Appendix "A" to Report CES15027 Page 1 of 9

CITY OF HAMILTON

RECOMMENDATION -

DATE: 1997 December 11

REPORT TO: Mrs. Susan K. Reeder, Secretary Finance and Administration Committee

FROM: W.H. Shoemaker Fire Chief

> J. Johnston Commissioner of Human Resources

Subject: Long-Term Medical Surveillance Programme

RECOMMENDATION:

4.

- 1. That a long-term medical surveillance programme with an estimated 1998 expenditure of \$210,000 be implemented for Hamilton fire fighters involved in the Plastimet fire, as well as all other fire fighters with the Hamilton Fire Department.
- 2. That the agreement between the Hamilton Professional Fire Fighters Association (H.P.F.F.A). and the Administration (Attachment #1) which outlines the specifics of such a long-term programme be approved.
- 3. That a joint steering committee comprised of two representatives of the Hamilton Professional Fire Fighters Association (H.P.F.F.A) and two representatives of the City of Hamilton Administration be established and be given responsibility for the implementation of long-term medical surveillance programme.
 - That the City of Hamilton seek financial reimbursement from the Province of Ontario for the cost of providing this long-term medical surveillance programme.

). Shoemalur

1997 App'd by Committee... App'd by Council 1997

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

The City Treasurer has prepared a separate report to be considered by the Finance and Administration Committee, which outlines a funding formula that will cover the terms of the study.

BACKGROUND:

At the City Council meeting held Tuesday, 1997 October 28th, the following motion was approved:

- 1. (a) That City Council support the implementation of a long-term medical surveillance programme for Hamilton Fire Fighters involved in the Plastimet fire, as well as all other fire fighters with the Hamilton fire Department; and,
 - (b) That Regional Council be requested to authorize its Medical Officer of Health to work with the Hamilton-Wentworth Regional Police, and other applicable agencies also involved in the Fire on a similar surveillance programme for its employees; and,
 - (c) That the Chief Administrative Officer be directed to co-ordinate staff to report back on the specifics of such a long-term programme, including funding components; and,
 - (d) That this Study include the Hamilton Fire Fighters Union, Human Resources Department, the Occupational Health Clinic for Ontario Workers (Hamilton), and the Hamilton Fire Department; and,
 - (e) That staff report back to the Finance and Administration Committee with a funding formula that covers the term of the Study; and,
 - (f) That this staff report be brought back to the 1997 November 18th meeting of the Finance and Administration Committee.

As a result of the possible exposure that fire fighters may have experienced at the Plastimet fire which occurred on 1997 July 9-12, the City and the Hamilton Professional Fire Fighters Association have agreed to jointly undertake a long-term medical surveillance programme. The objectives of this programme are to monitor and detect any changes in a fire fighter's health so that the appropriate action can be taken to safeguard their health and well being. The H.P.F.F.A. and the Administration have worked co-operatively to determine the specifics of a long-term programme which have been included as Attachment #1. The programme will be administered by a steering committee comprised of two representatives of the H.P.F.F.A. and two representatives of the Administration. Occupational medical professionals, when necessary, will sit on the committee in an advisory position regarding medical matters.

It is anticipated that the greatest amount of work and expense will be incurred within the first two years of the programme as the protocols and the logistics of implementing the programme are established. Once established, it is expected that the demands of the programme will lessen although the results and the testing protocols must be regularly reviewed.

WHS/nr

c.c. Mr. Allan C. Ross, Treasurer

Appendix "A" to Report CES15027 Page 4 of 9

CITY OF HAMILTON

- RECOMMENDATION -

DATE: 1997 December 10

REPORT TO: Susan K. Reeder, Secretary Finance and Administration Committee

FROM: Allan C. Ross Treasurer

SUBJECT: Long Term Medical Surveillance Program - Fire Department

RECOMMENDATION:

- (a) That the Fire Department be authorized to incorporate \$210,000 required for 1998 Long Term Medical Surveillance Program costs in the 1998 Current Budget and review the costs for future years in conjunction with an application to the Province of Ontario for a reinbursement to the costs of the program being undertaken; and,
- (b) That the City Treasurer report back in 1998 regarding proposals for funding of 1999 and subsequent years' related costs.

Allan C. Lose

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

As above.

BACKGROUND:

Discussion:

The details of the program are outlined in the report of the Fire Chief dated December 8, 1997.

As noted within that report, uncertainty exists as to the amount of costs expected over the lifetime of the program, and the expected duration of the program. It is therefore difficult to accurately estimate total program costs.

App'd by Committee	1997 Dec.11.
App'd by Council	~
minutes	

- 2 -

To ensure funding is in place for the program to commence, it is recommended that the estimated \$210,000 in 1998 costs be funded within the 1998 Fire Department Current Budget. Future years costs' to the City can be better estimated during the year as the program gets underway, and once a response is received from the Province regarding the requested reimbursement towards program costs. This additional information will allow for a more complete discussion and consideration of longer term funding alternatives at that time.

NRA:jc

c.c. Wesley H. Shoemaker, Fire Chief

Appendix "A" to Report CES15027 Appendix "B" referrede 6 of 9 to in Section 28 of the FIRST Report of the Finance and Administration Committee for 1998

LONG TERM MEDICAL SURVEILLANCE PROGRAM FOR THE CITY OF HAMILTON FIRE DEPARTMENT AND THE HAMILTON PROFESSIONAL FIRE FIGHTERS' ASSOCIATION

This document is a synopsis of the program. It outlines the general principles of the program which are detailed in the agreement between the City of Hamilton, the Hamilton Fire Department and the Hamilton Professional Fire Fighters' Association dated December 9, 1997.

1.0 <u>Purpose</u>

The Health and Exposure Program is designed:

to monitor the effects of exposure to biological, physical and chemical agents.

to detect changes in an individual's health that may be related to harmful working conditions.

to detect any patterns in the work force that might indicate underlying work related problems.

to provide the worker with information about the individual's occupational hazards and current health.

to make participants aware of the relevance of the prescribed clinical tests beforehand including the possible interpretations of "false positives" or "non-occupational positives".

to address occupational exposure/health related stress.

to provide information to the relevant parties (i.e. Joint Health and Safety Committee) to assist them in identifying and recognizing the conditions and exposures that the fire department personnel experience so that appropriate steps can be taken to prevent further exposure that may result in occupation disease and injury.

to track the health of fire department personnel exposed by the Plastimet fire as well as all other firefighters with the Hamilton Fire Department.

This program is a voluntary program. The program shall be administered by a Steering Committee. Participation in the program shall be done on-duty. No person shall be prejudiced or discriminated against as a result of any medical findings uncovered due to their participation in the program.

<u>Administration</u>

2.0

3.0

4.0

A Steering Committee shall be established which will report directly to the City of Hamilton Fire Department and Hamilton Professional Fire Fighters' Association.

The Steering Committee shall be comprised of equal representation from the Hamilton Professional Fire Fighters' Association and the City of Hamilton Fire Department.

Occupational Medical Professionals will, when necessary, sit on the committee and an advisory position regarding medical matters.

The committee shall be responsible for the delivery and evaluation of the program to the City of Hamilton Fire Department personnel.

The committee shall choose an appropriate model for the delivery of the program to the Hamilton Fire Department personnel and shall decide on the proprietorship of the individual medical files.

The committee shall also establish a timely and decisive dispute resolution mechanism such that the delivery of the program is neither delayed nor compromised.

The committee shall endeavour to investigate alternate funding sources.

As a result of future advancement in medical technology and knowledge and the yearly evaluation of this program, the Steering Committee shall review and upgrade the examination protocol on a yearly basis.

Confidentiality

The program shall operate under the strictest of confidentiality guidelines. No personal medical information will be released in an identifiable format without the written consent of the individual participant. Group information will be presented in a manner which guards the confidentiality of the individual participants.

Elements of the Program

The program shall be conducted by a qualified occupational physician.

4.1	Annual	Individual	Medical

- 4.1.1 Medical and Occupational History
- 4.1.2 Workplace Exposure Records
- 4.1.3 Lab Tests (results available at medical exam)

Blood Analysis Urine Pulmonary Cardiovascular

- 4.1.4 Cancer Screening Tests
- 4.1.5 Vaccinations Status
- 4.1.6 Comparison with Previous Tests
- 4.1.7 Individual Medical Exam
- 4.2 <u>Integrated Review of Exposure and Health Information with Education and</u> <u>Counselling</u>

All participants will have a consultation explaining all issues pertinent to the program.

All participants and non-participants of the Hamilton Fire Department shall receive education packages.

The Steering Committee shall be responsible for initiating an education package relating to the program testing protocols, hazard and exposure information and other issues relating to health.

Information packages will also be provided for the family physicians regarding occupations and the exposures and hazards associated with the occupations.

Occupationally Related Stress

4.3

Set up resources for Fire Department personnel to deal with the stress associated with occupational exposures (chemical or biological) and/or the health effects associated with such exposures.

Services to include critical incident response and long term education and counselling, both individual and group.

Reporting

4.4

4.5

4.5.2

4:6

Each participant shall, on an annual basis, have the results of their clinical tests and medical exams reviewed and explained in person; as well as receive a letter summarizing their health and exposure status.

All participants will be encouraged to sign an informed consent form so that a copy of the letter and a copy of the clinical test results will be forwarded to the participant's family physician.

All individual data collected will be entered into a database with the appropriate confidentiality safeguards to facilitate the analysis of individual and group trends over time.

<u>Group Analysis</u>

4.5.1 Medical Results

The committee will ensure that an annual report is produced which reviews the year's activities, findings and analyzes the trends developing in the group information, along with any recommendations regarding prevention of occupational exposure and disease.

Cancer Registry

With the help of the Regional (or provincial/national) Cancer Research Centre, establish a Registry of all Hamilton Fire Department personnel differentiating between Plastimet fire exposed personnel and others.

The committee will also ensure that an annual report is produced reviewing the annual and cumulative cancer and disease experience of the group.

Follow-up Referrals

Any test or other finding which suggests the need for further follow-up or referral to specialists will be explained to the individual and routed to the family physician (with the consent of the participant) for further evaluation.