

CITY OF HAMILTON

**CITY MANAGER'S OFFICE
Human Resources Division**

TO: Chair and Members Audit, Finance & Administration Committee	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: September 9, 2013	
SUBJECT/REPORT NO: Approval of Permanent Occupational Health Nurse Position (HUR13012) (City Wide)	
SUBMITTED BY: Chris Murray, City Manager	PREPARED BY: Helen Hale Tomasik 905-456-2424 Ext 4155
SIGNATURE:	David Lindeman 905-546-2424 Ext 5657

RECOMMENDATION

- (a) That the 1 FTE Occupational Health Nurse, which was approved by Council on May 12, 2010 as a 3 year pilot, be made permanent in order to sustain the City's Occupational Health Program and provide disability management services; and
- (b) That the 1 FTE Occupational Health Nurse and Occupational Health Program be funded, on an on-going basis from both the Benefit and WSIB Reserves.

EXECUTIVE SUMMARY

On May 12, 2010, Council approved the addition of 1 FTE Occupational Health Nurse Consultant as a contract for a 3 year pilot period to deliver the City's occupational health programming and to provide disability management support to Human Resources' Health, Safety and Wellness Team. At the end of this 3 year pilot period, Council would make a decision as to whether to eliminate or make the position permanent based on the return on investment achieved. Council also directed staff to report back on budget reductions and savings resulting from this enhancement. This report provides an update on the progress and effectiveness of the occupational health program delivered by the Occupational Health Nurse and the efficiencies achieved to date.

The Occupational Health Nurse position and the enhanced occupational health program have become an important and integral part of the City's overall health, safety and wellness program. The Occupational Health Nurse is also integral to the Management Action Plan to reduce paid sick days by at least 10% by December 2014.

In the two full years (2011-2012) that the position has been filled, the City's efforts have resulted in reductions in days/hours lost to Workplace Safety and Insurance Board (WSIB) and paid sick claims:

- Total WSIB days lost went down by 1,865 days
- Average WSIB days lost per new claims was reduced by .66 days
- Total paid sick hours went down by 11,523 hours
- Average paid sick days was reduced by .46 days
- Total cost of paid sick absences was reduced by \$107,754

In addition to the reduction in sick absences and WSIB days lost, Human Resources has found annual budget savings of \$19,300 through reductions in consulting and contractual budget lines.

Based on the effectiveness of the position in assisting both disability management and occupational health efforts across the organization, and the cost savings realized, the City Manager's Office recommends permanently establishing the position of Occupational Health Nurse in the Human Resources Division.

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial:

This position and program are 100% funded from reserves. The 2013 funding totalled \$171,620 (including \$30,000 transferred from Return to Work Services) for a net cost of \$141,620. Since the OHN position has been in place, the cost of paid sick absences was reduced by \$107,754 and Return to Work Services has been able to make budget reductions totalling \$19,300 in medical costs, consulting services and contractual services.

Staffing:

The current incumbent's status would be changed from temporary to permanent.

Legal:

The position ensures the City meets its legal obligations related to: a) reporting occupational illness and disease incidents to the Ministry of Labour as required under

the *Occupational Health and Safety Act*, and, b) protection of employee information under the *Personal Health Information Protection Act*.

HISTORICAL BACKGROUND (Chronology of events)

The Occupational Health Nurse position was established to enhance efforts at managing employee illness and injuries, to reduce the number and length of employee absences, and to fill a number of gaps in the City's occupational health programming. This position has been filled since November 2010.

Reporting to the Manager, Health, Safety & Wellness, the Occupational Health Nurse (OHN) is responsible for developing and maintaining a comprehensive occupational health program including employee health surveillance protocols, coordinating access to disability and rehabilitative services, and providing health consultation on Long Term Disability (LTD), Short Term Disability (STD) and occupational illnesses and injuries (WSIB absences).

With respect to disability management and return to work accommodations, the OHN:

- researches and consults on complex medical cases involving drug and alcohol challenges, medication side effects, chronic conditions, sleep problems
- assists Return to Work Services staff in liaising and communicating with the medical care providers to understand restrictions and abilities by providing guidance on specific accommodations, identifying what information physicians need to provide, resources available to assist employees in recovery and return to work.
- talks directly to employees about health care resources, provides information on how best to manage their medical condition, coaches employees on how to return to work and links them to resources like our Employee and Family Assistance Programs or exclusive on-line self-help resources.
- participates in Attendance Support Program meetings to support managers and other workplace parties on strategies to support better work attendance.

The Occupational Health Nurse position enabled Human Resources to develop an occupational health program over the last 3 years. The main services/functions of the Occupational Health Program and the specific role of the OHN are described below.

Employee Immunization

- The City of Hamilton provides employee influenza immunization. Research has shown that receiving a flu vaccine decreases missed work days by 43% (Brown, 2013, Nichol, 1995). The National Advisory Committee on Immunization (2012) states that influenza immunization for health care workers that have direct patient contact is an essential component of patient safety. NACI (2012) also recommends flu vaccine for priority groups such as people capable of transmitting the virus to those at high risk (e.g. elderly, young, compromised

health) and those providing essential community services where absenteeism may compromise those services. The OHN coordinates and delivers the annual workplace influenza clinics for City of Hamilton employees.

- The OHN also assists departments in the development of their immunization procedures, policies, guidelines and information for employees at risk of contracting or spreading communicable diseases. These include outbreaks at the lodges, day care centre, recommendations for pre-placement immunization, contacts with tuberculosis, among others.

Medical Surveillance of Employees

- Medical surveillance can identify workers that have or are at risk for developing an occupational disease. Current programs include hearing testing and cholinesterase testing (for employees using pesticides).
- In addition to work related illnesses, the Occupational Health Nurse arranges, monitors, stores and receives confidential information related to drug and alcohol testing and needle stick injuries.

Policy and Procedure Development and Implementation

- Policies and procedures demonstrate a commitment to employees' health and safety, outline roles and responsibilities, and contribute to safe work practices in the workplace. Examples include the Influenza Policy, Infection Control Guidelines and the Sun Safety Guideline for employees.
- Some policies and procedures are created due to legislation such as the *Personal Health Information Protection Act* or the *Occupational Health and Safety Act*. The Privacy of Occupational Health Records Policy and the Sharps Injury Management Program are examples.

Reporting of Occupational Diseases

- Under the *Occupational Health and Safety Act*, the City is required to report incidents of reported occupational illness or disease to the Ministry of Labour. Reporting of occupational disease was not done in the past as required by law as there was no single point of contact to coordinate reporting.

Employee Health Record Keeping

- Under the *Personal Health Information Protection Act*, the Occupational Health Nurse is considered a Health Information Custodian as health care is provided and the information used and collected is done to promote health and/or to prevent disease or injury.
- The OHN keeps all health records collected by position and maintains the duties described in the *Personal Health Information Protection Act* as a health information custodian. Examples of this include flu vaccine records, wellness

testing, medical surveillance records and any nursing documentation based on assessment and care provided to employees.

Coordination of Critical Incident Peer Support (CIPS) Program

- The CIPS Program provides employee support needed in the workplace following a traumatic event like a serious accident, incident or death of a co-worker. The team is comprised of 18 employees, specially trained in critical incident stress management who provide on-site assistance in the form of critical incident stress defusing. When engaged in response to critical events, the objectives of the CIPS team are to: mitigate impact of the event; help accelerate the recovery process; provide assessment of the need for additional interventions; reduce cognitive, emotional and physiological symptoms; and assess current functioning and ability to return to work.
- The OHN coordinates deployment of the City's Critical Incident Peer Support Team, arranges professional development opportunities for the team, chairs team meetings and debriefings, and provides administrative support.

Employee Wellness Screening

- Wellness screening is an onsite test that provides immediate results to employees. These results can assist in detecting life threatening illness and provides employees with the information to seek treatment or change to healthier behaviour(s).
- Employees are provided feedback and immediate information and health teaching based on their individual results for blood pressure, total cholesterol, LDL, HDL, triglycerides and total cholesterol. Anyone with abnormal results is provided information on how their results(s) increased their health risk, how to lower their risk and who to follow up with in the medical community.

POLICY IMPLICATIONS/LEGISLATED REQUIREMENTS

- Ongoing compliance with requirements of the Personal Health Information Protection Act and the Occupational Health and Safety Act.

RELEVANT CONSULTATION

Internal users of the occupational health services

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

The Occupational Health Nurse and the enhanced occupational health program have become an important and integral part of the City's overall health, safety and wellness program. Organization-wide impacts have been realized that support the recommendation to make the position permanent. The following analysis identifies the positive outcomes, efficiencies and employee satisfaction associated with establishment of the Occupational Health Nurse and program through the enhancement:

- Total WSIB days lost went down by 1,865 days per year
- Average WSIB days lost per new claims was reduced by .66 days
- Total paid sick hours went down by 11,523 hours
- Total cost of paid sick absences was reduced by \$107,754
- 1090 flu shots were administered at 37 clinics in 2012; 1267 shots at 32 clinics in 2011; No concerns have been raised with quality issues, unlike previous years when clinics were provided by external agencies. Immunization uptake increased by 68% in the first year when comparing 2010 to 2011 results. The OHN was able to provide more clinics and extended hours to employees and families. Cost savings of nearly \$2.50 per vaccine were achieved with the in-house provision of influenza vaccination. Evidence based research indicates that flu vaccine decreases time missed by employees due to illness by 43% (Brown, 2013).
- The OHN has worked with Public Health Services, Wentworth and Macassa Lodges and Public Works in the development of immunization procedures and guidelines for employees at risk of contracting or spreading communicable diseases.
- The OHN coordinated 6 drug and alcohol tests in 2012 and 14 to date in 2013. Regular monitoring based on feedback from health professionals has resulted in positive screenings and effective discipline as well as successful completion of return to work programming. Tracking ensures proper follow up on the recommendations provided by an addiction specialist or physician. This work of the OHN supports efforts to ensure safety of the employee, co-workers and community members.
- 234 employees participated in wellness health screening in 2012 and 88 in 2013 (to date). Out of all testing performed, 55.6% of the participants had at least one abnormal result and were provided with recommendations for follow up care, explanation of what the results meant to their health and how to improve these results through lifestyle changes.

The following policies, procedures and guidelines were developed:

- Influenza Immunization Policy
 - Needlestick policy and procedure (including setting up program with local clinic to provide immediate response)
 - Infection Control Guideline
 - Exposure to Infectious Material Guideline
 - Sun Safety Guideline
 - Hot Weather Safety Guideline
 - Privacy and Confidentiality of Occupational Health Records Policy
 - Fit-testing Pre-screening Procedure for employees using respirators
 - Rabies Vaccine, Hepatitis A, Hepatitis B, and Scabies Bulletins
 - Smoking cessation
 - Job search tools for employees in return to work programs
 - Workplace Automated External Defibrillator (AED) Purchasing Criteria Tool
 - Disability Management Information Booklet for all employees
 - Input on other departmental policies and procedures
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- 31 occupational disease cases were reported to the Ministry of Labour in 2012 and 8 in 2013 (to date). Occupational disease reporting compliance has improved 100%.
 - Employee health information is no longer retained in operating departments; all is retained with the OHN ensuring the City's compliance with privacy legislation.
 - CIPS was contacted 24 times in 2012 and 13 times to date in 2013.

Additional efficiencies realized to date within Human Resources as a result of the OHN position:

- Budget reductions have been realized in Human Resources in the areas of consulting fees, contractual services and medical costs for an annual savings of \$18,900 (based on 2013 budget).
- Having the OHN deliver the employee influenza vaccination program resulted in annual savings of \$3,000 per year
- RTW Services staff were able to deliver training on disability management and attendance management, and implement new policies and administrative procedures for the Attendance Support Program

Internal users of the occupational health program were surveyed to provide an assessment of the program/position's services to date. Survey results included:

- 90% rated it as important to the City's overall health, safety and wellness program
- 86% believe the role of occupational health nurse should continue past the pilot phase
- 85% rated the position as important to their department
- 68% rated the position as meeting their service expectations
- 60% believe that discontinuing the service would negatively impact their department

Not all departments have interacted with the OHN (outside of employee flu clinics). Efforts have been directed to those areas with priority needs for occupational health programming. Future work will expand to address the occupational health needs of all departments.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

Human Resources could outsource occupational health services. Typically, these services would cost \$80 per hour or more. Staff do not recommend this option due to the following risks:

- Increased time for individual employees to return to work resulting in increased absenteeism costs
- Risk to the community, other employees if drug and alcohol testing is not properly monitored to its conclusion
- Fines may come from the Ministry of Labour for not reporting occupational disease within timelines and with the information prescribed; work will have to be added to the workload of another member(s) of the Health, Safety and Wellness team
- Lack of proper medical surveillance and follow up of employees exposed to communicable disease (needle stick injury, contact with bodily fluids, exposure to contagious individual)
- Support for departmental employee wellness initiatives will have to be secured externally on a for-fee basis
- Workplace risk factors may go unidentified in areas related to infection control, surveillance
- Limited access to on-demand expertise in occupational health
- Flu immunization program will have less reach within the workplace and on-going quality issues based on past performance of external providers

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- Access and availability of prophylaxis during outbreaks may not be available without OHN, high risk groups will need to see family physician resulting in delays returning to work
- Individual departments may not have funds available to access external expertise
 - No access to internal, single point of contact for arranging and following up on drug and alcohol testing, occupational disease reporting and record keeping
 - Departments will be left to organize their own surveillance programs and processes
 - No health information custodian on staff to collect and secure personal health information
 - Responsibility for coordination of CIPS will have to be added to the workload of another member of HR staff

ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN:

Strategic Priority #3

Leadership & Governance

WE work together to ensure we are a government that is respectful towards each other and that the community has confidence and trust in.

Strategic Objective

- 3.2 Build organizational capacity to ensure the City has a skilled workforce that is capable and enabled to deliver its business objectives.
- 3.3 Improve employee engagement.
- 3.4 Enhance opportunities for administrative and operational efficiencies.

APPENDICES / SCHEDULES

Not applicable