
- Developed programs and solutions to the new Bill 163, Supporting Ontario's First Responders Act (Post-Traumatic Stress Disorder), 2016 and Bill 132, Sexual Violence and Harassment Action Plan Act, 2016
- Supported the Ontario's Public Safety and Correctional Services organizations through the development of the FirstRespondersFirst.ca interactive portal
  - 185 webinar participants and 15 workshops held for 267 participants
- They collaborative on projects through a wide range of ways including:
  - Sitting on committees like the Ergonomic Integrated Planning Advisory Committee (EIPAC) and Workplace Mental Health Working Group
  - Working with other Health and Safety Associations to support the "Stop Falls" campaign
- Partnered with the Dalla Lana School of Public Health at the University of Toronto to re-establish an endowed academic award



2017/2018 overview:

- Delivered OHS training with a 37.2% increase in training revenue, and a 33% increase in regional training participants - 24 customized OHS programs
- Spearheaded a provincial initiative funded by the Ontario Ministry of Labour to develop solutions for hospitals and nursing homes to help reduce incidents of violence for frontline workers
- Conducted a survey on [www.workplace-violence.ca](http://www.workplace-violence.ca)
  - 146 Ontario hospitals and healthcare organizations were actively using the digital tools to identify gaps and implement action plans
  - Over 450 risk assessments had been initiated
  - 81% of 125 Ontario hospitals surveyed were aware of the VARB toolkits
- Supported 11 research projects

## Appendix L: Working Group Representatives and Supports

### Working Group Representatives

Michael McMillian, Co-Chair, HEABC	Jennifer Whiteside, Co-Chair, FBA
Bob Chapman, VCH	Brent Camilleri, CBA
Cameron Brine, FHA	Corey Viala, APADBA
David Durning, HSPBA	Harry Gray, RDBC
John Bevanda, IHA	Moninder Singh, NBA
Robert Hulyk, Doctors of BC	Sharon Stewart, MoH

### Working Group Supports

Adriane Gear, NBA	Ahla Pearse, HEABC
Bruce Wilkins, HSPBA	Chris Back, WorkSafeBC
Chris Rickinson, NBA	Dave Keen, FHA
Georgina Hackett, FBA	Lynn Bueckert, FBA
Manjit Bains, HEABC	Marc Jones, HEABC
Michael Wisla, HSPBA	Michelle Seymour, RDBC
Monica Staff, CBA	Paige Gubeli, HEABC
Ranique Sekhon, Doctors of BC	Wendy Mah, CBA