

SHAUGHNESSY HEIGHTS OH&S REPORT 2008

The PHSA violence prevention committee is very far behind other health authorities. We had the signs made and up in a few spots (but not nearly enough). However they had added an extra sentence on top, "The PHSA and its agencies are committed to creating a safe and supportive environment for employees, patients and visitors." which BCNU has objections to. Deb Niemi emailed our chair of the committee and he says they will retract it, redo the signs and then put them up again. We will be monitoring this. BCCH's mental health programs have some major objections to the wording of the sign, as it appears to go against their philosophy of care. This will be an issue that the committee will have to be dealing with in the very near future. Riverview and Forensics are asking for many more signs-they are welcoming of the violence prevention signs. The committee is just beginning to look at a comprehensive violence prevention and management policy throughout the health authority. I am delighted that Deb Niemi, our new H&S officer from the BCNU office is part of the team-she is a very knowledgeable and resourceful woman. She really helps to keep this committee on task.

The implementation of safety devices has been slow. In the beginning of this year they have hired a person to be in charge of the process. She is just now setting up a schedule to tour the areas to ensure all unsafe devices and needles are gone and exemption forms filled out where appropriate. She is just focusing on needles now and then will move onto safety devices. I work at children's and still find unsafe needles available and in use. I have been asking repeatedly for someone to monitor the implementation of safety needles and sharps; so having someone specific for this job is a good step.

Our JOHS committees in our affiliates still don't appear to be functioning well. I don't know if in fact they aren't meeting or that the BCNU office isn't receiving the reports to send to me. I've asked our liaison steward and chair that when they go on their road show to these facilities in March and April that they investigate and give me a status report on the JOHS committees there. At BCCH the JOHS has been functioning somewhat better. We still have some concerns in regard to achieving quorum because not enough of the manager representatives are attending. They have recruited a manager from the mental health program to join the committee, which is a very welcome addition due to the high volume of violence incidents in that area. We also changed the terms of reference so that only two managers and two union representatives have to be at the meeting in order to achieve quorum. We have seen a great number of violence incidences against nurses in our mental health program. A PRF has been filed and some more education with the staff is being done. The mental health program is undergoing a major overhaul of all their policies and procedures to reflect their new engagement philosophy. I am looking into having some nursing representation at this level of policy making.

I have asked our safety officer at C&W about the status of the fit testing. She continues to have sessions open to the staff, however I don't have the number of nurses that have complied and have actually done the fit testing. Also she only targets what they consider the high risk areas, such as emergency and ICU. None of the inpatient areas have ever had fit testing done. This will be something that I will be bringing up to the JOHS committee in the near future.

At Shaughnessy Heights we are sending two stewards to the April OH&S course and another to the fall one. They will be a great addition to our team. The PHSA is having a training day in May for all the JOHS committee members, which in the past has been excellent training. I look forward to that and will bring along other stewards who are interested in health and safety. Our region is having a steward planning day on April 11 where in part we will be presenting a workshop on teaching the stewards how to help the member with mental health issues. We will also be looking at what campaigns we want to focus on and the worksite strategic goals implementation status. Our region has had one brown bag lunch which was well received by our members. We had information tables, stewards and executives available for questions, snacks/treats and massage therapy students giving free sessions to our member. The free massage for our nurses was a great hit and was what drew the nurses to the brown bag information session. It was very well received.

Submitted by Diane Hystad