

Joint Occupational Health and Safety Committee (JOHSC)

September 19, 2022, 1:00 – 2:30pm MT

Location: Google Meet

Meeting Minutes

In attendance:

Arleen Gallo, AVP, Human Resources (**Employer Co-chair**)

Robert Siklodi, Manager, EH&S

Mark Keller, Director, Residence Services

Curtis Lang, Manager, Financial Reporting & Accounting Ops

Crystal Koch, VP, MRSA (Employee Co-chair)

D. Scharie Tavcer (MRFA representative)

Milena Radzikowska (MRFA representative)

M Helena Myllykoski (MRFA representative)

Amy McCarthy (MRSA representative)

Joe Frazao (MRSA representative)

Lesley Pyne (EH&S Resource)

Kathy Homer (Exempt Representative)

Claire Grant (Administrative Support)

1. Approvals

1.1. Minutes, [2022-06-22 JOHSC Minutes](#) approved but not yet posted.

2. Reports

Campus Safety Update Employer provides a written report. Opportunity for questions and review of all incidents for the reporting period June 21- Sept 15.

2.1. June 20 - Sept. 15 Incidents

There was a total of 11 incidences – 5 injuries, 1 time off, 1 close call, 3 hazardous and a harassment. The harassment was not really harassment, it was an aggressive meeting with a ground's person regarding weeding and the effect on bees so entered as harassment with a small "h".

2.2. Resolver Report

2.3. Security had 12 incidents of which 4 were safety related and 3 were substantiated. In 2021 had 27 in total of which 24 went forward and 12 were substantiated and 12 were not. In 2020 had 8 go forward with 3 substantiated and 3 not.

There were 57 positive COVID-19 cases over the summer and 1 rapid response. Employee (CK) asked if EH&S involved in incidents. It was determined that JOHSC not involved.

It was asked how can the workers have access to Covid 19 statistics information on an ongoing basis and employer (RS) advised this information can be found on the JOHSC website <https://www.mtroyal.ca/SafetyRiskDepartment/joint-occupational-health-safety-committee.htm>

Pointed out that there were errors in the members on the JOHSC website. Helena is with the School of Nursing. Updates are left with employer (RS) to do but he is extremely busy. Employee (ST) noted that this was the point - the employer (RS) was too busy and the Committee has been asking for permanent administrative support for some time to do all these things.

3. New Business

3.1. OHS Order and communication to workers

[CDR Report OHS-283021-WSP-01-CD-01A Final.pdf](#)

Violence and Harassment Training needs to be completed (1 item deficient) by 90% of employees by Dec. 7th. Will roll out early October.

Campus Orientation has been updated and will have new

- Rights & Responsibilities
- Leadership Course

This is on hold due to the Violence & Harassment Training.

Order does not go out but is on the website. Needs to be brought to the attention of all employees. OHS order and communication to workers issued to Rob, Crystal and Arleen. Questioning why no communication was sent out. Employer (AG) pointed out that we can't inundate staff with every safety issue, instead point people towards the website. We can share ourselves – employee (MR) will be communicating to the MRFA.

Employee (HM) agreed that this is a larger and more pressing message that should go out to all employees with our membership of JOHSC potentially to help clarify and to provide tools and/or information and help inform the whole MRU staff community.

Employee (LP) advised that sending an email out can cause panic or misunderstanding. Employee (MR) called the government directly and advised that posting the order on the website does not fulfill the requirement. Employee (HM) pointed out that this is akin to masking in that it is a mandated order. Employee (ST) stated that we need to craft a message using our JOHSC email address that mentions the OHS Order and something about the upcoming violence and harassment training.

Action Item: *Employer (AG) to contact Rocky regarding how to obtain interpretation on how this should be sent out to employees.*

Employer (CK) noted that we need to understand our role in this process and procedure. Employer (RS) advised that we need to send any communication as a joint committee and not as individuals. Employee (MR) still feels all employees have a right to know about this order.

Employee (MK) advised we need to be mindful of how we put this out to the general population – don't want to bombard people but also need to make people aware. (Employee (HM) feels it is a bit negligent not to put out an alert.

Confirmed Employer (AG) will find out specifics from Rocky, confirm with Chief Health & Safety Officer and then find out if communication is required and does this come from JOHSC or EHS. Employee (CK) suggested joint communication so that it comes out from EHS with the support of JOHSC. We need clarity on what our role is.

3.2. MRU Covid 19 Hazard Assessment Review

[Respiratory Illness Hazard Assessment breakdown March15'22.](#)

[General Guidance for Covid-19 and Other Respiratory Infections June '22](#)

[Respiratory Illnesses Hazard Assessment Feb-2022](#)

Officer came and the University is in compliance. Suggested further communication. Employee (MR) asked how do we know if all locations are the same in terms of risk. Employer (RS) advised that currently putting together a COVID-19 document which will go through our mitigations and controls. Waiting for more information regarding HVAC before issuing. Merv 13 was the industry standard but now recommending Merv 14-16 but there is a problem with the amount of pressure this would produce.

Employer (RS) advised that not going the barrier way as current requirement is that it must come past you on each side and have no opening in the front and must have a cover on the top. Instead using different measures such as CO monitors. Employee (MR) advised they and some other people were carrying portable air monitoring machines and if it goes off can put in a request to Frontline to have the area checked. Employee (JF) pointed out these are not technical tools so would caution the use of these. Professional machines get calibrated every 6 months. Too hot or too cold for example can be indicators that HVAC not working properly.

Employee (HM) noted that the barriers put up throughout AHS are simply the same as you may see in a bank or any other public facing establishment. These are sanctioned by AHS and are absolutely effective at reducing risk due to the plexiglass being impermeable. Impermeable is in reference to the structure of the barrier plexiglass so as someone would not put up a cloth for example.

Employee (HM) went on to say that they thought the measures were here to stay in the long term and was perplexed by the reticence to put up a barrier for any direct-facing employees (reception, food service, cashiers, library at desks, etc.). Employer (MK) not that they have plexiglass up at their front desk and will be keeping it in place. Employer (HM) reiterated that plexiglass barriers DO reduce risk and do not need to be a box. That is not the aim. All front-facing employees should have these. "Barriers are effective for separating individuals who are in close proximity (e.g., between booths at a restaurant, or at a cashier and shopper at the point of purchase"

<https://www.mtroyal.ca/SafetyRiskDepartment/EnvironmentalHealthSafety/hazardassess.htm>

3.3. Position Hazard Assessments

(<https://www.mtroyal.ca/SafetyRiskDepartment/EnvironmentalHealthSafety/hazardassess.htm>)

Employer (RS) tried a couple of times to send it to everyone for completion. Don't have a good tool for monitoring. Looking at sending out again next year. Employer (AG) suggested using pilot groups and volunteered her group to do this.

<https://sites.google.com/macewan.ca/hse/home>

3.4. Workplace Violence and Harassment Training Modules

Bring forward.

3.5. EDI

Have an EDI Task Group and had their first meeting today. Looking at combining and consolidating EDI training. Training will take 40-45 minutes to complete and is very close to completion. Employer (AG) advised in the process of collecting a list of all the training available.

3.6. Emergency Warden program

Going to be referring to them as Wardens as do more than fire. Important to have right representation and also First Aid training. Employee (CK) pointed out that the link to request a medical kit may not be working. Will be updating Muster Point documents as many outdated.

4. Training Debrief

4.1. TOR review

[Joint Occupational Health and Safety Committee TOR - May 2022.docx](#)

Still more work to do on this. Need small group to work on this. Employer (AG) agreed to be part of the group.

4.2. Confirm Meeting schedule for 2022-23 academic year along with membership and roles

October and December meeting dates confirmed but a new Doodle will be required for January – June, 2023.

Action Item: *Employee (CG) to send out new Doodle for meeting dates for January – June, 2023.*

4.3. JOHSC profile on mtroyal and myMRU

Employer (AG) suggested benchmarking with other Universities – has been done. Employee (ST) to send link from McEwan to Employer (AG).

Action Item: *Employee (ST) to send link from McEwan to Employer (AG).*