XPRESS

Volume 25, Issue 1
January/February 2018

Issue Highlights (click on link):

Ontario Occupational
Health Nurses Association

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OOHNA KEEPING WORKERS WELL
ONTARIO OCCUPATIONAL HEALTH NURSES ASSOCIATION

EXECUTIVE DIRECTOR'S REPORT

Shirley Wylie, RN, DOHS

The beginning of a new year is a great time to focus on our own wellness lifestyle –to be physically active, eat well, tobacco-free, and promoting positive mental health. It is also a good time to plan our life-long learning schedule.

The OOHNA webinar series starts January 24th with speakers from the WSIB on the Board's Chronic Mental Stress Policy. Please click on this link for the complete webinar line-up: http://www.oohna.on.ca/oohna-webinars/. We work diligently to source current topics and good speakers to keep members current for a very reasonable price. *Remember:* if you can't attend a webinar, you can purchase the link to the archived webinar by contacting Susy Benegbi at the OOHNA office (administration@oohna.on.ca).

OOHNA's seven Saturday course, "**The Essentials of Occupational Health, Safety and Disability Management**" starts February 24th. See page 20 of this newsletter for details or http://www.oohna.on.ca/courses/. OOHNA staff are busy marketing this safety specialist course to regulated health professionals, the WSIB, the MOL, HR professionals, and other groups. We encourage all OOHNA members to do the same.

I want to thank Addie Greco-Sanchez for providing complimentary meeting space for the next course at her AGS Rehab Solutions Inc. offices in Mississauga.

The program leader is Ruth McKillip with instructors Patricia Kent, Marg Creen, Andrea Lantos, and two other potential instructors for the OOHNA course will be in attendance, Mary Da Silva and Stacey Yerex. We are inviting four 4th year nursing students to attend this course.

I am delighted to report that WSIB CEO Elizabeth Witmer will be delivering remarks at the start of the WSIB session on Thursday, May 31st at **Keeping Workers Well 2018** (May 31 – June 1).

The conference brochure will be posted to the conference section of the OOHNA website and a link sent to all members the last week of January. Details about the conference are on page 3 of this newsletter. I hope to welcome many first-time attendees to the conference and I encourage everyone to promote the value of our annual conference to your clients, team members and to other OOHNA colleagues.

Throughout 2017, OHNs have been managing medical marijuana in their workplace. How does an OHN respond to an employee who arrives at work impaired? The legalization of marijuana is only

Continued

Executive Director's Report *cont'd.*

months away – is your workplace ready? Legalization for recreational use will undoubtedly be a challenge for employers in 2018. OHNs will be working diligently with their employers to manage OHS, Human Rights, and accommodation issues in this changing landscape.

I am pleased to say that OOHNA's Fitness for Duty Committee, chaired by Amy Connell with members Jo-Anne Bassett, Norma Bonner, Lina Di Carlo, Edna Laming, Edith McDermott, Aaron North, Karen Parkinson, Janet Riches, Tammy Scantlebury, and Ken Storen have worked diligently to develop a guideline for members to assist you in developing your own workplace Alcohol, Drugs and Medical Marijuana policy. The guideline will be available in the spring and I encourage all members to review the Fitness for Duty Guideline when updating your company's Drug/Alcohol Policy to address cannabis.

Another key area for OHNs in 2018 will be Mental Health – particularly Chronic Mental Stress – which we will be addressing in the January 24th webinar, in conference sessions and at Nancy Gowan's a full-day conference workshop, "Managing Employees in Distress – Tools to Support Emotional and Cognitive Concerns in the Workplace".

The College of Nurses of Ontario is in the process of determining if Psychotherapy should be a controlled act for RNs. OOHNA will be monitoring the outcome of the CNO's decision for our individual practices.

At the time of writing this report, the deadline for renewing OOHNA membership and insurance has been extended to January 30, 2018. Your board won't have a clear picture of membership statistics until mid-February; therefore, I will report on membership in the March/April newsletter which is sent to all members mid-March.

We are very grateful to OOHNA members who have precepted 4th year nursing students from various universities. We had four 4th year nursing students graduate from our fall *Essentials of Occupational Health, Safety and Disability Management* course. Thanks to Linda Brogden, Nadia Boroja, Lina Di Carlo, Susan Goetz, Michele Hatt, Nisa Karan, Jennifer Lowry, Shelley Noble, Karen Parkinson, Sheri Quinn, Julie Richmond, Cheryl Rook, Michelle Tew, and Stacey Yerex. In this newsletter are several articles by 4th year nursing students who speak glowingly of their OHS experiences and of the tremendous education and support of their preceptors. If you are interested in being a preceptor, please contact the OOHNA office.

In January, Norma Segreto and I will be attending the Ministry of Labour's Annual Safe @ Work Ontario Consultations at The Centre for Health & Safety Innovation (the site of the 2018 OOHNA conference). This is an OOHNA opportunity to help shape the future direction of the Ministry's OHS Enforcement Strategy.

Lastly, in this newsletter is the Call for OOHNA Award Nominations. If you know of a deserving OOHNA member, I urge you to nominate them. Please contact the OOHNA office for details.

I wish you a 2018 that will be all you want it to be▲

Keeping Workers Well 2018 - 47th Annual OOHNA Conference

For 2018, the normally two-day conference is being held on Thursday, May 31 followed by a one-day workshop, *Managing Employees in Distress* on Friday, June 1. As you have read in the Executive Director's Report, the WSIB CEO Elizabeth Witmer will be in attendance to deliver remarks at the beginning of the WSIB session on CMS and TMS Policy, Thursday, May 31st.

The conference and workshop are being held at the Corporate Event Centre at The Centre for Health & Safety Innovation, 5510 Creekbank Road, Mississauga. The Centre has plenty of free parking.

There will be a one-day exhibit on Thursday, May 31 and the Annual General Meeting will be held from 4:30 p.m. to 5:30 p.m. the same day.

The conference opens with Dr. Carlos Davidovich, a leader in neuro-management in the workplace; and includes a plenary session from the WSIB on important issues including their CMS Policy, and a plenary session on legal issues from Greg McGinnis and Laura Russell of Mathews Dinsdale, LLP.

Mary Ann Baynton will end the conference with her very timely session: *Psychological Health and Safety: Potential Role for the OHN*.

On June 1st, Nancy Gowan, Gowan Consulting, will facilitate a very interactive workshop: *Managing Employees in Distress*. The workshop will focus on supporting employees with distress, chronic mental stress, mental health conditions for stay at work and return to work. Participants will receive a toolkit and practical tools that can be used to support employees staying at work or returning into the workplace. This workshop is capped at 40 participants so register early.

A block of bedrooms has been reserved at the TownePlace Suites, Marriott, 5050 Orbitor Drive, Mississauga. The hotel has plenty of free parking and is a 5-minute drive from The Centre for Health & Safety Innovation.

Please visit the OOHNA website's Education section for the Registration form, accommodation details, and program information. The 2018 conference brochure is being developed and will be posted to the website with a link sent to all members in late January.

The Board of Directors thanks these Sponsors for their support of *Keeping Workers Well 2018*

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ONTARIO OCCUPATIONAL HEALTH NURSES ASSOCIATION

January 10, 2018

To All Members:

CALL FOR RESOLUTIONS

The Bylaws and Resolutions Committee invites the submission of resolutions to the 2018 Annual General Meeting. Resolutions must be received in the OOHNA office by **March 1, 2018.**

Our association has adopted a policy that requires advance submission of resolutions to the Annual General Meeting. In addition to providing a formal and efficient mechanism for planning the business to be discussed, a resolution submission procedure has several advantages:

- Members, knowing in advance the topics to be discussed, are able to give them consideration before the Annual General Meeting.
- A resolution presented to the membership has been reviewed by the resolutions committee to ensure that it is properly worded, the intent is clear and the necessary research such as costs, feasibility and timing has been carried out by the sponsor.
- Members unable to attend the Annual General Meeting are informed of matters that may be of particular concern to them that will be discussed.

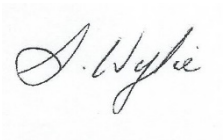
A "Resolutions Kit" which serves as a guide to the correct submission of your resolution(s) may be obtained from the OOHNA office or from your OOHNA Web Portal. Assistance in preparing a resolution may be sought from any member of the Bylaws and Resolutions Committee or the executive director.

The committee members and the executive director may be reached via the OOHNA office by phone at 416-239-6462; Toll Free 1-866-644-6276 or e-mail administration@oohna.on.ca.

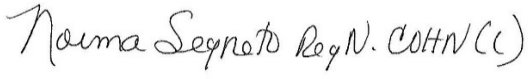
No extensions to the deadline will be considered unless the resolution meets the criteria of an emergency resolution. That is, the issue has arisen or become relevant after the deadline, or it requires prompt action. **The deadline for emergency resolutions is April 27, 2018.**

What are the issues that concern you as an OOHNA member? Now is the time to start planning to have your voice heard!

Sincerely,



Shirley Wylie, RN, DOHS
Executive Director



Norma Segreto, RN, COHN(C)
Board Liaison & Chair
Bylaws & Resolutions Committee

2018 AWARD OF EXCELLENCE
and
LIFETIME ACHIEVEMENT AWARD

CALL FOR NOMINATIONS

Award of Excellence

The Award of Excellence recognizes a member of the Ontario Occupational Health Nurses Association who has made a significant contribution to occupational health nursing in Ontario. In addition, this award promotes the role of the occupational health nurse.

Lifetime Achievement Award

The Lifetime Achievement Award recognizes a current member of OOHNA who has made an outstanding contribution, both locally and provincially, on a consistent basis, to the occupational health nursing specialty or to the professional organization.

Nominations

The Board of Directors invites you to submit your nominations for either or both of these awards now. The awards will be presented at the Annual OOHNA Conference, "Keeping Workers Well", to be held at The Centre for Health & Safety Innovation, Mississauga, Ontario**,** May 31, 2018.

Do not delay in taking the first step. Honour your colleague and promote your profession by making a nomination as soon as possible. *The deadline for submission is March 1, 2018.*

To receive an application please go to Awards in your web portal or visit the OOHNA website at www.oohna.on.ca and select the "Members Only" drop-down menu then select "Awards" and download the nominations forms. Applications can also be obtained by contacting the OOHNA office at: 416-239-6462; Toll free 1-866-664-6276 or email administration@oohna.on.ca

Prepare for Impact - The WSIB's New Chronic Mental Stress Policy Comes into Force Jan 1, 2018

By Elizabeth Rankin-Horvath and Denise Ropp

We are entering a new era. Ontario Workplace Safety and Insurance Board's (WSIB) new policy for **Chronic Mental Stress Policy# 15-03-14** comes into force January 1st, 2018. Is your organization ready?

The policy will cover chronic mental stress claims with accident dates (diagnosis of a mental illness by a regulated health care professional) on or after January 1st, 2018. However, additional amendments to the *Workplace Safety and Insurance Act* have been introduced, that if passed, would mean that workers who were diagnosed with a work-related chronic mental stress disorder on or after April 29, 2014 may be eligible for WSIB benefits. Workers who have not yet received a final decision on their mental stress claim by the WSIB and/or the WSIAT as of January 1, 2018 may also be eligible for benefits.

WSIB is expecting an influx of claims and is in the process of training a couple of hundred case managers to handle these claims. They are also taking action to help workers gain access to psychological assessment and treatment through the WSIB's new Community Mental Health Program, which was developed in partnership with the Ontario Psychological Association. This benefit, aimed at helping with early and safe return to work, is only available to the worker once their claim is approved.

Commendable, yes. But...

News of this new policy has stirred up much controversy and even anger. While it is high time that workers are compensated for the disabling effects of chronic mental stress from their work, many feel the new policy discriminates against workers with mental illness by requiring a higher standard of causation than for those with physical injuries. There is fear that workers who truly need help will be denied. Unless the causation is very clear, workers who launch claims may find themselves stuck in a sort of claims purgatory as the parties argue about whether there was a substantial work-related stressor and whether the stressor was the predominant cause of the mental illness, particularly if the worker has a pre-existing mental illness.

This presents several problems. For a worker with mental illness, they may not have the mental ability or energy to do what is necessary to prove their claim. If the worker is waiting for treatment for their mental illness while initial entitlement is being decided, they may be at risk of their symptoms worsening. We already know that the longer a worker is off work, the more difficult it is to get them back. Although early and safe return to work is expected in chronic mental stress claims, it may be very difficult if the focus is on proving the level of causation.

Herein lies another issue. The definition for what the WSIB policy considers a substantial work- related stressor is not clear.

- It must be excessive in intensity and/or duration in comparison to the normal pressures and tensions experienced by workers in similar circumstances
- Harassment and bullying will be considered substantial (but may be difficult to prove *and* must be predominant cause of the mental illness).
- Employer's decisions or actions relating to employment are typically not covered, *unless* the worker can show that they constitute harassment or are egregious. The same holds true for interpersonal conflict in the workplace.
- In some cases, consistent exposure to a job with a high degree of routine stress may qualify. It depends on the WSIB Case Manager's assessment of the merits of the individual claim. The WSIB Policy states that jobs with a high level of routine stress would typically involve responsibility for decisions over life and death or routine work in extremely dangerous circumstances. Again, these terms are not defined.

Many employers are unaware of the new policy and the huge impact that it may have on their organization. We can expect to see WSIB costs increase, particularly with the new rating system coming in force in 2018. Understanding the policy is one thing. Knowing how to prevent and manage these claims is another.

As an OHN, you are in a perfect position to help. Here are some recommendations:

- Be familiar with Policy 15-03-14 and the WSIB's webpage on *Mental Health in the Workplace*
- Get training on how to the understand the policy and how to manage and prevent chronic mental stress claims
- Assess the potential impact of chronic mental stress on the organization
- Establish an integrated mental stress disability and claims management program
    - Ensure workplace harassment and bullying policies are effective and enforced.

The cost for doing nothing is too high to ignore.

The cost of doing nothing is too high to ignore▲

Elizabeth Rankin-Horvath, Founder and President of Hale Health and Safety Solutions, is a Workplace Psychological Health and Safety Consultant.

Denise Ropp, Founder and President of DR Health Solutions, is a Workplace Wellness Consultant. They offer training and consulting to help employers prevent and manage chronic mental stress claims. Visit https://halehealthandsafety.com/training-and-education/ or call 416-277-8816.

Ontario Occupational Health Nursing: A Student's Testimonial

By Joseph Fan

I have always wanted to experience a community health nursing placement and I was ecstatic to learn that I would be placed at Occupational Health Clinics for Ontario Workers (OHCOW) this semester in Hamilton. I have been very fortunate to be under the preceptorship of Michelle Tew, an exceptional nurse and mentor with over 20 years of experience in Occupational Health Nursing.

My placement at OHCOW has been a unique and meaningful learning experience for me, especially since the skills, competencies, and knowledge of Occupational Health and Occupational Health Nursing has never been highlighted within my undergraduate education. It is interesting to think that prior to this term I had never taken an Occupational Health history, examined scholarly literature to determine the work-relatedness of a disease, or reviewed legislative policy, including that of the WSIB, and the Occupational Health and Safety Act. These skills and competencies were never required by any of my prior placements or highlighted in my nursing education. By the end of my first week at OHCOW, I had to complete all those tasks and more.

It was quite daunting at first, but Michelle and the rest of the OHCOW team were very accommodating in my educational journey. I also really admire the advocacy work Occupational Health nurses do on a regular basis for vulnerable and disadvantaged workers. For example, Michelle has been involved in the Migrant Farm Worker Project for several years now. The long-term initiative aims to provide Occupational Health and Safety services to the thousands of migrant farm workers who are socially, culturally, and economically disadvantaged. I spoke with a number of workers during an OHCOW led community health clinic and many of the workers informed me they often felt voiceless, and powerless in terms of their own health. Michelle and the OHCOW team are working diligently to bridge the gap by advocating for migrant farm workers through Occupational Health and Safety workshops, educational resources, clinical consultations, and workplace visits. Personally, I find initiatives like the Migrant Farm Worker project to be especially compelling because as nurses, we have a prime opportunity to advocate for a group of people who cannot advocate for themselves.

Ironically, I had never even thought or heard of Occupational Health Nursing prior to my placement at OHCOW, but now I can see myself pursuing a career in it. I am very grateful to Michelle, and the OHCOW staff for facilitating my educational journey and demonstrating the importance of Occupational Health Nursing within our healthcare system.

Joseph Fan is a McMaster University 4th year Nursing student (fans5@mcmaster.ca)

WSIB Entitlement for Mental Stress

By Michael Zacks, Director (A) and General Counsel

As of January 1, 2018, workers are able to claim WSIB benefits for chronic mental stress (CMS). This is in addition to the presumptive post-traumatic stress disorder (PTSD) entitlement for first responders[1], and to entitlement for work-related traumatic mental stress (TMS) that may apply to all workers who are covered by the *Workplace Safety and Insurance Act* (WSIA), including first responders who do not meet the criteria for presumptive PTSD coverage. (Workers may also be eligible for entitlement for psychotraumatic disability resulting from a work-related injury, but that is not discussed here.)

While the entitlement criteria under these policies differ, they all require the compensable mental stress to arise out of and in the course of employment, and exclude entitlement for mental stress caused by legitimate management decisions such as working conditions, discipline, and terminations.

To grant entitlement under the CMS Operational Policy, the stressor(s) must be objectively identifiable, and a DSM[2] diagnosis must be made by a regulated health care professional (physician, nurse practitioner, psychologist, or psychiatrist); an assessment by a psychiatrist or psychologist may be required for initial or ongoing entitlement. The WSIB must be satisfied, on a balance of probabilities, that one or more substantial work-related stressor(s) arose out of and in the course of the worker's employment, and is the *predominant cause* of the worker's CMS (rather than a *significant contributing cause*, as is the case for all other types of injuries). A work-related stressor will be considered substantial if it is "excessive in intensity and/or duration in comparison to the normal pressures and tensions experienced by workers in similar circumstances." Workplace harassment including bullying, interpersonal conflicts that are "egregious or abusive," or that amount to workplace harassment, and jobs that by nature involve a high degree of stress, may be substantial work-related stressors. The CMS policy notes that the pre-existing conditions policy applies to CMS claims, and states that the predominant cause test will apply to that process as well.

The first responders PTSD policy provides presumptive entitlement for 12 specified groups of first responders for whom it is presumed that their PTSD is work-related, and applies to decisions made on or after April 6, 2016 for accident dates on or after January 1, 1998. It requires a DSM-5 diagnosis to be made by a psychiatrist or psychologist, and specific employment criteria to be met. This presumption is rebuttable if the employment was not a significant contributing factor to the development of PTSD. If the worker is not entitled to the presumption, the claim is automatically adjudicated according to the appropriate TMS policy.

Entitlement under the new TMS policy[3] that applies to all TMS claims starting January 1, 2018 requires one or more work-related events that are causing the mental stress to be identifiable and objectively traumatic. Although the event(s) will be sudden and unexpected in most cases, it is no longer required to be acute, sudden, and unexpected. Workplace harassment is included as a stress causing event, and includes bullying. The WSIB decision-maker must be satisfied, on a balance of probabilities, that the traumatic event(s) or the cumulative effect of the series of traumatic events either caused or significantly contributed to the TMS. As with the CMS policy, there must be a DSM[4] diagnosis made by a regulated health care professional, although an assessment by a psychiatrist or psychologist may be required for initial or ongoing entitlement.

Further amendments to the WSIA include transitional provisions for CMS and TMS entitlement. Workers who have CMS or TMS that occurred on or after April 29, 2014, and had not filed a claim with the WSIB before January 1, 2018, have until July 1, 2018 to file a claim for CMS or TMS with the WSIB. For CMS

[1] For the purposes of s. 13, first responders currently includes full-time, part-time, and volunteer firefighters, fire investigators, police officers, emergency response team members, paramedics, emergency medical attendants, ambulance service managers, correctional institution workers, workers in a place of secure custody or place of secure temporary detention, and dispatchers. The Ontario government announced in December 2017 that it proposes to expand the PTSD presumptive legislation to include all front-line nurses who provide direct patient care, probation officers, probation and parole officers, bailiffs, and law enforcement officers (special constables, and civilian members of police services in Violent Crime Linkage Analysis System and forensic units). The Ministry of Labour expects to introduce these legislative changes in Spring 2018.

[2] The legislation and policy do not require a particular edition of the DSM to be used.

[3] Both the old and new TMS policies are identified as WSIB Operational Policy Manual Document Number 15-03-02.

[4] The legislation and policy do not require a particular edition of the DSM to be used.

or TMS claims that were pending at the WSIB or the WSIAT as of January 1, 2018, entitlement will be determined by the WSIB according to the new applicable policy, *regardless of when the mental stress arose*. CMS or TMS claims that were denied by the WSIB prior to January 1, 2018 can be appealed to the WSIAT within six months of the decision date to have the claim referred back to the WSIB and decided under the new applicable policy, *regardless of when the mental stress injury occurred*. Appeals that were denied by the WSIAT before January 1, 2018 will continue to stand.

If you have any questions please call the Office of the Employer Adviser (OEA) at (416) 327-0020 / 1-800-387-0774, or e-mail your questions to askoea@ontario.ca.

Director's Update January 2018

Office of the Employer Adviser (OEA)

Your Source for Changes at the WSIB

New employer late reporting penalties under the *Workplace Safety and Insurance Act* (WSIA) came into effect on January 1st. Employers who take more than 30 days to report an accident to the WSIB will be fined $1,000. Additional administrative penalties of $250 will continue to be separately applied for incomplete reporting, failing to use an appropriate reporting form, and failing to give the worker a copy of the completed Form 7.

Also as of January 1st, employers who are determined by the WSIB to have engaged in claim suppression may be charged an administrative penalty of $5,000 for each of the first three occurrences, $7,500 for each of the next three occurrences, and $10,000 for each occurrence after that.

Failure to comply with reporting obligations and claim suppression are also offences under the WSIA. If found guilty, individuals may be fined up to $25,000 and/or imprisoned for up to six months for each offence. Corporations are liable to a fine of up to $500,000 for each offence, up from $100,000. That would be in addition to the penalties mentioned above.

The WSIB has updated five policies to reflect these changes, and they are on the WSIB's website under the heading "Offences and Penalties, and Employer Accident Reporting (Claims Suppression)."

The maximum fines for an offence under the *Occupational Health and Safety Act* (OHSA), including unlawful reprisals, have also increased from $25,000 to $100,000 for an individual or unincorporated business, and from $500,000 to $1.5 million for corporations. The time limit for prosecuting an offence under the OHSA has also changed from one year from the date of the offence, to one year from the date a Ministry of Labour health and safety inspector becomes *aware of* an alleged offence.

If you have any questions about these changes, please call the OEA (1-800-387-0774) and we will be pleased to review them with you.

Development of a Web-based Assessment Tool for JHSC Functioning and Effectiveness

By Kathryn Nichol, Chun-Yip Hon, Irena Kudla, Valence Young, and D. Linn Holness

Background

Under the province of Ontario's Occupational Health and Safety Act, the provision of a Joint Health and Safety Committee (JHSC) is required in workplaces with 20 or more regularly employed workers or in smaller workplaces where a regulation concerning designated substances applies. JHSCs play a critical role in establishing a culture of health and safety in the workplace. Concern regarding the function and effectiveness of JHSCs in hospitals was raised following the SARS outbreak in 2003 (Campbell, 2006) and a paucity of literature focused on the healthcare sector was revealed. In response, over the last 10+ years, researchers from the Centre for Research Expertise in Occupational Disease (CREOD) have carried out a series of studies to address the concerns raised in the Campbell Commission and to improve JHSC effectiveness in Ontario workplaces.

The first study examined the form, function, roles, and resources of JHSCs in the acute care sector in Ontario through a cross-sectional survey of JHSC Co-chairs (Nichol et al., 2009). The second study examined hospital worker, management and healthcare sector stakeholder views on roles, impact and effectiveness of JHSCs in the acute care sector (Holness et al., 2016). Findings from both studies were used in the third project to develop an evidenced-based tool to assess JHSC function and effectiveness and test it with five hospital JHSCs. Results demonstrated that the tool was feasible to use during a one-hour JHSC meeting, was effective in promoting discussion leading to consensus on a large majority of items and was viewed as being of value to assessing and improving JHSC function and effectiveness (Nichol et al, 2017). A fourth project was conducted testing the tool in the education sector with three multi-workplace school board JHSCs. Results were favourable and similar to the healthcare sector testing (manuscript in preparation). In addition, participants in the education-based study identified several areas of the tool that were not appropriate for a multi-workplace JHSC. In response and in collaboration with participating school boards and the Elementary Teachers' Federation of Ontario (ETFO), a second version of the tool was developed for multi-workplace JHSCs and both versions were translated into French.

The research team investigated web-based assessment tools and online learning platforms as the obvious next step was to re-develop the tool into an online resource. New technologies pose several advantages for assessments that are particularly relevant for JHSCs. One such advantage to using a tool supported by a web browser is that it improves availability of the tool for varying JHSC members and their stakeholders (Yassi, et al, 2013).

JHSC assessments may be undertaken individually or collectively as a committee and improved accessibility of an assessment tool would lend itself well to use across multiple occupational sectors and geographies. The use of technology promoting easy accessibility has also been shown to enhance the quality of learning (Penman & Thalluri, 2014). Using this review, and with generous funding from the Ontario Ministry of Labour's Research Opportunities Program, we embarked on this project to create a web-enabled version of our JHSC assessment tool.

Objective

The objective of the project was to create a web-enabled version of the JHSC Assessment Tool with added functionality that included:

- Expert and evidence-based feedback on responses and embedded resource documents and web links
- Generation of an action report with the ability to prioritize the top three action items
- Ability to print or save assessment results for benchmarking purposes.

Short-term goals of the project included enhancing the availability and accessibility of the tool and increasing uptake and quality of learning and improvement efforts. Long-term goals included enhancing the effectiveness of JHSCs and improving the health and safety of Ontario workers.

Development of the Web-Based Tool

There were two main phases of development. The first was to develop expert and evidence-based feedback on responses to tool items and identify appropriate legislative and/or best practice resources for each. This collaborative work was carried out by the project team. The second phase was the development of the electronic version of the tool. This phase was led by digital learning experts at the Public Services Health and Safety Association following an instructional system design model called the ADDIE (Analysis, Design, Development, Implementation and Evaluation) model and using Articulate Storyline 2 software (Articulate Network, 2014, New York USA), a powerful authoring tool to create interactive electronic courses and resources.

Findings and Achievements

Go to www.creod.on.ca for the JHSC Assessment Tool

A web-enabled Joint Health and Safety Committee assessment tool was developed. Single-workplace and multi- workplace versions are publicly available via the CREOD website www.creod.on.ca in both French and English.

The tool has a welcome/landing page with information and instructions for the user and highlights that, while individuals can use the tool to evaluate their JHSC, the assessment was designed to be completed by JHSC members as a group to facilitate discussion and reflection. The tool then directs the user to identify whether their JHSC is a single-workplace JHSC or a multi-workplace JHSC and the appropriate version of the assessment tool is then launched.

Twenty items are offered and the individual user or the JHSC as a group can choose the response that best describes their JHSC. When the assessment is completed a summary and an action report is generated that can be printed and/or saved. This report contains feedback on each of the chosen responses, embedded best practice resources, web links to inform improvement efforts and the ability to identify the JHSC's top three priorities for action. To protect the confidentiality of organizations using the tool, no data is collected or stored by the system.

Conclusions and Implications

Re-developing the paper-based tool into a web-enabled resource with additional content to inform improvement efforts, enhances availability of and access to the tool among committee members and across multiple occupational sectors. It also increases uptake and quality of learning and improvement efforts with the long-term goal of enhancing the effectiveness of JHSCs and better protecting the health and safety of Ontario workers. We invite you to try out the tool with your own JHSC!

Kathryn Nichol, PhD (kNichol@vha.ca), is affiliated with the University Health Network, the Dalla Lana School of Public Health, University of Toronto, and the Centre for Research Expertise in Occupational Disease (CREOD)

Chun-Yip Hon, PhD, is affiliated with CREOD and the School of Occupational and Public Health, Ryerson University.

Irena Kudla, MHSc, is affiliated with the Dalla Lana School of Public Health, CREOD, and the Department of Occupational and Environmental Health, St. Michael's Hospital.

Valence Young, MIR, is affiliated with the Elementary Teachers' Federation of Ontario.

D. Linn Holness, MD, is affiliated with the Dalla Lana School of Public Health, CREOD, the Department of Occupational and Environmental Health, St. Michael's Hospital, the Department of Medicine, University of Toronto, and the Centre for Urban Health Solutions, St. Michael's Hospital.

References

Articulate Network, 2014, New York USA

Campbell, A. (2006). SARS Commission Executive Summary: Spring of Fear - Volume 1. Ottawa, Canada. Retrieved from http://www.sarscommission.ca/report/v1-pdf/Volume1.pdf.

Holness, D. L., Hayes, L., Nichol, K., Kudla, I., & Nincic, V. (2016). Joint health and safety committees -what is their impact in the acute care hospital? WORK - A Journal of Prevention, Assessment & Rehabilitation 53, 763- 773.

Nichol, K., Kudla, I., Manno, M., Mccaskell, L., Sikorski, J., & Holness, D. L. (2009). Form and function of joint health and safety committees in Ontario acute care hospitals. Healthcare Quarterly, 12(2), 86-93.

Nichol, K., Kudla, I., Robson, L., Hon, C.-Y., Eriksson, J. and Holness, D. L. (2017), The development and testing of a tool to assess joint health and safety committee functioning and effectiveness. Am. J. Ind. Med., 60: 368-376.

Penman, J., & Thalluri, J. (2014). Addressing diversity in health science students by enhancing flexibility through e-Learning. The Electronic Journal of e-Learning, 12(1), 89-100.

Yassi, A., Lockhart, K., Sykes, M., Buck, B., Slime, B., & Spiegel, J. M. (2013). Effectiveness of joint health and safety committees: A realist review. American Journal of Industrial Medicine, 56(4), 424-438.

National Conference on Disability and Work Offers Glimpse of Complex Issues

By Uyen Vu

What would a national strategy towards greater inclusion of people with disabilities in the Canadian labour market look like? And where do we begin when setting out to develop such a strategy? The barriers to inclusion in the paid labour market for persons with disabilities are many. The issues are complex, multi-faceted and deeply intertwined. And that's not to mention the diverse viewpoints, experiences and programs to consider—from individuals with different health conditions and functional limitations to the various systems and policies across the country, all with their own legacies and constraints.

Many barriers to inclusion identified at conference co-hosted by research centre.

For the organizations that co-hosted last fall's National Conference on Work Disability in Canada, a starting point was embracing diversity and multiplicity. The three-day conference, held in Ottawa from November 27-29, was organized by the Centre for Research on Work Disability Policy (a seven-year research initiative with its national office at the Institute for Work & Health), the Canadian Council on Rehabilitation and Work, the Ontario Network of Injured Workers Groups, and InclusionNL. It brought together stakeholders from across the country. In addition to policy-makers from both the federal and provincial levels, delegates included representatives from community service organizations, unions, employers, and the research community. Most importantly, the approximately 150 delegates included many injured workers and persons with diverse disabilities—visible and invisible, episodic and chronic, mental and physical.

As presenters and delegates noted often throughout the three days, the statistics are grim. According to Statistics Canada, the employment rate among people with disabilities was 49 per cent in 2012, much lower than the 71 per cent figure for people not disabled. Likewise, the unemployment rate among people with disabilities was 11 per cent, nearly double the six per cent rate among people with no disabilities. And as long-time academic and advocate Dr. Michael Prince, University of Victoria's Lansdowne Professor of Social Policy, observed in his keynote remarks, little progress has been made over the years. "When I reflect back over the last three or four decades of efforts in this country, in trying to enhance and improve the labour force participation rate of people with physical and/or mental health disabilities and impairments, my own view is that we have had some successes, but that overall, we have seen marginal change," said Prince. "We have not come, in my view, very far in 30 years."

Prince did note signs for optimism, such as the fact that two federal ministers spoke at the conference and offered encouraging remarks. The Honourable Kent Hehr, Minister of Sport and Persons with Disabilities, spoke of pending federal accessibility legislation that will focus on equality of opportunities across all areas under federal jurisdiction. The Honourable Patricia Hajdu, Minister of Employment, Workforce Development and Labour, spoke of an initiative to examine unintentional bias within the department, from the deputy minister level all the way down. She also noted the importance of ensuring the path forward reflects the real needs of the communities involved. "I don't believe that government has all of the answers," she added. "So, I have been encouraging my team to rely heavily on working in partnership with organizations."

The conference program reflected the broad array of issues to tackle. Among the many topics participants heard about were:

- the different—sometimes overlapping and sometimes conflicting—income support programs across Canada;
- the legal structures and requirements set up around these programs and the incentives and potential disincentives they create for work participation of people with disabilities (see Dr. Katherine Lippel's presentation);
- the adequacy of wage replacement benefits for injured workers who qualify for workers' compensation (see Dr. Emile Tompa's presentation);
- the resources needed by employers to help them find their way around workplace accommodation issues;

- concerns about funding sustainability for community service agencies that help people with disabilities find work;
- the potential roles of adaptive technology and greater work flexibility in workplaces;
- the role of governments as model employers;
- the increasing automation of workplaces and its implications for jobseekers with disabilities;
- the potential of a basic income guarantee as a policy mechanism to address many of the issues raised; and
- the potential role of the United Nations Convention on the Rights of Persons with Disabilities as a policy lever (see Steve Estey's presentation).

In keeping with the organizers' respect for the diversity of viewpoints, the conference program also offered up many opportunities to hear people's stories. Participants on the lived-experience panel spoke of the frustration of not being recognized for their potential. They spoke of the additional risks involved with taking steps such as accepting a job, taking on more hours or starting a business; doing so may mean loss of income supports and difficulty qualifying for support renewal down the road, if required. Personal stories of people with disabilities were also highlighted at the book launch for *Work Disability in Canada: Portraits of a System*, published by CRWDP and now available online.

From the employer panel, delegates heard generally positive experiences from representatives of Jazz Aviation, Giant Tiger, Sodexo, Dolphin Digital and Deloitte. Dolphin Digital Vice-President Jamie Burton spoke of seeing beyond individuals' disabilities and using technology to remove barriers to make the most of people's talents. Michael MacDonald of Jazz Aviation spoke of an aircraft maintenance engineer who was initially deemed unfit for the job due to her hearing impairment. The company let her undertake a functional evaluation, which showed that she could do the job safely. MacDonald added that the worker's presence on the crew has helped make work safer for all. Instead of using only verbal alerts to let co-workers in the noisy hangar know when an aircraft is being elevated on a hydraulic lift, workers on her crew now use eye contact and shoulder taps to individually alert coworkers. "Everybody would go around the room saying, 'The plane is about to go up. Get out of the way.' And everybody feels a lot safer just from that."

The conference ended with another gesture of inclusivity: breakout sessions in which all delegates were asked to offer input on key themes that will be integrated into a national strategy. A framework for developing such a strategy will be published this year as an outcome of the conference. It will include areas that need development, people who need to be involved, and also high-level goals and objectives to target. The framework document will be posted on the conference webpage, where some supplementary conference material such as presentation slides and videos have been posted (and others will continue to be added).

Uyen Vu *(UVu@iwh.on.ca)is Communication Associate at the Institute for Work & Health. The Institute is a not-for-profit, independent research organization focusing on work-related injury and disability prevention. It is also the national headquarter of the Centre for Research on Work Disability Policy, a seven-year research initiative launched in 2014. To learn more about CRWDP research activities, please go to www.crwdp.ca. To sign up for news on Institute research, tools and projects, please go to www.iwh.on.ca/e-alerts.*

Occupational Health and Safety Nursing Placement

By Kim Dieu

I am a 4th year Lakehead University nursing student and with OOHNA's assistance, I had the pleasure of completing a six-week Occupational Health and Safety (OHS) placement at Gate Gourmet Canada. Since there are limited opportunities to learn about OHS in the nursing curriculum, I was grateful to learn more about this field from highly experienced and knowledgeable mentors. I gained further insight into various aspects of OHS including disability management, theory and legislation, and program development and implementation. Moreover, I had the opportunity to develop my interpersonal, critical thinking, and advocacy skills.

I discovered how OHS nurses have the unique opportunity to deliver health promotion outside of a clinical setting, where the teaching may be more applicable to clients. The workplace is considered a second home to many; therefore, OHS Nursing interventions can directly impact individual health and wellbeing on a regular basis. Through disability management, I learned how early return-to-work (RTW) promotes physical recovery and mental wellbeing. I developed my interpersonal skills by participating in RTW meetings where we collaborated with workers and managers to facilitate safe RTWs. I also provided health teaching and applied motivational interviewing to empower individuals to make behavioural changes. For example, I taught workers about non-pharmacological pain management and reinforced the importance of regularly attending physiotherapy to support functional recovery.

OHS Nursing also requires critical thinking skills to promote a healthy, safe, and profitable workplace. These skills are central to program development, and OHS nurses are uniquely trained in performing gap analyses to diagnose issues, prioritize needs, implement and tailor programs, evaluate effectiveness, and modify programs as needed. While I assisted primarily in OHS program delivery and evaluation, I recognized the parallels between program development and the nursing process. I also developed critical thinking skills by performing incident investigations and hazard/risk assessments. In turn, I gained a deeper understanding of OHS and learned how workplace injuries are linked to broader issues such as stress and mental health.

OHS nurses have a unique role as mediators between workers, supervisors, and employers. Workers place a lot of faith in OHS representatives and regularly confide in them to have their concerns addressed. As a result, OHS nurses can advocate for the health and safety needs of the employees. I engaged in advocacy by participating in Health and Safety Committee meetings where I learned of OHS issues affecting workers. With my preceptor's guidance, I strategically presented these concerns to the employer to determine an appropriate and cost-effective solution.

Overall, I truly enjoyed my OHS Nursing placement. I am especially thankful to OOHNA and Sheri Quinn at Gate Gourmet Canada for facilitating this opportunity. This experience has made me consider pursuing OHS Nursing in the future, as I appreciated the capacity to build long-lasting relationships with clients and the rewarding feeling of directly improving the wellbeing of others on a regular basis.

***Kimberly Dieu** (kimberlydieu@gmail.com) is a 4th year Lakehead University nursing student.*

Bill 148: Changes to Employment Leaves Under the *ESA*

By Greg McGinnis and Sydney Kruth

Bill 148, the *Fair Workplaces, Better Jobs Act, 2017*, dominated headlines last month for the major changes the Bill made to the Ontario *Employment Standards Act, 2000* (the "*ESA*"). A lot of attention has been paid to minimum wage increases, but Bill 148 also makes sweeping changes to other parts of the *ESA*. Of particular interest to OH nurses may be the impact that the Bill has had upon employment leaves, including the introduction of a new leave of absence, as well as amending existing leaves.

Domestic or Sexual Violence Leave (New): Employees who are victims of intimate violence, or whose children experience intimate violence, are now entitled to take this new leave enabling victims to relocate, or to seek medical attention, counselling, law enforcement assistance, or services from a victim services organization. Employees are entitled to take both 10 days and 15 weeks of Domestic or Sexual Violence Leave each calendar year, with the first five days of such leave to be paid.

Pregnancy Leave (Extended): Employees who experience a miscarriage or stillbirth are now entitled to take an expanded leave of 12 weeks after the loss occurs.

Parental Leave (Extended): The *ESA* now allows for up to 18 months of combined pregnancy and parental leave, where 61 weeks of parental leave is available to employees who take pregnancy leave, and 63 weeks of parental leave is available to those employees not taking pregnancy leave. These changes are in line with the recent changes to EI parental benefits.

Family Medical Leave (Extended): Where a family member is at "significant risk of death," an employee is now entitled to take an expanded leave of 28 weeks (as opposed to 8 weeks) to provide care or support to that person.

Critical Illness Leave (Expanded): Employees are now able to take a 17-week leave to care for any critically ill family member (as opposed to just the employee's children). A 37-week leave continues to be available where the employee is caring for their critically ill child.

Child Death or Disappearance (Expanded): A separate Child Death Leave is now available, wherein employees are entitled to a leave of up to 104 weeks if a child of the employee dies for any reason. A 104-week leave continues to be available where a child of the employee disappears as a result of a crime.

Personal Emergency Leave (Expanded and Amended): Most employees will now be entitled to take Personal Emergency Leave (PEL), as the 50-employee threshold for employee entitlement to the leave has been eliminated. Employers are also required to provide the first two days of Personal Emergency Leave taken by an employee within a calendar year as *paid leave.*

Another notable amendment to PEL is that employers may no longer *require* "a certificate from a qualified health practitioner" to prove entitlement to the leave.

Employers may still require "evidence reasonable in the circumstances" supporting the employee's entitlement to PEL. What that means will differ from case to case, and employers may be creative in their requests. Where employees do not provide a medical note (which is permitted but cannot be *required*), employers can require some other form of evidence – which might include, for example, evidence such as a parking pass from a medical clinic visited by the employee. In practice, a doctor's note may still be the easiest and most accessible form of evidence in some cases.

With all these changes, employers should review their Attendance Management Programs to ensure compliance with the *ESA*. For example, these programs should not mandate that medical notes be provided to support a PEL absence, and there are also now many additional leaves to contend with.

Employees can expect that attendance policies may change to require different types of proof of absence. While they can no longer be required to provide medical notes to support PEL days, they should not assume that these will be treated as "freebies" and that no proof will be demanded.

***Greg McGinnis**, LL.B., is a Partner and **Sydney Kruth**, J.D., (skruth@mathewsdinsdale.com) is an Associate with Mathews, Dinsdale & Clark, LLP, a law firm that specializes in Labour Law. Greg McGinnis will be speaking at the 2018 OOHNA Conference.*

Reflection on My Student Placement

By Pavanpreet Ranu

For my level four placement, I had the opportunity of being placed at the University of Waterloo under Occupational Health Services. My time at this placement has provided me with many learning opportunities that have broadened my understanding of the role of a nurse and the extent of nursing care. Working alongside two amazing Occupational Health Nurses at the University, I was able to gain insight and see firsthand how nursing is implemented beyond the bedside.

Through meeting various clients, staff and faculty, I have learned how health is impacted not only physically but mentally and how it relates to the workplace. I can appreciate this on many levels as I transition from the role of a student to an employee and working nurse. Prior to this placement, I was unaware of the inner workings of sick leave, long-term disability, or what it means to accommodate. By acting as a support system for employees, together with my preceptors, I have gained a better understanding of these processes and the importance of Occupational Health.

I have learned how policies and procedures such as Policy 33 or Policy 18 can uplift and/or hinder recovery for clients. Individuals working for any institution, are more than just employees, they are people who have various needs and stressors that must be taken into consideration. Health is not just physical. It goes beyond anatomy, extending to cognitive and environmental levels. This knowledge is extremely valuable as I will be able to implement this in my future career not only as a nurse but as an employee.

This placement has allowed me to have new opportunities and work with populations of various age groups, cultural backgrounds, and needs. I was able to consolidate my learning from previous clinical placements. For example, I drew upon my experience from a post-partum rotation to completed well baby checks at the University family clinic. Although, I have learned something new every clinical shift, the moment in which I felt most connected with being a nurse was during meetings with clients where they were comfortable enough to share their stories, views, and beliefs. Despite the differences in age, occupation, or needs, clients gave me the opportunity to learn from them and act as a resource to them. In those moments, I did not feel like a student nurse but felt like someone who was helping to make a positive impact on a client's life – even if it was just for that moment in time.

Working at the University has allowed me to create inter-professional relationships with various members of the health care team, including other nurses, physicians, lawyers, human resources, and PFFs. These inter-professional relationships have allowed me to develop professionally, creating ties and networking with my peers. It gave me the opportunity to create a new placement in Health Services at the family clinic for myself and future nursing students.

When I think of graduating at the end of next term, I am proud to say I will carry that knowledge gained from Occupational Health for the duration of my professional career. I thank everyone at the University of Waterloo for supporting me in my nursing journey

Pavanpreet Ranu (ranup@mcmaster.ca)is a 4th year nursing student at McMaster University, Hamilton, Ontario.

Niagara Occupational Health Nurses Association Celebrates 70 years!

Niagara is where it all began . . . For Ontario and Canada!

By Debbie Riddle

2018 marks a major milestone for the Niagara Occupational Health Nurses Association (NOHNA) as they celebrate their 70th anniversary in Occupational Health Nursing.

The organization began in 1948 with the formation of the Industrial Nurses of Welland. They started with 18 members representing industries such as Electro Metals, Atlas Steels, Inco, Stokes Rubber, Plymouth Cordage, and Empire Cotton Mill. According to the records, the Plymouth Cordage Company in Welland was the first company to employ an industrial nurse in Canada!

The first meeting was held on February 3, 1948. The meetings were arranged for the second Monday of each month and a fee of $1 per member covered any expenses.

Niagara District Industrial Nurses Association (NDIN)

On November 22, 1948, a letter was mailed to the Niagara Falls Industrial Nurses encouraging them to attend the first meeting on December 9, 1948. The purpose of the meeting was to organize a Niagara District Industrial Nurses Association (NDIN).

At the first NDIN meeting, discussion topics included: visiting the workers in the home; policies regarding the administration of medication to workers; various means of recording illnesses causing lost time at work; pre-employment and periodical examinations, and establishing a Workman's Compensation program.

As OHNs it is very interesting to review the documents and draw parallels between issues confronting OHNs in the early 1950's and 1960's and today. Many of the topics discussed over the past 70 years are still relevant.

The records show topics discussed at these meetings included: Alcoholics Anonymous; diabetes, Will and Estate law; civil defense and its relation to industry; CPR, back injuries, cancer research; compensable chest conditions; drugs; industrial medical programs; hearing loss; back pain; psychiatry; methadone clinics; nurse and management workshops; heart disease; health assessments and safety regulations.

The First OOHNA Meeting

The 1970's was also the time that the Niagara group organized the first Ontario Occupational Health Nurses Association (OOHNA) provincial meeting, with Niagara's very own Pat Ewen becoming the first OOHNA president. Four other NOHNA members would serve as Ontario Presidents.

Though the organization has had minor name changes, such as in 1949 becoming the Niagara Peninsula Industrial Nurses Association and in 1974 becoming what is now known as the Niagara Occupational Health Nurses Association, the organization remains active and strong.

NOHNA continues to meet seven times a year for a dinner meeting with guest speakers and lots of networking. Members represent local industry, regional workplaces, Ontario hospitals, and long-term care facilities.

L to R: Agnes Staynes, Cathy MacKenzie, Pat Ewen, Stevie Mattola, Joan Johnston Staimer, Sue Arnold

Each spring, the group holds a social night where current OHNs and retirees get together. Amidst the laughter, many stories are told of the shenanigans at OOHNA conferences. A story of a "mannequin" is one of the most memorable!

We would like to congratulate both past and present NOHNA members as well as all Occupational Health Nurses for their continued commitment and dedication to our profession. It is organizations like the Niagara Group that keep Occupational Health Nursing strong in Ontario ▲

Debbie Riddle, *RN, COHN(c) is on the NOHNA Executive.*

Alzheimer Society CANADA January is Alzheimer Awareness Month

Did you know that stigma is one of the biggest barriers for people with dementia to live fully with dignity and respect? That's why we're excited to kick off our 2018 social awareness campaign—I live with dementia. Let me help you understand—to spark conversations and encourage Canadians to see dementia differently.

On June 22, 2017, the federal government passed Bill C-233, and the *National Strategy for Alzheimer's Disease and Other Dementias Act*, became law. Canada joins 30 other countries that have this type of national strategy. Click on this link to read about the national dementia strategy

CCOHS Canadian Centre for Occupational Health and Safety

Business Case for Workplace Wellness is a free, 30-minute e-course that provides business owners, managers, and supervisors with an introduction to establishing a workplace wellness program. The course strives to help participants better understand the benefits of having a workplace wellness program, and what the return on investment of these initiatives can be. The e-course, Business Case for Workplace Wellness can be accessed from the CCOHS website: www.ccohs.ca/products/courses/wellness/.

Diabetes Resource Websites

- Diabetes Canada: www.diabetes.ca
- Diabetes GPS: www.diabetesgps.ca (has diabetes resources in a few different languages)
- Canadian Obesity Network: www.obesitynetwork.ca (free to join)
- Dietitians of Canada: www.dietitians.ca (find a Registered Dietitian, fee for service – for private Consultant, most insurance plan covers Dietitian services)
- EatRight Ontario: www.eatrightontario.ca (Call a Registered Dietitian for free – general healthy eating, find fresh, nutritious and delicious recipes)

Health Evidence™ website is a McMaster University initiative whose mission is to "make evidence easily accessible while developing organizational and individual capacity for evidence-informed public health decision making". Click on this link to access this free website's education, research and tools www.healthevidence.org

Great Website!

Immunize Canada

NACI knowledge translation tools
for health care professionals Click here to download our pocket guides.

Institute for Work & Health | Research Excellence Advancing Employee Health

Depression in the Workplace Survey

IWH researchers have received funding from WorkSafeBC to conduct a survey about the practices workplaces use to help employees with depression. We want to hear about these practices from both managers and employees. This will help us marry the research evidence on dealing with depression in the workplace with the best practices currently being used to create a free resource for workplaces. Take the 10-minute survey now

Resources for Preventing Infection Prevention and Control (IPAC) Lapses

Public Health Ontario new Resources for Preventing Infection Prevention and Control (IPAC) Lapses page is your source for:

- Resources
- frequently asked questions
- links to videos
- best practice documents
- related links

You'll also find a focus on the two areas of IPAC practices most commonly identified as needing attention during lapse consultations and risk assessments - reprocessing and medication administration.

Workplace Mental Health Resources

Mental Health First Aid Canada

MHFA is an international program active in over 20 countries. Mental Health First Aid (MHFA),www.mhfa.ca, is the help provided to a person developing a mental health problem or experiencing a mental health crisis. The MHFA Canada program aims to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague.

Anyone can benefit from MHFA, and more than 200,000 Canadians have been trained already. MHFA is well suited to all workplaces seeking to reduce incidences of mental health problems and issues.

Great-West Life Centre for Mental Health in the Workplace

(www.workplacestrategiesformentalhealth.com) curates credible and free resources from a variety of sources, all related to workplace mental health that are practical and helpful.

The section https://www.workplacestrategiesformentalhealth.com/Understanding-Mental-Health-Issues offers personal mental health resources from different organizations from around the world. Great West Life reviews and updates these resources at least every other year, keeping them up-to-date.

And https://www.workplacestrategiesformentalhealth.com/anniversary for research articles, videos, interviews and more.

WSPS has launched THINK MENTAL HEALTH – a website with free mental health resources. Visit http://thinkmentalhealth.ca/

BestLifeRewarded offers a FREE one-stop-shop tool providing organizations with the essentials to begin to implement the National Standard for Psychological Health and Safety in the Workplace (the "National Standard"). See Mental Health at Work Challenge

WSIB: EMPLOYER INJURY OR ILLNESS REPORTING SELF-EVALUATOR

IMPORTANT

This Self-Evaluator helps employers:

- understand your roles and responsibilities when a workplace injury or illness occurs
- evaluate if you are complying with legislative requirements
- identify and address any issues in your injury or illness reporting processes

Click on this OOHNA website link to access the WSIB Self-Evaluator.

Returning to Work as an Essential Part of Mental Health Recovery

By Ann Morgan

Work is a health promoting behavior. This is especially true for individuals experiencing mental health challenges.

How so? Work offers structure, routine, a sense of identity and purpose, social contact, financial security among other benefits that not even the best medical treatment program can provide. Early and safe Return to Work planning is critical to the recovery process, and the prevention of prolonged disability. Unfortunately, staying at work/returning to work is rarely prioritized as a treatment goal from the onset of illness.

The longer an individual is away from the workplace, the lower the chances of returning to work. That is why returning to work must be prioritized as a treatment goal from the beginning. Time and focus is of the essence.

Working to be healthy

Employers are increasingly aware of the importance of supporting employee mental health as a social and business imperative. Increased awareness of the issues and prevention efforts such as wellness programs and EFAP offerings are common. Despite the best efforts of the most conscientious employers, increasing numbers of individual employees are experiencing episodes of mental illness. And when this happens, many employers offer support, resources and benefits to assist the employee in the recovery of their health.

When it comes to issues like stress, anxiety and depression, that usually means treatment with a mental health care professional. And, traditionally, clinicians focus on symptom reduction – after all, they also want clients to feel better as fast as possible. Well-meaning clinicians often assume that clients need to feel significantly better before they can even approach the idea of return to work. The assumption is often that clients need to "get their life back" before they can approach return to work.

But, what if treatment as usual could actually make things worse?

Traditional therapy often fails to factor in how workplace realities impact the clinical picture. It can overlook the importance of focusing on context-specific intervention strategies as a means to restoring function, building resiliency and sustaining gains when individuals return to the stresses of work.

In the absence of work-focused interventions throughout treatment, clients may begin to feel better… right up to the moment when return to work is tabled. Then, familiar and new symptoms can arise – often with increased intensity. This exacerbation of symptoms in response to return to work discussions can make clients feel like they have taken one step forward and two steps back. Clients and clinicians alike can be convinced that more time away from work is needed.

If the anticipatory anxiety of return to work is not normalized and addressed from the start of treatment, it may solidify any negative associations clients have about their mental wellbeing and being back at work.

We never want to create a scenario in which work is seen as a barrier to wellness. ("I'll be fine if as long as I don't have to be at work!") Work is a health-promoting behavior we aim to resume in order to support full recovery.

Finding treatment solutions

Common mental health conditions such as anxiety and depression are both chronic and episodic. Most often, people can continue to manage symptoms and function at work with varying degrees of difficulty. Right up until they can't.

So, what is it that enables an individual with a mental health condition to face the prospect of work on a Wednesday but not the following Friday? What is it that turned a manageable disorder into a disability? An effective treatment plan has to assess and address the symptoms as well as the context in which they occur. After all, if workplace factors precipitated disability, left unaddressed they'll very likely do it again.

This isn't to suggest that it takes a toxic work environment to lead to symptom exacerbation or disability. An employee with social anxiety, for example, typically fears being evaluated. This can make them very vulnerable and prone to having a difficult time managing symptoms when it comes to performance appraisal time.

So, what if instead of strictly placing the focus reducing their anxiety, they were taught to recognize the importance of preparation – with

strategies such as “coaching up” and providing your manager with some ways in which you would like to receive feedback. (For example, sandwiching critical feedback with positive feedback.)

Really, therapy conducted outside the context of work is as likely to result in a successful return to work as passing your driver’s test without ever having got behind the wheel of a car.

Supporting Return-to-Work

Evidence-based CBT interventions, such as BEACON, must be tailored to t
he needs and circumstances of the individual in the context of home and work realities. It aims to support the integration of existing workplace resources and employer expertise to support timely, safe and sustainable return to work.

Because the best outcome is a healthy, thriving team that feels like they can tackle any challenges that come their way.

Ann Morgan (AMorgan@cbtassociates.com)is the Workplace Mental Health and Disability Management Solutions Lead, BEACON and CBT Associates.

WSIB LAUNCHES FORM CMS 8

Health Professional’s Report for Occupational Mental Stress

Starting January 1, 2018, patients may be eligible for WSIB benefits if they have a condition related to work-related chronic mental stress. As part of the new policy related to these benefits, the WSIB is launching a new form; the Health Professional’s Report for Occupational Mental Stress (Form CMS 8).

Physicians and nurse practitioners can use this form for: (1) patients who are claiming benefits under the WSIB insurance plan for conditions related to occupational mental stress, or (2) situations where you think that the cause of your patient's mental health condition is work related.

By using this form, you will provide timely information for adjudication and case management. The current form can only be submitted in paper format with an electronic version expected in 2018. Click on this link to go the **WSIB’s Form CMS 8**

For general questions or to find out more, call the WSIB Health Care Practitioner Access Line at 1-800-569-7919 or 416-344-4526. Visit the WSIB website at www.wsib.on.ca for more information.

Ontario Occupational Health Nurses Association

"The Essentials of Occupational Health, Safety and Disability Management"

OOHNA presents "The Essentials of Occupational Health, Safety and Disability Management", formerly presented by Patricia Kent, Prime Knowledge Limited.

This course is designed for all Occupational Health and Safety and WSIB / Disability Management Specialists as well as members of the Occupational Health & WSIB / Disability Management Team. It is also useful for HR specialists, Occupational Therapists and individuals who are:

- Looking to enter the field of Occupational Health and Safety,
- Wanting to refresh their skills and knowledge while already functioning in the field
- Looking to heighten their knowledge of disability management /WSIB/ Return to Work
- Preparing for related professional examinations.

The essence of an Occupational Health and Safety Specialist is to be knowledgeable of elements of occupational health and safety systems, current legislation and WSIB / disability management, return to work and to assist in providing a safe, healthy and profitable workplace. OOHNA's goal is to impart this fundamental information.

Participants will receive a wide range of information, including:

- Fundamental elements of occupational health and safety systems
- Workplace and worker assessment
- Hazard and risk
- Current applicable legislation
- WSIB / disability management / return to work
- Problem solving skills

Upon the completion of the course, participants will have the tools to assess actual and potential hazards in the workplace and to facilitate the safe return of employees following disability or injury.

Instructors:
OOHNA's instructors are seasoned professionals, working for many years in occupational health and safety and most have designations in Occupational Health Nursing, Safety Professional and / or Disability Management. The majority have lectured at the college and university level and each instructor is teaching their speciality during the sessions. This course offers unlimited opportunities for an enhanced learning experience.

Time, Place, Cost:
The next session commences Saturday, February 24, 2018 and continues for 6 more Saturdays (March 3, March 10, March 17, March 24, April 7) ending April 14, 2018. Please note there is no class on Saturday, March 31 as this is Easter weekend. Classes run 9:00 a.m. to 4:00 p.m. with a short morning and afternoon break and 30 minutes for lunch.

The certificate in the "Essentials of Occupational Health, Safety and Disability Management" meets the educational "contact hours" for maintaining Occupational Health Nursing and other related professional designation certification. Upon completion, a certificate of completion will be provided as long as course requirements have been met. Attendance, case studies, class participation and a final exam are all considered when final grades are evaluated. Continuous Learning (CL) Education hours are issued, which may be applied to the certification process.

The course is conducted at AGS Rehab Solutions Inc., 10 Kingsbridge Garden Cir Suite 300, Mississauga, ON L5R 3K6. **The cost is $1,469.00** [$1,300 + HST ($169.00)]. Please make cheques (no credit card option) payable to the **Ontario Occupational Health Nurses Association** and mail to

701 Evans Ave., Suite 504, Toronto, Ontario M9C 1A3. This includes a professionally developed course manual, resources and reference materials. A tax receipt will be issued.

Morning and afternoon refreshment breaks are included. Attendees bring their own lunch. Lunches may be stored in the kitchen fridge and there is a microwave available. Free parking.

HRPA 2018 – Annual Conference and Trade Show

A New Beginning – The Intelligence Revolution
Jan. 31 to February 2, 2018
Metro Toronto Convention Centre

Click on this link to see the outstanding line-up of speakers, sessions, and to the register:
http://hrpaconference.ca/

Leadership. Partnership. Change

Annual Conference
March 21 to 23, 2018 at the Beanfield Centre in Toronto, Ontario.

Register now for TOPHC 2018

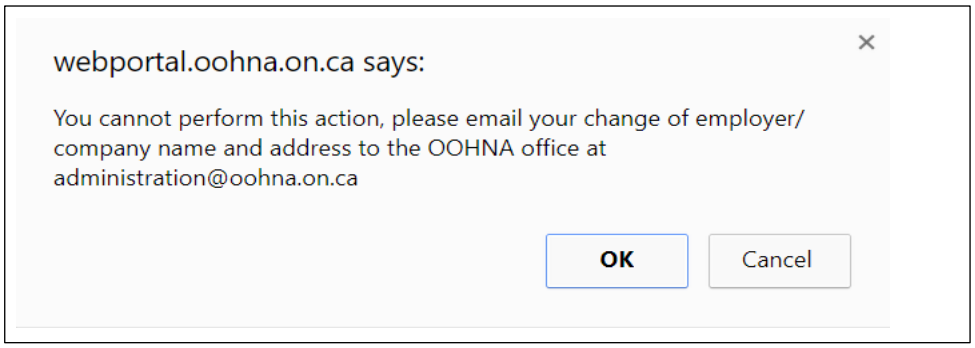
Navigating Your Web Portal

Susy Benegbi, Administrator

There are two (2) fields that OOHNA Members CANNOT change in their web portal OOHNA profile:

1. Change of Last Name
2. Change of Place of Employment or Company Name

You will see a pop-up message that will direct you to email our office with these changes (as shown below).



WHY? These changes must be made by OOHNA staff to ensure that your file is kept current.

We have made it easy for you to notify our office when these changes occur.
Click administration@oohna.on.ca under Work Address section, provide the requested information and send. Your profile will be updated within 1 working day.

PROFESSIONAL LIABILITY INSURANCE

As an existing member, Marsh Canada will process renewal documents to all Members via email once they have received confirmation from OOHNA that you have renewed your membership. Upon receipt of your renewal package you will have an option to increase or decrease your policy limits by Marsh endorsing the policy.

New Members to the program will have to complete an application online. To apply for insurance as a new member, you will need your OOHNA member number and a link to complete and submit the application. Once you submit your OOHNA Membership Application, you will receive an email confirmation that will include your OOHNA member number and the online link to Marsh Canada.

Please remember to print a hard copy and keep your insurance certificate for each year in a safe place once you receive it from the insurance company by email. This is your only proof of coverage.

IMPORTANT:

- Members who are retiring **on** or before December 30, 2017 and have purchased 2017 OOHNA/Marsh Professional Liability Insurance do not have to purchase insurance as their expiring policy will cover them for past incidents.
- Members who are retiring **after** December 30, 2017 will have to purchase 1 more year of insurance and regular membership.

If you have any questions about Professional Liability Insurance or would like to receive the full policy please contact your Marsh Canada Limited licensed insurance broker, Annakay John toll-free at: 1-844-493-4991 or via e-mail at OOHNA.service@marsh.com.