Faculty of Health Sciences  
Joint Health and Safety Committee (JHSC)  
Minutes of Meeting  

Held Wednesday, April 21st, 2021 at 2:00 p.m.

Attendees:  
- Anita Lister  
  DBMS  
  MGMT  
- Dan Langham  
  EH&S  
- Edwin Ocran  
  PSAC 901– unit 1 (TA's/TF's)  
- Hamid Ghaedi  
  PSAC 901– unit 2  
- Sharon David  
  SRT  
  MGMT  
- Allison Mackey  
  Nursing  
  MGMT  
- Jacqueline Findlay  
  Medicine  
  MGMT  
- Christine Irving  
  FHS Ops  
  MGMT  
- Lucie Pelland  
  SRT  
  QUFA  

Minutes:  
- Allison Leverette  
  FHS Ops  
  Non-union  

Co-Chairs:  
- John Singleton  
  Cancer Research Labs  
  MGMT  

Worker co-chair vacant

Regrets:  
- Logan Bale  
  USW Local 2010  
  (on Leave)  
- Anne Biggar  
  CCTG  
  Non-union  

Copy to:  
Safety Officers, Faculty of Health Sciences  
Department Heads

J. Singleton (Co-Chair) called the meeting to order at 2:05pm.

1) Approval of the Minutes of March 24, 2021  
   Approved as written, by A. Lister, and seconded by A. Mackey.

2) New Business  
   2.1 Inspection Reports  
   I. Response: Public Health Sciences (Carruther’s Hall, floors 2 and 3)  
      All issues noted will be addressed upon return to campus.

   II. Response: Centre for Neuroscience Studies (Botterell Hall, floor 2)  
      A detailed report was submitted with respect to a follow-up from the inspection.
2.2 Injury Report

I. DBMS (Research)
   The incident occurred on February 9th, 2021. The employee fell down a flight of stairs in Botterell Hall. They were not holding the handrail due to fear of Covid-19 surface transmission. Medical attention was sought on February 18th, with an x-ray completed. There was a delay in processing due to the likelihood that the injury progressed over time. There was additionally some time away from work due to the injury, and the employee was working with Human Resources’ Return to Work Services. They have now returned to full-time work duties with no accommodations. DBMS could follow-up with PPS re: whether the cleaning of handrails is completed regularly, employees could use disposable gloves, or handwashing stations could be situated in proximity to the stairway in order for employees to feel safer in descending the flight of stairs by holding the handrail.

2.3 SOP Review

I. Hazard Reporting
   This SOP is in draft form, for review. The process has not been centrally documented up until this point. However, it is important to draft as it outlines the internal responsibility system – an employee should report a hazard to their supervisor, and the supervisor can then work with the Department to resolve any issues and communicate these results back. There have been differing understandings with respect to employees’ responsibilities and how quickly to report. The SOP hopefully clearly lays out the internal responsibility system and the importance of reporting to supervisors while also outlining the steps that supervisors should take to correct the hazard and communicate back. A difficulty was that employees often went straight to JH&SC’s to report a hazard as opposed to supervisors, which should be the process unless there is concern with approaching a supervisor. A form has also been created to help document the process and indicate the resolution. This form can be escalated to the applicable JH&SC if necessary.

   It is asked if the form can be moved to a fillable PDF since employees are still working from home. D. Langham indicated that, yes, EH&S is working on this right now with IT by moving all EH&S forms to Microsoft forms.

II. Incident Reporting & Investigation (Incident Report Draft Form Review)
   This SOP is a result of some confusion surrounding using a WSIB form 7 for medical attention and/or lost time from work and using an incident report form (Queen’s EH&S) on the first day of the incident.
Sometimes employees' perceptions were that they had submitted their form to WSIB when in fact it was just to Queen's. There is also a fair bit of back and forth between EH&S and the supervisor with respect to form 7, including clarification surrounding certain questions. Overall, WSIB is about compensation, and not about prevention and correction, which is of concern to EH&S. Moving to a single form puts everyone through the same steps, which also requires the supervisor to go through the reporting and corrective action piece for all incidents, i.e., this is what needs to be done based on the nature of the incident. This information is then used for the employer to generate a WSIB form 7. The new form was designed to capture the documenting information required and the updated SOP is to drive the process in one document.

It is asked whether the incident report form information can be collected in a different format (electronically), as well as by using a separate form. For example, some Schools in FHS have a central form, and it is asked how this aligns with EH&S' new form. This is likely to require further examination in order to determine the similarities/differences that exist. The Nursing School form is designed with respect to the Hospital/Clinic setting, and details student placement incidents, which may require different information. Overall, there is more room for discussion with respect to how incidents occur in a clinical setting. The institution should also be generating a report (i.e., KGH, Providence Care, etc.).

3) Other Business

3.1 Covid-19-related updates (D. Langham)

There are increasing Covid-19 case counts once again as Ontario is halfway through the province-wide shutdown. There is a likelihood that the shutdown will be extended. Adjustments were made to university operations, which only impacted certain areas. In a large part, Research and Teaching fall under the exemptions that exist. Where the biggest changes occurred were the ancillary-type operations, such as the ARC closing, the library moving to curbside pick-up, and retail outlets closing or moving to curbside pick-up again. Research has continued as an essential service. Residence operations have continued as needed – this is being monitored. There was also some back-pedaling by the government in some areas with respect to the stay-at-home order, i.e., police stops, etc. There is much interpretation that often needs to be clarified that come from the regulations. Cases within the community are rising as well as within the student population. There has been an increase in cases in students; however, there has been very little interaction with the campus, so there is little impact to the
institution as a whole. The cases primarily occurred within students who were learning online/off campus; therefore, the campus remained relatively untouched by these circumstances and situations. EH&S is still monitoring the student Covid-19 cases and numbers are beginning to come down. There is still a great deal of discussion regarding the fall term and what that will look like. It is difficult to plan when the "rules" of engagement are uncertain. The campus will no doubt look different in the fall, however there is much uncertainty. There is an increasing discussion surrounding what kind of support needs to be on campus with respect to a change in academic plan. There will likely be a gradual return in bringing staff back so that it can be managed and done responsibly. Regardless, there will be a move to greater amount of on-campus activity in the fall – which is also subject to change. The requirements in legislation will affect how the University operates. Additionally, as a reminder, the vaccine is now available for persons 40+ in Ontario.

The meeting was adjourned at 2:30pm.

OUR NEXT MEETING WILL BE Thursday, May 20th, 2021 at 2:00pm.

Minutes approved by:

[Signature]
Co-Chair J. Singleton

(Worker Co-Chair position is vacant)