

DECEMBER 2008 OH&S REPORT for SHAUGHNESSY HEIGHTS

My work as your OH&S steward is directly linked with BCNU's strategic directive #1, which reads as follows: Make measurable progress to enhance the socio-economic status, worklife balance, workload, and workplace safety of our members. To this means I am involved in numerous committees, both C&W hospital and PHSA-health authority based.

JOHS

The joint occupational, health and safety committee of C&W. We meet every month to review all hospital employee injuries to ensure that appropriate corrective measures have been taken. We also review hazard reports that have been submitted for the same purpose. So it is very important for all employees to fill out workers' injury reports (even if it is only a near miss) and to report any hazards that they come across. This committee also is involved with education of the staff in health and safety issues. The hospital is currently switching from paper-based reporting of injuries to electronic reporting. These are located on the hospital PLSL site—please get familiar with this site--and use it.

VIOLENCE PREVENTION

This is a PHSA committee which remains stalled due to vacations and illnesses of key people. We are currently trying to set up violence risk assessment tools to be used at C&W. This will involve management, union and workers. We will begin by going into key high risk areas and survey the staff in regard to current practice and their perception of violence risks. Again I must stress the importance of recording and reporting all acts of violence—even near misses. Please use the employee injury record. Remember, what isn't recorded didn't happen

BLOOD AND BODY FLUID EXPOSURE CONTROL PLAN

This is a PHSA committee currently working on developing a comprehensive exposure control plan and to ensure that the WorksafeBC regulations are being followed, especially the new regulation in regard to safety engineered needles and sharps. January 2008 the province was to go to all safety engineered needles; here at C&W we are not compliant. The IV team and ER have not been pleased with the available products, so they are trialing some more products. October 2008 the province was directed to use only safety engineered sharps—such as scalpels and blades. We have been working hard with the surgeons trying to find appropriate products. There are some needles and sharps where there currently isn't a safety-engineered alternative (such as spinal needles), so an exemption form needs to be developed and implemented. We are currently working on a draft form. If you come across some unsafe needles still in use please let me and your manager know.

MENTAL HEALTH WORKING GROUP

This PHSA committee hasn't met in awhile. There are lots of mental health tools being made available through our workplaces and online. The "feelingbetternow" is a great web based tool for our use. If you, a co-worker or a family member are having some mental health problems/issues please use the tools available, and remember that we have access to free counselling through EFAP. You can call the steward office for more information.

EARLY INTERVENTION PLAN

This PHSA program is a very helpful program for nurses who are off work because of illness or injury (not workplace or ICBC injury). You should be referred by your manager after 5 consecutive days off ill. You would be assigned a case manager, who helps you get expedited tests and treatments, and can also help with some of the costs. This is a voluntary and confidential service. This program is managed by an independent company. The hospital does not receive any personal information about you. This is not part of an attendance management program. This service is provided for us, to help us get better quicker, and ultimately return to work quicker. This is a win-win situation. This program has had some difficulties province wide, especially in the delay time for referrals from the managers. You can and should refer yourself –again call the steward office to get the information. There have also been delays in the time from when the employee is cleared to return to work and when they actually have the meetings to set up a return to work plan. This committee is working with the service provider in getting these issues addressed.

Another important group of nurses, who are often forgotten, is the nurses on LTD (long term disabilities). I had arranged a luncheon for them in Burnaby a couple of weeks ago. The goal of this luncheon was to help them develop a caucus so that they would meet regularly to share their experiences, strengths and hope with each other. When a nurse is on LTD, they not only have to deal with their disability, but also with the isolation that come with it. BCNU has resources for these nurses to access. I had invited the provincial chair of the LTD caucus to speak with them about the advantages of developing their own group. I also invited 2 people from the provincial office who deal exclusively with LTD appeals, who provided some good information. Eight nurses who are on LTD came to this meeting and were very pleased and excited about it. We don't have a complete list of nurses on LTD because of confidentiality issues with the service providers, so if you know someone on LTD ask them to contact the steward office if they want to get connected with this support group.

**Submitted by,
Diane Hystad**

Stay Safe