

HEALTHCARE PROFESSIONALS:

RESILIENT

AND

MOBILIZED



This brochure, produced by the Fédération interprofessionnelle de la santé du Québec-FIQ as part of the 2022 OHS Week activities, was a collaborative effort of the Occupational Health and Safety (OHS) Sector, OHS Committee and the Communication Service.

Political responsibility

Isabelle Groulx, Vice-President

Coordination

Christine Longpré, Coordinator, Sectors and Services

Design, research and writing

Pierre-André Audet-Bédard, Union Consultant, Occupational Health and Safety Sector

Collaboration

Émilie Brodeur, Patrice Dulmaine, Michael Potvin, Nathalie Thibault and Fannie Thivierge, OHS Committee members

Brigitte Doyon, Union Consultant, Occupational Health and Safety Sector

Revision and production

Marie Eve Lepage, Union Consultant, Communication Service

Translation

Susan Millroy, Union Consultant, Communication Service

Secretariat

Francine Parent

Graphic design

Brigitte Ayotte (ayograph.com)

Printing

Numérix

ISBN: 978-2-920986-72-5 (print), 978-2-920986-73-2 (online)

Illustration: Pascale Crête (creerunmonde.com/art-illustrations)

October 2022



TABLE OF CONTENTS

GIVING A VOICE TO THOSE IN THE FIELD	4
IDENTIFYING AND REPORTING OCCUPATIONAL HEALTH AND SAFETY RISKS: WHAT THE HEALTHCARE PROFESSIONALS CAN DO	5
Becoming familiar with the main types of risks	6
Identifying the risks to report	8
Based on the typology	9
Based on the task	9
Prioritizing the risks to report	10
Informing the employer about the risks identified	11
Individual forms	11
Collective action and identifying the risks	13
CONCLUSION	14

GIVING A VOICE TO THOSE IN THE FIELD

Marked by the health crisis, the last few years have been challenging for all of us. There were conflicting recommendations from public health, changing guidelines from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) and inconsistent or incomplete directives from employers. Lastly, despite their resilience and their mobilization, many healthcare professionals have come out of this battle against COVID-19 exhausted, sick, injured and some of them even died.

If healthcare professionals had been given a greater voice, many of the pitfalls encountered during the pandemic could have been avoided.

Now, healthcare professionals must be given a voice. During the pandemic, the issue of health and safety in the health network was in the news more than ever. Unfortunately, the main voices in the debate were not the healthcare professionals. From their ivory towers, the ministers in press conferences, the public health experts on television and employers through their multiple anonymous memos dictated to caregivers how they should protect themselves. Too often, these instructions were poorly adapted, were based on false premises, couldn't be applied or ignored the precautionary principle.

However, it is the healthcare professionals who are best placed to identify the risks and dangers to which they are exposed. They have a detailed knowledge of their work, care and the difficulties they experience. Had they been given a greater voice, many of the pitfalls encountered during the pandemic could have been avoided. The 2022 OHS Week will therefore spotlight their experience. Healthcare professionals must take their rightful place in the fight for a safe health and social services network for all.

Furthermore, the current context is favourable for healthcare professionals speaking out. An Act to modernize the occupational health and safety regime, adopted in fall 2021, forces the employer to identify and analyze the risks. This work should be done jointly with the union as part of the institutions' occupational health and safety committee. The situation therefore lends itself to a collective denunciation by healthcare professionals of dangerous situations that have been tolerated for too long. Resilient after two years of a health crisis, the healthcare professionals have the power to mobilize for occupational health and safety.

IDENTIFYING AND REPORTING OCCUPATIONAL HEALTH AND SAFETY RISKS: WHAT THE HEALTHCARE PROFESSIONALS CAN DO

Occupational health and safety is not just a matter for employer representatives. Healthcare professionals have the power to play a leading role. But, how? By mobilizing collectively to identify and report the risks they are exposed to and demand the employer eliminate them or reduce them to a minimum.

In fact, the employer has a legal obligation to adopt methods that can identify, control, then eliminate or reduce the risks. By identifying and detailing the risks to the employer, the healthcare professionals and their union can influence and even guide the priorities of occupational health and safety prevention work.

The employer and their prevention service have different tools to make it easier to consult the workers. However, these tools are often extensive.

The simplified approach presented here will make it easier for healthcare professionals to have a voice in identifying and reporting risks. The aim is to be proactive in identifying risks without waiting to be solicited in an employer's approach.

Healthcare professionals have the power to mobilize to identify and report the risks they are exposed to and demand that the employer eliminate them or reduce them to a minimum.

The aim is to be proactive in identifying risks without waiting to be solicited in an employer's approach.



Becoming familiar with the main types of risks

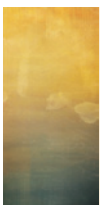
To guide your reflection and your discussions on the risks you are exposed to, it will be easier to keep in mind the main types of risks. Below is a table that provides a simple typology of the various health and safety risks¹. In the health network, some of these risks are more prevalent than others:

Types of risks	Forms	Examples in the RSSS	Effects
Chemical risks	<ul style="list-style-type: none"> • Dangerous material (toxic, corrosive, carcinogenic, mutagens, irritants, etc.) • Gas • Dust • Etc. 	<ul style="list-style-type: none"> • Contact with cytotoxic waste • Exposure to dangerous medications • Strong paint odor • Etc. 	<ul style="list-style-type: none"> • Irritation of the skin, respiratory tracts • Intoxication • Headaches • Cancer • Etc.
Physical risks	<ul style="list-style-type: none"> • Noise • Excessive ambient heat • Radiation • Etc. 	<ul style="list-style-type: none"> • Very high ambient temperature during heat waves • Working in radiology • Etc. 	<ul style="list-style-type: none"> • Fatigue, heat stroke • Genetic mutations • Headaches, hearing loss • Etc.
Biological risks	<ul style="list-style-type: none"> • Infectious matters 	<ul style="list-style-type: none"> • Air-borne transmission of COVID-19 • Exposure to gastroenteritis, influenza, etc. • Poor building maintenance, humidity and mold problem • Contact with biological fluids • Dirty needle stick • Etc. 	<ul style="list-style-type: none"> • COVID-19, gastroenteritis, influenza, etc. contracted and spread • Respiratory problems linked to mold • Etc.
Ergonomic risks	<ul style="list-style-type: none"> • Awkward posture • Overexertion • Repetitive movements • Etc. 	<ul style="list-style-type: none"> • Poor furniture layout resulting in awkward posture • Limited space • Under-staffed for mobilizing a user • Manual pill crusher used over a long period of time • Patient lift unavailable • Etc. 	<ul style="list-style-type: none"> • Musculo-skeletal disorders (back pain, joint pain, tendonitis, etc.)

¹ Our table is directly inspired by: cnesst.gouv.qc.ca/sites/default/files/publications/outil-didentification-des-risques.pdf

Types of risks	Forms	Examples in the RSSS	Effects
Risks related to safety	<ul style="list-style-type: none"> • Fall of the same level • Dangerous shapes (sharp, pointed) • Vehicles • Etc. 	<ul style="list-style-type: none"> • Slippery floor or cluttered space resulting in a fall • Improperly disposed sharp object • Impact from a moving medication cart • Road safety (for home care healthcare professionals, for example) • Etc. 	<ul style="list-style-type: none"> • Bruise, sprain, concussion • Cut, puncture or laceration • Crushing injury • Etc.
Psychosocial risks	<ul style="list-style-type: none"> • Lack of communication and information • Poor support from immediate superior • Poor social support between colleagues • Poor decision-making autonomy • Poor recognition of work • Work overload • Risks linked to violence (can be found in many types of risks) 	<ul style="list-style-type: none"> • Changing and unexplained directives • Superior or management authority unavailable • Lack of empathy or listening from colleagues • Frequent MOT, working under-staffed, unable to give care up to her professional ethics • Lack of support, resources or training for handling situations of violence • Etc. 	<ul style="list-style-type: none"> • Problems sleeping • Anxiety • Professional burnout • Musculoskeletal disorders • Psychological or physical injury from an assault • Etc.

This table includes only a few examples of the risks in the health network. There could be many others on it.



On a construction site, the risks of falling are treated with the utmost seriousness. A simple way to eliminate or reduce these risks is, for example, installing a guard-rail. However, in the health network, things are often less obvious.

The complex nature of the healthcare professionals' work means that some risks, often less visible, can slip under the radar and be normalized. Many are even considered to be normal conditions of employment. This is the case with:

- Psychosocial risks, like work overload, that are normalized to the point that they go unnoticed. It is unacceptable to finish your shift being completely exhausted, anxious or worried about the possibility of having to work mandatory overtime.

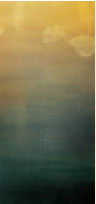
- Physical risks, for example those linked to musculoskeletal disorders. A feeling of physical discomfort may appear gradually before becoming pain. Therefore, it is important to report these risks as soon as the first signs appear to avoid the situation getting worse.
- Violence, whether perpetrated by a user, a superior or even a colleague. This is another type of risk that is too often normalized, and which is increased by the work overload and inadequate healthcare professional-to-patient ratios.

More comprehensive information on the different risks is available at:

- The Association paritaire pour la santé et la sécurité du travail du secteur des affaires sociales (ASSTSAS) website. You can navigate by theme on the home page. asstsas.qc.ca
- The CNESST website. In the section “Prevention and safety” in the menu on the left, several relevant information is provided. cnesst.gouv.qc.ca
- The Fédération interprofessionnelle de la santé du Québec-FIQ website. In the section “Pandemic” several relevant information is presented and is updated regularly on OHS issues encountered by healthcare professionals, particularly in the context of a pandemic. fiqsante.qc.ca/dossiers/pandemie

Identifying the risks to report

Identifying the risks that healthcare professionals may encounter may be a tool for collective action. You can discuss the risks you are concerned about with your work team on a break or a meal period. Once certain risks have been identified, with the help of your union, you can approach the employer to report problematic situations. It is the employer who has the power and the duty to control, eliminate or reduce risks at the source.



Because of the work overload, it's normal to have less time and energy for discussing the risks at work with colleagues. Despite this, occupational health and safety issues are at the heart of healthcare professionals' concerns.

The following are some simple strategies for stimulating, energizing and making discussions between colleagues quicker and more effective:

Based on the typology

In the table in the previous section, go point by point through the left-hand column where the types of risk are listed. Then look at the examples that seem most relevant to you. As the list is not exhaustive, you may face other risks than those listed in the table.

Based on the task

Identify a specific task, for example distributing medications. Then evaluate this task according to the four following criteria: the time, the environment, the people involved and the equipment needed². Does the time allocated to distribute medications pose any risks? Is the equipment in good condition? Are users willing to receive medication in a way that is safe for the healthcare professional? Is the work environment sufficiently warm and lighted? In short, for each of the criteria, a multitude of questions may arise that allow you to identify risks based on a specific task.

Identifying the risks that healthcare professionals may encounter may be a tool for collective action.

You already know from experience many risks inherent to your work. Some are ever-present, such as work overload, and problematic situations are often discussed among colleagues. If you have specific concerns, verify if they are shared and deeply felt by most of the work team. As need be, these risks should be discussed with a view to reporting them.

² Inspired by the global approach of the ASSTSAS: http://asstsas.qc.ca/sites/default/files/publications/images/Publications/webinaire_2019-002_approche_globale_web.pdf

Prioritizing the risks to report

Although the employer has a duty to control, reduce or eliminate the risks as quickly as possible, it is still important to prioritize the most urgent risks to be addressed. To help you target these priority risks, you can consider the criteria of probability and severity³.

A risk that has a significant probability of occurring and has the potential for serious consequences can be classified as critical.

The probability is defined by the chances a risk will turn into an accident. To determine if a risk is a priority, you can ask yourself if it is:

Level of probability	Consequences
Very likely	An accident related to this risk is imminent.
Likely	An accident related to this risk may occur occasionally.
Unlikely	An accident related to this risk is possible, but it rarely occurs.
Very unlikely	An accident related to this risk is possible, but it will probably never occur.

The severity is defined as the level of consequences for workers exposed to a risk. To determine if a risk is a priority, you can ask yourself if its consequences are:

Level of severity	Consequences
Very serious	An accident can cause permanent injuries or even death. Examples: long-standing COVID, psychological trauma following an act of violence, multiple fractures after a fall, professional burnout, etc.
Serious	An accident can cause serious consequences with loss of work time (CNESST absence), but without permanent injuries. Examples: gastroenteritis or influenza, sprain or tendonitis, anxiety caused by work overload, discomfort caused by excessive heat on the department, etc.
Superficial	A minor accident, which does not cause loss of work time, but may require treatment. Examples: a cut, a scratch, stress because of the work overload, etc.
Benign	An accident that does not cause loss of work time and does not require any treatment. Examples: impact with misplaced equipment, mild heat discomfort, etc.

³ Inspired by the *Identification et évaluation des risques* document produced by the ASSTSAS. Page 25. <http://asstsas.qc.ca/publication/identification-et-evaluation-des-risques-gp70>

A risk with a significant probability of occurring and which has a potential of serious consequences, may be qualified as critical.

High probability + high severity = critical risk

In such a situation, it is important to report the risk immediately to the employer and request a correction as quickly as possible. Don't hesitate to contact your union team who can help you in this process.

Informing the employer about the risks identified

In principle, the employer proposes different forms for a worker to identify the risks and to declare the accidents or incidents related to occupational health and safety. Completing these forms is necessary. Moreover, participating in identifying risks is a worker's obligation set out in an Act respecting occupational health and safety.

However, since occupational health and safety are collective issues, reporting risks to the employer may be a collective action. Although individual forms are necessary and useful, it's likely that a collective mobilization on an OHS issue will encourage the employer to deploy more ways and deal with a risk more quickly.

During the process, don't hesitate to contact your union team who can help you and advise you. They are a valuable ally.

It's likely that a collective mobilization on an OHS issue will encourage the employer to deploy more ways and deal with a risk more quickly.

It is always preferable to have a written record of your report to the employer and to send a copy of your correspondence to your union team. Words fly away but written documents remain. Avoid discussions with the employer in the hallways. Also avoid discussing with an employer representative without a union representative present.

Individual forms

Some forms must be completed. This is the case for the CNEEST and employer forms:

When you suffer a work accident, you must complete the CNESST "Worker's Claim" form (only the French form can be completed online) which is available at: cnesst.gouv.qc.ca/fr/organisation/documentation/formulaires-publications/reclamation-travailleur.

Moreover, the employer generally proposes an in-house form to report a work accident causing an absence. Even if this form must be completed, it is still mandatory to complete the CNESST form. Make sure you do it as soon as possible and don't hesitate to ask your union team for help.

Under section 280 of an Act respecting industrial accidents and occupational diseases, employers are obliged to keep a register of accidents that do not cause more than one day of absence. Therefore, there are local forms for reporting accidents and incidents. It is also mandatory to complete them.

Lastly, employers generally make the “Declaration of a dangerous situation” form available. These forms are for identifying the risks before an incident or an accident occurs, and they can guide the work of your institution’s OHS committee. It is obviously important to complete them because the committee, and then the employer will be able to better target the OHS priorities. Be careful not to confuse them with the AH-223 forms which are for incidents and accidents involving users.



Collective action and identifying the risks

Completing the individual and official forms is the first step. However, to maximize the chance that the employer will correct the problem quickly, you can collectively report the risks you have identified. Discuss this with your union team to find the best strategy. A few ideas are:

- You can circulate a petition identifying the risk you are worried about, and the corrective measures needed, then ask the employer for follow-up meetings. Gathering the signatures of all the healthcare professionals on your centre of activities, and even those of the workers in other job categories, will show the employer that the problem is considered serious and worrying by a large number of people.
- A letter or email with the details of a specific problem and necessary corrective measures may be sent to the employer. In the case of a letter, you can gather the signatures of your colleagues on the centre of activities. You can also gather a few healthcare professionals and hand-deliver the letter to the relevant manager.

To maximize the chances of the employer correcting the problem quickly, you can collectively report the risks you have identified.

If the OHS issue is urgent and critical, talk to your union team immediately. They will guide you in the actions to take. In some situations, they will evaluate with you the possibility of contacting the CNESST. If applicable, they will take charge of the situation and support you in the process. To maximize the chances of success of a CNESST intervention, as many healthcare professionals as possible need to participate in documenting the problem and joining the union team. Moreover, the FIQ has developed guides for its affiliated unions for making a CNESST complaint in the context of COVID-19 or overtime.

CONCLUSION

Healthcare professionals, like the other health workers, are those who face work-related risks. They are the ones who are injured, exhausted, fall ill or are victims of aggression. Since they are the first to be affected by occupational health and safety issues, they are the first with the right to speak out. And they have a lot to say.

Unfortunately, the context does not always lend itself to this speaking out. Exhaustion, exacerbated by the pandemic, leaves little room for mobilization and denunciation. But, at the same time, the healthcare professionals have already proven they are resilient, meaning that they do not give up and continue to show fighting spirit and solidarity in defending their rights, even in the most difficult times.

Identifying risks is not only limited to an administrative procedure and forms to be completed. When carried out collectively, identifying risks allows healthcare professionals, with the help of their union team, to speak out and denounce situations that are dangerous for them. This collective action should make the employer correct unacceptable situations at work and they have an obligation to do so.

Healthcare professionals must be able to provide care without injuring themselves or getting sick. We are resilient and mobilized in defending this right.



fiqsante.qc.ca