

Contact

Canada's Safety, Health and Environmental Practitioners since 1949

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IN MEMORIAM: JANICE (JAN) STUGGERT
AND GORDON LEFFLEY



Message from the **PRESIDENT**



“Hardly anyone anticipated the immediate and drastic changes that COVID-19 has brought to our daily lives – personally or professionally. We recognize many of our members have been on the frontlines of this pandemic in the work they complete. Many are looking to CSSE for leadership. We want you to know that we recognize the need to provide more timely support and, we are actively involved in doing just that. We are adding a new feature to our website to assist in navigating these uncertain times. Our team is working to sort through available information and provide you with a single source to review.

Before this pandemic, we were well underway in making changes to improve our effectiveness and add value. This has included measures to make us more responsive and available to all members. We want you to know we are committed to ensuring we represent the voice of health and safety practitioners in Canada and to provide timely and relevant information.

We are transitioning and re-focusing on what we do best. We have been listening to a wide range of stakeholders and the messages have been clear. You want broader and continual access to course curricula and other professional development opportunities. You want efforts to ensure appropriate certification is completed and you want to be assured of an ongoing and congenial association with the BCRSP.

What does this mean for you, our members?

In short, more value! We are working to strengthen and empower H&S professionals so they will continue offering ‘world class’ advice and enhance our reputation for quality both nationally and internationally.

CSSE is working on many new opportunities...

We have been progressing on details of our partnership with BCRSP to ensure our profession maintains appropriate oversight and value to employers. Efforts by so many to attain and maintain the CHSC, CRSP and CRST designations will continue to be respected. In 2020, we will finalize an arrangement with BCRSP to ensure our professional certifications retain high standards. This is a key component for all stakeholders. The CSSE and BCRSP Boards look forward to finalizing specific roles and responsibilities for each organization. We will continue to update you with progress in this partnership as it occurs. Please watch for future communication about how this alliance is unfolding and what it will mean for you.

A key pillar for CSSE is our education program. We know many of you rely on our courses to either gain certification, keep your certification up-to-date or, to ensure your knowledge is current. We have been working hard to create new opportunities for delivery of our course content - well before this pandemic.

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Many of you are aware that we have been evaluating options for online training and certification. Many of our international partners have had great success as it allows for learning when it is convenient as opposed to having to physically attend a course on the weekend. We know many have responsibilities that preclude weekend attendance. Our current education model is challenging for some to achieve their certification. As you know, we have been in discussion with vendors to deliver online learning. We want to partner with a vendor that understands our profession and can offer a world-class training platform. We are close!

In addition, we are looking for more opportunities to increase member value. This will include new educational opportunities and products. We are excited to offer new opportunities, soon! We look forward to your feedback. If you have suggestions or opportunities for us to pursue, please let us know.

We have created a new email portal - feedback2020@csse.org. This will allow members to comment about the changes that are underway. Please feel free to offer suggestions and comments. We are committed to listening and addressing them.

A part of the overall change in CSSE is recognition that we need 'new energy'. The CSSE Board has appointed an Interim CEO, Elizabeth Shelton, to allow us to be more strategic in the work we do and help move CSSE forward. Part of her mandate is to ensure our infrastructure reflects the 21st century. We will have a more in-depth introduction to her and her expertise in the next edition to learn a little more about her and what the Board is asking over the next few months.

Finally, we are optimistically looking forward to our September Professional Development Conference. We will continuously monitor the situation and provide updates as they become available. Pending that COVID-19 will allow it, we are fully committed to our 2020 PDC going forward. As you know, this is a great place to network with old friends and meet new ones. This year more than others, and as long as it is safe to do so, may be exactly what we need as a community to come together. St. John's provides the perfect environment for this to happen. We will visit one of the most friendly and beautiful places in the country! The details are located on our website. Registration will open up soon. Please book early as this is a smaller venue so it may "sell out" and you don't want to be disappointed.

We had to cancel our courses this spring; however, the Conference provides a great opportunity to get some coursework done and this year is no exception - **we will be offering the following six courses:**

- **Legal Obligations and Liabilities of the OH&S Professional**
- **Essential Value of OH&S Management Systems**
- **Developing Effective OH&S Training Courses**
- **Consulting Skills for the OH&S Professional**
- **Essentials of Risk Management for OH&S Practitioners**
- **Project Management for the OH&S Professional**

Take advantage of this great opportunity to learn and meet other health & safety professionals from across Canada and beyond.

We look forward to the potential of seeing you in St. John's, sharing our experiences and accomplishments over the past year, and plans for the future.

Please also feel free to send your thoughts, ideas and comments to me directly as we forge a new path for our Society - one that will be more dynamic, inclusive and responsive.



Trevor Johnson
President@csse.org



Message from the CEO



Ullaakut (Good day)

A traditional greeting from our newest chapter in Nunavut.

It is an interesting time to join a new organization as the world is dealing with an unprecedented virus that many of our members are dealing with on the frontlines. It is amazing for me to see how you pull together as a community and how you share best practices and ideas with each other so everyone can cope. I have been told that this is the community that was always here and that you always ensure the well-being of each other. It is a privilege to be included in this group.

At this time I won't say too much about the future plans of CSSE as we are all focusing on confronting the pandemic. I did want you to know that I am working with the Board to ensure that CSSE is relevant and that we are meeting member needs.

It is important for you to have your education needs met so we are looking at different ways to deliver content to you when you need it. I have spoken to members who are asking for new ways to learn other than just traditional classroom experiences, we are working on it.

I have heard from members that they want an association that is engaging, provides value and supports them in their professional roles; we are working on it.



We have heard that you want an organization that is relevant and forward thinking...

we are working on it.

I will have much more to elaborate on in the coming months but I wanted to assure you that there are many things happening right now and as soon as they are completed you will be made aware to take advantage of the opportunities.

I also want to thank all the members who I have spoken with already. Your input has been invaluable as we take CSSE to the next level. Your support of the Health and Safety profession as well as the organization and each other is unprecedented and I look forward to many more conversations to make CSSE better and stronger.

I look forward to meeting you in St. John's at our Annual Conference.

For now, **stay safe and well.**

Elizabeth Shelton

WHERE DID ALL THE TOILET PAPER GO?

by: Fred Leafloor, CHSC, CRSP, CRM

With the rapidly changing face of the COVID-19 Coronavirus situation, this article has been updated from its first release on March 17.

Canadian safety professionals, whether employees or independent consultants, are sometimes faced with issues that transcend their normal comfort zone. Collectively we are facing one of those issues today ... COVID-19, the current 'Coronavirus'.

The safety professional can play an informed critical role in these circumstances. However, most safety professionals are not health and hygiene professionals and should carefully assess their employer's or client's expectations for health-related support. Recognize and understand your knowledge limitations in this field, and 'get professional help' when facing a situation that is outside of your own professional body of knowledge.

In this issue of *Contact*, CSSE will look at the range of messages to which safety professionals and companies are exposed regarding this event — Which ones are credible? Which ones are populist (or misinformed) hype? How can we tell the difference to be able to effectively aid our employers or clients? We also look at some of the basic prevention and protective guidance that you can give to reduce the impact of this virus invasion in the workplace and the local community. Finally, we provide a limited list of the 'Big Three' online credible authorities that provide reliable information on the topic. Associated with this CSSE *Contact* article, the CSSE website hosts a list of other reliable information resources on this topic. At the end of this article are the web addresses of all of the Canadian provincial and territorial government COVID-19 information websites.

WHY Toilet Paper?

Everyone has seen many media stories of panic buying of products believed by individuals to be critical for their wellbeing in the event that they (or their government authorities) impose contagion-related quarantines or lock-downs. Certainly, an adequate supply of 'personal survival items' such as an adequate supply of water, non-perishable food, critical medicines, and other important supplies are important in the right context — but in many cases, that important context has been lost in the emotion.

In a well-researched article on the emotional reaction to the novel coronavirus, American journalist, Ms. Scottie Andrew, called upon the expertise of risk communicators, psychologists, and knowledgeable medical personnel to identify key points of the emotional response:

- 1 People resort to extremes when they hear conflicting messages
- 2 Some people react to a lack of clear direction from officials
- 3 Panic buying begets more panic buying
- 4 It is natural and normal to 'over-prepare'
- 5 It allows some to feel a sense of control

Conflicting messages have been appearing frequently in the media and government, and it is often difficult to differentiate among the factual, the uninformed/misinformed, the parody, or sometimes even the malicious intent. "Are numbers important? What do they mean? Should I be alarmed? What do I need to do to prepare?" Different points of view frequently give conflicting guidance, which leads the public (and your employees)

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to feel that no one really knows anything and that no information is reliable. As the international (and Canada-domestic) crisis has been deepening during the first three weeks of March, messages have become generally more aligned, but are becoming much more frightening in their content and tone, escalating from the original “minor annoyance” circumstance to now a “major impact” scenario.

Recognizing that governments are taking extreme measures in response to the spread of the Coronavirus, if your employer/client is still operating, the two extremes of mindset (panic and apathy) affect the workplace situation facing a safety professional, depending upon the industry sector, in which you are working and the worker’s potential exposure to sources of contagion (e.g., a frontline healthcare nurse versus a food warehousing and distribution center worker). Do not forget that if your employer/client is one of the many companies currently shut down (either voluntarily or by government decree), the same mindsets and questions will exist for those employees as well, particularly when the crisis stage has passed and they are required to return to work.

The CSSE’s Applied Risk Communications course delves into these emotional generators in the workplace and in the community. Some of the factors include: whether the person feels that the issue is a natural phenomenon or man-made; is the situation voluntary or is it going to affect them whether they want it to or not; they dread not knowing how bad it’s going to get; can they remember other situations like this one — how did it turn out; do they feel that they are being treated fairly by the company? (those who are still working versus those who have been told to stay home); can they exert any control at all over what is about to happen to them (and to those who are important to them); do they trust the people telling them all of these things to get it right? With these

issues piling up, control is one thing people feel that they can influence. Doing something — anything — whether correct or not — to protect themselves and those who are important to them. Taking action.... buying toilet paper....

What can a safety professional do to support the company, management and workforce in these times? **First of all — don’t contribute to the panic!** There are two main themes that are battling for your attention in the messaging world (although the messages are starting to somewhat converge as the crisis deepens):

1 Risk-based information that the COVID-19 pandemic is still in its spreading phase. The disease transmission vectors are known and there is a good deal of science-based fact on how to manage the spread of the disease. Disease transmission is moving past travel-related contacts into transmission within communities, a much more frightening issue. Even then, personal protective measures are generally simple and effective if properly employed. Governments and health-care professionals announce this news with regular bulletins. They also talk of the risks of transmission when their guidance is not followed.

2 Social messaging information that extends the risk-based messaging and is often transmitted by the same parties! This theme involves actions taken by the authorities (closing offices, reducing services, closing schools, non-essential businesses, etc.) and advising the businesses and the public to implement personal behaviours that will significantly disrupt their normal life (social or physical distancing; ‘work from home’; prepare to stay indoors in self-isolation; etc.). Businesses are temporarily closing their ‘store-front’ activities. Grocery stores are restricting quantities of certain products (some foodstuffs and certain cleaning materials) allowed per person.

Both of these messaging approaches contain

valid and valuable information, but they present completely different orders of magnitude to the average person — which is confusing and upsetting. The individual feels powerless to impact the broader circumstances, but those circumstances are significantly impacting the individual! There are many social media stories of people not believing the authorities, of not accepting ‘authoritative’ sources as credible. Therefore, many people respond to this dual-messaging by taking even further steps, many unwarranted, which raises the public level of alarm even further as they share their own thoughts and actions through their social media channels.

The World Health Organization has coined the phrase “Infodemic” (information pandemic), which it defines as “an overabundance of information — some accurate and some not — that makes it hard for people to find trustworthy sources and reliable guidance when they need it.”

If the company is still operating, the safety professional needs to help the employer/client understand that a functioning business is a pillar of the community. Help the company recognize the critical role of service continuity. Develop (if they don’t already have one) and implement a continuity plan — including employee safety and health protections, and operations adjustments. There are many examples of how businesses can limit personal contacts without significantly disrupting business operations.

If the company’s operations have adopted employee-protective measures (e.g.: working from home, limited opening hours, etc.) or been shut down, either voluntarily or by government decree, ongoing contact and messaging from the company and safety professional is still critical.

Establish a communications plan in which credible and authoritative information sources are the principal input generators and simple, consistent messages are the outputs. Mishandled communications affect the mindset of the employees, who are also members of the local community. Communicate often with your ‘audiences’.

Give the employees clear messages or instructions with helpful information and useful steps to take, and this information will be used by their families and will make its way into the community as well.

Many companies have adopted this ongoing communications stance, for their customers, employees and the community at large. Message content about the current company situation, bolstered with information on personal protective actions that can be taken by the individuals are particularly reassuring for the recipients. Within the company messaging focus, take rapid correcting action on conflicting internal messaging, and ensure that you and your management are responsive to your workforce and their questions. Protecting the workforce from infection helps the families, helps the community, and reduces the stress upon the public health system.

What are Credible Information Sources?

Some key elements in identifying a credible information source are: How close to the original information is the source, and what is its history/reputation for reliability and accuracy? What is its motivation in presenting the information? (economic gain? employee engagement? public welfare?). In the COVID-19 event, national medical authorities are the principal sources, followed by regional medical authorities who are in touch with your local situation. The farther from source, the weaker the reliability of the information. Media outlets are not always reliable sources as their stories involve many side issues.

The spread and effects of COVID-19 are serious to the world society, your community, and you and your loved ones. Base your personal actions, and professional guidance to your employer/clients, on credible, authoritative sources. Try to resist the impacts of extreme messaging. The comparisons to previous global health situations used by many information sources is flawed in many respects. The world today is a different place

than those times. The immediacy of global communications is of significant benefit in situations like COVID-19, but it also brings challenges as to what messaging is actually helpful. Being able to differentiate between helpful or distractive messages is a critical skill that safety professionals must employ.

Here are three of the most important resources that should be included within your list of credible authorities:

Canada Public Health Services

(COVID-19 Coronavirus information)

www.canada.ca/en/public-health/services/diseases/coronavirus.html

United States Occupational Safety & Health Administration: Guidance on Preparing Workplaces for COVID-19:

www.osha.gov/Publications/OSHA3990.pdf

Your Provincial or Territorial Health Authority (COVID-19 Coronavirus information)

Refer to your provincial government specific

link on the list of sites noted below. CSSE has provided a list of additional online website and document download resources. This list is not exhaustive and you may find other helpful links in your own research. **Please Note: With the high volume of traffic being experienced by these important sites, webpage and document opening might be slow.**

About the Author:

Fred is a Professional Member of the CSSE (Nova Scotia Chapter, 26 years), a Professional Member of the American Society of Safety Professionals, and a member of the American Industrial Hygiene Association (Atlantic Section). He is the co-developer and Senior Instructor of the CSSE's Applied Risk Communications course. An independent consultant, Fred is President and Principal Consultant of Safety First Industrial Safety Services, his company of 32 years. He maintains the CHSC, CRSP and CRM professional credentials.

Further References

Canada.ca Public Health (Coronavirus Information):

- <https://www.canada.ca/en/public-health/services/diseases/coronavirus.html>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html>
- <https://ipac-canada.org/coronavirus-resources.php>
- <https://www.ccohs.ca/oshanswers/diseases/coronavirus.html>

USA Centers for Disease Control and Prevention (Coronavirus Information)

- <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>
- <https://www.osha.gov/Publications/OSHA3990.pdf>
- https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf?mod=article_inline

World Health Organization (Coronavirus Information)

- <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

Coronavirus in Canadian Workplaces

- <https://www.canada.ca/en/employment-social-development/corporate/notices/coronavirus-occupational-health-safety.html>
- https://www2.gov.bc.ca/assets/gov/careers/managers-supervisors/managing-occupational-health-safety/infectious_disease_guide.pdf
- <https://www.mccarthy.ca/en/insights/blogs/canadian-employer-advisor/coronavirus-advice-employers-preparing-worst>
- <https://www.dlapiper.com/en/canada/insights/publications/2020/01/coronavirus-and-the-workplace/>

Coronavirus Information Sources

(by Province and Territory)

Alberta: <https://albertahealthservices.ca/topics/Page16944.aspx>

British Columbia: [http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-\(novel\)](http://www.bccdc.ca/health-info/diseases-conditions/coronavirus-(novel))

Manitoba: <https://www.gov.mb.ca/health/coronavirus/>

New Brunswick: https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html

Newfoundland and Labrador: <https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/>

North West Territories: <https://www.hss.gov.nt.ca/en/services/coronavirus-disease-covid-19>

Nova Scotia: <https://novascotia.ca/coronavirus/>

Nunavut: <https://www.gov.nu.ca/health/information/covid-19-novel-coronavirus>

Ontario: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Prince Edward Island: <https://www.princeedwardisland.ca/en/topic/covid-19>

https://www.princeedwardisland.ca/sites/default/files/publications/20200305_pei_guideline_covid-19.pdf

Quebec: <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/>

<https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/>

Saskatchewan: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus>

Yukon Territory: <https://yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-about-coronavirus-covid>

WORKING FROM HOME IN THE FACE OF A PANDEMIC – APPLYING ERGONOMICS PRINCIPLES

by: **Rachel Mitchell**, R.Kin., M.Sc., Certified Canadian Professional Ergonomist (CCPE), **Kristan Rossetto**, R.Kin., AE, and **Marnie Downey**, R.Kin., M.Sc., Certified Canadian Professional Ergonomist (CCPE),

In the face of a pandemic, many people are now being asked to perform work duties from home. This includes both employees who may be accustomed to working from home and have a dedicated home office, as well as employees who have never worked from home and lack a dedicated space.

It is an opportune time to review some key ergonomics principles to help ensure that you can work from home in a safe and productive manner and do not incur a sore neck or back due poor working conditions. You do not want to have to visit a doctor for a musculoskeletal disorder that could have been prevented by implementing the following workstation set-up guidelines.

1 Select an appropriate work location

If you don't have a dedicated home office, how do you pick the best working spot? Consider picking a spot with a table or work surface that is 27-29" high. Any higher, and you may find an increase in shoulder and neck discomfort that comes from working on a work surface that is too high. It is also worth considering where in your home you can concentrate without too many distractions — that is, unless you are also supervising children while you attempt to get your work done. If this is the case, try creating a daily schedule for your children to follow, and schedule their daily dose of TV and movies during the time when you are most productive or have the most critical work/meetings to complete.

2 Select the best chair available

In an ideal world, this means a fully adjustable office chair that you can adjust to your stature and that allows you to vary your posture during the day. If you don't own an adjustable office chair, take stock of your kitchen, dining room, and other chairs and pick a chair that provides back support, allowing you to sit upright (hip to back angle of 90-110 degrees) with your upper body weight supported on the backrest. If your chairs have slightly different seat heights, pick the chair that, when you sit on it, places your seated elbow height as close to level with your work surface height as possible. If your work surface remains slightly higher than your seated elbow height, consider tilting your keyboard slightly (using the feet on the back of the keyboard) to promote straighter wrist posture. Keep in mind, that the less "ideal" your seating, the more often you need to get up and move around.

3 Find a footrest (if needed)

Once you are seated, take a look at your thighs. They should be parallel with the floor, with your feet firmly planted. If you are of average stature or shorter, there is a good chance that you would benefit from use of a footrest. A stack of legal-sized copy paper, or a large flat book are options you can use while working at home if you do not have a footrest.

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4 Use external devices

The CSA Z412-17 Office Ergonomics Application Standard for Workplace Ergonomics states that laptops should not be used for prolonged computer entry, unless they are docked or connected to external input devices. Working directly off your laptop results in a monitor height that is too low and increased strain on the neck. The only exception to this is for bifocal lens wearers who view the screen through the bottom portion of their lenses and find a low monitor much easier to see. For those who do not wear glasses, or whose lenses are a single prescription, raise your laptop on a stack of books so the top of the screen is close to being level with your eye height and plug in an external mouse and keyboard. Refer to the diagram (right) outlining Ergonomic Tips for Proper Laptop Use.

5 Move around

Ensure that you are getting up from your desk every 30-60 minutes to stretch and walk around. The less “ideal” your workstation set-up, the more often you should be getting up and changing postures. Consider whether you can stand and pace around your space while on telephone conferences. Another option is to place your laptop on a kitchen counter or on top of a filing cabinet to create a standing height workstation for short periods of time. You can even invert a baking pan or use your butcher block cutting board to raise the height of the counter slightly. The goal is to position the keyboard as close to standing elbow height as possible, but for short periods of 15-20 minutes, the height does not need to be perfect.

Ergonomic Tips for Proper Laptop Use



1. Elevate laptop with an adjustable laptop stand, or stack of books, so top of screen is at eye level. Position laptop screen approximately arms length away.
2. Use an external keyboard and mouse and position them at elbow height on the same surface.
3. Adjust keyboard angle to promote straight wrist postures.
4. Maintain relaxed shoulders; with elbows positioned below the shoulder joint.
5. Position the chair's lumbar support in the small of back.
6. Adjust seat height so knee angle is approximately 90°.
7. Ensure there is sufficient leg room under the work surface.
8. Place feet flat on the floor or on a foot rest.

6 Protect your mental health

Working from home can be isolating, especially if you are used to being in an office surrounded by your peers. Make a point of checking in with your colleagues by telephone for more complex issues, rather than starting up a long chain of emails, and consider video conferencing options as well. Finally, don't forget to get out for a daily walk to ensure you have a reason to get dressed and get some fresh air every day.

Above all, stay safe and stay healthy.

ERGO Inc. www.ergoconsulting.ca

UNDERSTANDING CHALLENGES IN HOSPITALS' WORKPLACE VIOLENCE REPORTING SYSTEMS

by: Dr. Peter Smith

Two studies by the Institute for Work & Health on workplace violence reporting in health care identify reasons incidents are not disclosed

What needs to be done to tackle workplace violence has been gaining attention in Ontario, across Canada and beyond. Yet, to address the problem, we need to fully grasp its magnitude. This requires having reporting systems that collect reliable and valid indicators of workplace violence events in a consistent way over time, and across workers and workplaces. And this is not necessarily easy.

That this is the case becomes clear when we look at one of the sectors paying most attention to the issue of workplace violence and the reporting of violence incidents: Ontario's health-care sector. Since 2010, it has been mandatory for all workplaces in Ontario to have policies and programs in place to deal with workplace violence, workplace harassment and domestic violence. This includes having procedures in place for workers to report incidents of workplace violence and for workplaces to investigate them.

Hospital workplaces in Ontario are required to go even further with respect to reporting and other violence prevention strategies. In 2018, in response to recommendations by the Workplace Violence Prevention in Health Care Leadership Table, the Province of Ontario

mandated that every hospital in Ontario must publicly report to Health Quality Ontario the number of workplace violence incidents (as defined by Ontario's *Occupational Health and Safety Act*) that have occurred at the hospital in the previous 12 months. This public reporting of workplace violence incidents is one part of an overall violence prevention strategy in health care, which also includes strategies to make violence prevention a strategic priority within each hospital and to foster cultures of reporting.

But how well do hospital reporting systems in Ontario capture the number of workplace violence incidents that occur over a year? And if a considerable proportion of violent incidents go unreported, what might be the reasons for this?

To investigate the prevalence of workplace violence and reasons for potential under-reporting, a team of researchers at the Institute for Work & Health (IWH) worked with six Ontario hospitals to conduct a study in late 2017. The six hospitals were similar in all respects: they were large, urban hospitals with emergency departments and long-term care beds. Their systems for reporting workplace violence were very similar.

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OUR GOALS WERE TO:

- I estimate self-reported rates of different types of workplace violence over a 12-month period;
- I understand how many of these incidents were reported to the hospital system; and
- I examine perceptions of workplace violence prevention activities within individual hospitals.

To conduct the study, we invited workers at all six hospitals to complete a survey about their experience and reporting of physical assaults, attempted assaults, threats and any workplace violence in the previous 12 months. For the most serious incident of workplace violence experienced, workers were also asked about the consequences of the incident, whether the incident was reported to the hospital system and, if not, reasons for not reporting to the hospital system. About five to 15 per cent of the staff across the six participating hospitals answered the invitation to complete our surveys—for a total sample of 1,500.

As outlined in an [IWH Speaker Series presentation](#), under-reporting of workplace violence was substantial. Two-thirds (68 per cent) of the most serious acts of violence were not brought forward to the hospital reporting system. The most common types of violence—threats, which were experienced by about 30 per cent of our study respondents—were reported only 18 per cent of the time. Attempted assaults, experienced by 20 to 30 per cent of respondents, were reported 29 per cent of the time. Physical assaults, which were experienced by 15 to 25 per cent of respondents, were reported 44 per cent of the time.

Reporting also varied greatly across the six hospitals. Focusing only on physical assaults,

we saw proportions of workers who said they always reported vary from 24 per cent at one hospital to 67 per cent at another. Percentages of workers who said they never reported also varied greatly—from 35 per cent to 73 per cent. These differences are unlikely due to reporting systems or hospital size, as each of the six hospitals used a similar reporting system and were all roughly the same size.

We also examined factors linked to workers' decisions to report or not report. Here, we found some interesting patterns. Not surprisingly, workers who needed time off work or modified duties were by far the most likely to report incidents to the hospital system (80 to 90 per cent did so)—although incidents requiring time off or modified work constituted only eight and four per cent, respectively, of all workplace violence events.

What was surprising were reporting patterns among workers who were physically injured, needed medical care, felt frightened, were psychologically traumatized, felt fear or perceived their assailants' intent to harm. Despite the apparent seriousness of the violence incidents described, only between 40 to 55 per cent of them were reported to the hospital system.

Reasons for not reporting

Such variability in reporting patterns naturally gave rise to questions about reasons for not reporting to the hospital system. In our surveys, we found the most common set of reasons was related to workers downplaying the incidents (for example, they weren't hurt or the incident was not serious). The next common set of reasons related to workers being desensitized to violence or perceiving it as part of the job. The third common set of reasons had to do with the time required to report. This was followed closely by workers feeling that nothing would happen as a result of reporting, or that there was no point in reporting.

The reasons cited in our study dovetail with findings from [another IWH study](#) examining



the challenges of implementing Ontario's anti-violence legislation in hospitals. This 2016 study was carried out at five Ontario hospitals and involved conducting interviews and focus groups with 157 staff members about workplace violence challenges and concerns. Employees spoke of resources involved in training, the quality and consistency of organizational risk assessment, policies for patient flagging, the use of alarms to summon assistance, and the roles of security staff, both internal and external.

With respect to reporting, the study found certain types of violent incidents were less likely to be reported. These included verbal aggression, bullying, incidents that resulted in no injury and violent acts without perceived intent. For example, some staff were reluctant to report incidents that they perceived as being beyond the control of patients. Examples included a patient coming out of anesthesia and striking a health-care worker, a child having a tantrum or an elderly patient physically resisting care.

Some staff felt that, if they reported each time someone was verbally aggressive, half of their work time would be spent filling out forms. Long and complicated reporting procedures were cited as a barrier. When workers did not have regular experience with reporting, the process was perceived as daunting, and the forms described as inflexible and not accessible. Workers also noted a lack of time for reporting during work hours, with some supervisors expecting them to do this work on their own time.

The issue of transparency and follow-up also came up regularly during the study's focus group discussions. While managers often discussed clear processes for debriefing with workers and following up, some workers felt that, in practice, follow-up was not done consistently or comprehensively. Many workers

said that reporting rarely resulted in concrete changes (or, at least, not in changes that they knew about or could see), which led to the feeling that there was no point in reporting. Some spoke of the stigma and fear associated with reporting. They reported feeling that debriefs sometimes focused on what they, the employees, could have done differently to prevent the incident—and not on a more holistic approach that addressed a range of factors that, if addressed, may have prevented the incident.

Addressing barriers to reporting workplace violence in health care is a multi-faceted effort involving a range of solutions—from the concrete to the cultural. The requirement for hospitals to report workplace violence incidents to Health Quality Ontario on a yearly basis may encourage a culture of reporting and help improve the quality of metrics on the issue over time.

However, in the near future, extreme caution should be taken in how workplace violence data from hospital reports are interpreted. Developing robust reporting systems can be challenging. As the numbers are made available to the public, we need to be careful to not stigmatize hospitals that have higher numbers of incidents. These just might be the ones doing the most commendable work to encourage reporting and protect their workers.

Dr. Peter Smith is a senior scientist and scientific co-director at the Institute for Work & Health. The Institute is a not-for-profit, independent research organization focusing on work-related injury and disability prevention. To sign up for news on Institute research, tools and projects, go to: www.iwh.on.ca/subscribe.

TRAINING VS EDUCATION

by: John Brix-Maffei

A former police officer for a major metropolitan city, John has worked in the oil and gas industry. He has trainer and instructor certification from the FBI and other institutions around North America.

There are a lot of people I've talked to that look at training and education as the same thing, but they are really dramatically different.

Education is a time-weighted, knowledge-based level of certification.

As an example, general doctors complete a four-year undergraduate program, spend four more years in medical school and then complete three to seven years of residency education before they are eligible for their medical licensing.

Training, on the other hand, is competency-based and dramatically different. There is simply the need to determine if a person is adequately qualified, suitably trained and has sufficient experience to complete the tasks presented to them.

Training should never have a timeline imposed on it because your goal for training is to determine that the person is competent, not to fulfil a time-weighted program.

If somebody needs to be proven competent on the use of a forklift at your site, you will offer the training but the training should not be a mandated six or eight hours.

Some students may pick it up quicker, some students may pick it up slower but generally as soon as we start installing a time-weighted event onto training we lose the effect of what good training is all about.

I first started to look into the difference between "education" versus "training" because one of the sites I worked at had a minor incident involving a small garbage can fire.

What's interesting about this event is that the incident itself was very low risk but it took a while and many fire extinguishers to put the fire out.

There was also a lot of chaos involved when more than one fire extinguisher was needed to be used. Personnel involved would have been able to extinguish the fire a lot more quickly if multiple people had accessed a fire extinguisher and used them properly.

Upon doing a root cause analysis on the event, corrective actions were put into place. One of the corrective actions required us to determine competency with the use of the fire extinguisher for our personnel on site.

Upon doing some research on the training competencies for fire extinguisher and programs that existed, I found out that the industry standard fire extinguisher training was a basic six-hour training program.

I look at training as "what is the return on investment if I'm going to delegate a bunch of personnel to take the training?"

So before hiring a third party to host a traditional fire extinguisher certification course, I decided to take it first. The course had a lot of filler to ensure students had a "full" six hours and at the end, in my professional opinion, the students were "marginally competent".



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Using a set of training philosophies that I learned while teaching police recruits and partnering with a very progressive training institution, we set our goal to have a competent fire extinguisher operator course.

Not following a time-weighted education ideology, the end-user fire extinguisher program we created was hugely successful.

We saved over \$287,000 with one properly executed training initiative, gained the support from our stakeholders and, more importantly, increased site morale and willingness to learn new competencies because the training was

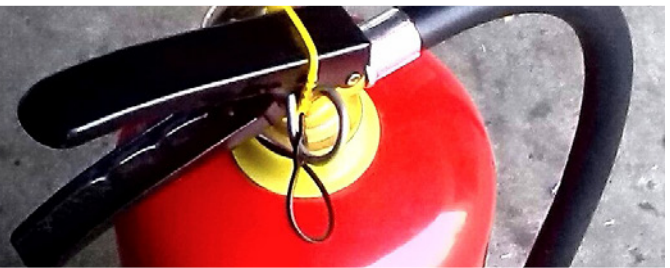
applicable, efficient and interactive.

For far too long we have been confusing education with training and our mentorship and safety programs have plateaued because of this. Many great minds are still stuck in this old way of thinking, which does not allow for growth and new standards for learning.

We need to adapt to our new world and our increased understanding of how people learn information, and the largest step forward we can take is to understand the differences between education and training.

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BE PART OF THE HEALING THROUGH STEPS FOR LIFE



It's hard for many of us to imagine the grief caused by an injury or death at work, or an illness caused by occupational exposures. But it's easy to picture the bright hope that comes with a little bit of support from the community.

Rose's son Justin died when he fell through an unmarked opening on the roof where he was working installing steel panels. "I am one of thousands of family members who are now forced to live a life with a fragmented family every day, and a life forever changed," Rose says.

Families like Rose's receive healing and grief support through Threads of Life – the Association for Workplace Tragedy Family Support. And many companies and organizations help through their involvement in Threads of Life's annual fundraising walk Steps for Life – Walking for Families of Workplace Tragedy.



Each year since the loss of my son Justin in 2013, I form a team and we participate in the Steps for Life walk to raise awareness about the many faces behind a traumatic fatality, life-altering injury or those who are dealing with the outcome of an occupational disease," Rose says.

"This walk holds a special place in my heart. All funds raised will help the many families that have been impacted by a workplace tragedy by providing much-needed family support programs and services.



With the spread of COVID-19 across Canada and the uncertainty over the coming weeks and months, Threads of Life has made the decision to alter our Steps for Life plan to ensure the health and safety of all participants, volunteers and staff. There will be no traditional community gathering for Steps for Life 2020.

For more information about sponsoring Steps for Life, call **1-888-567-9490**, visit our web-site at stepsforlife.ca or contact **Lorna Catrambone**, Regional Development Coordinator by email at:

lcatrambone@threadsoflife.ca

CSSE'S PROFESSIONAL DEVELOPMENT CONFERENCE GOES TO ST. JOHN'S, NEWFOUNDLAND & LABRADOR IN 2020

IT'S A DATE: SEPTEMBER 27-30!

Did you know that CSSE's Professional Development Conference (PDC) will be in St. John's, Newfoundland and Labrador in 2020? Mark your calendar for September 27 - 30, and make plans to attend.

If you have previously attended a CSSE PDC, you know that it is an excellent opportunity for professional development, education and networking. You've benefited from interacting with others in small sessions with special interest topics and you've experienced focused presentations by experts and others who are passionate about health and safety.

On the personal side, if it's your first time in Newfoundland and Labrador, you'll be impressed by the friendly hospitality and ambience, and there's plenty to see and do. You may wish to add on a few extra days...

Broad feedback from 2019 attendees included a positive overall rating of the event (83%), the quality of speakers (79%) and educational value (79%). Positive and constructive comments were also provided - and is much appreciated by CSSE as it plans PDC 2020.

If you haven't attended a CSSE PDC in the past or it's been a number of years, make it a goal for 2020.

WHERE ELSE CAN YOU ENGAGE WITH PEOPLE WHO ARE PASSIONATE ABOUT OCCUPATIONAL HEALTH & SAFETY?

Each year, the PDC offers a comprehensive educational program that appeals to health and safety practitioners from different industries, companies, and educational institutions - all who manage a wide range of responsibilities in ensuring people can go home safely at the end of the day.

The offerings of the 2020 PDC have been carefully vetted and designed to maximize the educational and networking opportunities for attendees. From keynote presentations to smaller and larger workshops as well as specialized concurrent sessions and networking breaks, attendees will be exposed to a range of relevant and timely professional development and learning.

You can expect that the speakers and presenters at the 2020 PDC bring a large wealth of expertise and experience to their presentations. There's a variety of experiences in industry, academia, and government, and you'll soon find out that all of our speakers and presenters look forward to this annual event.

We look forward to seeing you in St. John's.

[click here for details](#)



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10 REASONS WHY A SAFETY PERCEPTION SURVEY SHOULD BE YOUR FIRST MEASUREMENT OPTION

by: Dennis Ryan

☐ 1 - Strongly Disagree

☐ 2 - Disagree

☐ 3 - Neutral

☐ 4 - Agree

☐ 5 - Strongly Agree

Safety perception surveys are essential safety performance measurement tools. For more than 40 years, renowned safety leaders such as Dan Petersen have advocated their use. Many times Petersen has been quoted as saying, “there is no better predictor of safety performance than a safety perception survey”. Surveys reveal information critical to safety improvement that is not revealed by other methods of measurement such as auditing. The purpose of this article is to explain why safety perception surveys should be considered your company’s first safety performance measurement option.

Today, incident statistics and safety system audits are the two methods of measurement most commonly used to assess company safety performance. As with all methods of performance measurement, there are pros and cons with respect to their use. For example, incident statistics are not forward-looking and therefore not predictive of future safety performance. They are often used to evaluate whether or not a company’s past incident rates warrant future work contracts. This can pressure companies to find creative ways to keep the numbers low. One of the biggest limitations to the system audit measurement approach is that only a few performance indicators such as investigation, inspection, etc. are incorporated into the audit protocols. Research into what really drives safety performance confirms that other

indicators of equal or greater importance (such as management credibility, employee satisfaction, autonomy, work-life balance, etc.) significantly influence safety performance.

In spite of all company efforts to improve worker health and safety, the persistent high number of serious incidents and fatalities suggests we still have a great deal of preventive work to do. Given the limitations of the two methods of measurement explained above, it is hard to understand why the safety profession has been so committed to them as primary measures of safety success. Companies recognized as having “best in class” safety systems all obtain their best improvement information from their employees. Safety perception surveys are generally used to collect this information. This article will help explain what these companies know that others may not. Here are ten key reasons why companies should consider safety perception surveys as a prime measurement option.



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1 Safety Perception Surveys Assess Human Factors/Culture

In-depth investigations into serious incidents often point to unsupportive health and safety cultures as the root underlying cause of safety system failure. Safety perception surveys can help identify the human factors that adversely affect the corporate safety culture. A strong positive culture is needed in order to support an effective health and safety program. Companies waste a great deal of time and resources attempting to successfully implement traditional safety elements only to fail because the culture of their organization was not supportive. For example, if management does not demonstrate or in fact feel a strong commitment to health and safety, binders of safety policies and posters exclaiming commitment will not change the basic fact that commitment is lacking. This fact will negatively affect all efforts to succeed in implementing a safety program.

Safety perception survey and audit processes are complementary. Typically audits assess what is in place such as are safety meetings being held and safety inspections being conducted. Safety perception surveys assess how effective they are, as perceived by the employees, and provide insight into how they might be improved. Certainly there is some overlap between the two types of methods of measurement but the two should be considered both necessary and complementary. Companies that only audit will identify weakness in safety program elements but will not identify the underlying human factors that work against safety program success. Together, the measurement methods can provide companies with a better picture of what needs to be done to continue to improve.



2 Anonymously, Employees Feel Free to Express Their Opinions

During the audit process, many employees feel uneasy about the interviews being led by co-workers or an external consultant. Because auditors are required to maintain employee confidentiality, they have to be careful what interview information they reveal to management. Auditors cannot risk revealing interview information to management that could ever come back on an interviewee. The interview information they reveal therefore is limited. On the other hand, when employees respond to surveys anonymously, they feel free to express themselves with no fear of reprisal. In this way, companies receive employees' unconstrained perceptions.

Beware of surveys that do not solicit employee comments as there is generally a need to later go back to employees and ask them to justify and validate their question scores. This is an expensive process. When employee comments are collected by survey, there is little need to later interview employees in order to validate their question scores.

3 Surveys Reveal Employee Perceptions, and Perceptions are Reality

Safety perception surveys identify employee perceptions which are their realities of the workplace's health and safety culture. Some cynics suggest these perceptions are not important because they can be incorrect. However, incorrect or not, employee perceptions are the employees' reality and they do influence employee behaviour. For example, if employees believe senior management does not wear proper PPE at the worksites, to them, that belief is their reality. Their perception could be false if company policy allows for PPE exceptions at certain distances from the work. What really matters is that the employee reality will influence them to focus less on wearing PPE as apparently it is not a management priority. Employee perceptions are important and should never be dismissed. Once these perceptions are revealed, companies have an opportunity to later influence or change them.

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4 Surveys More Accurately Quantify Employee Responses

Audits typically use a less accurate “all-or-none” approach to scoring employee interviews. All-or-none scoring requires the interviewer to interpret the interviewee’s response and then choose between a score of “Yes” or “No” or 0% and 100% positive. At best, the response provides a “guesstimate” of the employees’ response.

ALL-or-NONE

☐ Yes

☐ No

Surveys typically allow the respondent to respond to questions on a more accurate Likert scoring scale such as the scale below.

☐ 1 - Strongly Disagree

☐ 2 - Disagree

☐ 3 - Neutral

☐ 4 - Agree

☐ 5 - Strongly Agree

This method of scoring employee perceptions helps to ensure opportunities for improvement are not lost or concealed by an imprecise method of scoring. It is also important to note that there are surveys that employ all-or-none scoring. Our all-or-none scoring caution also applies to these surveys.

5 Surveys can Reveal Perception Gaps

The perception gap between workers, supervisors and management is important to measure. If question scores indicate that there is no gap between scores of all employee groups, strong alignment among them is indicated. If there are large gaps in scoring, misalignment in perceptions is indicated, which generally suggests there are communication issues that need to be addressed.

6 Survey Comments can Identify Specific Improvement Opportunities by Location

As previously stated, employee survey comments should be collected and assessed. A good survey database should have the ability to protect a respondent’s identity but also reveal where corrective action is warranted (e.g., by department, section, location, etc.) in certain working locations (or other employee group, as discussed below). Employee comments often contain very specific nuggets of preventive information that are uniquely applicable to their area. This gives the company the ability to target specific corrective actions.

7 Survey Comments can Identify Specific Improvement Opportunities by Employee Group

A properly constructed survey used in conjunction with a good database, allows for the sorting of the question ratings and comments by a number of parameters such as by position, age, etc. This opens the door for management to engage with workers very specifically on issues identified within specific employee groups. For example, newer employees may express a need to improve the new employee orientation and training program. A proper database will have the ability to select employee comments and question scores by specific employee group such as by new employees.



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8 Fear

One of the biggest reasons why companies have not conducted a safety perception survey is fear. If your management is afraid of what a safety perception survey may reveal, your company is a prime candidate for using the survey measurement method. Typically it is the management of the company that decides not to conduct a safety perception survey. Their decision may be due to a fear of what they might hear and afraid of what they may later be committed to improving. If this is the reason your management turns down the opportunity to conduct a survey, it is likely your company is one that would benefit most from this measurement approach. Do not let fear dictate the level of safety your company can achieve.

9 Cost-Effective

Safety perception surveys can be inexpensive to conduct. A do-it-yourself approach is available to companies and that eliminates the need to hire expensive survey consultants. One of the most costly aspects in conducting either an audit or survey is in the collection of employee perceptions. The one-on-one interview process is painstaking and very expensive. A good survey database allows companies to gather employee perceptions electronically. As many employees can respond at one time as there are computers available. This significantly reduces the costs associated with auditors and/or survey consultants having to gather employee information one employee at a time.

10 Making a Real Difference

Most safety professionals want to be able to reflect back on their work career and feel they made a difference. They want to be able to say they didn't just maintain the status quo: they helped make their employer a safer place to work. They want to be able to say they used every tool available to them to help improve safety in their company. The effectiveness of safety programs is really tested when employees are asked to rate them. There is no better test of safety program effectiveness than a safety perception survey that asks

employees to rate various aspects of the health and safety program.

It is difficult for companies to conduct safety perception surveys on their own because the infrastructure for surveying is not readily available to them. For them, the most available alternative is to hire an expensive survey consultant to help them survey. This is an expense most companies cannot afford. Some of the larger companies such as ESSO and Dupont have developed their own survey infrastructure that allows them to conduct surveys economically in-house. The survey infrastructure needed is similar to what has already been provided for conducting system audits. Training is needed on how to conduct surveys and to certify survey administrators. A database is needed to share with companies enabling them to collect, manage, and report out the data. Governments, safety associations, insurance companies and similar organizations have not adopted or made the survey infrastructure available to companies that would like to benefit from surveying. Compass Health & Safety Ltd. has developed this infrastructure and would gladly share it.

Safety perception surveys are an under-utilized method of safety performance measurement. Surveys are complementary to other methods of safety measurement such as auditing. Best-in-class companies conduct safety perception surveys for a good reason. They are on to a measurement approach that many companies have not yet had the opportunity to benefit from. They realize that they cannot succeed in safety without first engaging with their employees. They value their employee survey responses and that is why they are considered best in class.

Dennis Ryan is the President of Compass Health & Safety Ltd. Compass, a consulting company whose primary services relate to the assessment of health and safety programs. Dennis has written numerous articles that have been published in various health and safety publications in North America such as the CSSE Contact and ASSE Professional Safety magazines. compasshealthandsafety.com



PROTECTING THE PUBLIC:

THE NEED TO DEVELOP & IMPLEMENT A NATIONAL FRAMEWORK FOR OCCUPATIONAL HEALTH & SAFETY PRACTITIONERS

by: Peter Sturm

WHAT IS THE ROLE AND PURPOSE OF A REGULATORY BODY?

Ensure:

- Promoting competent and ethical practitioners in the profession
- Members maintain their competence and practice in a way that minimizes risk to the public
- Safety practitioners uphold the standards of the profession
- Public confidence in the profession

There's been much discussion over the years about the need to formally adopt a national OHS practitioner framework for health and safety practitioners in Canada. Numerous stakeholders' positions have been clearly articulated and one of the strongest individual advocates is long-time CSSE member and former President, Peter Sturm.

“

For more than a decade, the safety profession around the world has discussed and developed a global framework of competencies for health and safety practitioners,” says Peter.

”

“We know that the identified competencies include the skills, knowledge, and experience to be the best safety practitioners and, of course, we need to develop an accepted—and more importantly put into practice—a safety practitioner path aligned to a framework in Canada. I have to say we are not quite there yet, but it is getting closer to reality.”

Why isn't there one accepted and in-practice competency framework across Canada?

To achieve this requires alignment and agreement at all levels across multiple jurisdictions and uniform agreement on the agreed-to competencies for a health and safety practitioner. The adoption and acceptance by everyone of an accepted global framework for OHS professional practice in Canada would be greatly beneficial for practitioners and the public. This work is in progress, and needs to land in every jurisdiction in Canada. Health and safety legislation in Canada aligns at the provincial level, however it is practised across the country and needs to be consistently practised.

Peter notes several positive aspects under the framework.

“The first is transportability and consistency of practice. This includes setting us up and moving towards a regulated profession. By integrating a national capability framework, it provides consistent safety generalists standards and practice in each Canadian province and territory.”

Beyond that, adopting a safety profession framework makes it easier for individuals to develop a personal path that includes the recognized skills, knowledge and education to fill important OHS positions/roles that are applicable across the country. To date, many practitioners may consider themselves as competent, and do not compare their capabilities to a standard

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and, therefore, may be doing things with limited or less than ideal knowledge, education, and skills. Under an accepted profession framework, it will be “easier “for individuals to compare to, enhance their capabilities and evolve to follow a path of becoming the best possible and competent practitioner.

Another advantageous aspect is a clear path for practitioners who currently don’t have direction as to where to go for educational programs or training. A framework provides alignment to the best school offerings, best area of practice, etc., as well as “how to” advice to build their career path and self-assess what’s important to them in their practice. Discussions around the framework address educational requirements and how schools can provide the best learning offerings (opportunities) for those considering a career in safety.

“Other professionals such as doctors or engineers select a path during their career,” says Peter. “For example, they have their basic training or general competencies and arrive at a personal decision point as to where they can choose areas of specialty as their next steps and/or identify different areas of interest in their practice.” An OHS practitioner, through a national capability framework, can advance from a general practitioner or decide to start to specialize in specialties such as hygiene, ergonomics, auditing, safety leadership, safety culture, sustainability, etc.

As there is a “gigantic” gap presently in the availability of degree or graduate OHS programs in Canada, Peter points out that efforts expended for the last 10 years are bringing consistency to higher levels of education standards among safety educational programs. “These efforts—for example through a National Education

Symposium with the Board of Canadian Registered Safety Professionals (BCRSP)—I believe advances a type of collaborative and multi-stakeholder initiative that aggressively continues to move educational programs that are aligned with the profession’s competencies to the next level.”

On a positive note, some safety practitioners are already earmarking for themselves various areas of interest or specialty in their practice. Under a national competency alignment and national regulated profession model, individual practitioners can choose an enhanced career path with areas of specialty or interest, mirroring that of other practitioners and can easily be developed for our profession.

NEXT STEPS FOR CSSE

For Peter, a high priority is to commit to action in implementing the best innovative safety educational offerings and creating the business case for degree and graduate programs at our schools across the country. This will set our profession to meet the requirements of a regulated profession.

“We are behind in competency-aligned educational program offerings and we have been talking about it for 30 years. We are seeing that academic institutions are evolving to safety-specific degrees and post-graduate programs at our colleges and universities. We have pockets of great educational offerings in some provinces, and the opportunity for every practitioner to have access to the best educational offerings will occur.

For me personally, after exhausting an OHS certificate and post-baccalaureate degree in OHS, my only available path was to complete an Executive MBA in Global Leadership. I hope that we will build on our existing and very good technical safety education programs across the country, and move to the next level of occupational safety-

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specific degrees, graduate and doctoral programs. The advanced higher learning topics would also include the present suite of safety offerings and expand to include safety leadership, governance, finance, systems thinking, strategy, marketing, and strategic operations, to name a few. These are elements included in the competency framework that can help us develop the profession and meet the requirements of a regulated profession.”

Building on what has been developed to date supports action in delivering the message to government, regulators, and businesses across our country the fact that safety practitioners protect the public every day. The urgency is in enabling health and safety practitioners to work within the requirements of a regulated profession and—not to forget—that “every workplace needs a safety practitioner.” Would any organization run a business without finance, operations or human resources expertise? Why do we continue to see workplaces without a competent safety practitioner to protect employees as valued human assets that impact the profit line and business success of every company?

Across Canada, the implications for becoming a viable, relevant and recognized regulated profession are significant. Peter passionately stresses the importance of everyone in all jurisdictions working collaboratively across Canada for the achievable goals of safe and productive workplaces.

“

“If we want to be successful, we need to work together because we all work in different places and situations and we simply won’t solve anything individually. It’s going to be done collectively. We don’t want to miss any opportunities in moving our current and future practitioners forward in this direction. We want them to be successful. This success is across our great country, in every territory and province and at every workplace to promote the best safety standards through the best qualified and effective practitioners in safety, while doing it with everyone in a collaborative environment.”

”



Alan Quilley CRSP, is a proven industry leader in safety, and he has guided some of the largest OH&S units in Canada. As author of a number of OH&S books and a compelling speaker, he also consults, teaches and presents worldwide about managing for Safety Excellence. He doesn't just teach safety, he lives it.

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Due COVID-19, we have paused some of our CRSP and CRST Workshops. Instead, we are offering Special Coaching Packages for those of you writing this year. For more information on this value-packed initiative, please contact Marie Quilley at mquilley@safetyresults.ca or phone 780-710-0247.

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Concise and to the point all the way through. A clear explanation of the issues, and very interesting to hear actual examples. Some very useful takeaways.

”

NEW CHSCS

CSSE is proud to announce that the following members have attained their CHSC designation! (up to January 31, 2020)

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IN MEMORIAM



JANICE (JAN) STUGGERT

Jan Stuggart was an active CSSE member in the Alberta/Northwest Territories & Nunavut Region for 26 years. From 1994 – 2007, she was the Calgary NAOSH Day & Tradeshow Coordinator.

In addition to serving on the CSSE Calgary Executive Team for many years as Membership Coordinator, at the time of her passing, Jan had served for numerous years as the Calgary NAOSH Sponsorship Coordinator.

Jan proved many times that she was a true leader in the health and safety profession and a dedicated volunteer who set a high standard of involvement and professionalism with her clients, fellow health & safety professionals, and the CSSE. With a high work ethic, she supported CSSE with her volunteer efforts and personal touch.

Always ready with a smile and a laugh to share, Jan was a valuable addition to the CSSE Calgary Chapter Team. In 2017, she received an award as a Regional Winner of Outstanding Service to the CSSE. She will be missed.



GORDON LEFFLEY

A long-time CSSE member, Gordon Leffley passed away on March 2, 2020.

Gordon spent his lifetime dedicating himself to work at the Industrial Accident Prevention Association (IAPA), Workplace Safety & Insurance Board (WSIB) and Workplace Safety & Prevention Services (WSPS).

Gordon's passions included reading, history and golf, and he is remembered for his gentle nature and sincere smile.

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