

Schedule 2 Employers' Group Meeting Minutes



Date:	Wednesday, September 15, 2021
Time:	9:00 AM – 12:00 PM
Location:	Online Meeting Via Zoom
NEXT Meeting:	Date: Wednesday, November 17, 2021 Time: 9:00 AM

AGENDA

- PSHSA updates
- WSIB updates
- Privacy & Vaccination Presentation
- Mental Stress Injury Presentation
- Virtual Speaker Series
- Section 63 Agreements – WSIB Guide refresh
- WSIB Policy Agenda and Consultation
- WSIB Value for Money Audit – Drug
- Other Business

PSHSA Updates

The following information was presented by Henrietta Van Hulle (PSHSA)

- Effective September 15, new MOL Chief Prevention Officer is Joel Moody
- Ontario Centres for Learning, Research and Innovation in Long-Term Care's developing a new program regarding psychological health & safety. Some 18 long-term care homes (both privately & publicly funded) will participate in feedback
- World Congress on Safety and Health at Work starts Monday, September 21
- University of Guelph to chair assessment that investigates mental health stress in underrepresented health care workers during pandemic (Occ Therapists, Pharmacists, Lab Workers)
- Risk assessment on paramedics to kick-off mid-October – deep-dive into core risks of specific sector
- PSHSA general annual meeting is September 16; email agm@pshsa.ca by EOD September 20 with the subject of "request to attend AGM"
- Two new violence in healthcare toolkits released by PSHSA over the summer. They both have webinars associated and free downloads
- October is global ergonomics month – series of webinars being released
- New resilience resources being discussed more at S2EG's October virtual event

WSIB Updates

The following information was presented by Debbie Jeffery (WSIB)

- Interim president and interim chief continue in place
- Staff still working from home with a few exceptions. Plan to return under a hybrid work model but no definitive date for going back
- Schedule 2 COVID Claims:
 - o 3, 116 claims allowed
 - o 345 claims not allowed
 - o 5 claims pending
- Claim for adverse vaccine reactions. Many employers have implemented vaccine mandates. Claims for vaccine reactions should only be filed if vaccine is compulsory or required as part of employment AND the reaction needs to be truly adverse, requiring medical treatment beyond first aid (anaphylaxis, blood clot etc.)
- S2 Executive meeting with WSIB on July 12 addressed issues with section 63 agreement guide which is to be refreshed with feedback from S2 Executive. Feedback to be submitted to Debbie (preparing generic scenarios to attach to guide)
- S2 Executive meeting with WSIB on July 16 address service concerns. Examples provided and WSIB has identified a number of themes: difficulty contacting Case Managers, lack of understanding of Schedule 2, NIHL claims. The following solution will be implemented:

Schedule 2 Employers' Group Meeting Minutes



- WSIB has developed a centralized escalation tracker to encompass ALL escalations made by employers either through Stakeholder Management or through Manager/Director escalation, CSRs, etc. The idea is that this will provide better visibility on where the issues are occurring, what the issues are, who has been involved, how long it took to resolve, etc
- To address the knowledge gap of some staff, WSIB to provide feedback to learning & development section to make training program more robust. WSIB to also develop an internal document for staff on managing a S2 claim
- Employers reminded to follow the escalation process.
 - Contact CSR line to determine if Case Manager contact accurate. Try to resolve issue with Case Manager. If unable to resolve issue with Case Manager,
 - Escalate issue to Manager. If Manager does not reply in timely manner or if issue not resolved,
 - Escalate to Debbie Jeffery or appropriate Director
 - If immediate assistance is required, ask CSR to transfer call to the Manager Escalation Line which is staffed during the working hours of 9:00 am to 5:00 pm

Privacy & Vaccination Presentation

Presentation slides attached

The following information was presented by guest speaker David Goodis, INQ Law

- Federal employees and federally regulated employees are covered by privacy law. But most employees in Ontario are not covered by privacy laws.
- Courts have not yet made any rulings around policy on proof of vaccination
- Starting point for thinking about privacy in this context is that an employer should only collect what they need to fulfill a legitimate purpose
 - Medical evidence supports that employer has legitimate need to ensure only vaccinated employees attend workplace
 - Under OH & S laws this is part of employers obligation to ensure safe workplace
 - Ontario government creating vaccine passport support the legitimacy
- Is it okay for employers to collect medical exemption information?
 - There are only two very narrow medical exemptions – Ontario Ministry of Health's description of exemptions
 - Reasonable to expect that employer has a legitimate need to collect this information
 - Ontario does have a privacy law statute (PHIPA) but does not apply in this context
- Should an employer either view proof of vaccination or retain the vaccination documents?
 - Need to consider retaining vaccination documents in case of liability questions in the future
 - Should be retained for up to one year after last use. No maximum retention period
- Best practices
 - Collect only what you need
 - Ensure information requested is a legitimate "need to know" view for individuals within the organization
 - Be clear with employers about what, why, who, how you are collecting the information and whom/when it might be disclosed
 - Ensure the information is securely stored and protected
- An employer can disclose this type of information to authorities upon request – WSIB, public health authorities, local public health unit
- If an employee did have a complaint, there isn't much that they can do. Privacy Commissioner would say they do not have the jurisdiction to investigate. Employee could, however, go to the Human Right Commission

Mental Stress Injury Presentation

Presentation slides attached

The following information was presented by Dr. Vivian Sapirman and Dr. Kimberly Watson (WSIB)

Schedule 2 Employers' Group Meeting Minutes



- PTSD symptom clusters – Complex PTSD is common in First Responders which is not currently in DCM but is currently part of their research
- Spectrum – need to consider the worker's genetic risk, childhood trauma, other psychiatric illness prior to experiencing a workplace trauma
- Risk Factors – historical risk factors include genetics, vulnerabilities, childhood trauma, etc
- Peritraumatic Risk Factors – severity of trauma, perception of trauma as life threatening, dissociation during the event, negative cognitions during the trauma
- Post-traumatic Risk Factors – lack of social support, lack of health coping skills, limited access to mental health resources, other life stressors
- Occupational factors – stigma, perception of inadequate workplace support, routine occupational stress, cumulative nature of traumatic events
- Cumulative trauma – no single event, combination of events over a period of time, more likely to go unnoticed and untreated, can have significant impact on functioning (shapes coping strategies) and lays ground work for how individuals will react to future traumas
- Moral Injury – essentially a betrayal of what's right according to our moral/ethical beliefs. Impacts view of world/self/others and gives rise to issues of trust
- Trajectories of PTSD – can vary significantly amongst workers and cannot be predicted
- A third of people are still impacted 3 years post trauma exposure
- Psychological injuries are unique – no timelines which is frustrating but is a clinical reality
- Treatment considerations
 - Stage 1 – identify and manage acute symptoms
 - Stage 2 – achieve safety and acute-symptoms stabilization
 - Stage 3 – trauma focused treatment
 - Stage 4 – transition to greater self management, integration of skills to return to social/occupational routines
- No "one size fits all" approach – individualized approach

Factors that influence recovery & RTW

- Can't consider the person in isolation, need to view with the social aspect
- Complex system with multiple factors
- Injured/Ill Person Factors – mental Health conditions, appraisals, attitudes, beliefs and expectations, relationship with employer, other life stressors and psychosocial factors
- Health Care System– quality of mental health assessment and treatment, rehabilitation focus, appropriate level of 'medicalization'
- Compensation Board Factor – quality of case management, collaborative RTW process, health care quality assurance
- Employer/Workplace Factors – workplace culture, supportive & effective response to psychological injury, flexibility to support RTW

Virtual Speaker Series

The following information was presented by Georgia Katsiapis

- S2EG is hosting its third, full-day, virtual speaker event on October 21
- Theme for the event is "Strategies for Working in the Post Pandemic World"
- Keynote speaker Dr. Sean Hayes who will speak on chronic stress
- Cost of event \$75 per person
- Information can be found at <http://www.s2egroup.com/>

Section 63 Agreements – WSIB Guide Refresh

The following information was presented by Laura Russell

- Section 63 Guide Document on WSIB website is outdated
- S2 Executive working with the WSIB to refresh the document

Schedule 2 Employers' Group Meeting Minutes



- Updated document will be shared once finalized

WSIB Policy Agenda and Consultation

The following information was presented by Laura Russell

- Every year in January the WSIB posts their policy agenda
- The five-year cycle of review doesn't appear to be mandatory but policy agenda does mention consultation – mentioned that don't feel there is transparency on policy changes
- Pulmonary Disease policy completely redone recently

WSIB Value for Money Audit – Drug

The following information was presented by Laura Russell

- Interviews conducted by the WSIB over brief two-week period of time during the summer months
- Laura asked the WSIB to circle back with other employers/S2 Executive but that didn't occur
- Every year the interviews are in the summer when lots of people are not available – Laura to ask the WSIB that this practice change so that stakeholders are able/available to provide feedback
- Laura will ask the WSIB to have employer involvement on the advisory group on a go forward