

# A Higher Standard



# Board of Directors

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Vice President, International Affairs  
Hospital for Sick Children  
**2008/09 Chair**  
2007/08 Vice-Chair



May Chang  
Vice President, Decision Support  
and Chief Financial Officer  
Trillium Health Care  
**2008/09 Treasurer**



Robert DaCosta  
Past Vice President  
St. Joseph's Health Centre  
2007/08

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Thomas Hayes  
Director, Occupational Health,  
Safety and Emergency Preparedness  
The Ottawa Hospital  
2008/09, 2007/08

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Villa Colombo Services for Seniors  
**2008/09 Vice-Chair**  
2007/08 Secretary-Treasurer

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Administrator  
Extencare Van Daele  
2008/09  
2007/08

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Brantwood Residential  
Development Centre  
2007/08 Chair



David Ferguson  
Executive Director  
Ottawa – Carleton Association for  
Persons with Developmental Disabilities  
2008/2009

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Gaman Modi  
Consultant  
St. Michael's Hospital  
2008/09  
2007/08

## Nursing Services Sector



Dr. Catherine Brookman  
Director of Special Projects  
Ontario Community Support Association  
2008/09  
2007/08



Cathy Szabo  
Executive Director  
Central Community Care Access Centre  
2008/09  
2007/08

## Union Representatives



Karen MacDonald  
Past Vice President, Region 1  
Health and Safety Portfolio  
Ontario Nurses' Association  
2007/08



Marion Burton  
President, OPSEU 345  
Peterborough Regional Health Centre  
2008/09, 2007/08

## Workplace Safety and Insurance Board Representatives



Jane McCarthy  
Past Vice President, Health Services  
Workplace Safety and Insurance Board  
2007/08



Jodi Higgins  
Director, Service Delivery  
Workplace Safety and Insurance Board  
2008/09  
2007/08



Marjorie Mercer  
Vice President of  
Occupational Disease Services  
Workplace Safety and Insurance Board  
2008/09

## Ontario Safety Association for Community and Healthcare



Joseline Sikorski  
President & CEO, OSACH  
**2008/09 Secretary**  
2007/08

## Corporate Office Staff

**President & CEO**  
Joseline Sikorski

**Corporate Coordinator**  
Fareena Khan

**Vice President,  
Client & Consulting  
Services**  
Patti Boucher

**Client and Consulting  
Services Assistant**  
Olga Bogas

**Vice President,  
Corporate Services**  
Hafiza Chiragdin

**Information and Product  
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Julie MacDonald

**Senior Systems  
Administrator**  
Farhan Nasir

**Help Desk**  
Darrin Wiltshire

**Finance Administrator**  
Elaine Ning Zhou

**Business Analyst**  
Nkiru Ogbonna

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**Northeastern Region**  
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**Georgian Bay Region/  
Thunder Bay Region**  
Kamil Rizvi

**Ottawa Region**  
Carolyn James

**Central Ontario,  
Simcoe Region**  
Neil McDermott

**Kingston Region**  
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**GTA East Region,  
Sault Ste. Marie Region**  
Peggy Swerhun

**Halton – Peel Region**  
Fiona Macpate

**Hamilton – Niagara  
Region**  
Frances Ziesmann

**London Region**  
Sandra Wilson

**Kitchener –  
Waterloo Region**  
Henrietta Van hulle

**Windsor Sarnia Region**  
Tina Dunlop

**GTA West Region**  
Hillarie Klass

**Kathryn Nichol  
Derek Morgan  
Sandra Excellent**

**GTA Central Region**  
Elena Zhang

**York, Durham, Kawartha  
Lakes Region/Kenora,  
Dryden & Fort Frances  
Region**  
Jeff Pajot

# Report from the Chair



When I reflect on the past year serving as the Chair of the Board of Directors of OSACH, one indelible impression stands out: commitment to excellence.

The Members of the Board, OSACH staff and consultants – each person holds an unwavering focus on guiding Ontario’s community and healthcare workplaces to become the healthiest and safest in the world.

OSACH continually works toward a higher standard of knowledge, excellence and leadership. By establishing partnerships with respected experts and service providers, the association has developed strategies and tools that incorporate evidence-based best practices, expert models, balanced scorecards and key performance indicators. Moreover, these tools are tested and proven in clinical settings. OSACH also ensures the accessibility of these leading-edge resources by offering them in an array of flexible, affordable, formats – from free online documents to on-site training sessions.

Still, our sector reduction of lost-time injuries of four per cent has not yet met the seven per cent *Road to Zero* goal. Among the challenges – the community and healthcare sector is a growth industry – full-time employment rose in this sector by four per cent in 2008. As well, an aging workforce serving an aging client base, whose health and safety challenges increase yearly, continues to increase opportunities for injuries.

We know the inter-relationship between workers and those for whom they care is integral to achieving sustained injury reductions. OSACH thus embarked on a journey with client organizations to address these challenges. By pooling intellectual resources, the association has developed health and safety leading practices in specialized areas of clinical practice.

While the Board completed an ambitious 2008-2011 strategic plan to guide OSACH toward further advancements as an innovator and leader in the field of health and safety, the Workplace Safety & Insurance Board has initiated implementation of a new Integrated Prevention System Delivery Model. The goal of the model is to create a more efficient system in order to achieve a sustainable, annual seven per cent reduction in workplace injuries.

This new model comprises the WSIB and its partners in the occupational health and safety system, the Ministry of Labour (MOL) and the Health and Safety Associations

(HSAs). The 12 HSAs will merge into four new associations. OSACH, along with the Municipal Health and Safety Association of Ontario and the Education Safety Association of Ontario, will become the new Government Directed Services entity.

In the midst of change and uncertainty, every Member of the OSACH Board of Directors, its staff and consultants, remain committed to the *Road to Zero* and eliminating injuries in Ontario’s community and healthcare workplaces. My thanks to all of them for sharing their talents, enthusiasm and dedication in pursuit of such an important goal. And a special acknowledgement for the wise and generous contributions of the Directors who retired from the Board in 2008: Chair Dianne Belliveau, WSIB representative Jane McCarthy, and hospital sector Member Robert DaCosta.

We are looking forward to the outstanding OSACH legacy of excellence and leadership becoming a key part of the foundational support that shapes the new prevention system.

A handwritten signature in gold ink that reads "Cathy Séguin".

Cathy Séguin  
Chair, Board of Directors



# Report from the President & CEO



Every year OSACH sets out to raise the bar. In 2008, we raised it to an unprecedented level.

Working in collaboration with cross-sector clients, we developed a diverse range and number of products, services, programs and leading practices to help them in their journey towards safer, healthier workplaces. At the same time, we managed to deliver these resources cost-effectively by securing grants and increasing education and product sales. With 30 per cent of our budget now revenue-generated, and having no additional WSIB funding over the last five years, we continue to adopt business practices that maximize our corporate effectiveness.

We greatly appreciate and value the ongoing support of our rate group members, employer and professional associations, the Ontario Nurses' Association and the Ontario Public Service Employees Union and our external partners, HealthForceOntario and the Ontario Neurotrauma Association. Everyone's support is vital to our success!

Again this year our profit margin has been reinvested into developing new tools, best practices, publications, programs and front-line resources. As an example, we extended our Safe Workplace Partnership (SWP) program to 648 healthcare organizations and expanded available learning options. We conducted 414 site specific and 103 regional education sessions and will be enhancing these offerings with webcasts and teleconferences in 2009 to make learning more accessible. Our enhanced revenue stream also enabled us

to add two additional consultants to serve our 6,500 client organizations and the demands of a growing industry sector.

Among our 2008 initiatives helping us to set a higher standard of safety in community and healthcare, we produced, in partnership with HealthForceOntario, a number of resources to reduce our industry's frequency rate of reportable workplace violence/client aggression injuries, which is the highest in the province. The *Workplace Violence Prevention in Health and Community Care* DVD is the first educational DVD for our industry in Canada. The video teleconference *Workplace Violence Prevention: The New Benchmark for Due Diligence* was another hallmark, drawing an audience of 2,000 healthcare professionals from 400 organizations.

OSACH staff members have also engaged in health and safety research initiatives over the past year. A successful 12-month process study of our Health and Safety Management System sponsored by HealthForceOntario with six participating healthcare organizations, produced favourable results. Led by principal investigator Dr. Andrea Baumann of McMaster University and co-investigator Dr. Linn Holness of St. Michael's Hospital, the study's findings will enable us to refine the program implementation processes and strategies for building a culture of safety, health and wellness for workers, patients and the public – a key recommendation of the *Campbell Commission Report*.

Working with our sponsor partner, the Ontario Neurotrauma Foundation, we have adapted a leading practice from Missouri to develop a staff participatory ergonomic program to reduce slips, trips and falls. Linking clinical and safe practice, pilot organizations will be participating in a process evaluation study in 2009.

As a member of the advisory committee for the Centre of Research Expertise in Occupational Disease (CREOD), we are

pleased to support and participate in its research initiatives. This collaboration includes co-sponsorship of one of our OSACH consultants, a PhD candidate who studied compliance with facial protective equipment to prevent transmission of communicable respiratory illness among nurses in hospitals.

More information about these endeavours is included in this annual report, as well as our participation on provincial committees, working groups, special prevention system projects and presentations at national conferences.

In retrospect, this has been a year of great achievement, change and challenge. We would like to acknowledge our clients, collaborators and fellow prevention system partners. Your purposeful support has assisted us in setting a higher standard for the health and safety of the Ontario community and the healthcare sector.

Having a cohesive and knowledgeable Board of Directors to provide oversight and strategic guidance is a gift. To our Chair, Cathy Seguin, and retired Chair, Dianne Belliveau, the Executive Committee and Board, a heartfelt "thank you" for your stewardship and commitment to health and safety. And to our corporate and consulting staff – all exemplary and committed professionals who continue to exceed expectations while achieving service excellence – thank you for your talent, dedication and collective achievements.

With the realignment of the Ontario Prevention System now underway, OSACH remains committed to serving you to the best of our ability. Our new journey begins on a strong foundation of excellence.

A handwritten signature in dark ink that reads "Joseline Sikorski". The signature is fluid and cursive.

Joseline Sikorski, CHE  
President & Chief Executive Officer

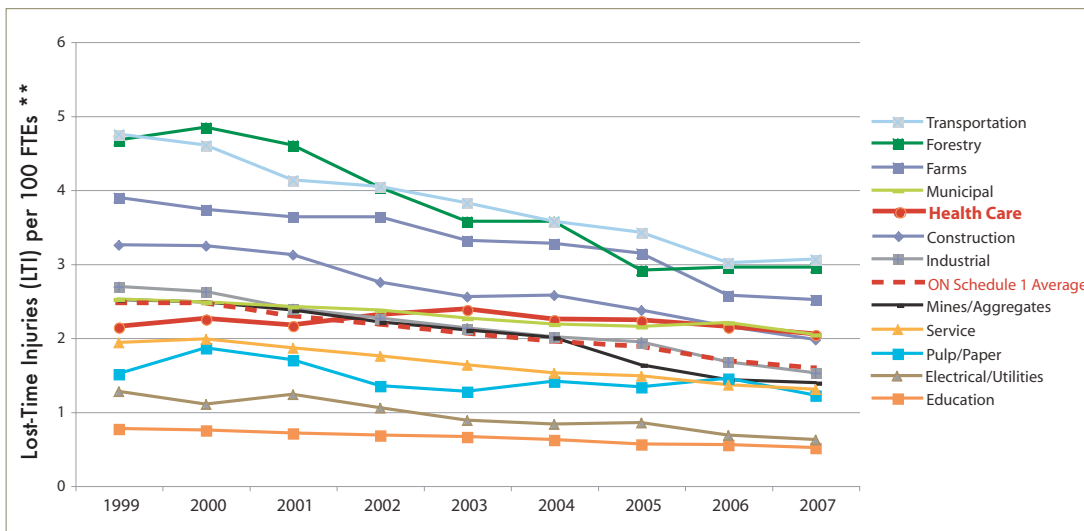
# Reducing Lost-Time Injuries

Dedicated to caring for the health and well-being of others, the community and healthcare sector is among the most hazardous. In Ontario, healthcare is one of the top four sectors with the highest frequency of lost-time injuries (LTIs). Musculoskeletal disorders (54 per cent) are the main cause, followed by slips and falls (17 per cent). This sector also has the highest rate of violence and client aggression. An aging workforce, growing workloads,

burnout and fatigue all contribute to the risk of LTIs. The average direct cost of a lost-time injury increased by 97 per cent\* in Ontario between 2002 and 2008, to \$24,133. This number excludes indirect costs, estimated to be four times this number. All of these costs are potentially preventable. While LTIs are declining, there is more that we must do.

## LTI Frequency in Ontario, by Sector

The healthcare sector has the fourth highest rate of lost-time injuries (LTI) in Ontario – higher even than the industrial, mining and construction sectors.



Schedule 1 Data  
Data Source: PDM Firm Experience by SWA cube

## LTI Frequency, by OSACH Rate Group

While LTIs in the healthcare sector are declining, they have not yet reached the seven per cent annual reduction goal of the Road to Zero.



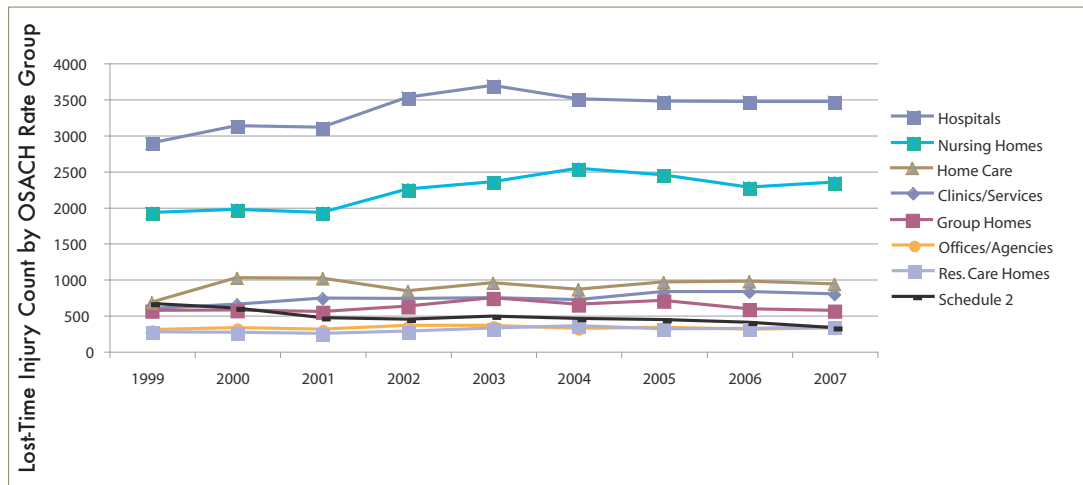
Schedule 1 Data  
Data Source: PDM Firm Experience by SWA cube

\* WSIB Premium Rates Manuals 2002-2008

\*\* LTI Frequency: number of lost-time injuries per 100 full-time equivalent workers per year

## LTI Count, by OSACH Rate Group

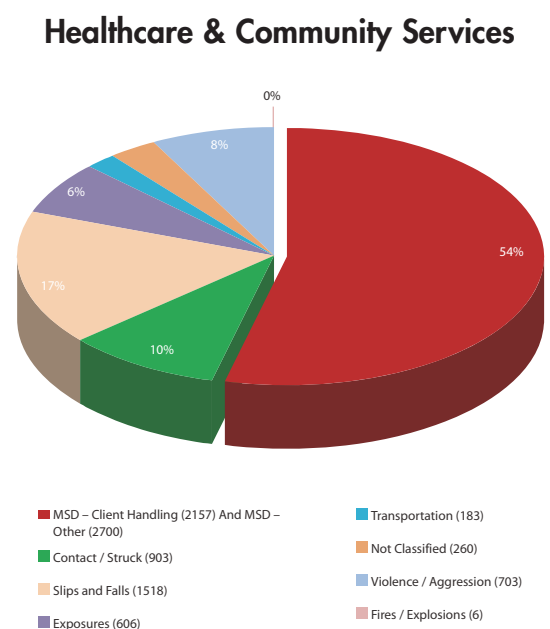
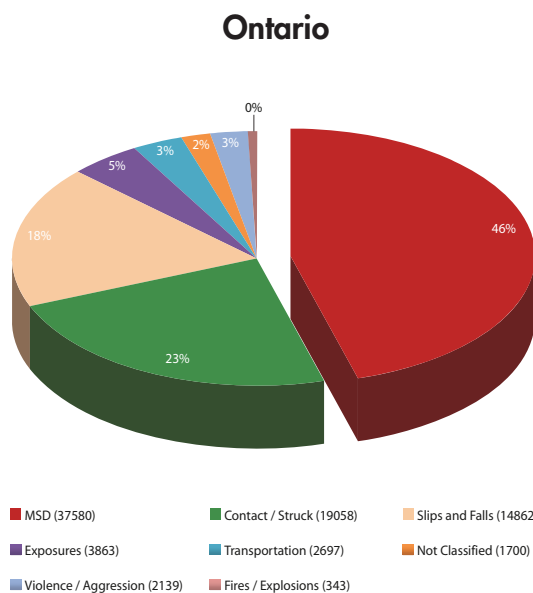
The number of lost-time injuries remains constant and the sector continues to fall below the *Road to Zero* goal of an annual seven per cent reduction.



Data Source:  
PDM Firm Experience  
by SWA cube

## Contributing Factors to Lost-time Injuries, by Category

The healthcare sector leads all others in the province in lost-time injuries caused by musculoskeletal disorders, violence/aggression and exposures.



Schedule 1 Data

Data Source: EIW Claim Cost Analysis Snapshot schema,  
PDM Injury Analysis by SWA cube

Note: Classification of 2008 WSIB compensable injury data  
will not be completed until July 2009

# 2008 Initiatives and Resources

## VIOLENCE PREVENTION RESOURCES

The health and community care sector leads with the highest frequency rate of reportable workplace violence/client aggression injuries in the province – a statistic OSACH is committed to reducing. Working in partnership with HealthForceOntario and with the support of the Ministry of Health and Long-Term Care (MOHLTC), OSACH developed a package of initiatives in 2008 aimed at reducing workplace violence.

### **Teleconference Transcript – New** **Workplace Violence Prevention:** **The New Benchmark for Due Diligence**

An audience of 2,000 healthcare professionals from 430 organizations participated in a video/teleconference sponsored by HealthForceOntario on April 2, 2008. The teleconference, which broadcast to 80 sites across the province, featured an expert panel that discussed key learnings in workplace violence prevention. The teleconference audio tape, risk assessment/control measure tools, and Fast Facts on domestic violence and bullying, are available for download from the OSACH website.



Video conference guest speakers, front row (l to r) Patti Boucher, Vice President, Client and Consulting Services, OSACH; Dr. Leon Genesove, Chief Physician, Healthcare Team, Occupational Health and Safety Branch Strategy Unit, Ministry of Labour; and Barbara G. Humphrey, Partner in the law firm Stringer, Brisbin and Humphrey, with moderator Joseline Sikorski, President & CEO, OSACH. (inset) Dr. Peter Jaffe, Professor, Faculty of Education, University of Western Ontario, and Academic Director of the Centre for Research on Violence Against Women and Children.



Dr. Joshua Tepper, Assistant Deputy Minister of the Health Human Resources Strategy Division of the Ministry of Health and Long-Term Care (MOHLTC), addresses guests at the June 23 launch of the new DVD, *Workplace Violence Prevention in Health and Community Care*.

### **DVD – New** **Workplace Violence Prevention** **in Health and Community Care**

This DVD is the first educational video for the healthcare sector on the topic of violence and aggression. Funded by the MOHLTC, this DVD has specific modules for the acute, community and long-term care sectors and includes downloadable resources.



### **New**



#### **Domestic Violence**

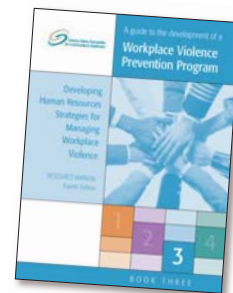
Promotes awareness in the workplace of domestic violence, including recognizing the signs of domestic violence, and appropriate responses for the employer, supervisors and co-workers.

#### **Workplace Bullying**

Defines workplace bullying, profiles the bully and victim, and provides tips for preventing workplace bullying and creating a respectful work environment.

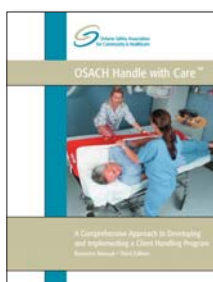
### **Resource Manual (third edition)** **Developing Human Resources Strategies** **for Managing Workplace Violence**

Targeted to human resource professionals and senior management, this updated book covers the prevention of violence among employees, strategies for dealing with harassment, domestic violence, threats and weapons in the workplace, and hiring and termination best practices.



## ADDITIONAL NEW/REVISED RESOURCES

OSACH developed or revised 18 products in 2008 in response to changing risks in the health and community care sector and to ensure our clients have access to the most current information available.



### **Resource Manual (third edition)** **OSACH Handle with Care:** **A Comprehensive Approach to** **Developing and Implementing a** **Client Handling Program**

Designed to help caregivers recognize, assess, plan, implement and control workplace risk factors with respect to handling clients, this edition incorporates the findings of the Ontario Patient Lift (OPLES) study.

### **Resource Manual (second edition)** **Developing and Implementing a Comprehensive** **Return to Work Program: Focus on Disability** **Prevention**



Presents all of the information an organization needs to develop and implement an effective Return to Work program that can help to reduce the costs associated with lost time and absenteeism while also meeting legislative requirements.

# 2008 Initiatives and Resources

## Booklet – New Small Business Health and Safety Programs



Available free for download from the OSACH website, this booklet outlines legislated responsibilities and leading practices for small businesses, and includes links to resources and sample policies, procedures and forms.

## Resource Manual (second edition) Effective Joint Health and Safety Committees

Provides members of joint health and safety committees with the information they need to operate effectively and to capably handle occupational health and safety hazards and issues.



## New

## Fast Facts

### First Aid

Provides an overview of first aid requirements and who may be considered a qualified first aid responder.

### Phase II Amendments to the Asbestos Regulation in Ontario

Outlines changes to asbestos regulations and explains where asbestos may be found in healthcare facilities.

### Noise Exposure

Outlines the effects of noise exposure and provides suggestions for recognizing, assessing and controlling noise exposure.

### Occupational Illness –

#### Requirements to Report to the Ministry of Labour

Provides examples of occupational illness, outlines the employer's responsibilities and information that should be included in the occupational illness report.

## EDUCATION INITIATIVES

OSACH conducted a record number of educational sessions in 2008: a total of 517. We also increased delivery of regional workshops to 103 – an additional 73 over the previous year. By replacing site specific with regional sessions, we were able to reduce client costs. The top three topics were the *Effective Leadership Series*, *Basic & Hazard Specific Certification*, and *QLFT: Train the Fit Tester – Respiratory Protection Programs and Qualitative Fit Testing*.

We also continued delivering the following important prevention initiatives.

### Healthcare Safety Forum 2008

In March 2008, OSACH partnered with the Canadian Standards Association (CSA) to present the second annual Healthcare Safety Forum. This event, located at the Toronto Airport Hilton, featured two days of comprehensive presentations regarding how to build a culture of safety linked to quality care and another day of workshops on *Root Cause Analysis* and *return to Work Programs*.

### Safe Workplace Partnership Program

OSACH continues to encourage organizations to join our Safe Workplace Partnership (SWP) program with a commitment to engage in workplace initiatives that will improve their injury prevention performance. Our regional consultants help employers develop their own action plan that includes four key components:

leadership and commitment to workplace safety; risk management; developing a health and safety program; and building a sustainable culture of workplace health, safety and wellness.

In 2008 we reached out to 648 more organizations and expanded learning options, supplementing site specific educational sessions with regional sessions.

### Safety Groups

Participation in the OSACH Safety Group Program continues to grow. Guiding employers to integrate health and safety into their management system, the program includes a structured learning and networking approach for sustainable results.

### Free Education Sessions: Violence, Sharps

Sponsored by the Ministry of Health and Long-Term Care (MOHLTC), OSACH created and delivered free education sessions on *Implementing a Workplace Violence Prevention Program* and *Safety Engineered Medical Sharps*. The sessions were offered in 14 locations across the province, and attracted over 500 participants.

To meet clients' needs for education programs and tools that work effectively within their specific environments, OSACH also partnered on the following educational projects.

- > In partnership with the Ontario Association of Community Care Access Centers (OACCAC), we developed and delivered *Infection Control* training programs for CCACs across Ontario.
- > OSACH conducted customized education sessions on *Respirator Fit Testing* for members of the Ontario Retirement Communities Association (ORCA).
- > Following the success of the 2007 education session, we again delivered a three-day *Effective Leadership Series* to members of the Ontario Hospital Association (OHA). OSACH consultants also facilitated a series of webcasts for members.
- > Working with the Ontario Dental Association, OSACH customized two resource manuals – *Health and Safety Programs* and *WHMIS* – for use in the dental environment.

## RESEARCH AND SPECIAL PROJECTS

OSACH partnered with numerous organizations in 2008 to undertake important research initiatives aimed at increasing workplace safety.

### Health and Safety Management System (HSMS)

Funded by HealthForceOntario, OSACH implemented a one-year pilot project to test our Health and Safety Management System model and tools with six healthcare organizations. HSMS is the blueprint for building a culture of safety and health for workers, patients and the public.

An external process evaluation revealed that the HSMS enabled pilot sites to develop a more robust infrastructure to advance a culture of safety and to link staff safety and wellness with patient/client safety. Recognizing that revitalizing the culture of an organization is typically a five to seven-year venture, we have since engaged 12 additional healthcare organizations in the HSMS initiative to enable us to continue improving implementation strategies.



To bring attention to the need to incorporate HSMS into an organization's core business, OSACH President & CEO Joseline Sikorski authored the article, "Connecting Worker Safety to Patient Safety: A New Imperative for Healthcare Leaders," which will be published by the *Ivey Business Journal* in 2009.

### Best practices for slips, trips and falls

The Ergonomic Program Implementation Continuum (EPIC) is a participatory program that strives to engage health and community care staff in ergonomic assessments and proactive solutions. Adapted from a leading practice in a large healthcare system in Missouri, the project and process evaluation study funded through the Ontario Neurotrauma Foundation, will be initiated at pilot organizations in 2009.

### Form and Function of Joint Health and Safety Committees

Under a research initiative directed by the Centre for Research Expertise in Occupational Disease (CREOD), the Ontario Public Service Employees Union (OPSEU), the Ontario Nurses' Association (ONA) and OSACH contributed to the research design of a cross-sectional survey of Joint Health and Safety Committee co-chairs. The goal was to identify committee form and function in Ontario acute care hospitals. Results will be published in the *Healthcare Quarterly* in 2009.

### Compliance with Facial Protective Equipment

In partnership with the Centre for Research Expertise in Occupational Disease (CREOD) and the University of Toronto and funded by CREOD and the Research Advisory Council of the WSIB, an OSACH consultant and PhD candidate studied compliance with facial protective equipment among 1,074 nurses in six Ontario hospitals. With the goal of preventing transmission of communicable respiratory illness, the results of the pilot phase were published in the *American Journal of Infection Control*.

### Protecting our Caregivers and Clients from Workplace Violence and Aggression

During a workshop at the International Conference on Workplace Violence in the Health Sector, held in Amsterdam in October 2008, participants discussed OSACH resources aimed at assisting Ontario healthcare workplaces to develop a comprehensive approach to protect both clients and caregivers from workplace violence and aggression. The workshop paper was published in the *Book of Conference Proceedings*.

OSACH also partnered with the following organizations on special projects.

- > Ontario Association of Medical Radiation Technologists (OAMRT) – developed the article "Medical Diagnostic Radiography: Understanding and Reducing Radiation Risk" for the OSACH *Safe Angle* newsletter to help workplace parties understand risk and control measures

# 2008 Initiatives and Resources

- > Ontario Community Support Association (OCSA) – participated on a committee that conducted a research evaluation funded by Human Resources and Skills Development Canada (HRSDC), on the safety of personal support workers

- > University of Windsor – sponsored an MSc student internship project, “The Creation and Evaluation of a Healthcare Ergonomic Risk Assessment (HERA) Tool”
- > University of Western Ontario – sponsored a student internship for the Diploma in Health and Safety Management

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## COMMITTEES & WORKING GROUPS

Establishing relationships with diverse stakeholders in the community and healthcare sector enables OSACH to monitor risks to workers and to develop strategies and tools that can help our more than 6,500 clients achieve safe and healthy work environments. During the past year, OSACH broadened and strengthened these relationships by participating in the following committees and working groups.

### Accreditation Canada

- > Work life Charter
- > Wellness Standards Review
- > Health Human Resource Strategy Task Force

### Association of Canadian Ergonomists (ACE)

### Canadian Society of Safety Engineers

- > Contact Newsletter Advisory Group

### Central Ontario Professionals of Infection Control (COPIC)

### Centre for Research Expertise in Occupational Disease (CREOD)

- > Advisory Committee

### Community and Hospital Infection Control Association (CHICA) – Eastern Ontario, Southwestern Ontario

### Council of Ontario Universities – Schools of Nursing and Rehabilitation

- > Occupational Health and Safety Working Group

### Durham Occupational Health Nurses Association

### Healthy Workplace Coalition

- > Standing Committee for Resource Integration

### The Institute for Work and Health

### Local Health Integration Network

- > Vice Chair – Central East

### London and District Occupational Health Nurses Association

### Ministry of Health and Long-Term Care (MOHLTC)

- > Emergency Management Unit Committee
  - Occupational Health Service/Ontario Health Plan for an Influenza Pandemic (OHS/OHPIP) Subcommittee
  - Influenza Training Working Group

### Ministry of Labour (MoL)

- > Workplace Violence Steering Committee
- > Healthcare Section 21 Committee

### Occupational Health and Safety Council of Ontario (OHSCO)

- > Emergency Planning Subcommittee
- > Health and Safety Inspector Orientation
- > Musculoskeletal Disorders Subcommittee
- > Occupational Disease Working Group
- > Organizational Indices Subcommittee
- > Return to Work Working Group
- > Workplace Violence Subcommittee

### Ontario Association of Non-Profit Homes and Services for Seniors/Ontario Long Term Care Association (OANHSS/OLTCA)

- > Steering Committee for Healthy and Safe Places to Live and Work (Ontario Dementia Care Programs)

### Ontario Hospital Association/Ontario Medical Association (OHA/OMA)

- > Communicable Disease Surveillance Committee

### Regional Infection Control Networks (RICN) – southeastern, central east

### Registered Nurses' Association of Ontario (RNAO)

- > Workplace Violence Best Practice Guideline

### RoadSafe Occupational Driving Committee

### Threads of Life

- > Board member
- > Run/walk committee member

### Workplace Safety and Insurance Board (WSIB)

- > Occupational Disease Network Clinical Team
- > Client Service Councils (eastern, central)

## CONFERENCE PARTICIPATION

Sharing with clients the latest knowledge of health and safety practices, OSACH staff and consultants delivered papers and presentations at the following conferences, workshops and seminars.

**St. Michaels Hospital**  
*Occupational Asthma*  
Toronto, Feb 6/08

**Ontario Long Term Care Association**  
*Protecting our Caregivers and Residents:  
Understanding Aggressive/Responsive Behaviors in LTC  
and Retirement Settings*  
Toronto, Apr 15/08

**Healthcare Insurance Reciprocal of Canada  
National Risk Management Conference**  
*Preventing Workplace Violence –  
Lessons from the Lori Dupont Coroners Inquest*  
Toronto, Apr 28/08

**Ontario Association of Non-profit Homes  
and Services for Seniors**  
*Resident Handling Programs –  
What are the Challenges and Opportunities  
for Enhancement*  
Toronto, May 14/08

**Ottawa Hospital**  
**Risk Management Conference**  
*Preventing Workplace Violence –  
Lessons from the Lori Dupont Coroners Inquest*  
June 19/08

**FOCUS – Emergency healthcare conference**  
*OSACH Health & Safety Management System*  
June 20/08

**International Worker's Compensation and  
Occupational Medicine Conference**  
*Health and Safety Management Systems in Healthcare;  
Workplace Violence Prevention*  
Cape Cod, MA, July 15-17/08

**Canadian Society of Safety Engineers**  
*Driving for Work – Know the Risks*  
Quebec City, Sept 15-17/08

**Insight Conference – Lean in Healthcare**  
*Integrating Patient and Employee Safety into Lean*  
Toronto, Sept 21-22/08

**Association of Canadian Ergonomists**  
*Musculoskeletal Disorders in Healthcare*  
Gatineau, Oct 5-8/08

**Health and Safety Associations Summit**  
*Health and Safety Management System*  
Vancouver, Oct 6-7/08

**Huronia Practitioners of Infection Control (HUPIC)**  
*"What's the Connection?" Safety and Infection*  
Oct 16/08

**Ontario Community Support Association**  
*Handle with Care; Preventing Client Aggression;  
Bullying in the Workplace*  
Toronto, Oct 20-22/08

**International Healthcare Workplace Violence  
Prevention Conference**  
*Workplace Violence Prevention in Healthcare*  
Amsterdam, Oct 23/08

**Ontario Health-Care Housekeepers Association**  
*Workplace Violence Prevention*  
Toronto, Oct 24/08

**Building Bridges and Bridging Gaps:  
Exploring Partnerships and Finding Solutions Together**  
*Mitigating Caregiver Risk Through Training*  
Oct 30/08

**Forum North**  
*Long Term Care for Healthcare Safety*  
Thunder Bay, Nov 4/08

**Central East Regional Infection Control Conference**  
*A Management System Approach to  
Creating a Culture of Health, Safety and Wellness*  
Toronto, Nov 10/08

**Registered Nurses' Association of Ontario (RNAO)**  
**Healthy Workplace in Action**  
*A Management System Approach to  
Creating a Culture of Health, Safety and Wellness*  
Toronto, Nov 20-21/08

**Industrial Accident Prevention Association (IAPA)**  
**Future Forum**  
*Driving for Work – Know the Risks*  
London, Nov 25/08

**Hôtel-Dieu Grace Hospital**  
**Workplace Violence Prevention Conference**  
*Workplace Violence Prevention*  
Windsor, Nov 26/08

# Auditors' Report To the Board of Directors of Ontario Safety Association for Community & Healthcare

We have audited the statement of financial position of Ontario Safety Association for Community & Healthcare, as at December 31, 2008, the statement of revenue and expenses, statement of changes in net assets, and statement of cash flow for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Ontario Safety Association for Community & Healthcare as at December 31, 2008 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

*Green Charsinski Starkman Ellis LLP*

Toronto, Canada  
February 25, 2009

Chartered Accountants  
Licensed Public Accountants

## Statement of Financial Position As at December 31, 2008

	2008	2007
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and short-term investments <i>(note 4)</i>	\$ 1,044,512	\$ 934,291
Accounts receivable	50,489	108,207
Prepaid expenses and sundry receivables	11,870	8,639
	1,106,871	1,051,137
Capital assets, net <i>(note 5)</i>	210,017	283,062
	\$ 1,316,888	\$ 1,334,199
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities</b>		
Accounts payable and accrued liabilities <i>(note 11)</i>	\$ 307,680	\$ 432,292
Deferred revenue <i>(note 6)</i>	601,328	420,981
	909,008	853,273
Deferred revenue <i>(note 6)</i>	210,016	283,062
	1,119,024	1,136,335
<b>CONTINGENCIES <i>(note 11)</i></b>		
<b>Net assets</b>		
Unrestricted	197,864	197,864
	\$ 1,316,888	\$ 1,334,199

*(See accompanying notes to financial statements)*

## Statement of Changes in Net Assets For the Year Ended December 31, 2008

	2008	2007
<b>NET ASSETS, BEGINNING OF YEAR</b>		
Excess of revenue over expenses for the year	\$ 197,864	\$ 197,864
	-	-
<b>NET ASSETS, END OF YEAR</b>		
	\$ 197,864	\$ 197,864

*(See accompanying notes to financial statements)*

## Statement of Revenue and Expenses For the Year Ended December 31, 2008

	2008	2007
<b>REVENUE</b>		
Workplace Safety & Insurance Board – operating	\$ 2,929,262	\$ 2,940,758
Workplace Safety & Insurance Board – special projects <i>(note 6)</i>	254,486	138,265
Amortization of deferred revenue – capital assets	73,046	57,513
Training program recoveries	711,395	527,078
Publication recoveries	206,354	204,910
Interest income	26,520	31,882
Other special projects	458,809	35,944
	<b>4,659,872</b>	<b>3,936,350</b>
<b>EXPENSES</b>		
Salaries and benefits	2,713,922	2,627,539
Travel and meetings	309,690	278,338
Professional fees	281,725	90,243
Special projects – Workplace Safety & Insurance Board	254,486	138,265
Special projects – other	290,618	35,944
Office and general	173,010	193,942
Rent <i>(note 8)</i>	159,280	134,719
Subscriptions and publications	133,815	33,979
Advertising	102,077	179,545
Communications	83,950	68,349
Amortization of capital assets	73,046	57,513
Administration	36,576	37,793
Board of Directors	24,456	37,409
Insurance	23,221	22,772
	<b>4,659,872</b>	<b>3,936,350</b>
<b>EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR</b>	<b>\$ –</b>	<b>\$ –</b>

*(See accompanying notes to financial statements)*

## Statement of Cash Flow For the Year Ended December 31, 2008

	2008	2007
<b>CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>		
Excess of revenue over expenses	\$ –	\$ –
Adjustment for items not affecting cash:		
Amortization of deferred revenue – capital assets	(73,046)	(57,513)
Amortization of capital assets	73,046	57,513
	–	–
Changes in non-cash working capital:		
Accounts receivable	57,718	(42,844)
Prepaid expenses and sundry receivables	(3,231)	12,162
Accounts payable and accrued liabilities	(124,612)	210,598
Deferred revenue	180,346	33,030
	110,221	212,946
Cash provided by operating activities	110,221	212,946
<b>CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES</b>		
Purchase of capital assets	–	(185,678)
Cash used in investing activities	–	(185,678)
<b>CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES</b>		
Deferred revenue related to capital asset purchases	–	185,678
Cash provided by financing activities	–	185,678
<b>NET CHANGE IN CASH</b>	<b>110,221</b>	<b>212,946</b>
<b>CASH, BEGINNING OF YEAR</b>	<b>934,291</b>	<b>721,345</b>
<b>CASH, END OF YEAR</b>	<b>\$ 1,044,512</b>	<b>\$ 934,291</b>

*(See accompanying notes to financial statements)*

## 1 Description of the Organization

The Ontario Safety Association for Community & Healthcare (the "Association") was incorporated without share capital under the laws of Ontario on August 20, 1997 and became an entity designated as a safe workplace association under the Workplace Safety & Insurance Act in December 1997.

The Association is an organization providing health and safety products and services to the community and healthcare sector. The Association's mission is to assist healthcare and community sector organizations and their workers to achieve safe and healthy work environments through the prevention and reduction of workplace injuries, illness and disease. The Association is a not-for-profit organization under the Income Tax Act (Canada) and, as such, is exempt from income taxes.

## 2 Reorganization

Subsequent to the year-end, the Association was informed that the Workplace Safety and Insurance Board ("WSIB") approved a business case that would result in the Association either being amalgamated with other health and safety associations or be wound up and its operations integrated into a new legal entity. The business case anticipates that the initial steps of the reorganization will take place in 2009.

These financial statements have been prepared on the basis that the entity continues to be a going concern. The timelines for the reorganization and the resultant costs cannot be reasonably estimated. These financial statements do not reflect costs that may arise from the reorganization, other than as described in note 11.

## 3 Significant Accounting Policies

### Basis of presentation

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles. The significant accounting policies are as follows:

### Cash and short-term investments

Cash and short-term investments are defined as cash and highly liquid investments, consisting primarily of guaranteed investment certificates with maturities of less than one year.

### Capital assets

Capital assets are recorded at cost less accumulated amortization. Amortization is recorded on a straight-line basis over the following periods:

Furniture and office equipment	5 years
Computer hardware	3 years
Computer software	3 years
Telephone equipment	3 years
Leasehold improvements	straight-line over the remaining term of the lease

### Revenue recognition

The Association, which is funded by the Workplace Safety and Insurance Board ("WSIB"), follows the deferral method of accounting for funding. Restricted funding is deferred and recognized as revenue

when the related expense occurs. Unrestricted funding is recognized as revenue when received or receivable. Funding received for capital expenditures is deferred and recognized as revenue over the estimated useful life of the capital asset.

Training revenues are recognized when services are performed. Product sales revenue is recognized when the product is shipped.

Revenue from other initiatives is recognized when services are performed or costs eligible for reimbursement are incurred.

### Pension plan

The Association's contribution to a multi-employer, defined benefit pension plan are expensed when contributions are due.

### Free rent period

The Association has entered into a lease which provides a free rent period. The total amount of cash to be paid over the term of the lease is accounted for on a straight-line basis over the initial term of the lease (excluding any renewal periods). The amount payable is included in the accounts payable and accrued liabilities.

### Use of estimates

The preparation of financial statements, in conformity with Canadian generally accepted accounting principles, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and revenue and expenses for the period reported. Areas requiring the use of significant estimates include the amortization of equipment, liabilities associated with respect to defined benefit pension plan and the impact of the possible reorganization. Actual results may differ from these estimates.

### Future accounting changes

The Canadian Institute of Chartered Accountants ("CICA") has issued CICA Handbook section 4470, Disclosure of Allocated Expenses by Not-for-Profit Organizations, which outlines disclosures required when a not-for-profit chooses to classify its expenses by function and allocates some of its fundraising and general and administration costs to another function. The Organization will adopt these accounting changes effective January 1, 2009. The Organization is currently assessing the impact of these changes on its financial statements.

## 4 Cash and Short-term Investments

Cash and short-term investments includes an amount of approximately \$601,000 (2007 - \$423,000) which is restricted, as its use requires the concurrence of WSIB that the proposed uses are in accordance with the Association's objectives.

## 5 Capital Assets

	Cost	Accumulated Amortization	2008 Net	2007 Net
Furniture/office equipment	\$ 218,264	\$ 187,023	\$ 31,241	\$ 39,323
Computer hardware	135,245	126,765	8,480	16,960
Computer software	148,742	108,138	40,604	81,207
Telephone equipment	43,118	32,529	10,589	13,236
Leasehold improvements	274,943	155,840	119,103	132,336
	\$ 820,312	\$ 610,295	\$ 210,017	\$ 283,062

## 6 Deferred Revenue

During the year the Organization elected to follow the WSIB's Designated Entity Surplus Policy (the "surplus policy") dated January 1, 2008. This policy governs the use of operational surpluses realized by the Organization. This policy replaces the WSIB's Health and Safety Association Surplus Recovery Policy dated March 23, 2001. Under the surplus policy, the Association may use surpluses realized to support future activities that it has identified to the WSIB either as part of its business plan or, when new opportunities arise, when identified to the WSIB using the established process.

The Association must report to the WSIB on a semi-annual basis disclosing the balance of the surplus and its progress on the use of surplus funds. In the event that the organization does not use the surplus funds in compliance with the surplus policy, the WSIB may reduce future funding to the organization.

Deferred revenue consists of the following:

	2008	2007
Deferred revenue – operating	\$ 601,328	\$ 420,981
Deferred revenue – capital assets	210,016	283,062
	<b>811,344</b>	<b>704,043</b>
Less current portion of deferred revenue – operating	601,328	420,981
	<b>\$ 210,016</b>	<b>\$ 283,062</b>

Changes in deferred revenue are as follows:

	2008	2007
<b>DEFERRED REVENUE – OPERATING</b>		
Deferred revenue – operating, beginning of year	\$ 420,981	\$ 387,952
WSIB funding in excess of current year's expenditures	434,833	356,972
Current year's expenditures on WSIB approved special projects from prior year's restricted excess funding	(254,486)	(138,265)
Current year's expenditures from prior year's restricted excess funding related to capital assets		(185,678)
Deferred revenue – operating, end of year	<b>601,328</b>	<b>420,981</b>
<b>DEFERRED REVENUE – CAPITAL</b>		
Deferred revenue – capital, beginning of year	283,062	154,896
Capital asset funding	–	185,678
Amortization related to capital assets	(73,046)	(57,512)
Deferred revenue – capital, end of year	<b>\$ 210,016</b>	<b>\$ 283,062</b>

## 7 Pension Plan

Substantially all of the employees of the Association are members of the WSIB Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of participating members. The most recent actuarial valuation of the Plan as of December 31, 2007 indicated that the plan has an estimated actuarial surplus of \$116,625,000. The Association's employees represent less than 1% of the total number of employees under the Plan.

Contributions to the Plan made during the year by the Association on behalf of the employees amounted to \$195,361 (2007–\$191,256) and are included in the salaries and benefits on the statement of revenue and expenses.

## 8 Operating Lease Commitment

The company has entered into a lease for premises located in Toronto, Ontario, commencing on January 1, 2008 and expiring on December 31, 2017. Under the terms of the lease, the company is responsible for basic rent plus operating costs, property taxes and utilities. The company was granted a free rental period for the first 23 months of the lease. The minimum annual rental payments below have been calculated based on basic rent amounts.

Fiscal year ending in:	
2009	–
2010	\$ 5,835
2011	\$ 70,020
2012	\$ 70,020
2013	\$ 70,020
Thereafter	\$ 350,100

## 9 Financial Instruments

The carrying value of cash and short-term investments, accounts receivable, sundry receivables, accounts payable and accrued liabilities approximates their fair value due to the immediate or short-term maturity of these financial instruments.

## 10 Economic Dependence

The Association receives a significant portion of its revenue from the WSIB and as a result is economically dependent on the WSIB.

## 11 Contingencies

Included in accounts payable and accrued liabilities is an amount of \$80,000 for contingent liabilities related to staff restructuring and corporate reorganization. The accrual is based on management's best estimate of the costs.

## Mandate

The Ontario Safety Association for Community & Healthcare (OSACH) is a not-for-profit organization, designated as a Safe Workplace Association (SWA) under the Workplace Safety and Insurance Act (S.O. 1997). The mandate of OSACH is to educate and guide our healthcare and community services clients to proactively adopt occupational health and safety best practices and strategies that will prevent workplace fatalities, injuries and illnesses.

## Vision

To lead Ontario's community and healthcare workplaces to be the healthiest and safest through innovative solutions.

## Mission

The Ontario Safety Association for Community & Healthcare assists healthcare and community sector organizations and their workers to achieve safe and healthy work environments through the prevention of workplace fatalities, injuries and illnesses.

## Values

### Excellence

We strive for excellence, innovation and continuous quality improvement in all we do for clients and within our own organization.

### Knowledge

We provide knowledge services, taking the lead in identifying and sharing best practice solutions that advance workplace health and safety.

### Respect

We treat our clients with respect and dignity, recognizing their distinct needs and contributions.

### Integrity

We are honest, accountable, transparent and guided by professional values in the provision of our services.



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