

Report from the Health and Safety Committee

For many years now, the Fédération de la santé et des services sociaux, through its Health and Safety Committee, has invested heavily in preventing work-related accidents. This is an area where unions, executive committees and members have a crucial role to play in obtaining tangible results and protecting workers' lives.

But health and safety has become an even more important issue for unions since the adoption of Bill C-21, a federal bill that now allows for criminal proceedings against union and employer representatives in some cases. It is therefore important to ensure that all aspects of prevention are properly addressed. This is the committee's role.

The committee began its term of office in difficult conditions, with the health-care system disorganized in the wake of the institutional mergers imposed by Bill 30, and ends it as we begin to prepare our contract proposals for sectoral bargaining. All these changes affected the reorganization of local unions, delaying the implementation of our action plan, which was focused more especially on our affiliated unions.

The Health and Safety Committee presents here the results of more than two years of diligent work in this report. The past two years were full of activities and accomplishments, resulting in training for 400 health and safety officers in all regions. The Committee could not have carried out its mandate without the collaboration of the Executive Committee, the regional vice-presidents and all the Federation's employees.

Riskier work

Despite all the efforts made by unions in recent years, the situation still gives serious cause for concern – so much so that in 2009 the ASSTSAS decided to organize a conference on musculoskeletal disorders. In fact, results from a number of studies of Québec workers concur on this.¹ The study also found that workers in health care and social services had a broader range of health and safety problems than do workers in other fields of work.

In 2005, a Statistics Canada survey compared nurses in Québec with nurses in other provinces. Nurses in Québec were injured more with sharp objects or needles: 58.1% in Québec, compared to an average of 40.2% for the other provinces. In Québec, 13.5% of nurses reported having suffered psychological violence from other employees, compared to 11.7% in other provinces. Overwork was reported by 64.7% of nurses in Québec, compared to an average of 59.3% in the rest of Canada. In Québec, 59.1% of nurses began their shift of work earlier and left after it ended; in the other provinces, this percentage was 51.3%. As you can see, nurses in Québec work more, in a less healthy environment and have a higher rate of accidents than

¹ *Objectif prévention*, ASSTSAS, Volume 31, No. 3, 2008.

nurses in other provinces. It's reasonable to assume that not enough preventive work is done in Québec.

In 2007, the ASSTSAS published statistics that are worth dwelling on, because some of the figures are indeed disturbing: one out of five beneficiary attendants has already been physically assaulted at work; 29.3% of them have chronic back problems; and 88.2% of respondents working in CHSLDs report that their work has become more demanding in recent years.

According to the same study, the situation is not much better for educators, who see their psychological health as below average. As a matter of fact, one out of two said they were in psychological distress; close to three out of four reported being excessively stressed and eight out of ten had trouble sleeping.

Finally, 44.6% of people who participated in the study considered that the work put them at risk for psychological problems – almost one out of two!

There is nonetheless good news in all these figures from the ASSTSAS: 79.8% of respondents working in CHSLDs said that it was possible to take health and safety action to reduce or eliminate factors that affect their physical or psychological health and safety. The presence of a joint occupational health and safety committee is one of the ways to succeed in establishing a prevention plan.

The Committee and its mandates

The Health and Safety Committee is under the political responsibility of Nathalie Picard, vice-president responsible for paratechnical personnel and auxiliary services and trades personnel. Committee members include Steve Bouchard, president, Jean-François Cabana, secretary, and Michel Prévost, Thérèse Martin and Denis Bertrand. The staff representative responsible for the committee's area of work is Raymond Laroche.

In addition to its statutory mandates, the resolutions from the February 2007 convention that guided all the Committee's work should be noted.

1. Support work on prevention in unions

“That the Health and Safety Committee continue its work in support of the organization of prevention work in local unions, notably through the updating, distribution and promotion of tools (directory, kit, web site...), and encourage the organization of prevention work in local unions while fostering regional joint action on occupational health and safety, in collaboration with the members of FSSS teams.”

Carrying out this resolution required a 180-degree turn. In a first at the CSN, the Federation innovated. The Committee had to establish closer ties with unions and co-ordinate with work teams provincially and regionally. A work plan was drawn up to implement this work, in three parts: training, taking charge regionally and support.

2. Physical assaults

“That the Health and Safety Committee document the issue of physical assaults on personnel and strive to develop and promote a union approach to dealing with it.”

During the meetings in the regions, unions were asked to fill out questionnaires for a survey on aggressive clients to help us prepare a realistic portrait of the situation experienced by workers.

3. The handbook on infectious diseases (*Vivre avec les microbes*)

“That together with the CSN, the Health and Safety Committee update the *Vivre avec les microbes* handbook (on infectious diseases) and that the FSSS produce a summary of it for members.”

First resolution: support work on prevention in unions

Laying solid foundations

Establishing a culture of prevention in the Federation and in our unions

Supporting the work of prevention in unions first requires re-establishing priorities: health and safety must figure prominently on the agenda of local union and Federation meetings.

An analysis of the situation showed that there were weaknesses in training on prevention (under the Occupational Health and Safety Act – LSST). This is why we drew up a training plan to serve members’ interests. Priority had to be given to training health and safety officers, but other executive committee members too, so as to avoid the pernicious effects of specialization. Continuing health and safety training has to be introduced for all components of the Federation, meaning all staffers and all regional political representatives.

Training for regional political officers began with a basic session for regional vice-presidents – a first for the Federation. This training was focused on the implementation of the role that vice-presidents have to play at the regional level. The training covered basic sections of the *Act respecting occupational health and safety* (LSST)

and included a presentation on the *Regulation respecting occupational health and safety* and a workshop to define a regional action plan.

Staffers were given three two-day sessions on prevention, with a view to improving the support provided to unions. This session had specific objectives: the implementation of our convention resolutions, the role staffers should play with the unions that they service, a refresher on LSSIT stipulations and a presentation on the application of the *Regulation on occupational health and safety*. The Legal Services Department also contributed, explaining the amendments made to the federal Criminal Code (Bill C-21) and interpreting case law on the right to refuse dangerous work and protective leave or reassignment.

Finally, unions, with the support of union staffers, were invited to put three demands to employers on joint health and safety committees: establishment of a joint committee; leave for joint committee work based on the number of members; and leave for a safety representative.

Going into action (a comprehensive approach)

A first round of meetings was held in the fall of 2007 on the theme “*a regional approach is possible.*” Training was given in the framework of regional assemblies that basically repeated the same content given to regional vice-presidents, but adapted to each region. The objectives for members responsible for health and safety were specific: learning the basics about the provisions of the *Act respecting occupational health and safety* (LSSIT) and the union’s and employer’s rights and obligations; studying the amendments to the federal Criminal Code; learning about the right to refuse dangerous work; learning about protective leave or reassignment; implementation of the convention resolutions and development of a union strategy for doing so.

During this round of meetings, each region was visited, and more than 200 unions participated in the training.

Following this, members asked us to develop tools. So the Committee got down to work and prepared a second session of regional training on the same theme of “*A regional approach is possible,*” but with content focussing on nosocomial infections.

The objectives of this one-day session were as follows: to be prepared to react to an outbreak of a nosocomial infection and establish a union protocol that respects workers’ rights and complies with legislation; to establish a protocol for disinfection in accordance with public health guidelines and the recommendations made by the coroner after the deaths caused by an outbreak of the *C. difficile* bacteria at the Honoré-Mercier hospital site of the CSSS Richelieu-Yamaska, in Saint-Hyacinthe;

to learn about methods of work and the tools available for daily use with clients who are aggressive; and to develop a work plan for establishing a joint committee and ensuring that it works smoothly.

This second round of training sessions took us to all the regions and lasted from September to December 2008. We invited health and safety representatives as well as a member of each union's executive committee to attend.

To reinforce this training, participants were given various tools, including the ASSTSAS guide on nosocomial infections, a summary chart and a series of three coloured mini-posters showing the steps to take to avoid transmitting nosocomial infections. These mini-posters are designed to be placed on the doors of the rooms of infected patients.

There was a debate on the obligation to be vaccinated, in light of the rights set out in the Charter of Human Rights and Freedoms.

The second part of the training was devoted to presenting the application of public health cleanliness guidelines for disinfection. Workshop discussions were used to develop a work plan aimed at better preparation for executive committees, members concerned and the joint committee in implementing the guidelines.

The third part dealt with violence (physical assaults and CSST report to the CSSS de Saint-Jérôme (Hôtel-Dieu site).

The fourth and final part looked at setting up joint committees.

Supporting the regions

In each region, the regional vice-president, supported by the "pivot" staffer, received joint training aimed at preparing the regional training.

Their role is to provide support for regional health and safety work, in part by ensuring that health and safety is on the agenda at each regional assembly. The "pivot" staffer has to do the technical support work (case law, tools, IR SST research, etc.) and help enrich the content of future training sessions in accordance with regional needs and requirements. The regional vice-president also has to ensure that follow-up on health and safety work is discussed in his or her work team. This spring, each "staffer in charge" had to do follow-up at a regional assembly on the training received in the fall of 2008.

Tangible results from these rounds of meetings already

So far, the Québec–Chaudière-Appalaches region is holding a “supper-hour” meeting once every two months to discuss health and safety; as a result of these meetings, members decided to create a regional health and safety committee, whose mandate will be to foster and provide materials for debates. The other regions are in the process of defining how they will operate regionally on this issue.

In the Laurentides–Lanaudière region, we have developed content on protective leave or reassignment of pregnant workers. This mini-training session is available for all regions.

Second resolution: survey physical assaults

The Committee prepared a questionnaire that was presented to the Federal Council in the fall of 2007 and then sent out to all unions later. This survey is still in progress. Unions that participate in this survey will receive their local results, allowing them to take action accordingly. The Federation will then publish regional and provincial results.

Following a serious assault on a worker at the CSSS de Saint-Jérôme (Hôtel-Dieu site) the Committee quickly included the following tools in its second round of meetings:

- the CSST inspector’s complete report, along with the recommendations obliging the employer to change the methods of work (no one is to work alone on a psychiatric ward) and above all to identify potentially dangerous clients, using a dangerousness scale. This is progress, because it means that workers’ safety now takes precedence over client confidentiality.
- a standard emergency procedure (the ASSTSAS Code White) was distributed.

In response to the dynamism generated by the round of meetings, the union representing employees at the Centre Notre-Dame de l'Enfant inc., in the Estrie region, offered the Federation its experience in the form of a presentation at the Review and Prospects meeting in March 2009.

The union’s presentation was aimed at explaining the approach the union took to counter physical assaults on workers that were downplayed by the employer as trivial.

Despite the meagre budget of a union with only 180 members, the general meeting decided to take the steps necessary to confront the employer. The president was given full-time leave to take charge of the battle, which lasted more than two years. The gains could not have been achieved without the support of the general meeting, which is always the key to success.

- The presentation was greatly appreciated by the 120 people attending the meeting and is now available on the Internet (at www.syndicatcnde.qc.ca).

Third resolution: the handbook on infectious diseases

In order to update the handbook *Vivre avec les microbes*, we had to have an overview of the situation. A first regional and provincial consultation was conducted, including a debate on the organization of work. A theme session on the prevention and control of infectious diseases was prepared for the occasion and delivered in Montréal and Québec City. The session enabled us to collect information on institutions' disinfection procedures and circulate a questionnaire on the prevailing situation.

In the second consultation, tools were distributed to stimulate debate. At the present time, we have to complete the updating of the data collected. It will be finalized during the Committee's next mandate.

We shouldn't overlook the battle waged by workers at the CSSS Richelieu-Yamaska (Hôtel-Dieu site) in Saint-Hyacinthe against the employer's coercive measures forcing them to be vaccinated or take medications as a condition of employment or else be taken off the job, without pay, in the event of an outbreak of flu. Thanks to these workers exercising their right to refuse dangerous work under the Occupational Health and Safety Act and their perseverance, they obtained a protocol on the organization of work. Their struggle sent a shock wave across the province, forcing employers, who thought that medications for workers were a simple cure-all, to revise their methods of work.

Health and safety training

Sessions on Mental health and the organization of work, Violence and harassment at work and Union action on prevention are all annual staples on the training calendar. So from October 2007 to December 2008, the following sessions were given:

- Mental health and the organization of work (3 days)
6 sessions given, 72 people trained.

“Develop participants' expertise in this field and identify risk factors in the organization of work - Learn certain listening techniques and acquire relational skills to help union members who are having problems – Propose a union approach to preventing mental health problems at work.”

- Violence and harassment at work (2 days)
7 sessions (including 1 in English) given, 98 people trained.

“This session is aimed more specifically at helping participants: master basic concepts about violence and harassment at work and demystify various related notions; develop analytical skills (SEE-LISTEN-UNDERSTAND) in order to identify phenomena of violence and harassment at work; become familiar with certain tools for prevention and support in the workplace; learn about various forms of legal recourse; plan prevention, intervention and follow-up strategies in their workplace.”

- Union action on prevention (3 days)
7 sessions given, 73 people trained.

“Understand the process of active prevention work to act on and transform the workplace: how do you define and choose priorities? How do you develop a union action plan enabling you to organize the necessary changes? What strategies should you choose? This dynamic session uses role-playing a meeting with the employer to get participants to present union demands and develop the outlines of agreements to be concluded.”

- Additional training (theme days – 1 day)
9 sessions given, 150 people trained.

To respond more effectively to the demand, the Committee organized mini-training sessions open to larger numbers of participants (40 people). These sessions were given in Montréal and Québec City. As part of our overall approach to carrying out our mandates, the following sessions were given:

- Musculoskeletal disorders and ergonomics (QEC), a session given by Micheline Boucher, staff representative with the CSN’s Labour Relations Department;

“The QEC (Quick Evaluation Check) is designed to help workplaces take charge of preventing musculoskeletal disorders. The method is a way of assessing the main risk factors, determining their causes and the measures to be taken to adjust the work station and testing whether the improvements made help reduce the risks of musculoskeletal disorders.”

- Dealing with assaults by clients, a session given by Mr. Proulx from the ASSTSAS.

“Coming to terms with a person who is hostile, vindictive or displaying disturbing attitudes, words or gestures is an inevitable reality for many workers.

“The objective of this presentation is to enable participants who have to take action on occupational health and safety and client violence against workers to:

- share their thoughts and experiences with respect to this reality;
- acquire knowledge, values, common concepts and terms pertaining to aggressiveness, types of aggression or assault and their impact;
- become aware of the various constraints involved (legal, organizational, limits of physical intervention, etc.).”

- Ergonomics and display-screen work, session given by Micheline Boucher, union staff representative with the CSN’s Labour Relations Department.

“This session is designed for union safety officers. The goal is to understand and know how to detect and prevent health problems among members who work with computers and display screens (secretaries, clerks, archivists, etc.).”

- Prevention and control of infectious diseases: understanding so as to take action and change, session given by Ana-Maria Seifert, world renowned specialist.

“The training will discuss the process of infection and the immune response. We will take stock of microbial resistance to treatments. Vaccination and other preventive measures will be discussed, emphasizing the conditions to be met to ensure their effectiveness. This information will be completed with explanations on the measures to take in cases of accidental exposure and infections that develop in more than one hospital.”

A total of some 393 people received training during the past two years. This figure does not, however, include the statistics for January to April 2009, since this block of sessions had not been completed when this report was written.

Participation in the Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (ASSTSAS)

The FSSS Health and Safety Committee participates in the policy work of the ASSTSAS (the joint occupational health and safety association for the social affairs sector). The board of directors of this joint sectoral association is composed of 13 union representatives and 13 employer representatives. The FSSS has held the position of union chair ever since it began to sit on the board. The union seats are distributed as follows: the FSSS has 6 seats, the FTQ-CUPE has 2, the FIQ has 3 and the APTS has 2.

All the members of the FSSS Health and Safety Committee are FSSS members of the board of directors, plus Denyse Paradis, general secretary-treasurer, who co-chairs the ASSTSAS. Committee members participate in some of the ASSTSAS's work, Denis Bertrand sits on the executive committee and Jean-François Cabana sits on the ASSTSAS committee for the application of governance policies.

As members of the ASSTSAS, the role of the FSSS delegates is to ensure that the various training programmes and research projects meet workers' needs and correspond to our vision and our approach to prevention. The ASSTSAS publishes *Objectif prévention*, a magazine that is distributed in all institutions in the health and social services system, and *Sans pépin*, a magazine for childcare centres.

Participation in the CSN committee

The Federation recommends the president of the FSSS Health and Safety Committee to sit on the CSN Confederal Health and Safety Committee. He provides liaison between the FSSS and the CSN. Since June 2007, the Confederal Committee has had 15 meetings.

The role of the Confederal Committee is to advise the CSN's Executive Committee on major issues in health and safety (e.g., Bill C-21, health and safety week, asbestos, safety lock devices, how CSST committees work, etc.).

Looking to the future

Well-being at work is becoming a more official objective. ISO 18001, the production process standard that incorporates health and safety at all stages, has begun to show up in the private sector in the past while. Last February, the GP²S group established a new "Healthy Enterprise" certification standard that is available to all employers in Québec.

As union officers, we have to promote the enforcement of the provisions of the Occupational Health and Safety Act. Moreover, ASSTSAS studies show that each dollar invested in a workplace health promotion programme earns a return of \$1.50 to \$3.00 for the business. Another good reason for convincing employers to work together!

Health and safety is a way to attract and retain workers – an asset in the current context of labour shortages. Young workers attach great importance to their working conditions, and are interested in more than what they are paid for a job.

The labour market is changing rapidly. In the next three years, we will be faced with a new, inexperienced work force that won't have reference points for health and safety. So these new workers will have to be trained.

According to statistics from the Institut de recherche Robert-Sauvé en santé et sécurité au travail (IRSST – an occupational health and safety research institute), young people under 25 have 50% more accidents than those over 25. Various factors explain this: the cumulative effect of work stress (irregular hours, repetitive work, handling heavy loads, exertion with tools), conditions of supervision, lack of training, lack of experience and frequent changes of jobs. It all illustrates the importance of specific prevention work with younger workers and the scope of the challenge awaiting us.

Unions are confronted with this new reality. Given the decree adopted by the Charest government in December 2005, which limits our work, and the numerous sites unions have to serve, we are obliged to revise how we do things.

Acknowledgments

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As well, we thank Ginette Thériault for her support for training, and all the employees in the CSN's Labour Relations Department with whom we worked closely.

And a special thank-you to all our instructors for their involvement and good work.

THE MEMBERS OF THE FSSS-CSN
HEALTH AND SAFETY COMMITTEE

Appendix 1

Resolution no. 1

Since 1979, we have been subjected to the disdain of Québec's largest employer, which refuses to recognize us as a priority sector despite the colossal amounts it pays out in workers' compensation.

Bill C-21 now holds us responsible for serious accidents if we don't act diligently.

The decree imposed by the government has limited our rights.

For all these reasons, the Committee has decided to go back to basics. We believe that the solution requires a joint approach to taking charge of prevention work.

The Health and Safety Committee recommends:

That all sectors of the FSSS make recognition of rights for priority sectors under the Occupational Health and Safety Act part of their standard contract demands.

Appendix 2

Resolution no. 2

Though we have a solid foundation now, nothing can be taken for granted in the coming years. We have to step up the work on the problems and issues identified in the preceding statistics and ensure that local unions make health and safety a priority, with the participation of members at all levels of the union.

The Health and Safety Committee recommends:

That the Committee continue to provide support to the regions by training members for prevention work and developing tools to facilitate the work of unions representing workers in institutions with multiple sites.

Appendix 3

Resolution no. 3

The Federation's last big meeting on health and safety dates back to October 2000. Since then, the health-care system has gone through major changes – just think of the mergers of institutions, forced mergers of unions and the forced division into four classes of personnel. Health and safety is not a regular topic at regional assemblies, and it is time to take stock of the situation with all the unions in the Federation.

The Health and Safety Committee recommends:

That in the course of the next three years, the FSSS hold a province-wide meeting to present an assessment of the situation of health and safety in unions and lay out prospects for the future.

