

SASKATCHEWAN UNION OF NURSES



**OCCUPATIONAL HEALTH & SAFETY
LOCAL REPRESENTATIVE'S
TOOL KIT**

September 2021

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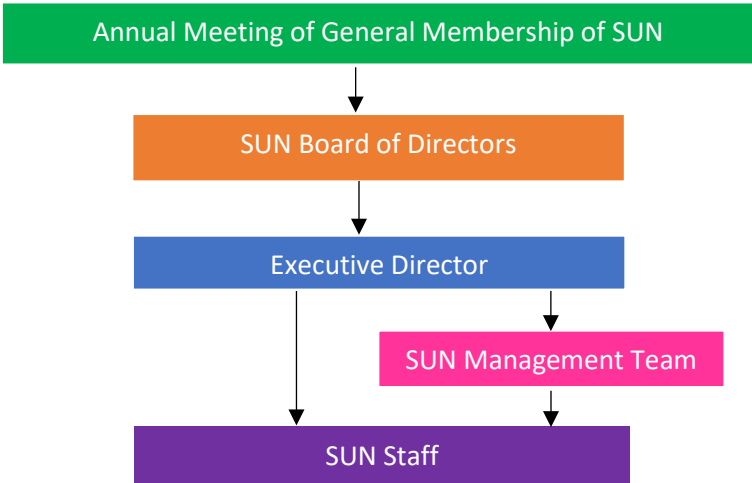
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Member Driven, Member Focused

At the foundation of SUN are the members – registered nurses, registered psychiatric nurses and nurse practitioners employed in a variety of settings throughout the province. As the governing body of the Union, each year at the Annual Meeting, members establish all policies, rules and regulations that bind members, Chartered Locals, Committees, and Directors of the Union. It is the input given during the Annual Meeting which provides the Board of Directors and staff with the direction required to implement the strategic focus of the Union for the following year.

Each year, during a Local Annual Meeting, the members elect their Local Executive, as well as establish the governing bylaws and policies for their Local. The Local Executive plays a vital role as the first point of contact for members when they have questions or concerns or require support in addressing professional or workplace issues.

SUN Organizational Chart



Defining the Roles of Leaders

At the core of SUN's strength is our elected leadership – it is their compassion for others, the dedication to protecting the professional and workplace rights of the members, and their commitment to ensuring the safety of patients, that makes our union strong.

How do we make our union stronger? We unite, and we conquer.

At each level of leadership, we each take on key components of providing member and union support and guidance. But with so many moving parts, it can be difficult to know whose job it is to take on which role. The following is a brief overview of key roles Locals, the Board of Directors and SUN Staff play in addressing member concerns.

Local Executive

- Welcomes new members into SUN.
- Administers the affairs of the Locals.
- First point of contact for member concerns.
- Conducts investigation into concerns raised by members.
- Conducts initial, informal meetings with Employer to resolve issues.
- Works with SUN Staff to escalate member concerns at appropriate stages.

Board of Directors

- Responsible for the governance and finances of the Union.
- Sets the strategic direction of the Union on an annual basis.
- Sets key bargaining priorities for contract negotiations.
- Provides support and guidance to Locals regarding day-to-day functions of the Local.
- Maintains communication with the Locals to whom they represent.

SUN Staff

- Provides guidance to Locals regarding nursing concerns and day-to-day functions of the Local.
- Supports Locals in escalating members concerns at the appropriate stages.
- Represents and protects the best interests and rights of members, with the Employer, at the appropriate stages.

Locals: Protecting the Interests & Rights of Members

Local Executive Roles

The primary role of the Local is to provide member support. The Local Executive is also charged with the authority to administer the affairs of the Local and establish policies regarding the administration of the Local (as per Local Bylaws and the SUN Constitution and Bylaws). In addition, the Local is the first point of contact and support for their members.

The composition of each Local Executive is outlined in the Local Bylaws (Local Bylaw 6.01). Typically, executive roles include President, Vice-President, Local SUN District Council (SDC) representative(s), Treasurer, Secretary, and other committee chairs as required for the Local. In addition, depending on the structure of your Local, the Local NAC Chair and OH&S representatives may also be considered active members of your Local Executive.

In Smaller locals, it is common for roles to be combined such as a Secretary-Treasurer or President and Local NAC Chair. **NOTE:** *The role of President and Treasurer, as per Canadian Revenue Agency (CRA) regulations, cannot not be combined.*

The following is a guideline for determining the primary role of each position.

President

- Chairs all meetings of the Local, enforces SUN's Constitution, Provincial and Local Bylaws, and policies, rules and regulations enacted by the Union and the Local. (See Appendix V)
- Primary role is to provide members with advice about workplace issues and problems, to represent members' best interests when meeting with the Employer, and to supply information and answer questions about SUN.
- Responsible for conducting the initial investigation regarding member concerns/issues, and/or referring and escalating labour relations and practice concerns to SUN Staff as appropriate for support and guidance.
- Actively participates in low level resolution meetings to address member concerns.
- Link between SUN Provincial and members in the Local.

Vice President

- Assists the President in carrying out her duties and performs them in her absence.

Treasurer

- Responsible for all the financial affairs of the Local, which includes ensuring the Local has a bank account, depositing cheques, ensuring proper signing authority is in place, payment of approved bills, and recording all transactions.
- Provide financial reports at all Local meetings.
- Maintain financial records for seven years.
- Track and submit local and provincial forms (union leaves, expense claim forms, etc).

Secretary

- Creates agendas in concert with the Local Executive. See Appendix V for tips on creating an effective agenda.
- Keeps minutes of all meetings of the Local.
- Handles the correspondence of the President and EXECUTIVE, keeps the locals mailing list up to date and maintains contact with the SUN offices.
- Submits Local Bylaws to SUN Provincial.

Local SDC Representative

- Attends regional SDC meetings.
- Establishes and maintains communication between local and regional SDC.
- Represents local member concerns at regional SDC meetings.

Depending on your Local structure, the following positions are not necessarily members of the Local Executive; however, play key roles in protecting the interests and rights of members.

Local NAC Chair

- Actively participates in low level resolution meetings to address professional practice concerns.
- Actively participates in initial NAC meetings with the Employer.
- Upon receipt of WSRs from members:
 - investigates the WSRs,
 - ensures the employer has received a copy,
 - submits a copy to SUN Provincial,
 - coordinates NAC meetings,
 - ensures minutes are taken and submitted to SUN Provincial, and
 - maintains a record of the disposition of the WSRs.
- Collaborates with SUN Provincial in the escalation of WSRs via NAC Process within the Collective Agreement.

Local Occupational Health and Safety (OH&S) Representative

- Represents SUN members at facility OH&S meetings.
- Participates in regional OH&S committees.
- Identifies and controls safety hazards.
- Communicates OH&S concerns raised at the Local to SUN Provincial.
- Participates in facility OH&S investigations.
- Promotes OH&S education and knowledge in the workplace.
- Maintains OH&S records and meeting minutes.

TIP |

When Your Local Executive Changes

Whether it be following an election or when someone vacates a position, you are obligated to advise the following groups of changes to the Local Executive:

- Your members
- Your Employer
- Your bank to update/change the signing authorities for the local finances
- SUN Provincial – visit the LEADERSHIP section of the SUN website for a handy online form

Executive Duties

Within the role of the Local Executive there are a number of duties. To work effectively and efficiently, a Local Executive should divide the duties amongst their elected members, where appropriate. The following is a list of duties the Local Executive is responsible for:

- **Member Support**
 - Welcome new members.
 - Escalate member concerns as appropriate.
 - Listen to member concerns.
 - Initial meetings with management.
 - Initial grievance investigations.
 - Directs members with benefits, Long Term Disability (LTD), or WCB claims/forms to contact SUN Provincial.
- **Administration**
 - Review membership lists with SUN Provincial.
 - Update Local Executive changes with SUN Provincial and Employer.
 - Submit Local Bylaws annually to SUN Provincial.
 - Take local meeting minutes.
 - Ensure local election happens annually and follows process outlined in Local Bylaws.
 - Track and maintain records for Local union leave forms and expense forms.
 - Track and maintain records for provincial union leave forms and expense forms and submit to the provincial office.
 - Authorize Local union leaves.
 - Conduct frequent audits of local dues reports from Employer.
- **Finances**
 - Maintain local financial records.
 - Conduct a yearly audit of the local's financial records.
- **Communication**
 - Notify members of upcoming meetings and/or elections.
 - Notify members of upcoming employer meetings.
 - Provide members with agenda for upcoming meetings.
 - Communicate employer information with members.
 - Communicate concerns/issues to other levels of union.
- Share provincial communication with members.
- Meet with local members to discuss resolutions submitted to Provincial Annual Meeting.
- Share local concerns with SDC/BOD/Staff as appropriate.
- **Contract Compliance/Labour Relations**
 - Ensure contract compliance in workplace.
 - Review changes to employer policies for appropriateness.
 - Review new employer policies for appropriateness.
 - Review posting notifications for appropriateness.
 - Review successful applicant notifications for appropriateness.
 - Communicate posting concerns to SUN Provincial.
 - Communicate technological changes to SUN Provincial.
 - Communicate return for service agreements to SUN Provincial.
 - Communicate layoff notices to SUN Provincial.
 - Maintain records of consecutive weekend waivers.
 - Maintain records of standby waiver.
- **Nursing Advisory Process**
 - Submit WSRs to SUN Provincial.
 - Submit NAC meeting minutes to SUN Provincial.
 - Track and maintain records for WSRs filed, including meeting minutes.
 - Initial Nursing Advisory Meetings.
 - Escalate WSRs via NAC process.
- **OH&S**
 - Maintain OH&S records and meeting minutes.
 - Work to resolve members' safety concerns.
 - Report to Executive on OH&S issues.

Occupational Health & Safety (OH&S)

Occupational health and safety (OH&S) relates to health, safety, and welfare issues in the workplace. OH&S includes the laws, standards, and programs that are aimed at making the workplace better for workers, along with co-workers, family members, patients, and other stakeholders.

Occupational health and safety is concerned with addressing many types of workplace hazards, such as:

- Chemicals
- Physical hazards
- Biological agents
- Psychological fallout
- Ergonomic issues
- Accidents

Occupational health and safety standards are in place to mandate the removal, reduction, or replacement of job site hazards. OH&S programs should also include material that helps minimize the effects of the hazards.

Workplace safety is very important for each and everyone because all employees desire to work in a safe and protected atmosphere. Health and safety is the key factor for all industries in order to promote the wellness and well-being of both employees and employers. It is a duty and moral responsibility of the employer to look after the employee's protection.

The human suffering and financial loss caused by accidents and illnesses at work each year in Saskatchewan is tremendous. Accident statistics and their financial costs are set out in Saskatchewan Workers' Compensation Board (WCB) figures. Every statistic represents incalculable human suffering. The suffering of the injured is often intensified by the knowledge that most accidents are preventable.

OH&S involves more than simply correcting unsafe actions and conditions; it is about **prevention, not blame** and is not personal. The importance of an effective OH&S program should not be underestimated. It allows your workplace to systematically eliminate the possibility of *accident, illness, injury or fatality* caused by workplace hazards.

Effective OH&S programs focus on:

- The promotion and maintenance of the highest degree of physical, mental and social well-being of workers.
- The prevention among workers of ill health caused by their working conditions.
- The protection of workers in their employment from factors adverse to their health.
- The placing and maintenance of workers in working environments that are adapted to their individual physiological and psychological conditions.
- The promotion and maintenance of a working environment that is free from harassment.

Ministry of Labour Relations and Workplace Safety

The Ministry of Labour Relations and Workplace Safety (LRWS) encourages healthy, safe, and productive workplaces by setting, promoting, and enforcing employment and occupational health and safety standards outlined within the *Saskatchewan Employment Act*. The Ministry works with businesses, labour groups, workers, and other stakeholders to foster a positive labour environment.

Saskatchewan Employment Act (SEA)

Health and safety in Saskatchewan workplaces is governed by *The Saskatchewan Employment Act* and regulations and applies to employers, supervisors, workers, self-employed persons, contractors, suppliers, and owners and requires everyone to work together.

Part III (three) of the SEA sets out general duties for occupational health and safety. It states **what** workplaces must do to comply with the minimum standards for occupational health and safety in Saskatchewan.

The **Occupational Health and Safety (OH&S) Regulations** set the standards for **how** workplaces must comply with the SEA.

Codes of practice are documents that provide information that help an employer comply with certain parts of the regulations. Codes of practice are guidelines based on best practices in the industry at the time of publication. The director of OH&S, after consultation with interested persons or associations, may issue, amend or repeal a code of practice.

The Employer-Union Relationship

The role of the Union is to protect and uphold the rights and privileges afforded to members within their Collective Agreement. Part of this role is to act as a watchdog for workplace rights and safety, advising the Employer of current and/or potential hazards or concerns, as well making recommendations for resolution.

Both the Employer and the Union recognize the importance of creating and maintaining a safe work environment. In addition to the SEA, each SUN Collective Agreement contains language which supports the development, maintenance and enhancement of safety programs within the workplace.

“The Employer and the Union endorse the principle of worker occupational health and safety and shall continue to enhance safety measures.”

Saskatchewan Health & Safety Leadership Charter

The purpose of the Saskatchewan Health & Safety Leadership Charter is to form the foundation for a cultural shift in the way Saskatchewan leaders view injuries and injury prevention. The Charter advocates for the continuous improvement of healthy and safe workplaces and communities. SUN is proud to have been one of the first organizations to sign the Charter at its inception in 2010.

Saskatchewan Association for Safe Workplaces in Health

Saskatchewan Association for Safe Workplaces in Health (SASWH) is a non-profit association, established on March 12, 2010, which is funded by healthcare employers through a portion of their Saskatchewan Workers' Compensation Board (WCB) premiums.

SASWH is governed by a Board of Directors representing health services workers, employers and unions with a vision to make workplace health and safety: a priority for all. This unprecedented, co-operative level of labour and management participation is critical to SASWH's success at eliminating injuries within the health care sector.

SASWH Training Programs

SASWH is an approved training agency by the Saskatchewan Ministry of Labour Relations and Workplace Safety and the Saskatchewan WCB and offers a variety of healthcare specific safety training and education to member agencies at low to no cost, depending on the course. The SASWH Board of Directors is composed of an equal number of employer and employee representatives, which SUN holds a position.

WorkSafe Saskatchewan

WorkSafe Saskatchewan is a partnership between the Saskatchewan Worker's Compensation Board and the Ministry of Labour Relations and Workplace Safety. Formed in 2002 out of a need to reduce the number of workplace injuries and fatalities, the partners work through an integrated provincial injury prevention strategy to deliver programs that move Saskatchewan towards zero workplace injuries.

WorkSafe is an advocate for Mission: Zero – an initiative that launched in 2008 by the partners in response to Saskatchewan having the second worst injury rate in Canada. Mission: Zero is a call to action and goal for employers and companies to achieve zero workplace injuries, zero fatalities, and zero suffering by families.

Understanding Occupational Health & Safety in Saskatchewan: A Great Resource

While legislation should always be consulted for all purposes of interpretation of application of the law, roles and responsibilities, it can be confusing and difficult to comprehend. With this in mind, the Ministry of Labour Relations and Workplace Safety Occupational Health and Safety Division offers this great resource that is easy to read and provides you with a clear understanding of our rights, rules, roles and responsibilities in the workplace.

Download a copy: <https://www.saskatchewan.ca/business/safety-in-the-workplace>

OH&S: Everyone's Responsibility

A health and safety committee is a joint forum for employers and employees working together to improve workplace health and safety. Key to creating a safe workplace is that everyone in the workplace - **both employees and employers** - is responsible for his or her own safety and for the safety of co-workers. Those responsibilities are outlined in Part III of the *Occupational Health and Safety Regulations*

Employee responsibilities include the following:

- Understand and comply with legislation and workplace health and safety requirements.
- Follow safe work procedures.
- Use safety equipment, machine guards, safety devices, and personal protective equipment.
- Report unsafe acts and workplace hazards.
- Report incidents (meaning accidents and dangerous occurrences), injuries, or illnesses immediately.
- Work and act safely and helping others to work and act safely.
- Co-operate with the occupational health committee and others on health and safety issues.
- Refrain from causing or participating in the harassment of another worker.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/rights-and-responsibilities-in-the-workplace/duties-and-rights-of-workers>)

Managers and supervisors act on behalf of the employer, therefore, have the responsibility to meet the duties of the Employer as specified in the Act and Regulations for the work they (the managers and supervisors) direct. The manager or supervisor must:

- Understand and ensure compliance with workplace health and safety requirements.
- Co-operate with the occupational health committee, ensure that it functions properly, and ensure all workers support committee members in their health and safety activities.
- Make sure hazards are identified and proper steps are taken to eliminate the hazards or control the risks.
- Inspect work areas and correct unsafe acts and conditions.
- Instruct and coach workers to follow safe work procedures.
- Ensure only authorized, competent workers operate equipment.
- Ensure equipment is properly maintained.
- Ensure the necessary personal protective equipment is provided to workers and used properly.
- Know how to safely handle, store, produce, and dispose of chemical and biological substances at the workplace.
- Understand and implement emergency procedures.
- Report and investigate incidents (meaning accidents and dangerous occurrences).
- Promote health and safety awareness.
- Co-operate with other parties in dealing with health and safety issues.
- Ensure that workers under their direct supervision are sufficiently supervised.
- Ensure that workers under their direct supervision are not exposed to harassment at their workplace.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/rights-and-responsibilities-in-the-workplace/duties-of-supervisors>)

In addition to the above, an **Employer** must:

- Provide a safe and healthy workplace.
- Establish and maintain an effective health and safety program and obtain input from the occupational health committee (OHC).
- Make sure that managers and supervisors are trained, supported, and held accountable for fulfilling their workplace health and safety requirements.
- Oversee the health and safety performance of their managers and supervisors.
- Make sure workers have the information, training, certification, supervision, and experience to do their jobs safely.
- Make sure medical/first aid facilities are provided as needed.
- Set-up effective occupational health committees.
- Co-operate with the OHC, occupational health and safety (OH&S) representative and other parties to resolve health and safety issues in a timely fashion.
- Keep OHC/OH&S representative meeting minutes on file and readily available.
- Ensure workers are not exposed to harassment in the workplace.
- Ensure that legal health and safety requirements are met.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/rights-and-responsibilities-in-the-workplace/duties-of-employers>)

Supervisors in Health Care Facilities

In addition to the obligations set out in the *Saskatchewan Employment Act*, Part 31 Section 3 of the *Occupational Health and Safety Regulations, 2020* states the following requirements be adhered to concerning supervisors in health care facilities:

- The Employer shall appoint competent persons to supervise at the place of employment.
- The Employer shall ensure that every supervisor appointed is knowledgeable about, and experienced in the following matters that are within the area of the supervisor's responsibility:
 - safe work practices and procedures, including the use of engineering controls in use at the place of employment;
 - the safe handling, use and storage of hazardous substances;
 - techniques for safely mobilizing, lifting, holding, turning, positioning and transferring patients, residents and clients;
 - the handling, use, maintenance and storage of personal protective equipment;
 - the appropriate response to any emergency situation at the place of employment.
- The Employer shall ensure that every supervisor appointed is knowledgeable in the following matters that are within the area of the supervisor's responsibility:
 - the duties and responsibilities of all workers being supervised by the supervisor;
 - the training of workers under the supervision of the supervisor in safe work practices and procedures.
- The Employer who has appointed a supervisor shall ensure that all workers who are to be supervised by that supervisor are informed of the name of the supervisor.

The Right to a Safe Workplace

All Employers are required to protect the health and safety of all parties at their work sites. All workers, regardless of number, also have health and safety rights and obligations. To protect workers from illnesses, injuries and diseases, workers are afforded three fundamental rights (included in the ***Saskatchewan Employment Act***).

Those rights are:

- The right to know (about hazards).
- The right to participate (in health and safety).
- The right to refuse (unsafe work).

The Right to Know

Every worker has a right to ask and be told about specific hazards in their workplace and how to control and handle them safely. A hazard is any activity, situation or substance that could harm a worker. You can identify hazardous materials by product labels, safety data sheets (SDSs) and worker education programs.

Every worker should be instructed about the safety precautions they need to take to protect themselves. New workers must receive orientation regarding health and safety in their workplace which, would include the hazards they may encounter in their work.

The Right to Participate

The right to participate ensures workers have an opportunity to help identify and correct hazards and participate in decisions that affect their health and safety at work. This right is best seen in the form of a Joint Occupational Health and Safety Committee or as an OH&S Representative in the workplace that has workers and managers working together to ensure the workplace is safe.

Every worker can participate in health and safety by reporting potential hazards and following safe work practices.

The Right to Refuse

In Saskatchewan, workers have a right to refuse work they believe, in good faith, to be unusually dangerous to themselves or others. An unusual danger could be:

- a danger that is not normal for the job;
- a danger that would normally stop work; and
- a situation that a worker isn't trained, equipped or experienced to deal with properly and safely

If a worker is being asked to perform a job they feel is dangerous, the **Part III - Section 31 of the *Saskatchewan Employment Act*** provides a way for them to exercise their right to refuse the unsafe work. A work refusal is initiated by the individual worker (not a group) and when initiated in good faith shall not result in discriminatory action by the Employer. Under the Act, workers who use their right to refuse are legally protected; an Employer cannot discriminate against, fire or discipline a worker who refuses to do unusually dangerous work.

The specific job or task(s) that have been identified as unusually dangerous, cannot be reassigned to another individual unless they have been made aware of the refusal of work and

have been advised of the process in place to fix the matter, to the satisfaction of the employee who refused the work.

Steps for Refusing Unusually Dangerous Work

Source: www.saskatchewan.ca/business/safety-in-the-workplace

If your supervisor/employer asks you to perform a specific job or task that you have grounds to believe is **unusually dangerous**, follow these steps:

1. Tell your employer/supervisor that you are refusing work because of a health or safety concern.
2. Do not leave the worksite without your employer's permission.
3. Contact your occupational health committee (OHC) or OH&S representative if you cannot resolve the concern with the employer/supervisor.
4. Your OHC will investigate the refusal, meet and vote to determine if you have reasonable grounds to refuse the work. (The vote must be unanimous for or against the refusal.)
5. If the concern cannot be resolved within your workplace, contact an occupational health officer at the Occupational Health and Safety Division.
6. The officer will investigate the refusal and rule on the matter.

Your place of employment may have its own procedures for refusing unusually dangerous work. Ask your supervisor, occupational health committee, occupational health and safety representative, and/or union steward for information.

DISCRIMINATORY ACTION

Workers are protected from disciplinary action or other sanctions by an employer for fulfilling their responsibilities or exercising their safety rights under Part III of *The Saskatchewan Employment Act*.

"Discriminatory action" could mean anything from a verbal warning, written warning, suspension, firing, demotion, or loss of wages.

Section 3-35 of *The Saskatchewan Employment Act* prohibits the employer from taking discriminatory action if the worker:

- Acts in compliance with The Saskatchewan Employment Act and regulations or a Notice of Contravention;
- Seeks to have The Saskatchewan Employment Act or regulations enforced;
- Assists with the activities of the occupational health committee (OHC) or occupational health and safety (OH&S) representative;
- Seeks to establish an OHC or OH&S representative;
- Performs the functions of an occupational health committee member or representative;
- Refuses to work pursuant to section 3-31 of The Saskatchewan Employment Act; or
- Gives information to an OHC, OH&S representative, occupational health officer, or a radiation health officer.

Refer to Appendix I for steps for filing a discriminatory action complaint.

What Every Member Needs to Know

Safety in the workplace is everyone's responsibility, in order to ensure a safe workplace for all, it is important for each member to understand their individual role and responsibilities.

- Identify actual and potential hazards in the workplace, when they occur.
- Utilize low level resolution to resolve safety concerns.
- Be aware of Employer policies and procedures concerning workplace safety.
- Have knowledge of individual rights and obligations under the *Saskatchewan Employment Act*, *Occupational Health and Safety Regulations* and the Collective Agreement.
- Seek clarity on obligations under the Act and Regulations when required.
- Seek out appropriate education/training to avoid potential or actual risk to self or co-workers.
- Access rights, protections and processes within the Collective Agreement to address harmful or potentially harmful situations. (eg: Nursing Advisory of grievance processes).

The First Step: Low Level Resolution

When a workplace safety concern or hazard is identified, the member's/employee's first step in addressing the issue is to engage in low resolution with their immediate supervisor/manager.

An Employee or a group of Employees who have a health or safety concern shall endeavour to resolve that concern by first referring the concern to the immediate supervisor or officer responsible for safety. (Article 61.03 SUN/SAHO Collective Agreement)

Low level resolution is an effective approach used to address common issues/concerns or solve problems in real-time, at the point of the incident, opposed to flagging the area of concern to be dealt with at a later time or refer to senior management. This proactive and collaborative approach to problem solving supports open and transparent communication with the shared goal of timely and appropriate resolution.

While utilizing low level resolution to address member concerns is optimal, this does not remove the member's rights to engage in a formal process through the Collective Agreement or

FIX IT, MARK IT, REPORT IT

Everyone in the workplace is responsible for the safety of others and themselves – regardless of their designation, job duties, bargaining unit, or level of authority.

This responsibility is outlined within OH&S legislation where all employees must take reasonable care to protect his or her health and safety and the health and safety of other workers who may be affected by his or her acts or omissions. This means that when there is a health and safety concern in the workplace, everyone has an obligation to do something about it and if they don't, you may be held responsible for the outcome.

If a worker identifies a safety issue it only takes a moment to quickly wipe up a spill or put a wet floor sign out or put a sign on broken equipment to warn others of the hazards.

In the event of an incident or accident, it is everyone's obligation to ensure the event was reported to the immediate supervisor and the proper paperwork was completed.

We have all heard the old nursing adage – if it wasn't documented, it didn't happen. If it didn't happen, there is nothing to fix.

legislation, nor does it prohibit them from contacting the Ministry of Labour Relations and Workplace Safety.

Rights & Protection Under Collective Agreement

The Collective Agreement provides members with rights and protections in addition to those outlined within the Act and Regulations. The Collective Agreement covers subjects including, but not limited to:

- Joint commitment to safety
- Participation on Joint OH&S Committees
- Time lost
- Influenza vaccine
- Violence in the workplace
- Critical stress management
- Protective equipment and clothing

Training

The Employer is obligated to ensure all employees are properly trained for the areas in which they work, and the type of work they perform – this includes training in health and safety – in order for employees to work safely and in compliance with legislation and employer policies.

Employees have the right to seek out the appropriate education/training for their area of practice to avoid potential or actual risk to self or co-workers. OH&S training specific to healthcare is offered by the **Saskatchewan Association for Safe Workplaces in Health (SASWH)** and includes courses such as:

- Transferring Lifting Repositioning (TLR)
- Safe Moving and Repositioning Techniques (SMART®) program
- Workplace Hazardous Materials Information System (WHMIS 2015)
- Professional Assault Response Training (PART)
- Workplace Assessment Violence Education (WAVE)
- Mental Health First Aid

DID YOU KNOW ...under Part III, Section 8 (3) of the Occupational Health & Safety Regulations, 2020 “[A]n employer **shall ensure that the time spent by a worker in the training required by subsection (1) is credited to the worker as [paid] time at work, and that the worker does not lose pay or other benefits with respect to that time.**”

SUN Sponsored OH&S Education

Each year SUN sponsors members to attend the **Saskatchewan Federation of Labour (SFL) Occupational Health & Safety Conference** (September). This is a great opportunity for OH&S Representatives to learn more about the Act and Regulations, building effective committees, harassment investigation, duty to accommodate, domestic violence in the workplace, and more.

Violence in the Workplace

SUN's Position

Violence is defined as *“the attempted, threatened or actual conduct of a person that causes or is likely to cause injury, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that the worker is at risk of injury.”*

By law, health care employers must develop, implement, and review at least every 3 years, a comprehensive written policy statement and prevention plan to deal with violence, in consultation with OH&S committees, union representatives, and workers themselves.

Violence policies and plans must include:

- The employer's commitment to minimize or eliminate risk;
- The identification of worksites and staff positions for which there is a history or risk of violence;
- The actions the employer will take to minimize or eliminate the risk of violence;
- Procedures for documenting, reporting and investigating violent incidents; and
- A commitment to provide a training program for workers to recognize potentially violent situations and to follow the procedures, work practices, administrative arrangements and controls that have been developed to minimize or eliminate risk.

Where a worker receives treatment or counselling or attends an employer training program, this attendance shall be credited as time at work without loss of pay or benefits.

Registered nurses have the right to work and practice in an environment that is free from any form of violence and where violence is not tolerated as a part of their job. Every workplace must cultivate a culture of safety and respect based on the shared responsibility of all health care stakeholders.

Saskatchewan Workplace Violence Prevention Initiative www.saswh.ca

The aim of a Provincial Violence Prevention Framework and Strategy, overseen by the SASWH, is to reduce healthcare's injury rates through targeted interventions; build a stronger culture of safety; promote the adoption of effective violence prevention initiatives; and prevent injuries caused by violence and acts of aggression.

Through this initiative, SASWH has established a Provincial Steering Committee to provide guidance on the development of the Workplace Violence Risk Assessment Tool Kit for use in Saskatchewan. The SASWH provides education and training regarding the use and implementation of the online tool kit.

The Steering Committee was comprised of representation from various healthcare employers, unions – including SUN, and education institutions, Workers' Compensation Board, Ministry of Health, Ministry of Labour Relations and Workplace Safety, Health Quality Council, and the Saskatchewan Medical Association.

CFNU Workplace Violence Tool Kit www.nursesunions.ca

This tool kit is an online hub for resources, research, information, tools and best practices related to violence in health care workplaces. The purpose of this tool kit is to provide a 'one-stop shop' for relevant resources on this topic, to share and spread the implementation of best practices related to violence prevention and return to work programs in jurisdictions across Canada.

Right to Refuse Violent Situations

An Employee who has reasonable grounds to believe she may be physically endangered when attending a client shall not be required to attend that client. When an incident demonstrates that client's behaviour may constitute a risk to the safety of another client or staff member, a meeting shall be convened within twenty-four (24) hours, or as soon as possible thereafter, to consider and implement alternative options for care delivery to ensure the safety of the Employee(s) and other client(s).

Assisting Members in Violent Situations

First and foremost, during a violent situation, the safety of patients/clients/residents, SUN members and their colleagues is of the utmost importance.

As Local OH&S Representative, it is strongly recommended you advise the members and their colleagues of the safety protocols and policies in place in the event of a Code White. Each facility and/or Employer should have protocols in place, which may vary from facility to facility.

Ensuring members are aware of the appropriate steps to take following a violent incident, is vital to ensuring they receive the medical care and support they need.

If a member has experienced a violent incident at work, they should:

1. **Seek medical attention** if required. If they need to leave the work area, they are to inform their supervisor.
2. **Notify their supervisor or manager** about all incidents, even if there was no injury.
3. **Report the incident** as soon as possible using the incident reporting process for their workplace.
 - *If they are injured, they are to complete a Worker's Initial Report of Injury (W1) either online (wcbsask.com) or over the phone (1.800.787.9288) as soon as possible.*
4. **Contact the Employee & Family Assistance Plan** for counseling support, either online (worklifehealth.com) or by phone (1.866.833.7690).
5. **Tell their SUN representative on the Joint OH&S Committee** and participate in any investigation.
6. Ask to attend workplace violence training.
7. Talk to their manager or supervisor about critical incident debriefing for traumatic incidents.

Reducing Workplace Violence

The Employer acknowledges that Employees may be at risk of violence and injury by clients while carrying out their duties. In order to alleviate workplace violence, the Employer shall provide training appropriate to the work area that would enable Employees to recognize and respond to potentially violent or abusive incidents. Payment for participating in such training shall be in accordance with Article 42.02 (a).

Such courses may include the Workplace Assessment Violence Education (WAVE) training and Professional Assault Response Training (PART), both offered by the Safety Association for Safe Workplaces in Health (SASWH).

On The Frontlines Of A Pandemic: Safety Is Not Negotiable

Nurses are acutely aware of how dangerous infectious diseases can be and how rapid they can spread if the transmission of the virus is not contained. As we learned during the COVID-19 pandemic, information is rapidly changing. At the foundation of it all, we should be following precautionary principles and planning for the unknown risks - the safety of healthcare workers is not negotiable.

In March 2020, during the height of the COVID-19 pandemic, the Canadian Federation of Nurses Unions (CFNU) published the “Safety Is Not Negotiable Pandemic Preparedness – the Coronavirus 2019 (COVID-19)” position statement. This statement calls upon governments and employers to ensure health care workers have access to the personal protective equipment necessary to safely care for their patients. CFNU’s complete position statement can be found in Appendix III for reference.

Nurses Checklist for Pandemic Situations

- Comply with existing workplace infection control policies and procedures.
- Stay home when you are ill.
- Update your N95 respirator fit testing and wear an N95 respirator if there could be any risk of exposure.
- Use required droplet, contact and additional airborne precautions such as (but not limited to): gloves, goggles, impermeable or at least fluid-resistant gowns, face shields, respirators, powered air-purifying respirators (PAPR) when available (for aerosol-generating medical procedures, e.g., intubation).
- Conduct a point-of-care risk assessment employing your professional judgement before each interaction with an affected patient and/or the patient’s environment to evaluate the risk of exposure to contact and/or contaminated air in care procedures, equipment and treatment settings; at any time during this risk assessment nurses may request an increase in PPE.
- If you have any health conditions of concern when caring for presumed or confirmed cases, please consult your health care provider.
- Avoid touching your eyes, nose and mouth with hands to prevent self-contamination; clean hands before contact with any part of the body. Avoid contact between contaminated gloves/hands and equipment and the face, skin or clothing when removing PPE.
- Familiarize yourself with your collective agreement and legislation with respect to pandemic preparedness, occupational health and safety (OH&S) and the right to refuse dangerous work.
- STOP if you do not have the required personal protective equipment or properly fitted respiratory protection, and/or have not been trained, drilled and tested in its care, use and limitations, and speak with your manager or supervisor; document the situation and copy your union and Joint OH&S Committee representative.
- REPORT any health and safety concerns, including gaps in adequate protocols and procedures and/or communications, access to PPE, fit-testing and/or training or other health and safety concerns to your manager or supervisor, copying your Joint OH&S Committee and your union.

Personal Protective Equipment (PPE)

Ensuring employees have access to the necessary personal protective equipment (PPE) to safely perform their duties is a requirement of the Employer under Part VII of the *Occupational Health and Safety Regulations*.

To ensure their own safety, healthcare workers should:

- Receive annual fit-testing for N95 respirator.
- Receive proper training and education to safely using required PPE.
- Receive proper training and education for safely donning and doffing PPE.
- Have ease of access and availability to necessary PPEs based on point of care risk assessment (gowns, gloves, masks, face shields, goggles, etc)
- Be aware of employer policies and procedures.

Refer to Appendix IV for more information on personal protective equipment.

Point of Care Risk Assessment (PCRA)

A PCRA, an activity that is based on the individual nurses' professional judgment (i.e., knowledge, skills, reasoning and education), should be completed before each interaction with a patient and their environment in all health care settings, including acute care, continuing care and community care. The purpose of a PCRA is to protect patients, visitors and health care workers by preventing and controlling the spread of infectious diseases.

Underlying the PCRA is the principle that individual health care workers are best positioned to determine the appropriate PPE required based on the situation and their interactions with an individual patient. They do so by evaluating the likelihood of exposure to themselves or others based on a specific task, environment, conditions, interaction or patient. Among the factors that should be considered in the PCRA are:

- the potential for contamination of skin or clothing; exposure to blood, body fluids or respiratory secretions;
- the potential for inhaling contaminated air; the patient's ability or willingness to comply with infection control practices (e.g., wearing a mask);
- whether care requires very close contact; what engineering and administration controls are in place; and
- whether the patient could require an aerosol-generating medical procedure at any point and/or is in an aerosol-generating hot spot" (e.g.: intensive care units, emergency rooms, operating rooms, post-anesthetic care units and trauma centres) that are managing suspected or confirmed cases.

Personal protective equipment should be selected based on the potential for exposure in order to minimize the risk of exposure to HCWs, a specific patient or other patients in the environment. (source: CFNU Position Statement "Safety is Not Negotiable" <http://nursesunions.ca>)

The SHA has developed an algorithm for healthcare workers to refer to when conducting a PCRA; a copy of the algorithm has been included in Appendix IV for your reference.

Role of the Local OH&S Representative

The role of the Local OH&S Representative goes beyond what is prescribed within the *Saskatchewan Employment Act* and *Occupational Health and Safety Regulations* for a workplace representative. You are the local's go-to person regarding health and safety process and play a key role in educating and guiding members effectively through the process, as well as taking an active role in finding appropriate, long-term solutions.

In addition to your role under the Act and Regulations, the role the **Local OH&S Representative** includes, but is not limited to:

- Providing a channel of communication between the employers and workers.
- Conducting regular inspections and talking with workers about their health and safety concerns.
- Participating in reportable incident investigations (both accidents and dangerous occurrences).
- Assisting the employer with the development of safety procedures, policies, and programs.
- Meeting with the employer regularly to discuss concerns.
- Receive education and training regarding health and safety.
- Ensure members have access to OH&S education, policies, legislation.
- Ensure members are aware of process and location of Incident Report forms for reporting safety concerns or situations of potential or actual harm.
- Advise members of facility/Employer policies and protocols for a Code White.
- Receive member concerns regarding workplace safety.
- Confirm members utilize low level resolution to raise concerns with Employer and address matters in real time.
- Investigate and follow up on members concerns raised.
- Ensure members are fit-test for N95 respirators on an annual basis.
- Ensure members have access to the appropriate PPE and quantities required for pandemic situations.
- Ensure members have proper PPE training, including donning and doffing of PPE.
- Participate in OHC conversations concerning pandemic preparedness for workplace/region.
- Attend workplace Occupational Health Committee (OHC) meetings as scheduled.
- Present and provide recommendations to address member concerns or hazards identified to OHC.
- Develop and maintain local communication channels regarding OH&S.
- Provide OHC report during local meetings.
- Update Local President/Local Executive on OH&S activity – they may be able to provide you with additional information, guidance or assistance in addressing issues.
- Promote awareness of workplace safety and well-being.
- As a member of the OHC, participate in investigations and/or inspections as required.
- Ensure minutes from OHC meetings are posted in facility or on OH&S bulletin board.
- Refer matters to Local President (labour relations) and/or Local Nursing Advisory Chair (professional practice), as required.
- Seek guidance from Employment Relations Officer (ERO) at SUN Provincial, as needed.

Team Approach

Similar to how Local Executives are advised to function, the Local OH&S Representative is strongly encouraged to adopt a team approach to address member workplace safety concerns, in a timely manner.

To work effectively and efficiently, large or multi-site locals may choose to appoint additional OH&S representatives for the facility/agency. Such locals may also choose to hold Local OH&S meetings, whereby the elected Local OH&S Representative can meet with the appointed Worksite Representatives to discuss members concerns, potential hazards and actual risks to members and their colleagues, as well as develop recommendations and action plans to address the situation(s) identified.

It is important to remember you are not alone. This can be an overwhelming list of duties for one person; but if you divide the work into smaller tasks, the job becomes less daunting.

Responsibility vs Authority vs Accountability

Responsibility refers to the obligation to perform the delegated task.

Authority refers to the legal right of the manager to give orders **and** expect obedience from subordinates.

Accountability means you are liable or take ownership of one's actions. In order to be *responsible*, you must be *accountable* and vice versa.

The origin of **responsibility** is the result of the **authority**. Responsibility is assigned whereas **accountability** is accepted.

Labour Relations, Professional Practice or OH&S?

Workplace issues are complex, and it can be difficult to determine the appropriate process in which to address the concern – is it labour relations, occupational health safety, or professional practice? Understanding the differences between the categories will assist you as the Local OH&S Representative and the member in determining the best course of action to address the issue raised.

It is important to note that while the primary concern may fall into one of three categories, the underlying factors or root cause(s) may be addressed through a parallel course(s) of action.

Labour Relations issues are defined as a:

- Breach of Collective Agreement.
- Violation of member's rights.
- Breach or change in application of Employer policy/procedure.

In addressing workplace concerns or violations of the Collective Agreement, the goal is to find ways to resolve the situation without requiring a formal and confrontational process (low level resolution). If the informal discussion does not result in a resolution, the next course of action maybe the filing of an individual or policy grievance.

Professional Practice issues are identified as:

- Nursing practice concerns;
- Safety of patients and registered nurses;
- Workload/staffing levels/patient acuity; or
- Other factors which negatively affect patient care.

The first step in addressing Professional Practice issues is to engage in low level resolution with one's manager. If the issue remains unresolved or ongoing, the course of action taken will be to file a Work Situation Report (WSR) and initiate the Joint Nursing Advisory Process.

Occupational Health and Safety hazards or concerns are defined as actions or incidents which impact the health, safety, and welfare of an employee or group of employees.

Similar to the processes identified under labour relations or professional practice, when a workplace hazard or safety concern is raised, the first step in finding a resolution is to speak to the immediate supervisor/manager (low level resolution). However, regardless of whether the incident is resolved or not, an Incident Report should be filed with the Employer and the OH&S Committee, as the incident may also prompt the filing of a WSR or WCB claim.

It is important for all Employees to be familiar with their Employer's/facility's process for reporting and/or documenting an incident.

Parallel Course of Action

Depending on the situation, an incident may require one, two or all three processes being triggered in an effort to adequately address the matter.

A Member Identifies A Concern: Now What?

Step 1: Member/Employee Identifies a Hazard or Safety Concern

When an issue is brought to your attention, you will need to determine if the issue requires immediate attention to ensure the safety of patients/clients and staff on the unit/in your workplace.

Potential Hazards

Once a safety concern has been raised, following up with the member will be key to ensuring vital steps in the process have not been overlooked. Follow up questions to ask the member include, but are not limited to:

- Has the member taken the appropriate steps?
 - Was there an attempt to find resolution at the Unit level (low level resolution)?
 - Was the Manager or designate provided adequate time to resolve the matter?
- Was additional documentation filed or process initiated? (eg. Incident Report/WSR filed or grievance filed)
 - If necessary, has the member provided a copy of the Incident Report or WSR to the Local?

Immediate Risk or Harm

In situations where the safety of others is at immediate risk or has been impacted, the primary focus should be to address the incident, regardless of whether the employee is a SUN member or not. There are five (5) key steps to take in addressing emergent incidents:

1. Report incident to immediate supervisor.
2. Hazard removed/mitigated.
3. Injury addressed, if necessary.
4. Area or patient secured.
5. Safety resumed.

When safety on the unit/in the workplace has resumed, ensure all necessary forms and/or reports have been completed – Incident Report, Injury Report, WCB Claim, etc.

If the issue was brought to your attention by a non-member, once safety has been resumed, advise the employee to report the incident to their Union OH&S Representative.

LISTENING TO & RECEIVING MEMBER CONCERNS

- Remind members of their obligations as they relate to HIPA.
- Avoid distractions (cell phone, busy location, rushed for time, etc).
- Remain engaged and unbiased in the conversation. Try not to personalize the issue or provide personal input – this may cloud your assessment of the issue.
- Take detailed notes and seek clarification of the facts concerning the issue; ask the member to state what they know to be true, not their perception of the matter.
- Clarify what actions/steps were taken prior to raising the issue with the Local.
- Has this issue been raised before (JUMM, NAC process, etc)?
- Are there other factors influencing the situation?
- What remedy is the member seeking to resolve the matter (if appropriate)?
- Advise member of your next steps – investigation and assessment; raise concern at Joint OH&S Committee meeting, etc.

Step 2: Investigating the Issue

To gain a better understanding of the incident or the member's concern(s) and/or in preparation for a Joint OHC meeting, where the matter will be formally raised, it is important that you have reviewed the issue with the member to seek additional clarification regarding the context in which the situation occurred.

The information gathered during your conversations with the member(s) will assist you in determining the best course of action to be taken, structuring your presentation to the Employer regarding the issue, preparing responses to Employer statements/positions and develop recommendations for resolution.

During this initial fact-finding stage, it is crucial to **confirm a significant attempt at low level resolution was made** by the member(s). Missing this vital step may result in the matter being dismissed.

It is also important to stress that **HIPA must be maintained at all times** during your conversations and documentation of the issue. Remind the member to avoid providing patient specific information.

Information to consider during initial investigation:

- Name of members involved
- Contact information
- Member status
- Worksite or unit
- Issue presented/identified
- Date, day of the week, time and shift affected
- Management representatives involved
- Policies
- Past practices
- Patient impact
- Is this a trending or reoccurring issue?
- Relevant forms (Incident Reports, WSRs, etc.)
- Relevant documentation (emails, assignments/roster, communication book, unit meeting minutes, etc.)
- Evidence corroborating members concerns
- Notes from follow up/investigation with members
- Relevant previously settled disputes/WSRs
- Resolution sought by member

The above list is not an exhaustive list, nor would it apply to every scenario. To assist you in your investigation, a collection form has been developed for your convenience. (Appendix II – OH&S Fact Sheet)

If at any time during your investigation, you believe or suspect there has been a violation of the member's rights, a breach of the Collective Agreement, or breach or change in application of Employer policy/procedure, **notify the Local President immediately** to further investigate the potential labour relations issue.

Alternatively, if your investigation leads you to believe or suspect the matter has an impact on the nursing practice, safety of patients and registered nurses, workload/staffing levels/patient acuity; or other factors which negatively affect patient care, **notify the Local NAC Chair immediately** to further investigate the potential professional practice issue.

Step 3: Resolved or Unresolved?

Following discussions with their immediate supervisor/manager, was the safety concern raised resolved to the individual's satisfaction or was the matter left unresolved?

- **RESOLVED:** Advise the Occupational Health Committee (OHC) of the situation and resolution at the next scheduled Committee meeting.
- **UNRESOLVED:** The matter shall be forwarded to the OHC for further discussion and investigation.

Step 4: Joint Occupational Health Committee Meeting

The Joint OHC is intended to be a collaborative problem-solving mechanism involving employees and the Employer working together to resolve workplace safety concerns raised by workers. Refer to the *Saskatchewan Employment Act* and *Occupational Health and Safety Regulations* for the roles and responsibilities of the Committee.

As the Local OH&S Representative, you will play an active role in presenting the safety concerns brought to your attention, as well as providing the Committee with recommendations for resolution.

TIP: During the meeting, keep a "To Do List" (or action plan) for each safety concern discussed to track Local responsibilities between meetings.

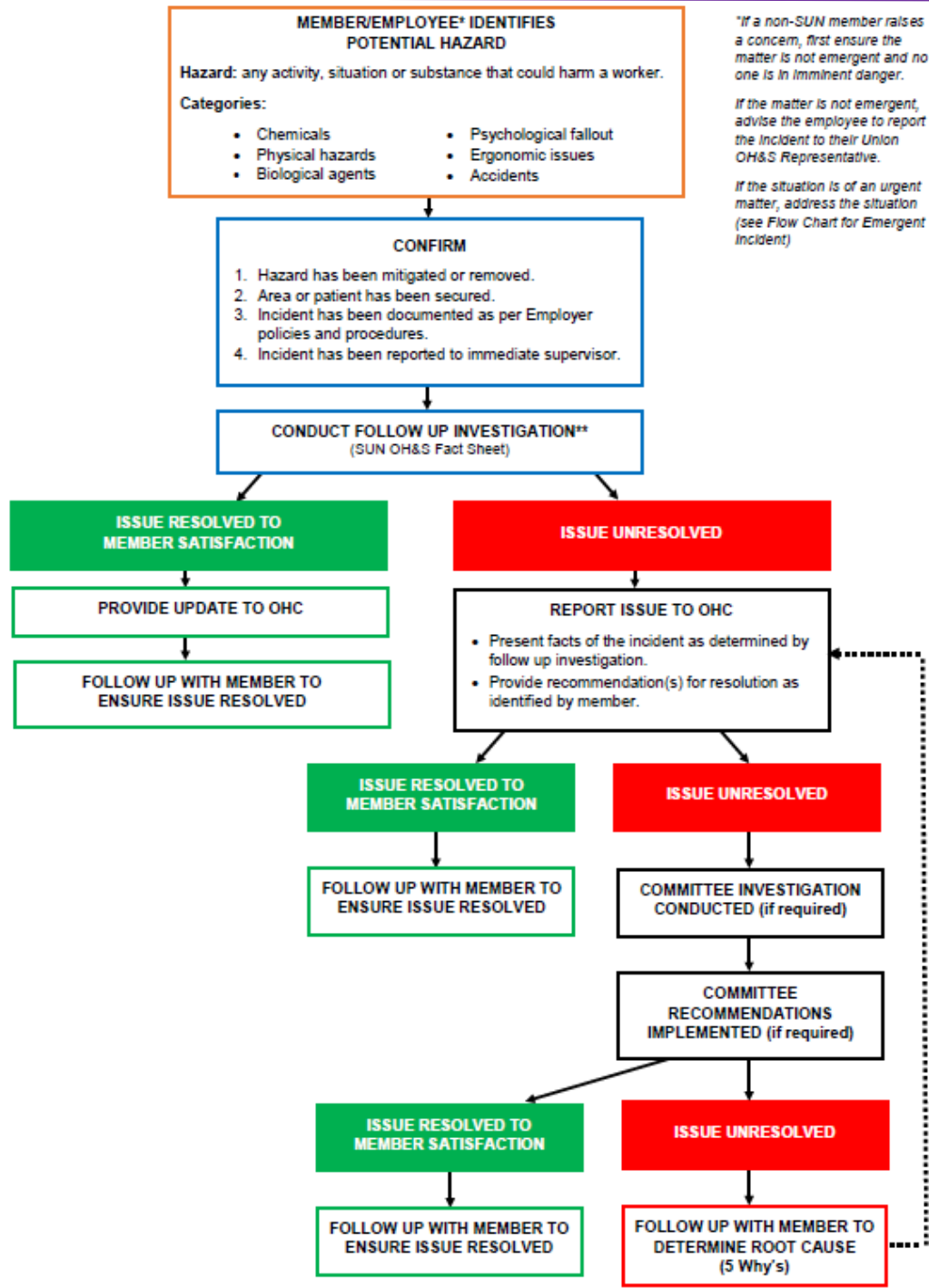
Following the meeting, you are encouraged to update your Local President/Local Executive on the status of the issues raised and agreed to next steps or resolution.

Remember, if at any time during your preparation for a Joint OHC meeting you have questions or require guidance, your ERO is available to provide you with the assistance needed.

MEETING WITH THE EMPLOYER

- Stay calm.
- Take notes during the conversation.
- Identify the facts of the situation as determined by your investigation.
- Avoid personalizing the issue.
- Listen to the Employer's position, ask questions to seek clarification as needed,
- If necessary, caucus with your member(s) to discuss the Employer's position and/or possible resolution.
- Remember: you do not have to agree to anything presented during the meeting. You can reserve the right to step away from the meeting and respond later. This provides you with the opportunity to seek guidance from your NPO at SUN Provincial, if necessary.

Addressing Member Concerns: Flow Chart for SUN's OH&S Process – Potential Hazards



"If a non-SUN member raises a concern, first ensure the matter is not emergent and no one is in imminent danger.

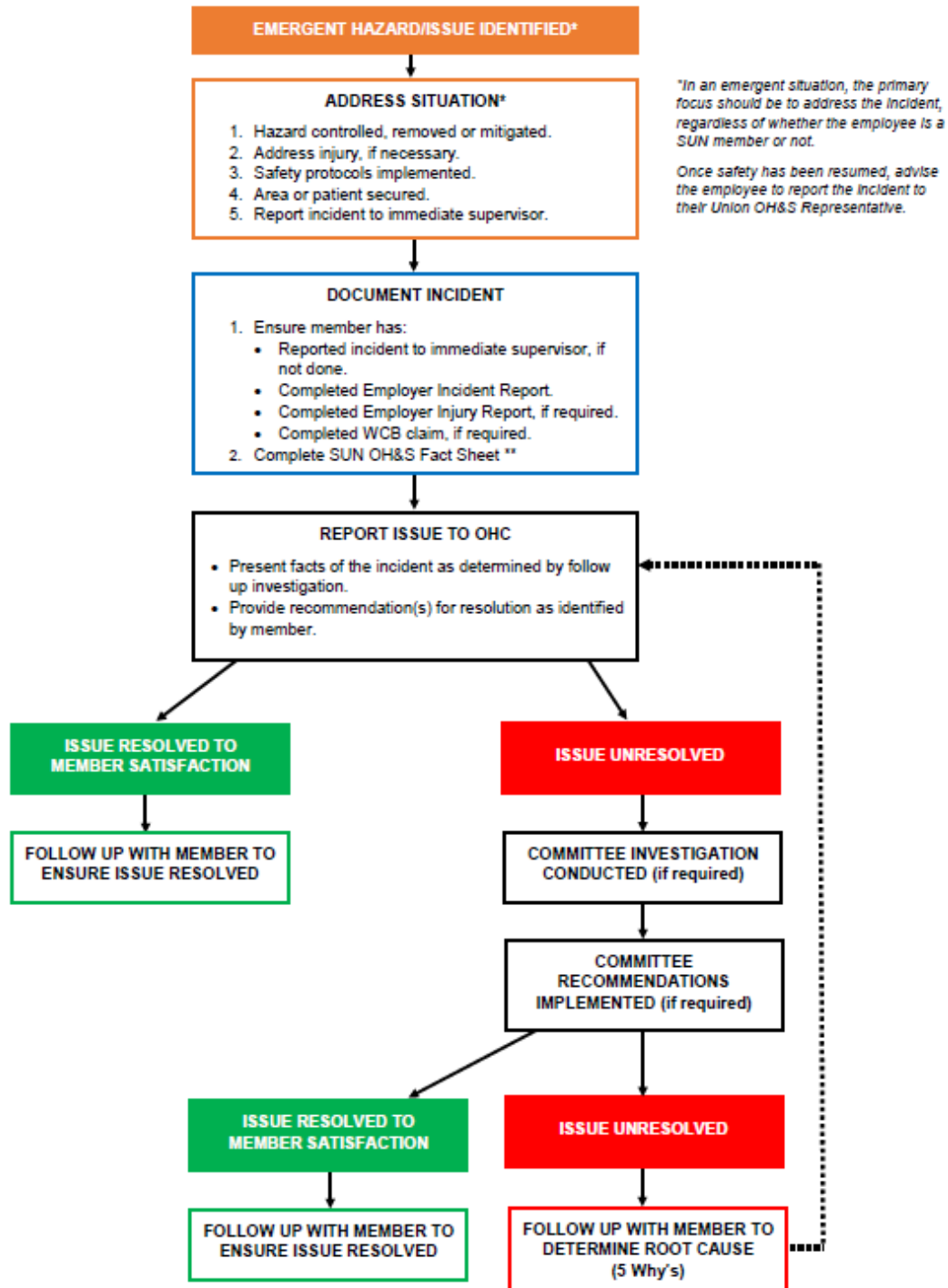
If the matter is not emergent, advise the employee to report the incident to their Union OH&S Representative.

If the situation is of an urgent matter, address the situation (see Flow Chart for Emergent Incident)

****PARALLEL COURSE OF ACTION**

- If at any point during an investigation a labour relations (LR) issue is discovered, the LR component is referred to Local President/Executive and the assessment stage for further investigation and determination of best course of action in terms of the grievance process.
- Similarly, if at any point during an investigation a professional practice issue is discovered, the practice component is referred to the Local NAC Chair and the assessment stage for further investigation and determination of best course of action in terms of the NAC process.
- When required, the OH&S, NAC and grievance processes will run parallel to resolve the issue.

Addressing Member Concerns: Flow Chart for SUN's OH&S Process – Immediate Risk or Harm



****PARALLEL COURSE OF ACTION**

- If at any point during an investigation a labour relations (LR) issue is discovered, the LR component is referred to Local President/Executive and the assessment stage for further investigation and determination of best course of action in terms of the grievance process.
- Similarly, if at any point during an investigation a professional practice issue is discovered, the practice component is referred to the Local NAC Chair and the assessment stage for further investigation and determination of best course of action in terms of the NAC process.
- When required, the OH&S, NAC and grievance processes will run parallel to resolve the issue.

Occupational Health & Safety Committee

Occupational Health Committees (OHCs) and Worker Health and Safety Representatives are mechanisms that help employers communicate and cooperate with workers in identifying and resolving health and safety concerns.

As the Local OH&S Representative you will be an active member of your facility/region's OHC.

Committee Obligations and Responsibilities

Committees are required in workplaces with **10 or more workers**. Their role is to monitor the workplace, give advice and make recommendations to their employer for eliminating/controlling/resolving hazards to keep their working environment safe.

In addition, as per Part IV of *The Occupational Health and Safety Regulations*, duties of the Occupational Health Committees include, but are not limited to:

- Helping employers identify, eliminate, or control hazards;
- Making recommendations to the employer for improving workplace health and safety;
- Talking with workers about health and safety concerns and helping resolve the concerns;
- Receiving and distributing information, including OH&S Division publications;
- Inspecting the workplace regularly;
- Investigating reportable incidents (meaning accidents and dangerous occurrences);
- Helping establish and promote health and safety programs, policies, and training;
- Investigating refusals to work; and
- Helping employers comply with OH&S legislation.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/ohc-and-OH&S-representative/ohc>)

Occupational Health Committees **do not have a direct responsibility** for correcting hazards at their workplaces. An OHCs role is to give advice and make recommendations for correcting hazards to the employer.

When working with an OHC, employers are required to:

- Consult and co-operate with the OHC;
- Respond to concerns or recommendations raised by the OHC; and
- Inform the OHC or OH&S representative, in writing, of the action(s) they have or will take to correct the hazard(s) or, if the employer has not corrected the hazard(s), the reasons for not taking action.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/ohc-and-OH&S-representative/ohc>)

Committee Structure

A Committee **must have 2-12 members, with at least half of the Committee consisting of worker members**. The number of Employer members cannot out-number the worker members.

Each side must designate a co-chair. The Worker Co-Chair is selected by the Committee at their first meeting, while the Employer will appoint their Co-Chair. The Co-Chairs share equal power and have the right to call and chair emergency meetings.

There must be a quorum at every committee meeting. A quorum means half of all the OHC members must be present; half of all OHC members present must be workers; and at least one

management member must be present. Employers and workers should select "alternate" OHC members to ensure that there is a quorum at every OHC meeting.

Committees may hold as many meetings as needed to address concerns, however, they must meet, at minimum, once every three months. During each meeting, Committee members will discuss issues and concerns as equals and seek resolutions through agreement reached by mutual consent.

Committee members are compensated for their meeting time and travel, as per the Collective Agreement.

OH&S Representatives

OH&S Representatives help the employer and workers to improve health and safety in the workplace by identifying and resolving health and safety concerns.

Duties of the OH&S Representatives on the OHC include, but are not limited to:

- Providing a channel of communication between the employers and workers;
- Conducting regular inspections and talking with workers about their health and safety concerns;
- Participating in reportable incident investigations (both accidents and dangerous occurrences);
- Assisting the employer with the development of safety procedures, policies, and programs; and
- Meeting with the employer regularly to discuss concerns.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/ohc-and-OH&S-representative/OH&S-representatives>)

Union & Workplace Representatives

Workplace representatives are required for high hazard workplaces with **5-9 workers** such as small/rural hospitals/healthcare facilities, nursing homes and home care. Workplace representatives for smaller facilities may also sit on a Regional OH&S Committee.

In a unionized environment, like ours, it is not that straight forward.

Each bargaining unit – SUN, SGEU, CUPE, SEIU-West, Health Sciences, etc – has the right to have a representative sit on the Joint OHC for their workplace. From the group of worker representatives, the Worker Co-Chair is selected by the worker representatives.

Depending on how the Local operates, the SUN OH&S Representative may be elected or appointed by the Local Executive. Depending on the Local structure, the Local OH&S Represented may also be a member of the Local Executive.

For sub-locals or multi-site locals, it is recommended there be a SUN OH&S Representative at each workplace. As the Local OH&S Representative, you would communicate directly with the SUN Workplace Representative(s) in regard to workplace health and safety concerns, policies and procedures, as well as be their liaison with the Local Executive in terms OH&S matters.

Each workplace is different and with one provincial Employer, the structure of OHCs may be changing as well. It is important to remember that each workplace with more than 10 workers, by law, is required to have an OHC that meets at minimum, every 3 months. Smaller facilities should at the very least have a Regional OHC that meets every 3 months. If not, the local should be contacting their ERO for guidance.

Workplace representatives share the same responsibilities as Committees; however, they are not required to investigate refusals to work. Representatives perform their duties in consultation with the Employer.

Committee and Representative Training

It is the Employer's responsibility to ensure that Committee Co-Chairs and representatives are trained to properly meet their obligations under the Act and Regulations. Under the Act, Committee members and Representatives are **provided five (5) days of educational leave (paid work time) each year** to acquire such training. The general Level 1 and Level 2 OHC courses are available through WorkSafe Saskatchewan (www.worksafe.ca).

However, workplace safety within a healthcare environment is unique. The SASWH provides safety training specific for employees, supervisors, employers and committee members working in healthcare. Training provided by the SASWH includes, but is not limited to:

- Occupational Health Committee (OHC) Training and Support
- Incident Reporting & Investigation
- Inspections
- Personal Protective Equipment (PPE)
- Professional Assault Response Training (PART)
- Safety for Supervisors
- Safety Management System (SMS)
- Workplace Assessment Violence Education (WAVE)
- Workplace Hazardous Materials Information System (WHMIS)
- More available at www.saswh.ca

Appendix I – Discriminatory Action

Workers are protected from disciplinary action or other sanctions by an employer for fulfilling their responsibilities or exercising their safety rights under Part III of *The Saskatchewan Employment Act*.

"Discriminatory action" could mean anything from a verbal warning, written warning, suspension, firing, demotion, or loss of wages.

Section 3-35 of *The Saskatchewan Employment Act* prohibits the employer from taking discriminatory action if the worker:

- Acts in compliance with *The Saskatchewan Employment Act* and regulations or a Notice of Contravention;
- Seeks to have *The Saskatchewan Employment Act* or regulations enforced;
- Assists with the activities of the occupational health committee (OHC) or occupational health and safety (OH&S) representative;
- Seeks to establish an OHC or OH&S representative;
- Performs the functions of an occupational health committee member or representative;
- Refuses to work pursuant to section 3-31 of *The Saskatchewan Employment Act*; or
- Gives information to an OHC, OH&S representative, occupational health officer, or a radiation health officer.

Steps for filing a discriminatory action complaint:

1. Contact the Harassment & Discriminatory Action Prevention Unit with the Occupational Health and Safety Division.
2. An intake coordinator will assess the situation and determine if the complaint is considered a discriminatory action case pursuant to Part III of *The Saskatchewan Employment Act*.
3. If the situation is considered as a discriminatory action case, a questionnaire will be sent to the complainant.
4. The complainant will complete the questionnaire and return it to the Occupational Health and Safety Division. The supervisor of the unit will review and assign the case to an officer as necessary.
5. If it is determined that the complaint is not valid or does not fall within the legislation, the supervisor will give written notice to the complainant that OH&S will not proceed.

(Source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/rights-and-responsibilities-in-the-workplace/discriminatory-action>)

APPENDIX II - SUN Position Statement on Violence

Violence means the attempted, threatened or actual conduct of a person that causes or is likely to cause injury. Workplace violence includes any physical or sexual assault from a patient, client, resident, volunteer, supervisor, manager, member of the public, or co-worker. Verbal abuse and threatening language or behaviour are also forms of violence.^[1]

Violence is prevalent and under-reported in health care environments and is a significant source of injury and distress for registered nurses.^[2] Violence can have long-term impacts on the workplace and on registered nurses' physical and mental health and well-being.^[3] Violence negatively affects outcomes for patients and families, registered nurses, and organizations.^[4]

By law, employers must develop, implement, and review at least every 3 years, a comprehensive written policy statement and prevention plan to deal with potentially violent situations, in consultation with occupational health and safety committees, union representatives, and workers themselves.^[5]

Violence policies and plans must include:

- The employer's commitment to minimize or eliminate risk;
- The identification of worksites and staff positions for which there is a history or risk of violence;
- The actions the employer will take to minimize or eliminate the risk of violence;
- The procedures to be followed to document, report and investigate violent incidents; and
- A commitment to provide a training program for workers to recognize potentially violent situations and to follow the procedures, work practices, administrative arrangements and controls that have been developed to minimize or eliminate risk.^[6]

Every workplace must cultivate a culture of safety and respect based on the shared responsibility of all health care stakeholders, including employers, patients and families, registered nurses and other employees, government and community agencies, and nursing professional, regulatory, labour, and accreditation organizations.

By documenting and reporting violent incidents, SUN members can contribute to raising awareness about the scale of workplace violence, help identify strategies to reduce risk and make workplaces safe, and to contribute to a workplace and professional environment that refuses to normalize violence.

Registered nurses have the right to work and practice in an environment that is free from any form of violence and where violence is not tolerated as a part of their job.^[7]

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[1] (Government of Saskatchewan, 2012)

[2] (Kvas & Seljak, 2014)

[3] (Stevenson, Jack, O'Mara, & LeGris, 2015)

[4] (Roche, Diers, Duffield, & Catling-Paull, 2010)

[5] (Sask. Reg. 75/2012, s. 3)

[6] (Sask. Reg. 75/2012, s. 3)

[7] (RNAO, 2008; Canada Labour Code, 1985; CNA and CFNU, n.d.)

APPENDIX III – CFNU Position Statement: Safety Is Not Negotiable

The following position statement can be downloaded from CFNU's website @ nursesunions.ca/position-statements

POSITION STATEMENT

UPDATED DECEMBER 16, 2020

Safety Is Not Negotiable Pandemic Preparedness – the Coronavirus 2019 (COVID-19)

*When it comes to worker safety in hospitals, we should not be driven by the scientific dogma of yesterday or even the scientific dogma of today. We should be driven by the precautionary principle that reasonable steps to reduce risk should not await scientific certainty. Until this **precautionary principle** is fully recognized, mandated and enforced in Ontario's hospitals, workers will continue to be at risk.*

Justice Campbell, Chair of the SARS Commission

INTRODUCTION

New evidence and information on COVID-19 is emerging daily, and CFNU's recommendations remain based on science and occupational health and safety legislation and principles, including the precautionary principle.

As well, the occupational health and safety principle of the hierarchy of controls applies. It starts with eliminating the hazard whenever possible. When that cannot be accomplished, a combination of engineering and administrative controls, combined with appropriate personal protective equipment, must be applied. The system is called a hierarchy because you must apply each level in the order that they fall in the list; a systematic comprehensive and integrated approach must be taken to reducing hazards; a hierarchy of controls cannot be applied in a piecemeal fashion.

In the midst of the second wave of COVID-19, it is incumbent upon federal/provincial/territorial governments and employers to provide appropriate protection to health care workers and take a leadership role on infection prevention and control in health care settings.

The federal government has committed to procuring and allocating the necessary PPE to provinces, including fit-tested NIOSH-approved N95 respirators.

In light of the fact that the Public Health Agency of Canada (PHAC) has now formally acknowledged that one of the main routes of transmission for COVID-19 is from infected individuals, who spread the virus through respiratory droplets and aerosols generated when they cough, shout, talk or sing, and that these aerosolized particles may linger in the air and be inhaled,¹ governments and employers must enhance their procurement measures to

¹ Public Health Agency of Canada. (2020, November 3) COVID-19: main modes of transmission. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>

secure respiratory protection (fit-tested N95 respirators or better) so as to protect health care workers caring for presumed and confirmed cases of COVID-19.

Examples of engineering controls: plexiglas barriers; sufficient and effective ventilation systems with appropriate air changes per hour and air cleaners;² designated COVID-19 units, negative pressure rooms; private rooms with private toilet and patient sink; designated hand washing sinks for HCW use.

Examples of administrative controls: employers' pandemic plan; active screening protocols; respiratory protection program; enhanced environmental cleaning; application of precautions (droplet and aerosol (small droplets and particles which linger in the air), contact, airborne); safe patient transportation policies; training, testing and drilling; education, surveillance and auditing practices; visitor restriction and protection policies; policies on procuring, supplying and accessibility of adequate and appropriate PPE; provincial/territorial and federal guidance and directives to adequately protect workers from the risk of inhaling the virus via the aerosol/airborne route.

Examples of PPE: Fit-tested NIOSH-approved N95 respirators or better (e.g., reusable elastomeric respirators) for workers at risk of exposure to a suspect or confirmed COVID-19 patient/resident/client with an adequate and accessible supply (along with training on how to don and doff respirators); gloves, impermeable gowns, medical masks, full face shields or goggles, hair and foot coverings.

THE EVIDENCE

According to the Chief Public Health Officer of Canada, health care worker infections with COVID-19 comprised 19% of total cases in Canada as of mid-August. There have been at least 27 health care worker deaths from COVID-19 in Canada.³ Health care worker infections in Canada were twice the global average during the first wave of COVID-19.⁴ As the CFNU detailed in its recently published report, *A Time of Fear: How Canada failed our health care workers and mismanaged COVID-19*, other countries fared much better because they learned from the SARS epidemic in 2003. China's COVID-19 infection rate for health care workers stood at 4.4% of the national total, while Taiwan and Hong Kong had infections of health care workers that remained in the single digits because they chose to protect health care workers with respiratory protection (N95 respirators).⁵

² U.S. EPA. Air cleaners, HVAC filters and Coronavirus (COVID-19). Retrieved from <https://www.epa.gov/coronavirus/air-cleaners-hvac-filters-and-coronavirus-covid-19#:~:text=Portable%20air%20cleaners%20and%20HVAC,virus%20that%20causes%20COVID%2D19>

³ PHAC. (2020, October). *From risk to resilience: an equity approach to COVID-19: Chief Public Health Officer of Canada's Report on the State of Public Health 2020*. Retrieved from <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html>

⁴ ICN. (2020, October 28). ICN confirms that 1500 nurses have died from COVID-19 in 44 countries and estimates that HCW fatalities worldwide could be more than 20,000. Retrieved from <https://www.icn.ch/news/icn-confirms-1500-nurses-have-died-covid-19-44-countries-and-estimates-healthcare-worker-covid>

⁵ Possamai, M. (2020). *A Time of Fear*. Retrieved from <https://www.atimeoffear.com/>

According to a report from Quebec's Institut national de santé publique du Québec, health care workers were ten times more likely to be infected than the general population during the first wave of COVID-19.⁶

In the midst of the second wave of the COVID-19 in Canada, tens of thousands of health care workers have now become infected with COVID-19. It is unacceptable that so many health care workers are getting sick. It is also apparent that current measures being taken to protect workers, including the personal protective equipment provided, are not sufficient or appropriate.

Aerosol Transmission of COVID-19

Since January 2020, the Canadian Federation of Nurses Unions and its member organizations have documented the potential risk of aerosol transmission of COVID-19, and urged that the precautionary principle be applied to protect health care workers from contracting the virus. As the evidence has mounted with respect to COVID-19 being spread in the air, many experts now consider close-range aerosol transmission the dominant mode of transmission.⁷

In November 2020, the Public Health Agency of Canada (PHAC) confirmed that close-range aerosol transmission of COVID-19 occurs. According to the PHAC, when a person infected with COVID-19 coughs, sneezes, sings, shouts or talks, small aerosolized droplets or particles called aerosols can linger in the air and potentially be inhaled into the nose, mouth, airways and lungs of those in the room. The PHAC recognizes the virus is spread most commonly amongst those in close contact within indoor environments, and one can become infected from someone with or without symptoms. The PHAC also notes the importance of adequate and appropriate ventilation in order to decrease the concentration of aerosols that may be suspended in the air in the room, and reduce the chances of SARS-CoV-2 spread if those aerosols contain the virus.⁸

Further, according to the U.S. Centers for Disease Control and Prevention, long-range aerosol transmission of COVID-19 has occurred under certain circumstances, although it is an uncommon transmission route (the U.S. CDC refers to 'airborne' transmission of COVID-19 as aerosol particles travelling farther than 6 feet and remaining in the air for more than 30 minutes up to multiple hours). Factors that may contribute to aerosol transmission of the virus include: a) enclosed spaces; b) inadequate ventilation or air handling that allows a build-up of suspended small respiratory droplets and particles; c) prolonged exposure to respiratory particles and d) an infected person breathing heavily.⁹

⁶ RCI. (2020, October 15). Over 13,500 health care workers in Quebec infected during first wave of pandemic. Retrieved from <https://www.rcinet.ca/en/2020/10/15/over-13500-health-care-worker-in-quebec-infected-during-first-wave-of-pandemic/>

⁷ CFNU. Research Summary on COVID-19. Retrieved from <https://nursesunions.ca/cfnu-research-summary-on-covid-19/>

⁸ The Public Health Agency of Canada (2020, November 3). COVID-19: Main Modes of Transmission. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html>

⁹ U.S. Centers for Disease Control and Prevention. (2020, October 5). How COVID-19 Spreads. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

POSITION

It is the position of the Canadian Federation of Nurses Unions (CFNU) that, in the event of an outbreak of any new respiratory virus, we acknowledge that the required and best respiratory protection for health care workers at risk is, minimally, fit-tested NIOSH-approved N95 respirators or higher levels of protection (e.g., powered air-purifying respirators (PAPR) or elastomeric respirators), given the emerging science, occupational health and safety legislation, and the precautionary principle.

Failure to institute the precautionary principle throughout the health care system, including in acute and long-term care facilities, home and community care, has resulted in nurses and other health care workers becoming vectors spreading the disease to each other and their patients, residents, clients or families. For infection and prevention control measures to be effectively implemented, the hierarchy of controls, as described above, must be implemented throughout the organization, in conjunction with joint health and safety committees that include direct care providers (including nurses) and their unions.

Based on an organizational infectious disease risk assessment, all nurses and frontline health care workers at risk in their area of work, or any area they may have to work in, with the potential for exposure, and/or who are caring for a suspected or confirmed COVID-19 patient, should be provided, fitted for and have unfettered access to a NIOSH-approved N95 or greater respirator (i.e., powered air-purifying respirator (PAPR), elastomeric respirator), and be trained, tested and drilled by the employer to safely don and doff it. All PPE (gloves, impermeable/isolation gowns, medical masks, N95 respirators, and face and eye protection (such as full face shields or goggles) should be supplied in all patient/resident care areas and in adequate amounts, and stored so they are readily accessible at the point of care for all health care workers.

It is critical that employers recognize, promote and respect the importance of health care workers performing a point-of-care risk assessment (PCRA) before every client interaction, to determine the personal protective equipment (PPE) health care workers require for the patient, task and environment. **Guidance must make it clear that an employer cannot deny access to the necessary and appropriate PPE – regardless of the care/task being provided or undertaken – including fit-tested N95 respirators, if a health care worker determines that they are required.**

Universal Masking in Health Care Settings

Given the evidence of non-symptomatic transmission, health care workers and visitors should wear a medical mask at all times when in patient care areas in hospitals, long-term care facilities and community settings.

Patients/residents/clients who are able to comply should wear medical masks as a form of source control anywhere within the health care facility and within their homes or their rooms when health care workers request they don a mask.

Collection of Respiratory Specimens

Given the evidence of close-range aerosol transmission, the potential for non-symptomatic transmission, and the collection of a specimen from an anatomic region where viral loads may be higher, health care workers performing nasopharyngeal or throat swabs must be provided the ability to access fit-tested N95 respirators (or higher levels of protection) based on their PCRA (minimally, contact and droplet precautions must be in place) and be trained, tested and drilled in all PPE use.

Screening, Testing and Triage

For those workers involved in triage and screening and testing for COVID-19, ideally a floor-to-ceiling plexiglas barrier with a speaker phone would eliminate worker exposure to the hazard, if there is no further direct contact with a patient required. If the barrier is not in place and direct contact cannot be avoided, other administrative and engineering controls (such as disposable equipment, signage procedures, training, separate examination rooms and waiting area with adequate ventilation with appropriate air changes per hour throughout the facility) should be in place before direct contact with the patient. Workers must have the ability to access fit-tested N95 respirators based on their PCRA (minimally, contact and droplet precautions must be in place) and be trained, tested and drilled in all PPE use.

To reduce the spread of COVID-19 in health care facilities, emphasis must be placed on preventing the virus from entering the facility. Therefore, effective and comprehensive screening and testing programs for both visitors and staff entering all facilities must be in place.

Designated COVID-19 Units

Hospitals and long-term care residences must cohort and isolate patients with presumed or confirmed cases of COVID-19. This has been an effective infection prevention and control model used internationally.

Given the potential for non-AGMP aerosol spread of the virus, all workers caring for suspected or confirmed cases in designated COVID-19 units must be required to wear, minimally, fit-tested NIOSH-approved N95 respirators, if available, to prevent aerosol transmission of the virus. Head and foot protection, eye protection (i.e. full face shields or goggles), gloves, impermeable (or at least fluid-resistant) gowns must also be worn in these areas.

Aerosol-Generating Medical Procedures 'Hot Spots'

It is essential that airborne precautions and the use of fit-tested NIOSH-approved N95 respirators or preferably better (i.e. elastomeric respirators, powered air-purifying respirators (PAPRs)) be mandated at all times in clinical areas considered aerosol-generating medical procedures 'hot spots' (e.g.: intensive care units (ICU), emergency rooms, operating rooms, post-anaesthetic care units and trauma centres) that are managing COVID-19 patients. Where

possible, AGMPs should take place in negative pressure rooms (or AIIR – airborne infection isolation rooms), or single-patient/resident rooms if an AIIR room is unavailable, and PAPRs should be used as respiratory protection for AGMP procedures.

Supply Issues

Upon producing evidence to the joint occupational health and safety committee of the employers' procurement attempts for all types of respiratory protection (fit-tested N95 respirators and reusable/cleanable respirators) from all vendors and from government – and as a last resort in the event of dire supply shortages of disposable N95 respirators – employers must notify and discuss alternative strategies to immediately address and resolve the supply issue with affected health care unions.

At a minimum, in this eventuality all employees must be equipped with personal protective equipment for contact and droplets precautions for suspected, presumed or confirmed cases of COVID-19, including gloves, eye protection (full face shield or goggles), isolation/impermeable gowns, head and foot coverings, and medical masks, for which they must also be trained, tested and drilled in safe use.

The Critical Importance of Point-Of-Care Risk Assessment (PCRA)

Point-of-Care Risk Assessment is required to be completed by all health care workers for all interactions with patients/residents/clients.

Even in the event of supply issues, the point-of-care risk assessment (PCRA), an activity that is based on the individual nurses' professional judgment (i.e., knowledge, skills, reasoning and education) must determine the protective equipment a nurse is provided, and if it is inadequate – given the patient acuity, environment or other factors – nurses must be provided access to a higher level of PPE regardless of the care/task being undertaken. Guidance must make it clear that a health care worker cannot be denied appropriate protection as required by the PCRA.

Underlying the PCRA is the principle that individual health care workers are best positioned to determine the appropriate personal protective equipment (PPE) required based on the situation and their interactions with an individual patient. They do so by evaluating the likelihood of exposure to themselves or others based on a specific task, environment, conditions, interaction or patient. Among the factors that should be considered in the PCRA are: the potential for contamination of skin or clothing; exposure to blood, body fluids or respiratory secretions; the potential for inhaling contaminated air or aerosolized particles; the patient's ability or willingness to comply with infection control practices (e.g., wearing a medical mask); whether care requires very close contact or prolonged close contact; what engineering (i.e. appropriate ventilation/air changes per hour and air cleaners) and administration controls are in place; and whether the patient could require an aerosol-generating medical procedure at any point and/or is in an AGMP hot spot (e.g.: intensive care unit, emergency room, operating room, post-anesthetic care unit or trauma centre) that is managing COVID-19 patients. Personal protective equipment should be selected based on the

potential for exposure in order to minimize the risk of exposure to HCWs, a specific patient or other patients in the environment.

The PCRA does not abdicate the employer, however, from their legal obligation to provide appropriate PPE and protect all workers adequately under the *Occupational Health and Safety Act*, as indicated below.

Precautionary Principle and OH&S Law

A recent legal opinion, posted by a leading Canadian law firm Osler, Hoskins & Harcourt LLP, recommends employers “benchmark to current best practices” and follow “appropriate precautionary measures”: “Where there is conflicting evidence as to whether a certain precautionary measure is required or not, hospitals should adopt the elevated precautionary measure(s). Hospitals should be cognizant that it will be the hospital that will be legally liable for any failures to protect patients and staff from harm, even if hospitals have relied on federal, provincial or municipal government directives in establishing its own plans, policies and procedures.”¹⁰

Similarly, Katherine Lippel, Distinguished Canada Research Chair in Occupational Health and Safety Law, argues that: “The precautionary principle that provides that prevention measures be put in place when scientific uncertainty prevails is intrinsic to OHS law.”¹¹

The legal ruling in Ontario from Justice Morgan in *Ontario Nurses’ Association v. Eatonville/Henley Place*, 2020, and the Stout award have reinforced the importance of the point-of-care risk assessment and respecting nurses’ professional and clinical judgement when determining what PPE is necessary: “Nurses must be provided with PPE, including N95 respirators if, in the nurses reasonably professional and clinical judgment, they determine such PPE is necessary.”¹²

Employers’ responsibilities are clearly laid out in provincial OH&S law: employers must work with joint OH&S committees on their pandemic plans, protocols and measures; provide training, testing and drilling for all employees on health and safety measures; establish a respiratory protection plan and provide fit-testing for N95 respirators or better to all employees who may need them as based on their areas of work or potential work responsibilities; and employers are also responsible for making PPE readily accessible and available to health care teams so they can do their jobs safely.

It is our position that a pan-Canadian approach to emergency preparedness must incorporate the precautionary principle so that all nurses and health care workers across Canada have the same access to health and safety in their workplaces, including the same standard for personal protective equipment (PPE) and pandemic planning.

¹⁰ Retrieved from <https://www.osler.com/en/resources/governance/2020/coronavirus-covid-19-lessons-learned-from-sars-a-guide-for-hospitals-and-employers>

¹¹ Possamai, M. (2020). *A Time of Fear*. Retrieved from <https://www.atimeoffear.com/>

¹² Ibid.

Effective infection control and health and safety strategies must incorporate a hierarchy of controls approach, as described above, developed and implemented throughout the organization, in conjunction with joint health & safety committees that include nurses and their unions.

If AT ANY TIME you feel that your employer is not following the OH&S laws and principles as outlined above, please contact your union immediately.

Nurses are expected to be prepared, 24 hours a day, to face any number of health emergencies. The ability to respond quickly and efficiently to emergencies is fundamental to the nursing profession. However, rapid response requires the support of many parts of the health care system. It requires emergency preparedness planning, proper administrative and engineering controls, the support of the administrators of the health system, as well as employers and governments to ensure the necessary protocols, measures, procedures, training and protective equipment that take into consideration risk and the precautionary principle.

For workers, we recognize the critical importance of the point-of-care risk assessment and that individual health care workers, using their knowledge, skills, judgement and education, are best positioned to determine the appropriate PPE required based on their interaction with an individual patient in a particular environment.

Questions or concerns? If you have any questions or concerns, please speak with your union or a member of your Joint Occupational Health & Safety Committee.

EMPLOYER'S CHECKLIST

- Consult the Joint Occupational Health & Safety Committee on all measures, procedures and training with respect to COVID-19.
- Review and update existing institutional pandemic plans, developed in conjunction with the joint OH&S committees, to ensure they include staffing, communication, education and training for staff with respect to pandemic preparedness plans and the health risks of the current emergency and/or pandemic situation.
- Ensure that workers have ready access to appropriate PPE, are regularly trained and fit-tested for the N95 respirator or better (at least biennially or in accordance with personnel changes) and regularly drilled in any potential hazards, including the reason for and use of protective equipment such as the N95 respirator or better (e.g., powered air-purifying respirator (PAPR), elastomeric respirator), how to don and doff all equipment, and all safety protocols.
- It is essential to ensure that health care providers are fully trained, tested and drilled in the care provisions/protocols required during a pandemic, including conducting a point-of-care risk assessment before each interaction with a patient and/or the patient's environment to evaluate the likelihood of exposure to contact, droplet and/or aerosols in providing care and/or care procedures, equipment and treatment settings to determine the appropriate safe work practices.
- Conduct a comprehensive organizational risk assessment, including determining all points of potential entry (and how to restrict them using prominent signage and limiting access)

and other points of potential exposure for workers (e.g., screening, triage, isolation rooms).

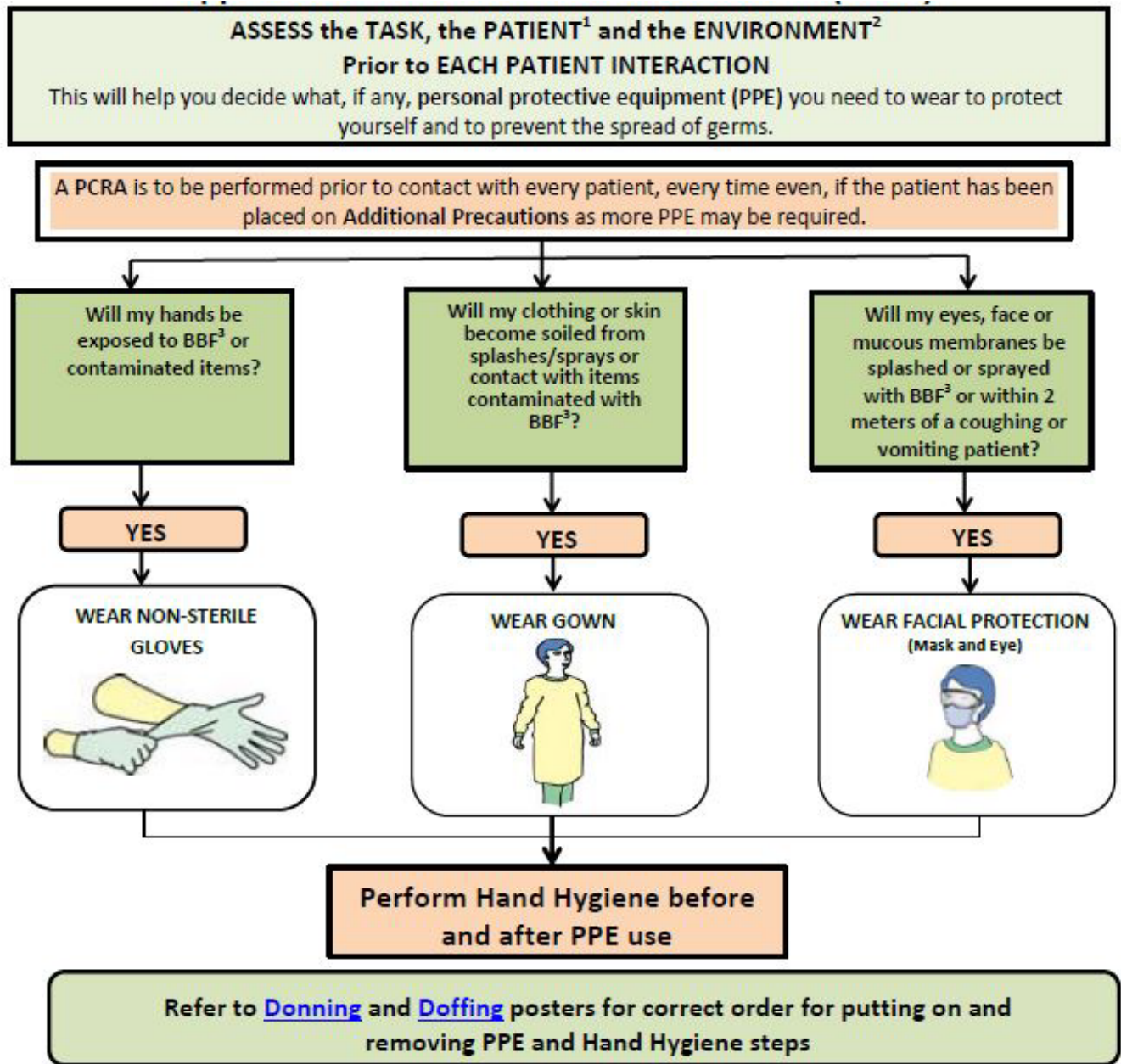
- Implement changes in policies, procedures, equipment and the environment to eliminate or minimize identified risks in accordance with a hierarchy of controls approach to hazards.
- Have in place relevant travel screening and worksite/unit exposure controls. Ensure that sufficient protective measures and equipment are in place for all screening locations at all entry points.
- Have in place suitable structural barriers (e.g., ceiling-to-floor plexiglas barriers at triage and registration), disposable equipment, separate examination rooms and waiting area.
- Secure an adequate supply of appropriate fit-tested N95 respirators or better (e.g., reusable elastomeric respirators), gloves, impermeable gowns, head and foot protection, full face shields or goggles, as well as PAPRs (for aerosol-generating medical procedures, e.g., intubation) and full body protection on hand.
- Have airborne infection isolation rooms (negative pressure rooms) available and prepared for immediate occupancy whenever possible.
- When a suspected patient is identified, implement isolation measures in a negative pressure room for those with symptoms and move patient immediately to this room, separate from other patients, with access to a dedicated washroom or commode, and ensure that only trained and properly equipped personnel (with appropriate PPE, including respirators) are assigned as care providers and to enter these rooms.
- Create dedicated teams of clinicians who are protected with and trained, tested and drilled in the use of proper personal protective equipment for COVID-19, including teams trained in the use of N95 respirators or better (e.g., elastomeric respirators) and PAPR, if available (for aerosol-generating procedures), donning and doffing protocols, who can care for both suspected and confirmed cases of COVID-19 on each shift.
- Ensure sufficient staffing is available to supplement nurses and other health workers who need to care for patients in isolation, and schedule work in a manner that allows for multiple rest periods and recovery periods, as well as implement systems for monitoring fatigue.
- Implement surge capacity protocols as needed.
- In the event of staff shortages, contingency plans for staffing must be drawn up in close cooperation with joint occupational health and safety committees and affected nurses' unions.
- In the event where staff are transferred between unit/sites, or there is a redeployment of staff, staff must be sufficiently orientated, trained and educated so they are effectively prepared for work in the new unit/site, and the union shall also be notified of the transfer or redeployment.
- Implement enhanced cleaning protocols ensuring cleaners wear the appropriate PPE.
- Use disposable equipment whenever possible; non-disposable equipment should be dedicated to the patient.
- Undertake a review of the facility's ventilation to ensure that there are sufficient air changes to help mitigate the risk of aerosol transmission.

NURSE'S CHECKLIST

- Comply with existing workplace infection control policies and procedures.
- Stay home when you are ill.
- Update your N95 respirator fit-testing and wear an N95 respirator, or better (e.g., elastomeric respirator), if there could be any risk of exposure to COVID-19.
- Use required droplet, contact and additional airborne precautions such as (but not limited to): gloves, full face shields or goggles, impermeable gowns, N95 respirators, powered air-purifying respirators (PAPR) when available (for aerosol-generating medical procedures, e.g., intubation).
- Conduct a point-of-care risk assessment before each interaction with a patient and/or the patient's environment to evaluate the risk of exposure to contact and/or aerosol transmission in providing care and care procedures, equipment and treatment settings; at any time during this risk assessment nurses may request an increase in PPE.
- In the event that a nurse is transferred between units/sites or redeployed, and the nurse identifies the need for orientation, training or education, the nurse shall notify the employer.
- If you have any health conditions of concern when caring for COVID-19 presumed or confirmed cases, please consult your health care provider.
- Avoid touching your eyes, nose and mouth with hands to prevent self-contamination; clean hands before contact with any part of the body.
- Avoid contact between contaminated gloves/hands or equipment and the face, skin or clothing when removing PPE.
- Familiarize yourself with your collective agreement and legislation with respect to pandemic preparedness, occupational health and safety (OH&S) and the right to refuse dangerous work.
- **STOP if you do not have the required personal protective equipment or properly fitted respiratory protection, and/or have not been trained, drilled and tested in its care, use and limitations, and speak with your manager or supervisor; document the situation and copy your union and Joint OH&S Committee representative.**
- **REPORT any health and safety concerns, including gaps in adequate protocols and procedures and/or communications, inadequate ventilation, access to PPE, fit-testing and/or training or other health and safety concerns to your manager or supervisor, copying your Joint OH&S Committee and your union.**

APPENDIX IV – Personal Protective Equipment (PPE)

SHA Point of Care Risk Assessment (PCRA) Algorithm



Notes
¹ Patient–patient, resident or client
² Environment = any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the health care provider when providing care or performing tasks
³ BBF = Blood and Body Fluids (includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions)

(source: <https://publications.saskatchewan.ca/#/products/105533>)

Putting on (Donning) Personal Protective Equipment (PPE)

1 HAND HYGIENE



- A** Using an alcohol-based hand rub is the preferred way to clean your hands.
- B** If your hands look or feel dirty, soap and water must be used to wash your hands.

2 Gown



- A** Make sure the gown covers from neck to knees to wrist.
- B** Tie at the back of neck and waist.

3a Procedure/Surgical Mask



- Secure the ties or elastic around your head so the mask stays in place.
- Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

3b N95 Respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold



All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.



- A** Pre-stretch both top and bottom straps before placing the respirator on your face.
- B** Cup the N95 respirator in your hand.
- C** Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D** Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E** Fit check the N95 respirator.

4 Eye Protection or Face Shields



- Place over the eyes (or face).
- Adjust to fit.

5 Gloves



- Pull the cuffs of the gloves over the cuffs of the gown.

Updated on March 2020

Some Photos Used from Alberta Health Services

For more information contact infectioncontrol@saskhealthauthority.ca

Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.

- Hold the glove in the opposite gloved hand.
- B Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C Peel the glove off and over the first glove, making a bag for both gloves.
- Put the gloves in the garbage.

2 HAND HYGIENE



- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown



- A Carefully unfasten ties.
- B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
- C Turn the gown inside out during removal.
- Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE



- Clean your hands. (See No. 2)
- Exit the patient room, close the door and clean your hands again.

5 Eye Protection or Face Shield



- Handle only by headband or ear pieces.
- Carefully pull away from face.
- Put reusable items in appropriate area for cleaning.
- Put disposable items into garbage.

6 Mask or N95 Respirator



- Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- Start with the bottom tie, then remove the top tie.
- Throw the mask in the garbage.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.

7 HAND HYGIENE

- Clean your hands. (See No. 2)

Updated on March 2020

Some Photos Used from Alberta Health Services

For more information contact infectioncontrol@saskhealthauthority.ca

SHA Donning & Doffing PPE Checklist

DONNING PPE	
<ul style="list-style-type: none"> • PPE and supplies have been gathered and inspected prior to starting donning process. • PPE can increase based on risk assessment. 	
DONE (☐)	STEPS
	1. HCW (Healthcare worker) has completed the following: <ul style="list-style-type: none"> • Hair tied or pulled back if needed
	2. Perform hand hygiene for minimum of 15 seconds
	3. Don gown <ul style="list-style-type: none"> • Fasten both top and waist tie
	4. Don mask or fit tested N95 Respirator <ul style="list-style-type: none"> • Perform seal check
	5. Don safety glasses/goggles or face shield <ul style="list-style-type: none"> • Place over the eyes (or face). • Adjust to fit
	6. Don gloves <ul style="list-style-type: none"> • Place glove cuff over the cuff of the gown
	7. Final PPE check <ul style="list-style-type: none"> • HCW performs basic movements for work tasks
DOFFING PPE	
<ul style="list-style-type: none"> ☐ PPE Coach supervises proper PPE removal for each step of the PPE doffing checklist steps to the HCW ensuring adherence to protocols. ☐ Coach watches closely and provides coaching for each step ensuring sufficient time without distraction reinforcing positioning of hands keeping them away from face and clothing at all times. ☐ Prior to removal of PPE, coach will remind the HCW to avoid reflexive actions that may put them at risk, such as touching their face, and to perform each step slowly and carefully. 	
DONE (☐)	NEAR DOORWAY but away from clean supplies
	1. Remove gloves <ul style="list-style-type: none"> • Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out. • Hold the glove in the opposite gloved hand. • Slide an ungloved finger or thumb under the wrist of the remaining glove. • Peel the glove off and over the first glove, making a bag for both gloves. • Put the gloves in the garbage
	2. Perform hand hygiene for minimum of 15 seconds
CONTINUED ON OTHER SIDE	

DOFFING PPE continued

- PPE Coach supervises proper PPE removal for each step of the PPE doffing checklist steps to the HCW ensuring adherence to protocols.
- Coach watches closely and provides coaching for each step ensuring sufficient time without distraction reinforcing positioning of hands keeping them away from face and clothing at all times.
- Prior to removal of PPE, Coach will remind the HCW to avoid reflexive actions that may put them at risk, such as touching their face, and to perform each step slowly and carefully.

DONE (☐)	STEPS		
	<p>3. Remove gown gently</p> <ul style="list-style-type: none"> • Unfasten top tie first, then waist tie • Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms. • Turn the gown inside out during removal. • Continue folding the gown inward on to itself away from you until it is small enough to discard. • Put in hamper or, if disposable, put in garbage. 		
	4. Perform hand hygiene for minimum of 15 seconds.		
	EXIT ROOM & CLOSE DOOR		
	5. Perform hand hygiene for minimum of 15 seconds.		
	<p>6. Remove eye protection</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><i>Disposable Face Shield</i></p> <ul style="list-style-type: none"> • Handle only by headband or ear pieces. • Carefully pull away from face. • Put into garbage </td> <td style="vertical-align: top; width: 50%;"> <p><i>Reusable Goggles</i></p> <ul style="list-style-type: none"> • Put on clean gloves. Obtain disinfectant cloth (Accel or Clorox) and open cloth fully. • Remove eye protection • Using one hand, lift away eye protection from face. Keep hand steady in place. • Clean safety glasses/goggles from clean to dirty in this order: inside lens, strap/arms, cord (if applicable), one side, front lens and transfer cloth to opposite hand to clean last side. Ensure all areas are cleaned. • Place eye protection on clean surface. • Allow eye protection to air dry. </td> </tr> </table>	<p><i>Disposable Face Shield</i></p> <ul style="list-style-type: none"> • Handle only by headband or ear pieces. • Carefully pull away from face. • Put into garbage 	<p><i>Reusable Goggles</i></p> <ul style="list-style-type: none"> • Put on clean gloves. Obtain disinfectant cloth (Accel or Clorox) and open cloth fully. • Remove eye protection • Using one hand, lift away eye protection from face. Keep hand steady in place. • Clean safety glasses/goggles from clean to dirty in this order: inside lens, strap/arms, cord (if applicable), one side, front lens and transfer cloth to opposite hand to clean last side. Ensure all areas are cleaned. • Place eye protection on clean surface. • Allow eye protection to air dry.
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	7. Perform hand hygiene for minimum of 15 seconds		
	<p>8. Remove mask</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><i>Surgical Mask</i></p> <ul style="list-style-type: none"> • With one hand on each strap, remove mask being careful not to allow outside of mask to touch face. • Place mask in garbage. </td> <td style="vertical-align: top; width: 50%;"> <p><i>N95 Respirator</i></p> <ul style="list-style-type: none"> • Lift the bottom elastic over your head, then the top elastic. • Lift mask away from your face while holding the elastic. • Place mask in garbage. </td> </tr> </table>	<p><i>Surgical Mask</i></p> <ul style="list-style-type: none"> • With one hand on each strap, remove mask being careful not to allow outside of mask to touch face. • Place mask in garbage. 	<p><i>N95 Respirator</i></p> <ul style="list-style-type: none"> • Lift the bottom elastic over your head, then the top elastic. • Lift mask away from your face while holding the elastic. • Place mask in garbage.
<p><i>Surgical Mask</i></p> <ul style="list-style-type: none"> • With one hand on each strap, remove mask being careful not to allow outside of mask to touch face. • Place mask in garbage. 	<p><i>N95 Respirator</i></p> <ul style="list-style-type: none"> • Lift the bottom elastic over your head, then the top elastic. • Lift mask away from your face while holding the elastic. • Place mask in garbage. 		
	9. Perform hand hygiene for minimum of 15 seconds		

APPENDIX V – Pandemic Preparedness Checklist

In the event of a pandemic, the OHC has a role and should be part of decision making re OH&S issues during pandemic (PPE, hand sanitizer, etc). An annual review in advance of the cold/flu season, is recommended.

		In Place	Action Req'd
1	Do you have Regional, Facility and Unit Pandemic Plans? Has your OH&S Committee been consulted on these plans?		
2	Have all HCW received education and training regarding pandemic preparedness and, when required, the implementation of these plans?		
3	Has your facility Joint Occupational Health and Safety Committee (JOH&SC) discussed and reviewed the <u>Exposure Control Plan</u> for your workplace?		
4	If a worker has questions about infection control or infectious disease hazards, is it clear where the worker finds the information in a timely manner?		
5	Have all nurses who take on a supervisory or charge nurse role received additional training regarding preparedness?		
6	Are all workers aware of the person to call for information or assistance on all shifts and days of the week? Is the communication process clear to all staff?		
7	Does your workplace have a plan for segregation or cohorting of residents/patients ill with symptoms?		
8	Do all staff have <u>immediate</u> access to the necessary personal protective equipment for the area of practice and potential risk, including N95 Respirators?		
9	Have all nurses been trained and fit-tested for N-95 Respirators?		
10	For nurses who have not been fit-tested, or are unable to be fitted for other reasons, are there plans in place so these nurses do not care for patients with influenza or influenza-like illnesses?		
11	Are nurses aware of their right to refuse dangerous work?		
12	Have any new, relocated and/or temporary clinics and assessment sites been inspected by the OH&S Committee?		

Appendix VI – Steps for Resolving Occupational Health & Safety Concerns

When a safety concern arises, workers should:

1. Contact their supervisor to discuss their safety concerns in an effort to resolve them. Supervisors should promptly investigate the concern and take any appropriate corrective action. If the supervisor can't resolve the concern, he/she should contact the employer/manager about the concern.
2. If the issue can't be resolved between the worker and supervisor, or the supervisor refuses to address the issue, workers should contact their Occupational Health Committee or **Occupational Health and Safety Representative**. The committee should try to resolve the concern with the workers and the supervisor and employer/manager if necessary.
3. If the issue cannot be resolved, contact the Occupational Health and Safety Division. An occupational health and safety officer may be able to offer some advice/assistance to help resolve the problem.

When a committee identifies unsafe conditions at the workplace, they should:

- Provide written a notice about the unsafe condition(s) and their recommended corrective action(s) to the employer.

When employers receive the committee's recommendations, they:

- Are required to inform the committee/representative in writing of the actions they have taken or will take to correct the unsafe condition. Or, if the employer chooses not to correct the unsafe condition(s), they must give written reasons for this as well.
- If, the employer did not accept the recommended corrective actions, the committee may need to find other suitable solutions for the unsafe condition(s).
- If the issue cannot be resolved, an occupational health officer should be called. The officer will try to help both sides find an acceptable solution. If that is not possible, the officer will make a decision based on the requirements of *The Saskatchewan Employment Act* and regulations.

(Source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/rights-and-responsibilities-in-the-workplace/steps-to-resolving-OH&S-concerns>)

Appendix VII – Occupational Health & Safety (OH&S) Fact Sheet



Occupational Health & Safety Fact Sheet

LOCAL INFORMATION

Facility/Agency Name _____ **Local #** _____
Prepared By _____ **Position** _____
Contact Information **Phone #** _____ **Email** _____

MEMBER INFORMATION

Last Name _____ **First Name** _____
Email _____ **Phone** _____

DIRECT SUPERVISOR/MANAGER

Name (Last, First) _____ **Title** _____
Email _____ **Phone** _____
Notified? When & how _____

FACTS OF THE ISSUES

1. Unit/Department	2. Shift Details
	Date _____ (DD/MM/YY)
	Day S M T W Th F S
	Shift Day Evening Night

Identify Type of Hazard

- Biological (eg: bacteria, viruses, mold, insects, and humans)
- Chemical (eg: depends on the physical, chemical and toxic properties of the chemical)
- Ergonomic (eg: repetitive movements, improper set up of workstation)
- Physical environment (eg: noise, lighting, air quality)
- Psychosocial (eg: stress, violence)
- Safety (eg: slipping/tripping hazards, equipment malfunctions or breakdowns)

Details/Comments:

Concern, Incident or Hazard Identified by Member

Causes: Task-oriented Materials Environment Personnel Training
 Management/Employer Policy Other: _____

Frequency: First Occurrence Reoccurrence - please circle: unit level or facility

Medical Treatment Required? Yes No **WCB Claim?** Yes No

Lost Time? Yes No

Comments:

3. Discussion with Member

Date & Time: _____
Notes:

ISSUE: Resolved Unresolved

DOCUMENTATION: Incident Report WSR filed

Witness(es): Yes No

Name: _____ **Phone/Email:** _____

Name: _____ **Phone/Email:** _____

Name: _____ **Phone/Email:** _____

4. Impact on Safety/Risk of Harm (check all that apply)

Patient Safety Actual Potential

Staff Safety Actual Potential

SUPPORTING DOCUMENTS Attach relevant information, if available

Employer Policies Employer Communication Other: _____

POTENTIAL RESOLUTION

LOCAL PRESIDENT/EXECUTIVE COMMUNICATION (if required)

Date: _____ **Time:** _____
Notes:

FOLLOW UP WITH MEMBER (if required)

Date: _____ **Time:** _____
Notes:

DISTRIBUTION: Original copy for Local OH&S Representative
 Copy provided to Local Executive
 Copy provided to SUN Provincial (Employment Relations Officer)
[as required for significant events]

Appendix VIII - Fact Finding: Tips for Talking with Members

If the speaker is a “Compulsive Talker”: You will need to phrase your questions in such a way that will limit the range of responses. Avoid questions that allow the speaker to launch in a lengthy monologue – in this case, use close ended questions. There may be a time when you ask the speaker to refocus their attention on the main issue – a good way to do this without alienating them in the process is to say “That’s very interesting and I would like to hear more about it if time permits, yet there are points we need to cover if we’re both to profit from our interview. Do you mind if we come back to this and move into the area of ____?”

What about the non-talker? Use open ended questions and short probes such as “tell me more,” “Oh?” “Could you clarify this for me?” “I’m not sure I follow you there.” “That’s interesting – what makes you feel that way?” Non-talkers may be lacking confidence or experiencing anxiety. If you detect this in the early stages of the interview, spend more time on rapport building. Stories about similar experiences or backgrounds between the two of you may help. If you detect nervousness, start your interview with relatively easy questions.

If the person is hostile:

- Your initial response to anger should be one of calm neutrality yet sincere interest.
- Allow the person to speak, register a complaint, etc. uninterrupted.
- Follow up by repeating the facts as you heard them, asking for clarification and probing.
- After you have listened to the facts, do not be afraid to confront the viewpoints if they are founded on incomplete or distorted information.
- Remember, the anger may be directed at you or at someone else. If the anger is directed at you, avoid becoming defensive. After the person has calmed down, strive to understand the nature of the anger or complaint – restate to get clarification.
- If the anger is focused towards you, you may be able to either:
 1. See his/her point of view and rectify your own behavior, or,
 2. Provide him/her with your own interpretation and intent of the behavior.
- Help the person to see the conflict is not between the two of you, but rather between two points of view regarding a specific action or behavior. An area of objectivity may develop where actions are divorced from personalities. Rational discussion can then replace the emotional exchange.
- If the member’s anger is directed at someone else, remain calm and probe for understanding and clarity. The greatest pitfall during this kind of interview is to “line up” on the side of the person to whom the anger is directed, especially if the anger is directed at a fellow union member.

If, during your conversation, you both agree on the interpretation of the events, determine what you believe should be done about the problem in the short- and long-term. Determine next steps and how you plan to address or escalate the situation.

Appendix IX – Inspections, Inquiries and Investigations

Occupational Health Officers (OHOs) can enforce and administer occupational health and safety legislation as per *The Saskatchewan Employment Act*.

Inspections

OHOs can conduct an inspection at any plant, place of employment, worksite, or vehicle where workers usually work or have worked. They have been given this authority to:

- Prevent incidents, injuries and illnesses;
- Determine the causes and details of an incident, injury or illness;
- Determine the cause and details of a dangerous-occurrence that could have resulted in an incident, injury or illness;
- Respond to an occupational health and safety complaint; and
- Determine if a workplace is complying with the occupational health and safety legislation, a compliance undertaking, a notice of contravention or any other order issued by the Division in the enforcement/administration of its legislation.

An officer can conduct an inspection at any reasonable time or at any time they have grounds to believe that a hazardous situation towards workers exists.

During inspections, OHOs may:

- Ask any question that they consider appropriate;
- Require a demonstration of the use of any machinery, equipment, appliance or thing located at the place of employment;
- Require the production of and remove any records that exist about the training of workers related to occupational health and safety (officers are required to return all documents in a timely fashion);
- Enlist the help of workers to retrieve and produce information that is stored electronically for the purpose of completing the inspection; and
- Require any person at the place of employment to produce any information they have concerning the identity of the employer.

Inquiries

An OHO can interview any person who they believe can provide information about a work-related fatality, serious injury, or allegation of harassment.

The only people, who are permitted to attend the interview, aside from the Occupational Health Officer and the interviewee, are:

- A person selected by the interviewee to support them in the interview process; and
- Any other person who the officer allows to be present.

Investigations

If a justice/provincial court judge has reasonable grounds to believe that an offence has been made against *The Saskatchewan Employment Act* and/or the regulations and that there is evidence to support that offence, the judge may issue a warrant.

With this warrant and during an investigation, an Occupational Health Officer has the authority to:

- Enter and search any place/premises named in the warrant;
- Stop and search any vehicle described in the warrant;
- Open and examine the contents of any trunk, box, bag, parcel, closet, cupboard or any other compartment that the officer finds;
- Require the production of and examine any records or property that the officer believes may provide evidence of the offence;
- Remove, make copies of and examine any records that may provide evidence of the offence;
- Require a demonstration of the use of any machinery, equipment, appliance or thing at the place of employment to provide evidence of the offence;
- Conduct any tests, take any samples and make any examinations that may provide evidence of the offence; and
- Seize and remove anything that may be evidence of the offence.

An officer can search a place/premises without a warrant when the officer has ground to believe that waiting for a warrant could result in:

- Danger to human life or safety; or
- The loss and destruction of evidence.

An officer cannot enter any private dwelling without a warrant and without the consent of an occupant unless they have grounds to believe that the delay for obtaining a warrant would result in:

- Danger to human life or safety; or
- The loss and destruction of evidence.

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/enforcements-prosecutions-and-investigations/inspections-inquiries-and-investigations>)

APPENDIX X - Establishing a Collaborative Working Environment

Ensuring there is open, honest, and transparent two-way communication between the Employer and the registered nurses, and is key to fostering a strong, positive and productive OH&S process.

Moving to a collaborative problem-solving environment may take some time. Setting some ground rules at your first or next meeting which describe what the expectations are for the Joint Occupational Health Committee (OHC) will help build a focused and effective Committee.

The best ground rules come from the members of the OHC as they will meet the particular needs and challenges of the Joint OHC. Once ground rules are established, Committee members should agree to abide by them, enforce them and refine them when necessary.

Here are some sample ground rules to help you get started.

1. Everyone participates; no one dominates.
2. Try hard to understand the views of those with whom you disagree.
3. Keep discussions focused.
4. It is okay to have friendly disagreement.
5. No cell phones.
6. Ability to call a time out.
7. Be on time.
8. Structure of the Joint OHC must follow the parameters identified in Part III of the *Saskatchewan Employment Act*.

Conflict Resolution

Conflict occurs when there is an increased level of emotion attached to the discussion. Here are some tips to consider when you react or someone else reacts negatively to a statement that is made:

- Respond with a thoughtful question.
- Paraphrase back what you heard.
- Count to ten.
- Try to understand why the statement evokes such a strong reaction.
- Try not to use negative body language, facial expression or sounds.
- Try to keep an even tone.
- Request a short break.

APPENDIX XI – Summary Offence Tickets (SOTs)

What is a Summary Offence Ticket?

A Summary Offence Ticket (SOT) is a ticket issued by one of two designated Occupational Health Officers. The Ministry of Labour Relations and Workplace Safety and the Ministry of Justice have created summary offence tickets for certain occupational health and safety violations.

There are 12 ticketable offences. They include fall protection, excavations / trenching, personal protective equipment, submission of progress reports to the Occupational Health and Safety Division and submission of information requested by the Director.

Fines range from \$250 to \$1,000 depending on the offence.

Summary Offence Tickets are like speeding tickets. They will typically be issued either on the spot or sent by mail depending on the situation and circumstances. Either way, the officer will assess the situation and facts on the ground before issuing a ticket. Everyone who receives a ticket will have the right to challenge the ticket in court.

Who can be ticketed?

Tickets will mainly be directed toward employers, contractors, owners, self-employed persons and suppliers.

There is only one offence that applies to workers - clear failure to use personal protective equipment (PPE) that has been provided by ones employer. Before ticketing a worker, officers will assess if the worker was provided with the correct PPE, received adequate training on its use, and was clearly directed to use the PPE but chose not to.

When will a ticket be issued?

Summary Offence Tickets will only be issued when all other tools are ineffective in making sure that health and safety in the workplace is not compromised - especially in high risk operations (e.g., trenching).

Officers will assess the severity of the situation and will try to use other tools first, such as Compliance Undertakings, Officer's Reports, Notice of Contraventions and Stop Work Orders. Parties will have ample opportunity to address their health and safety issues before a ticket is issued.

List of Offences and Fines

The fine for each offence is determined pursuant to *The Summary Offence Procedures Regulations, 1991*. Note that these fine amounts are subject to a victim surcharge established pursuant to section 13 of *The Victim's of Crime Act, 1995*. (see table on next page)

Offence	Section of Act or Regulations	Fine Amount / Liable Parties
Failing to submit a written progress report ¹	3-43(b)	\$600 Employers, self employed persons, suppliers, contractors, owners
Failing to submit information requested by the Director	3-64(1)	\$600 Employers, self employed persons, suppliers, contractors, owners
Failing to supply approved personal protective equipment	87(1)(a) Regulations	\$1,000 Employers, contractors
Failing to ensure that workers use personal protective equipment	87(1)(b) Regulations	\$1,000 Employers, contractors
Worker failing to use provided personal protective equipment	87(4)(a) Regulations	\$250 Workers
Failing to ensure that workers use a fall protection system where a worker may fall three metres or more	116(2)(a) Regulations	\$1,000 Employers, contractors
Failure to ensure that workers use a fall protection system where there is a possibility of injury if a worker falls less than three metres	116(2)(b) Regulations	\$1,000 Employers, contractors
Failing to ensure that any opening or hole is covered and clearly marked or otherwise protected	124(1) Regulations	\$1,000 Employers, contractors, owners
Failing to provide an effective safeguard	137(1) Regulations	\$1,000 Employers, contractors
Failing to ensure that workers are protected from cave-ins or sliding material in an excavation	262(1) Regulations	\$1,000 Employers, contractors
Failing to ensure that workers are protected from cave-ins or sliding material in a trench	263(1) Regulations	\$1,000 Employers, contractors
Failing to implement a hazardous confined space entry plan	272(3) Regulations	\$1,000 Employers, contractors

(source: <https://www.saskatchewan.ca/business/safety-in-the-workplace/enforcements-prosecutions-and-investigations/summary-offence-ticketing>)

APPENDIX XII - OH&S Regulations

The following is a list of pertinent clauses within the *Occupational Health and Safety Regulations* to take note of:

- **Part 3 - General Duties**
 - Section 6 – Supervision of Work
 - Section 8 – Training of Workers
 - Section 9 – Workers contact with Officers
 - Section 11 – OH&S program
 - Section 14 – Maintenance and repair of equipment
 - Section 17 – Inspections
 - Section 18 – Investigation of certain accidents
 - Section 21 – Inquiries requiring medical treatment
 - Section 24 – Working alone in isolation
 - Section 25 – Harassment
 - Section 26 – Violence
- **Part 4 - Committee and Representatives**
 - Section 2 – Designation of committee members
 - Sub-section (1)(a)(ii) – Number of worker representatives
 - Sub-section (1)(b) - Length of term
 - Section 3 – Quorum
 - Section 4 – Frequency of meetings
 - Section 5 – Minutes
 - Section 6 – C-chairpersons
 - Section 7 – Special Meetings
 - Section 8 – Designated representatives
 - Section 9 – Training of representatives, committee members
 - Sub-section (1) – Designated representatives shall be trained
 - Sub-section (2) – Co-chairs shall be trained
 - Sub-section (3) – Access to five (5) paid working days (no loss of pay or benefits)
 - Section 10 – Meetings of employers and representatives
 - Section 11 – Opportunity for necessary activities
 - Sub-section (1) (a) access to logbooks, inspection reports, or other records
 - Sub-section (2) – no member of a committee or representative participating shall have any loss of pay or benefits when participating
- **Part 7 - Personal Protective Equipment**
 - Section 11 – Footwear
 - Sub-section (1) – Appropriate footwear for risk associated with workplace
 - Section 13 – Exposure to hazardous substances
 - Section 19 – Lanyards
- **Part 31 – Additional Protection for Healthcare Workers**
 - Section 3 – Additional requirements re supervisors in health care facilities
 - Section 4 – Patient moving and handling
 - Section 5 – Cytotoxic drugs
 - Section 8 – Waste needles, etc
 - Section 9 – Selecting needle-safe devices
 - Section 10 – Injury log (percutaneous injury with sharps)
 - Section 11 – Contaminated laundry
 - Section 12 – Anesthetic gases

APPENDIX XIII – Glossary of Terms

Employee or Worker

An individual, including a supervisor, who is engaged in the service of an employer.
(Saskatchewan Employment Act, Section 3-29)

Employer

A person, firm, association or body that has, in connection with the operation of a place of employment, one or more workers in the service of the person, firm, association or body
(Saskatchewan Employment Act, Section 3-29)

Harassment

Any inappropriate conduct, comment, display, action or gesture by a person that either:

- is based on race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; or
- adversely affects the worker's psychological or physical well-being and that the person knows or ought reasonably to know would cause a worker to be humiliated or intimidated; and
- that constitutes a threat to the health or safety of the worker.

(Saskatchewan Employment Act, Section 3-1)

Harm

Physical injury or damage to health.

Hazard

Any source of **potential** damage, harm or adverse effects on something or someone under certain conditions at work. (Canadian Centre for Occupational Health and Safety)

Joint Occupational Health and Safety Committee (JOH&SC)

An advisory group of 2-12 members, consisting of employers and employees, working together to improve occupational health and safety in their workplace. Workplaces where 10 or more workers are required to establish an Occupational Health and Safety Committee; joint committees are required for high hazard workplaces with 5-9 workers.

Material Safety Data Sheet (MSDS)

Provides basic information on a material or chemical product. A MSDS describes the properties and potential hazards of the material, how to use it safely, and what to do in an emergency. The purpose of this document is to assist Canadian employees in understanding and interpreting this type of information.

Occupational Health and Safety (OH&S)

- (i) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;
 - (ii) the prevention among workers of ill health caused by their working conditions;
 - (iii) the protection of workers in their employment from factors adverse to their health;
 - (iv) the placing and maintenance of workers in working environments that are adapted to their individual physiological and psychological conditions; and
 - (v) the promotion and maintenance of a working environment that is free of harassment.
- (Saskatchewan Employment Act, Section 3-29)

Occupational Health and Safety Officer (OHO)

A person appointed as an Occupational Health Officer within the Occupational Health & Safety Division of the Ministry of Labour Relations and Workplace Safety.

Personal Protective Equipment (PPE)

Protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter. PPEs are used as temporary (until more effective hazard control techniques can be used) or last line of protection for workers against hazards.

Practicable

Possible given current knowledge, technology and invention. (Saskatchewan Employment Act, Section 3-1)

Professional Assault Response Training (PART®) Program©

This training provides workers with the understanding of, and ability to assess, potentially violent situations and a means to manage, reduce or eliminate risks. PART interventions

Reasonably practicable

Practicable unless the person on whom a duty is placed can show that there is a gross disproportion between the benefit of the duty and the cost, in time, trouble and money, of the measures to secure the duty. (Saskatchewan Employment Act, Section 3-1)

Safe Moving And Repositioning Techniques (SMART®) Program©

The SMART program aligns directly with the TLR Object Moving course. SMART may be implemented in areas where there are no clients involved in the day to day work.

Summary of Offence Ticket (SOT)

A Summary Offence Ticket (SOT) is a ticket issued by one of two designated Occupational Health Officers. The Ministry of Labour Relations and Workplace Safety and the Ministry of Justice have created summary offence tickets for certain occupational health and safety violations.

Supervisor

An individual who is authorized by an employer to oversee or direct the work of the employer's worker. (Saskatchewan Employment Act, Section 3-29)

Workplace Assessment Violence Education (W.A.V.E.)©

W.A.V.E. focuses on appropriate communication, awareness of surroundings and the safest "zone" to approach an individual to perform a task. This program assists workers with understanding how to protect themselves in an adverse situation

Workplace Hazardous Materials Information System (WHMIS)

WHMIS is Canada's hazard communication standard. It lets you know of all the potential dangers of a specific product. The key elements of the system are cautionary labeling of containers of WHMIS "controlled products", the provision of material safety data sheets (MSDSs) and worker education programs.

Workplace Responsibility System (WRS)

The duty for creating and maintaining a healthy and safe workplace falls on every person in the workplace to the degree they have the authority and ability to do so. Whether they are the Employer or the newest worker hired, everyone has a personal and shared responsibility for working together to prevent occupational injuries and illnesses.



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