

Title of document	Date	Status	Version
National Committee on Occupational Safety and Health (NCOSH) 69th Meeting Minutes	January 22, 2020		Final
Distribution: NCOSH Committee, HSE Branch, Treasury Board and the NRC COSH Co-Chairs	Approved: June 25, 2020	No. of pages: 5	

Participants	
Members:	
François Cordeau	Special Advisor, Dialogue Completion Project, Chair
Lawrence Mak	Research Council Officer, PIPSC Employee Representative, Co-Chair
Cathie Fraser	President of RCEA, Co-Chair
Lawrence Charlebois	Research Council Officer, PIPSC Employee Representative
Michael Vandenhoff	Technical Officer, RCEA Employee Representative
Pierre Mayette	Director General, Design and Fabrication Services, Employer Representative
Resource Persons:	
Mireille Lycan	Senior Labour Relations Advisor, HR Branch
Paul Treboutat	Executive Director, HSE Branch
Ronald Rino	Director, Prevention & Field Operations, HSE Branch
Theresa Paris	Policy, Development & Reporting Group Manager, HSE Branch
Shelley Sommerville	Policy and Reporting Advisor, NCOSH Secretary, HSE Branch
Guests:	N/A
Regrets:	
Brad Gover	Director, Research and Development, Construction, Employer Representative
Jean- François Houle	Vice President of Transportation and Manufacturing, Employer Representative
Maria Aubrey	Vice President of Business and Professional Services
Meeting Details	Meeting time (duration)
Building M-3, Room 122	1:00 PM to 2:35 PM

Discussion points	
1	<i>Approval of the Meeting Agenda</i> The agenda was approved without changes.
2	<i>Approval of Minutes of the 68th Meeting (December 10, 2019)</i> The meeting minutes were submitted for review, however, due to many of the action items being related to the March meeting, approval of the meeting minutes were deferred until then.
3	<i>Occupational Health Monitoring Directive</i> A HSE Resources member provided a brief explanation on the recent changes to the directive; <ul style="list-style-type: none"> • The document is now a directive not a program to align with the current HSE policy structure and to avoid confusion with wording of HSE “programs” with those of research programs. • Clarification on the roles of management in regards to fostering and encouraging participation have been added. • The service provider requirements and contract have been reviewed. • Templates with examples have been included to provide information for employees.

- The directive assists in clearly separating the philosophy of the directive (which is early occupational illness detection and action) and the service provider agreement and requirements (e.g. management of employee appointments, records, etc.).

A HSE Resources member explained that currently as per the service contract employee records from the service provider are available to employees and they are charged to have a copy of their results. The employee can then take the results to their family doctor. The committee agreed that the costs associated with obtaining medical results when the employee has an illness/condition as a result from their workplace should be reimbursed the expenses to obtain a copy of their results from the service provider. If the employee does not have a workplace associated illness then they would not be reimbursed for the expense of obtaining results.

An employer member inquired if medical visits are annual or do the visits vary depending on the medical protocol? For example if a health condition is detected at an annual visit that is unrelated to the what the initial medical appointment was intended for (e.g. hearing testing but an unrelated medical condition was detected) does the employee receive their medical result. The Resources member explained that the medical exam is specific to the workplace and hazards the employee is potentially exposed too (strict medical protocols). As the current contract is written if the employee does have a non-work related illness the employee will not automatically receive their medical report and if the employee would like a copy of the report, they will need to pay for a copy of the report.

The RCEA Bargaining Agent representative inquired what happens if the service provider changes? A HSE Resource member stated that it is important that this directive be a stand-alone directive for this very reason and not directly reliant on contract conditions of the current service provider.

A Labour Relation representative inquired does the service provider send the medical report to both the employee and the employee's doctor? A HSE Resource member indicated that the service provider does not send the medical report to the employee's doctor and it is only sent to employee and it is the responsibility of the employee to send to their personal doctor. The NRC would only receive a "fit" or "not-fit" based on the medical protocol and NRC would not receive any personal employee medical information.

The RCEA Bargaining Agent representative suggested that if the employee is charged for medical results because they have an adverse result that they would be reimbursed by NRC with submission of the receipt to NRC. In addition, a statement should be added indicating that if there are no adverse results, and the employee requests medical results they would not be reimbursed for the expense of the results.

The committee suggested the following changes within the directive;

- Section 5.6.4 (Medical files and test results transfers): include two statements on reimbursement conditions (as per previous discussion above);
- Section 6.5 (Supervisors): include further mention of appendices within the supervisors roles and responsibilities and make reference to the specific appendices that need to be completed;
- Appendix A: change the title from "Mandatory and Non-Mandatory" to "Non-Mandatory" only with an explanation to be consistent with the Non-mandatory table on page 6;
- Section 6.4 (COSH and Health & Safety Representatives): remove "implementation" of the directive as a responsibility of the COSH and Health and Safety Representatives and replace with "annual monitoring" of the directive;
- Definitions (Employee): change the definition of employee (supplementary workers) to the same as the Directive on impairment by alcohol and drugs in the workplace;
- Definitions (Supervisor): remove reference to non-salaried workers;
- Section 5.6.2 (Travel for appointments): add a reference to indicate the NRC Travel Directive applies if employees need to travel to medical appointments.

An employer representative inquired why in section 5.6.3 (No-show and late cancellations fees) NRC pays for missed medical appointments under this directive. The Labour Relations representative responded that NRC will pay for missed appointments within reason, and after several appointments have been missed then the concern will be addressed via a more formal process.

	<p>Further suggested changes;</p> <ul style="list-style-type: none"> • Section 5.5 (Recommendations) and Section 6.6 (Employees): ensure that section 5.5 and 6.6. statements are consistent by modifying section 5.5 to state “If there is a need for other relevant parties (e.g. HSE advisor, ERT chief, project lead, etc.) to be aware of the report’s recommendations, the employee or the supervisor (if made aware) should inform those parties.” • Section 5.5 (Recommendations): verify if ERT chief is the correct title. • Section 6.6 (Employees): modify the statement to include “health monitoring related task changes” <p>The committee agreed that this directive was approved with the above mentioned modifications.</p> <p style="text-align: center;">Action: HSE Branch to provide committee members a copy of the document once revised.</p>
4	<p><i>Directive on Impairment by Alcohol and Drugs in the Workplace</i></p> <p>A HSE Resources member provided a brief update in regards to the many consultations and work behind the scenes with various stakeholders (including union representatives) to ensure that all stakeholders were in agreement.</p> <p>In collaboration the RCEA Bargaining Agent representative and a Labour Relations representative suggested the following changes within the directive;</p> <ul style="list-style-type: none"> • Section 5.6.1 (Definition of safety critical roles): the wording “upon agreement” will be removed as the Safety Critical Advisory Committee (SCAC) in relation to their recommendations as the committee may not be in agreement if a particular role is considered safety critical. Removal of “upon agreement” would allow the SCAC to present their recommendations even if they were not in agreement to the NRC Management representative. • Section 5.6.2 (Description and composition of the SCAC): removal of the statement which describes SCAC as having decision making powers because they do not have decision making powers, ultimately this lies with the employer. • Section 5.6.2 (Description and composition of the SCAC): remove local participants in the last paragraph as they are mentioned previously in the membership of the SCAC section. • Section 6.3 (Directors General / Executive Directors): modify the statement in regards to designation of safety critical roles to “after due consideration from recommendations from the SCAC”. • Section 6.4 (Manager and Supervisors): remove “obviously” from the statement about impairment. <p>The HSE Executive Director raised the concern that this directive does not directly tie into the <i>Canada Labour Code</i> similar to other health and safety policies and programs and suggested that this directive would be better positioned within the Human Resources Branch (HRB). The roles and responsibilities under this directive suggest stronger alignment with the HRB roles and responsibilities such as labour relations and union relations, alternate work arrangements and employee accommodation. Further discussion will take place with the NRC Senior Management to determine suitability in where this directive is best situated.</p> <ul style="list-style-type: none"> • Section 5.6 (Safety critical roles): it was suggested by a PIPSC representative that “restrictions on limitations” be provided to the SCAC to assist them with determining the if the role is a safety critical role and if the restrictions are comparable to other government organizations. The committee agreed that it would be difficult to maintain such a list of restrictions on limitations due to the variations in occupation legislation and other concerns about impairment. • Section 5.6 (Safety critical roles): How will CBIs know that the restrictions on limitations will be similar for across the council? The SCAC will be able to compare roles as there will be consistency of core members of the roles. The RCEA Bargaining Agent representative mentioned it may be challenging for all core members to attend all meetings. It was suggested by a HSE Resource member that others with local expertise could participate and the core SCAC group could also invite alternates to reduce the workload for the core members. Communications and recording of SCAC activities by the HRB will also facilitate to providing consistency across safety critical roles and their associated restrictions on limitations. It is anticipated that there would be approximately less than 7 SCAC meetings per year.

	<ul style="list-style-type: none"> Section 5.6.1 (Designation of Safety Critical Roles): Will there be an option for SCAC to consult with medical expertise? A Labour Relations representative mentioned that there will be expertise on the SCAC panel and that they would provide their recommendations, but ultimately in accordance to the <i>Canada Labour Code</i> the employer will be making the decision on the safety critical role. <p>The committee agreed that this directive was approved with the above mentioned modifications.</p> <p style="text-align: center;">Action: HSE Branch to provide committee members a copy of the document once revised.</p>
5	<p><i>Hazardous Energy Control Directive (Backgrounder)</i></p> <p>A backgrounder on Hazardous Energy Control Directive was presented to the committee by the HSE Branch. A HSE Resources member explained that directive although, similar to the previous Lock Out/Tag Out program it will serve to streamline and standardize the current local CBI programs. The directive will include standard roles and responsibilities, key hazards, and compliance. The directive will also refer to a manual that will contain the technical aspects of hazardous energy control. The HSE Branch will be placing a call out for working group members in February. In addition to the working group a consultant was hired to evaluate current Lock Out / Tag Out programs to assist with identifying commonalities and standardization of practices.</p> <p>An employer member inquired what is the difference between a HSE Program and HSE Directive. A HSE Resource member provided the following explanation: directives are driven by specific health and safety legislation. They include key activities to ensure that organizations are compliant in the specific regulations and legislation. Programs relate to documents and/or tools to capture the actual workplace activities. For example; laboratory manual, ergonomic tools and other technical type documentation.</p> <p>An employer member inquired if Hazardous Energy Control Directive would be a Hazardous Prevention Program (HPP) Tier 1 or Tier 2 category. An HSE Resource member confirmed that this directive will be a Tier 2 HPP because not all CBIs would require this type of directive for their respective CBI.</p>
6	<p><i>Round Table</i></p> <p>The next meeting is scheduled for March 30, 2020 (Lawrence Mak, Chair)</p>

Item # corresponds to meeting minutes section	Action Items	Responsible
3	1. Provide committee members a copy of the Occupational Health Monitoring Directive once revised.	HSE Resources
4	2. Provide committee members a copy of the Directive on Impairment by Alcohol and Drugs in the Workplace once revised.	HSE Resources

Acronym	
ASPM	Administrative Services and Property Management Branch
CBI	Research Centre, Branch and IRAP
COSH	Committee on Occupational Safety and Health
EME	Energy, Mining and Environment
ERT	Emergency Response Team
ESDC	Employment and Social Development Canada

HPP	Hazard Prevention Program
HPSP	Hazardous Products Safety Program
HSE	Health, Safety and Environment Branch
IRAP	Industrial Research Assistance Program
NAOSH	North American Occupational Safety and Health
NJC	National Joint Council
OSH	Occupational Safety and Health
OSHELS	Occupational Safety and Health E-Learning Solution
PIPSC	Professional Institute of the Public Service
RCEA	Research Council Employees' Association
SCB	Site Coordination Board
SEC	Senior Executive Committee
TBS	Treasury Board of Canada Secretariat
ToR	Terms of Reference
WHMIS	Workplace Hazardous Materials Information System