

**Report To:** Human Resources Committee, Board of Health  
**Submitted by:** Dr. Nicola Mercer, Medical Officer of Health & CEO  
**Subject:** HEALTH & SAFETY UPDATE

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**RECOMMENDATION(S):**

- (a) That the Human Resources Committee makes recommendation to the Board of Health to receive this report for information.

**BACKGROUND:**

**Health & Safety Update 2015**

The following report compliments report BH.05.JUN0816.R06 Emergency Preparedness Health & Safety Framework, which gave an overview of the Emergency Preparedness Health & Safety role. This report provides an update on some of the key health and safety activities that occurred in 2015.

For the majority of 2015 (January-October) health and safety was supported by a contract position who worked two days a week. Due to the complementary nature of the Health and Safety role and the Emergency Preparedness role, the two were combined as one position and on October 26, the new full-time Emergency Preparedness Health & Safety Officer (EPHSO) started employment with WDGPH.

**Joint Health & Safety Committee (JHSC)**

The JHSC is a key requirement of the *Occupational Health and Safety Act (OHSA)* and the Internal Responsibility System. There is required representation from workers and management on the committee which consists of six members (two management and four workers) and the EPHSO as a resource. The JHSC meets monthly to discuss health and safety matters and provide input to resolve hazards and help prevent injuries. The JHSC is a central committee meaning that one committee represents all six WDGPH locations as opposed to having six individual site based JHSCs. One of the primary functions of the JHSC is to perform monthly inspections of the workplace to identify hazards so they can be resolved to prevent accidents and injuries.

**Updates:**

**JHSC Inspections**

During 2015, each WDGPH facility (six total) were inspected each month by the JHSC members. The types of hazards are ranked as A, B, or C:

**A** – Hazard could cause death, permanent disability, loss of a body part, extensive loss of a structure, equipment or material.

**B** – Hazard could cause serious injury or illness that results in temporary disability, property damage that is disruptive, but less severe than A.

**C** – Hazard could cause minor injury or illness that is non-disabling, property damage that is not disruptive.

Twelve hazards were identified/corrected in 2015 and all were C class hazards that could cause minor injury.

### **JHSC Meetings**

JHSC meetings are held once a month for a total of twelve per year. The meetings are held/ rotated through four of WDGPH locations: Chancellors Way, Shelldale, Fergus and Orangeville. Each meeting is chaired by the worker co-chair or the management co-chair on a rotating basis. Minutes of the meetings are posted on the WDGPH intranet for staff to access.

### **Accident/Incident Statistics Summary**

There were a total of 23 incidents reported in 2015 and none were serious in nature. None of the reported incidents resulted in Workplace Safety Insurance Board (WSIB) claims, meaning that there was no time lost from work for the incidents based on the WSIB definition and no costs were incurred for the incidents.

The types of incidents reported were slips/trips/falls, needle stick, overexertion-lifting, exposure to strong smells, Tb exposure, struck against an object and minor burn.

### **Training/Awareness**

In 2015, first aid training and personal protective mask fit testing were provided to staff by two separate outside training companies. Staff awareness was also provided through the WDGPH Stay Well Informed e-newsletter for safe winter driving and a refresher on how to report an accident/incident.

### **Ergonomics**

An ergonomics project (Physical Demands Analysis - PDA) was completed to analyze nine different job functions. Essential tasks were analyzed and the physical demands were determined for strength (lifting, carrying, push/pulling, etc.), mobility (standing, sitting, walking, etc.) and sensory perception (smell, speech, hearing, etc.). The PDAs were then used to identify if any special equipment could be purchased to reduce any of the physical demands. As a result, three different styles of carts were purchased to help reduced the demands of lifting and carrying.

## **WDGPH STRATEGIC COMMITMENT**

**Organizational Capacity** – We will improve our capacity to effectively deliver public health programs and services.

Goal: We will promote and support the psychological health of staff.

**Building Health Community** – We will work with communities to support the health and well-being of everyone.

Goal: We will promote healthy environments (as defined) that support physical and mental health and well-being.

## **PUBLIC HEALTH AND/OR FINANCIAL IMPLICATIONS**

To continue to attract and retain highly skilled, highly motivated employees, it is necessary that the Agency provides a safe and healthy workplace.

### **The Ontario Public Health Standards**

To ensure that boards of health assess, plan, deliver, manage, and evaluate public health programs and services to meet local needs, while continuing to work towards common outcomes, boards of health shall be guided by the following principles: Need, Impact, Capacity, and Partnership and Collaboration<sup>1</sup>.

#### **Capacity:**

The cornerstone of public health is the quality of its workforce. Programs and services provided by boards of health shall be planned and delivered by staff with both the required technical and professional skills, including core competencies in public health as well as competencies in public health disciplines<sup>1</sup>.

### **Ontario Public Health Organization Standards**

#### **6.14 Human resources strategy<sup>2</sup>**

The Board of Health shall ensure that the administration establishes a human resources strategy, based on a workforce assessment which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development and leadership development of the public health unit workforce.

## **REFERENCES**

1. Ontario, Ministry of Health and Long-Term Care. Ontario public health standards. Toronto, ON: Queen's Printer for Ontario; 2008 [revised 2014 May 1; cited 2014 May 1]. Available from: [http://health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf)
2. Ontario Public Health Organizational Standards. Ministry of Health and Long-term Care. Ministry of Health Promotion and Sport. February 2011 c Queens Printer for Ontario 2011. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org\\_stds.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf)

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