



VGH Joint Occupational Health & Safety Committee Meeting Minutes

Name of Committee: VGH JOHSC

Worker Co-Chair: Dr Susan Moore
Employer Co-Chair: Karen Donaldson

Date: April 11, 2024

Time: 10:00 AM
Location: Zoom

AGENDA

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Roll Call 2. Determination of Quorum 3. Approval of Previous Joint Occupational Health and Safety Committee (JOHSC) Meeting Minutes <ul style="list-style-type: none"> • March JOHSC Minutes 4. Approval of Agenda <ul style="list-style-type: none"> • Additional Agenda Items per committee members 5. a) Review NEW Centralized Accident/Incident Reporting System (CAIRS) report of Accidents/Incidents <ul style="list-style-type: none"> • New CAIRS reports • PHSA Reports: 79977 & 80077 b) Review Accident/Incident reports with ongoing action items <ul style="list-style-type: none"> • 133882 (133867) Sharp Contact – Student scratched when using screwdriver to dislodge Velcro • 133965 Overexertion – Scooping food in Animal unit • 133904 (133883) Bodily Reaction – Fumes entering MAF • 134003 Chemical Spill - Reaction to Isoflurane 6. Review Workplace Safety Inspections (including any changes to equipment, machinery or work processes that may affect the health or safety of workers) <ul style="list-style-type: none"> • Research Pavilion Schedule: <ul style="list-style-type: none"> ○ Completed & Submitted for Review ○ Outstanding Reports: <ul style="list-style-type: none"> • APEL & Biobank: Karen/Joanne to provide update | <ul style="list-style-type: none"> ○ Scheduled Inspections: <ul style="list-style-type: none"> • Islet Lab 4th Floor Wet Lab (Yuan, Mitali) • Review any other Inspections Submitted for JOHSC attention • Faculty of Medicine Space Reviews <ul style="list-style-type: none"> ○ Action: awaiting onboarding for Stella’s Replacement <ol style="list-style-type: none"> 7. Review Education and Training <ul style="list-style-type: none"> • New Member training: Confirmation of outstanding members • VCH Safety Summit- May 6 — May 9 8. Ongoing Business – Status of Action Items <ul style="list-style-type: none"> • Chem Waste Room JBRC 113 – Karen to update committee on recommendations • Mold in JBRC Room 410 – resolving concerns with occupants • ICord Vivarium Isoflurane/CO2 release • Diesel Fumes – Metro Vancouver Site Visit to Carlsten Lab • Sharps Containers – Eye Care Centre 9. JOHSC Formal Recommendation Letters & Regulatory Inspections <ul style="list-style-type: none"> • See WSBC attachments in SRS Co-chair email 10. Safety and Risk Services Update <ul style="list-style-type: none"> • SRS Co-Chair email 11. Facility Updates <ul style="list-style-type: none"> • Fume Hoods • MAF Barrier Leak – Drilling Concern • Elevators 12. New and Other Business |
|---|---|



<ul style="list-style-type: none"> Road Safety 2nd Floor Dry Lab (Eunice/Mitali) Shared Labs 3rd floor wet lab (Ming-Wan, Kate) 	<p>13. Next Meeting: May 2, 2024</p> <p>14. Meeting Adjournments</p>
---	--

1. ROLL CALL					
Worker Representatives	Association/Union	Work Location	Present	Regrets	Absent
Susan Moore	Faculty Non-Bargaining	Prostate Centre - JBRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ming-Wan Su	Faculty Non-Bargaining	Research Pavilion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yuan Jiang	M&P AAPS	Blusson Spinal Cord Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eunice Li	Non Union Technicians and Research Assistants	OVCARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mitali Pandey	Non Union Technicians and Research Assistants	Prostate Centre - JBRC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danmei Liu	M&P - AAPS	Centre for Aging SMART – R.Ho	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orson Moritz	Faculty	Eye Care Centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Andee Biason	M&P - AAPS	UGME - Diamond Health Care Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yu-Chi (Pat) Chiu (A)	Non Union Technicians and Research Assistants	MAF JBRC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joanne Matsubara (A)	Faculty	Eye Care Centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zackary Grant (A)	Non Union Technicians and Research Assistants	Blusson Spinal Cord Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vivian Chung (A)	M&P - AAPS	Centre for Aging SMART – R.Ho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer Representatives	Work Location		Present	Regrets	Absent
Karen Donaldson	Facilities and Administration, VCHRI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stephanie Smith	MAF JBRC		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kate Orchard (A)	MAF JBRC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources/Guests	Work Location		Present	Regrets	Absent
Mardi Henderson	SRS (FoM)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Madeline Leighton	SRS (FoM)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. DETERMINATION OF QUORUM

- a. A minimum of 4 members;
- b. Worker representatives (faculty and staff workers who do not exercise managerial functions) and employer representatives (management workers who exercise managerial functions);
- c. At least half of the members must be worker representatives;

Is there quorum for this meeting?

** If quorum is not met, the meeting does not qualify as a monthly meeting. The monthly meeting will need to be rescheduled within the same month.*

Yes

No

3. APPROVAL OF PREVIOUS JOHSC MEETING MINUTES

(Statement to indicate minutes of previous meeting have been read & acknowledged and to record any corrections to it)

March JOHSC Minutes

- Move to adopt minutes. Moved by: Danmei Liu Seconded by: Andee Biason

Are the minutes approved?

Yes

No

4. ADDITIONAL AGENDA ITEMS & APPROVAL OF AGENDA

- NB- Update to mask policy

4 A. REVIEW ACTIONABLE ITEMS FROM LST MINUTES (if applicable)

Place actionable items under Accident/Incident Investigation, Safety Inspections, Correspondence, New Business etc. as applicable and assign proper item # for further discussion/action.

- No actionable items noted

Is the agenda approved?

Yes

No

5. REVIEW NEW CAIRS REPORT OF ACCIDENTS/INCIDENTS:

See attached incident report:

- Monthly Incident List & Statistical Summary Report *(For any general CAIRS information that requires discussion or action, please record under "New Business" e.g. make note of trends etc. Any incident-specific items and follow up requests are to be listed below)*
(See Legend at end for Priority and Status Codes)*



Item # (Use CAIRS Incident ID # and Incident Date)	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Follow up: Date Pending	Status
134159 (134162) 2024-04-03	C	<p>Fall: Staff member was carrying a table walking backwards up a ledge fell backwards hitting their head. At the time of incident did not call first aid for assistance, just used an icepack. Later called the Healthlink line who advise to go to urgent care the next day. Incident was then changed to time-loss.</p> <p>Root cause: Staff member carrying table backwards up a ledge, other staff member dropping the other end suddenly.</p> <p>Corrective Actions: Investigation is still ongoing</p> <p>Actions: Andee plans to visit the space and speak to the team for more details. Will follow-up regarding knowledge of first aid procedures. Karen will confirm whether the MSAC team can ask the VCH housekeeping to move furniture for them.</p>	Andee/ Mardi/ Karen	5/2/24	IP
134154 (134132) 2024-03-26	C	<p>Strain: Student supervisor was assisting a spinal cord injury patient onto standing frame. Care staff usually assists by adjusting the position of patient's torso, but in this instance did not put enough force into the transition, resulting in student supervisor awkward body positioning and pulling their back slightly. Dull pain for the rest of the shift and then returning to normal work activities.</p> <p>Root cause: Awkward body positioning due to improper transfer of patient. There is current guidance on body positioning during this activity. This incident will also be reviewed at the BSC LST.</p> <p>No further action for the JOHSC.</p>	Mardi/ Yuan	N/A	C
134028 (134064) 2024-02-20	C	<p>Gas Release: See March JOHSC meeting minutes. Confirmed there was no intentional release of gas. Gas cylinders were turned off, but valves and down meters were left on. This meant when the next person went to use the gas, the pipes on the valves suddenly popped off from the pressure. The researcher simply reconnected everything and went on with their work.</p> <p>Root cause: Person was not following SOP and rushing. Workers should turn off each valve on by one.</p> <p>Corrective actions: Equipment was inspected and confirmed to be in working order. SOP was distributed and discussed with Bavarian staff. This incident was discussed at the ICord LST meeting.</p> <p>No further action required</p>	Yuan/ Mardi	N/A	C



<p>134165 2024-04-04</p>	<p>C</p>	<p>Animal Bite: Student approached rabbit in holding room by putting out hand in incorrect manner. Rabbit felt threatened and bit, breaking the skin. Worker washed hand and returned to normal work duties. Rabbits have received weekly or bi-weekly procedures, however there is no risk of transmission of infectious materials. Root cause: Improper approach to animal by staff member resulting in animal feeling threatened and reacting Corrective actions: SOP and procedures have been reviewed. Worker has been allotted additional handling time with animals. Worker will not be alone with rabbits until staff are satisfied they are trained correctly. Madeline to change injury type and link IP and supervisor reports. All corrective actions complete, no further action required</p>	<p>Steph</p>	<p>N/A</p>	<p>C</p>
<p>134003 2024-02-28</p>	<p>C</p>	<p>In previous minutes- changed to incident only from medical treatment: Site visit no longer necessary since investigation and corrective actions are complete. SRS Research Team is looking into updating isoflurane guidance, as there has been an increase in isoflurane related incidents. VGH could be included in this trial or advise on best practices. When new guidance is ready to review Mardi and Steph to connect. No further action required</p>	<p>Steph/ Mardi</p>	<p>N/A</p>	<p>C</p>
<p>134002 (133965) 2024-02-26</p>	<p>C</p>	<p>Strain: See March meeting minutes. Supervisor report submitted. Ergonomic advisor has suggested trialing an exoskeleton to reduce strain on upper body. Steph to report back to committee on ergonomic equipment once arrived.</p>	<p>Steph</p>	<p>N/A</p>	<p>C</p>
<p>VCH #79977</p>	<p>C</p>	<p>Needle stick and exposure: Worker was taking pictures of cells, to get clear images sometimes air bubbles need popping. Worker was popping air bubbles with a needle; they then chose to recap needle instead of being disposed of and pricked their finger. Chance of exposure is very minimal and injured person has not noticed any swelling or changes to the finger, as it was not a deep cut. Root cause: Person had been doing repetitive cell line work for an extended period of time and may have been inattentive when injury occurred. Corrective actions: Supervisor advised worker to split up tasks to avoid doing repetitive work for an extended period of time where possible. All corrective actions complete, no further action required</p>	<p>Susan</p>	<p>N/A</p>	<p>C</p>
<p>VCH #80077</p>	<p>C</p>	<p>Stuck in elevator: Worker became stuck in elevator for approximately 5 minutes. Elevator had been out of service since March 8 due to an entrapment which last bout 60 mins. Once a month a regular check is done on the elevator by FMO. Elevator was turned back on without notification to VCHRI or building</p>	<p>Karen</p>	<p>N/A</p>	<p>C</p>



		<p>occupants. No repairs to address previous issue were completed. Enquiry had been sent by VPC Operations Manager to VCHRI questioning if elevator could be used—entrapment occurred before response received. Elevator dropped very quickly which caused pain in back, knees and shoulder—individual does have previous medical conditions to these areas which were aggravated by sudden stop. They used the emergency phone in the elevator with no response. They pressed the emergency alarm button repeatedly. The worker visited the doctor the next day after neck and chest began to hurt. Doctor did not recommend any changes in duties, just rest and heat. Individual was back at work on March 15. Elevator is still out of commission.</p> <p>Root cause: Lack of communication- information related to the risk was not conveyed between workers (same or different employers). Lack of communication between FMO, contractors and VCHRI about elevator being out of order and needing repair. Elevator should not have been put back in service after monthly check. Users should be notified whenever elevator put back in service and get verification that it's safe to use.</p> <p>Corrective actions: Karen followed up with the Energy Centre and advised she had not been notified it had been put back in service. Confirmation was received that it has been repaired, tested and put back in service. Karen re-requested notification from the Energy Centre when work has been complete for each occurrence, then tested JB Elevator #2 and after no concerns, circulated a building-wide e-mail notifying occupants it was back in service. Committee agreed it would be confusing for workers if signage that elevator was not in working order went up and down throughout the day (some days it occurred multiple times), and multiple e-mails were being circulated changing the status so frequently, building occupants were getting confused. It is also time consuming. Please let Karen and Kathleen know as soon as issues arise so they can be communicated with workers on site.</p> <p>No further action required</p>			
5b. INCIDENT/ACCIDENT INVESTIGATIONS WITH OPEN ACTIONS FROM PREVIOUS MEETING					
133882 (133867) 2024-02-13	C	<p>Sharp Contact: OT Student received minor scratch on forearm while using a small screwdriver to separate Velcro from a splint and tool slipped. Report is missing investigation details and corrective actions. Mardi to follow up with supervisor to gather more information</p>	Mardi	N/A	C



		<p>Update 4/11: Mardi followed up with supervisor and OT team were contacted. Since pliers were available and scratch was minor it was decided an update to procedures was not required.</p> <p>No further action required</p>			
133965 2024-02-26	C	<p>Overexertion: Employee experience sudden onset wrist pain while scooping animal food into bowls. Ergonomic team consulted before worker continues with that task. Steph to follow up with employee and submit supervisor report, confirm whether classification should be medical treatment or incident only. Mardi to fix dates on report as 2028 is listed</p> <p>Update 4/11: see 134002 (133965) above in section 5</p>	Steph/ Mardi	N/A	C
133904 2024-02-14	C	<p>Bodily Reaction: Another event involving fumes entering AC facility during generator testing. Previous corrective actions including communication of date and time of testing prior to occurring were not followed. Mardi and Karen have since spoken to VGH reiterating importance of prior notice. Facilities have completed the corrective action to add a dampener to the air intake to attempt to get clean air from a different area. Facilities to do air exchange testing to ensure changes have not drifted from the CCAC requirements. Karen to confirm when air exchange confirmation is complete.</p> <p>Update 4/11: One of the fixes was to close a damper on one side of the building – no outside air is being drawn inside that space thereby reducing diesel odors when the generators are in use. There are other locations that draw fresh air into the facility. The only concern we had was to ensure it doesn't have a negative effect on the air exchanges in this area (need to comply with CCAC guidelines). FMO advised they can test in 6 months to see if any impact. Karen to reach out to FMO in approx. August 2024. Committee member noted three additional incidents of fumes entering the space, but only minor. Staff did not need to evacuate the area and barely noticeable by two staff. Work orders were submitted; however, fumes had dissipated by the time FMO had checked the space. Karen asked to be contacted ASAP if future occurrences so she can try to attend (usually a short window).</p> <p>Item referred forward to August meeting</p>	Karen	8/1/24	RF
134003 2024-02-28	B	<p>Chemical spill: Worker was attaching flow key to bottle of isoflurane in preparation to put into vaporizer to use as anesthetic during surgery. Worker did not attach flow key correctly as notches were not lined up and therefore not fully screwed onto bottle causing liquid to leak out. Worker stopped immediately when they</p>	Mardi/ Steph	N/A	C



	<p>noticed liquid had leaked. Worker had severe reaction to isoflurane exposure; normal reaction includes headache and nausea, worker experienced confusion and lethargy. First aid was called and attended; worker declined to go to ER. Worker was moved to another room to sit down and was supervised by two staff members.</p> <p>Additional details: Approx. 12 other people in the room and none were affected. Unclear why the first aid attendant didn't escalate the situation to 911. Committee discussed the benefits of calling 911 if someone is having an adverse reaction at work. In the event the person still refuses to be treated by 911, then a conversation can be had between emergency personnel and IP. A number of safety precautions are already in place and workers are trained how to fill vaporizer. Supervisor notes that filling vaporizers is not a task done alone so another person is always in the room. Pat asked if using and operating anesthetic machines and filling isoflurane should be a task that should not be done alone. Mardi agreed it would be worth reviewing.</p> <p>Root cause: User error—the flow key was not attached properly causing liquid to leak out. Worker may also have high sensitivity to this compound.</p> <p>Corrective actions: Conversation is required between worker and OPH, because there is possibility of re-exposure due to nature of work.</p> <ul style="list-style-type: none">• All staff have been given a demonstration of the process of filling the isoflurane liquid.• SOPs were reviewed and decision has been made to add specific step by step instruction to fill vaporizer.• Flow key was reviewed to check for worn gasket which prevents leaking, was found in normal working order. Flow keys are regularly checked. <p>Actions:</p> <ul style="list-style-type: none">• Mardi to connect with Pat for a site visit• Steph to discuss with OPH whether other controls are required for this worker if there is a potential for a sensitivity to Isoflurane• Worker recommended to contact OPH to determine necessary measures when working with this anesthetic as there may be sensitivities• Steph/Pat to make additions to SOP to exclude Working Alone <p>WSBC IR circulated to committee & posted in immediate work area, see IR #202417748025A</p>			
--	--	--	--	--



		Update 4/11: See 134003 above in section 5		
--	--	---	--	--

6. REVIEW OF WORKPLACE SAFETY INSPECTIONS (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)

Distribute inspection checklist(s) and report(s) for meeting and use this table to record discussion and new recommendation(s)

- No Inspections Scheduled: no reports to review
- Inspections complete with no JOHSC follow up required: naming conventions listed below
- Inspections were delayed. Plan for rescheduling / follow up listed below
- Inspections require JOHSC action: listed below
- Reports were added to SharePoint

Link to [Research Pavilion Schedule](#)

Item # (Use Inspection #)	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Follow up: Date Pending	Status
GI- APEL Biobank- 2023-10-05-02	C	<u>Research Pavilion: APEL Lab and Biobank</u> Scheduled for November 9 th Update 12/7: Report is being finalized, Karen to distribute. Update 1/11: Referred Forward Update 2/1: Karen to finalize report Update 3/7: Karen to finalize report Update 4/11: Many corrective actions from the inspection have been completed, no major issues to note. Karen to send report.	Joanne and Karen	05/07/24	IP
GI-Psychiatry- 2023-10-05-04	C	<u>Psychiatry:</u> Mitali / Danmei: Report sent to Karen. Missing emergency information which Danmei sent, also missing Fire Alarm procedure. All other inspection items resolved. Karen to send Danmei fire alarm procedure Update 1/11: Referred Forward Update 2/1: Karen following up, has not heard back from PI. Wet lab is shared with multiple others that Karen is following up. Rooms 300, 315 are included in 3 rd floor wet lab that Ming-Wan is finishing with Kate Update 3/7: Report is finished, Karen to send a copy to Madeline to post on SharePoint site Update 4/11: Report received; inspection will be uploaded to SharePoint	N/A	N/A	C
Space Review Actions	D	Space Review: Outstanding action items from previous Space Reviews to be closed off. Committee agreed to set up sub-committee with action owners to	Mardi/Karen	05/07/24	IP



6. REVIEW OF WORKPLACE SAFETY INSPECTIONS (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)					
		<p>close off and assist with outstanding actions. Sub-committee will aim to meet bi-monthly until actions are closed. IRC have requested update on where space review action logs are with outstanding actions. Thank you Yuan and ICord team for completing space review actions. Mardi to set up meeting with Karen and Susan</p> <p>Update 1/11: Referred forward</p> <p>Update 2/1: Karen to go through with Mardi to check whether outstanding items are still relevant. Mardi to call Karen and set up a time to discuss</p> <p>Update 3/7: Onboard Stella’s replacement to assist with outstanding corrective actions</p> <p>Update 4/11: Stella’s replacement has been hired, outstanding items TBC. Mardi to arrange time with Susan and Karen to discuss.</p>			
Upcoming Inspections	C	<p><u>3rd Floor Wet Lab</u></p> <p>Update 3/7: Ming-Wan and Kate- time for inspection has not been scheduled. Karen waiting for lab to first confirm their work bench as they are currently working across 3 and not the 1 assigned to them. Karen to confirm time with Ming-Wan & Kate once update is received from lab</p> <p>Update 4/11: Ming-Wan waiting for Karen to give contact person so a time can be organized. Karen suggested moving on to another lab while we find out who is on each bench.</p> <p>Action: moving the 3rd floor to the end of the schedule until the benches in that area have been confirmed.</p>	Karen/ Ming-Wan and Kate	05/07/24	RF
Photomedicine Lab	C	<p>Photomedicine Lab Inspection-</p> <p>Report sent to Madeline from Eunice Feb 2nd. Committee is asked on the progress on following up on ‘unknowns’ identified in report. Karen confirmed herself, Joanne and Susan have checked spill kit. Evacuation points need updating—these are required for each lab. Karen to update</p> <p>Update 4/11: Karen to update</p>	Karen	05/07/24	IP
Road Safety Lab	C	<p>Road Safety Lab- Eunice & Mitali</p> <p>Part of this lab is shared; small issues were identified such as removing boxes on the ground and replacing non-lab safe chairs. However this lab is in the same room as another lab that has larger issues that is not included in this inspection. Issues include flammable chemicals stored on the ground. Karen</p>	Eunice/ Mitali	05/07/24	IP



6. REVIEW OF WORKPLACE SAFETY INSPECTIONS (including any changes to equipment, machinery or work processes that may affect the health or safety of workers)

		recommended only covering the Road Safety lab in this inspection and another required inspection will cover the other area of this room. Eunice and Mitali to complete inspection of specified area only Update 4/11: No response. Mitali to forward back to Karen to reach out to PI to organize			
Islet Lab	C	Islet Lab – Yuan & Mitali Have reached out to responsible PI to coordinate visit but have not yet heard back from them. Pending response.	Yuan/ Mitali	05/07/24	IP

* GI – General Inspection

7. REVIEW EDUCATION AND TRAINING

(General discussion, confirm all training is up-to-date, etc. For all actionable items please list below)

Item # (ED-yy/mm/dd-01)	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Follow up: Date Pending	Status
ED-24/02/01-02	E	Outstanding members for JOHSC Training: Update 4/11: Steph registered for May dates. All other members complete	Steph	5/2/24	IP
ED-24/04/11-01	E	VCH Safety Summit May 6th—9 th Register via Learning Hub If you attend please let us know so we can add training hours to membership on SharePoint.	ALL	N/A	C

* ED – Education and Training

8. ONGOING BUSINESS – Status of Action Items

Original Item #	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Follow up: Date Pending	Status
NB-23-12-07-02	C	Chemical Waste room JBRC 113 flagged by VCH: VCH insurers did a review of the room and has recommended ventilated cabinets to meet with BC Fire Code.	Karen/ Susan	05/07/24	IP



8. ONGOING BUSINESS – Status of Action Items					
		<p>Cabinets do not need to be ventilated but there does need to be ventilation within the room. Karen and Susan have looked into the issue and have consulted with Peggy. More waste is anticipated while other research rooms are being decommissioned. Bigger cabinets are being looked into, as well as a way to remove clutter from on top of the cabinets. Venting is also possible with double doors.</p> <p>Update 1/11: Chemical waste room is currently full with chemicals from decommissioned lab. Susan informed room does not require venting for flammables cabinet. A work order has been submitted to put vent into door for more ventilation without putting vent to outside of the building as is not possible. Susan/ Karen to provide update when room has had vent installed</p> <p>Update 2/1: Work order has been submitted for new door with grill however facilities are only working on urgent requests currently. Karen asked Peggy to look at the room to get recommendations. Cabinets do not need to be ventilated but if they do need to be replaced, may be able to purchase larger cabinet to hold more chemicals. Next disposal is scheduled for Feb 14.</p> <p>Update 3/7: Site visit with Peggy schedule for March 26th. Karen/ Susan to provide update at next meeting</p> <p>Update 4/11: Peggy advised a ventilated cabinet was not required. One yellow flammable cabinet needs replacing as it is wood. Size of cabinet can be larger if required as volume of chemicals is not applicable in a storage room. Eyewash bottles inside room and on exterior walls need replacing as they are not the correct type. Vent in door is not required as it is a fire door and would render door not fit for purpose. The vent is not required as the room is low risk due to being used or storage of chemicals only.</p> <p>Actions: Karen to replace eyewash bottles and organize replacement/purchase of cabinets required. Peggy to provide documentation to justify to send to VCH.</p>			
NB-24/02/01-02	E	<p>Mold in JBRC – Mold has been noted on ceiling and vents of 4th floor of JBRC, affecting south end where Immunity and Infection research group grow mold. Complaints about black particles coming down through air vents, external contractor cleaned all the vents. Issue was reported to FMO before Christmas, Proactive Hazmat onsite to test; awaiting report. Reminder to report any signs of mold such as peeling paint, particles, discoloration, soft walls, or allergies to</p>	Nick	N/A	C



8. ONGOING BUSINESS – Status of Action Items					
		<p>trigger an air quality assessment. Karen to provide updates as they are available.</p> <p>Update 3/7: Tests were completed in 3 areas- lab, hallway and cold room. No diffuser in Cold room, and one near entrance. Report showed very low detection and has been forwarded to SRS. Karen communicated that those affected in the room questioned the tests as it was not completed by microbiologists. Mardi confirmed UBC and VCH are required to get testing from an external contractor who use the correct testing procedures as regulated. Mardi offered to do a site visit if necessary and aid in the communication of the report with those affected. Mardi and Karen to connect on next steps</p> <p>Update 4/11: Nick reached out to workers in the room to see if they had specific questions with no response. Area was cleaned and tested, therefore in terms of the facility the issue is closed. If person still had questions please reach out to Nick.</p> <p>No further action required</p>			
NB-24/3/7-02	C	<p>ICord Vivarium: Committee discussed workers concerned when equipment was found running (potential for isoflurane or CO2 leak). Process should be to review the SRS to understand what the risk is. CAIRS can be used for ‘near misses’ so there are corrective actions documented. Mardi to follow up with Steph and Yuan.</p> <p>Update 4/11: Covered above in item 5</p> <p>No further action required</p>	Mardi/ Steph/ Yuan	N/A	C
NB-24/3/7-03	C	<p>Diesel Fumes: An anonymous complaint was filed with Metro Vancouver regarding the diesel fumes near the Research Pavilion. The estimated root cause is that the schedule that allows others to WFH on days the researchers run the engine was affected by the leap year. Schedule issue has now been rectified.</p> <p>Actions: Metro Vancouver to do a site visit with Karen, Nick, and Carlsten lab members on March 13th. A work order has been put in to check engine, replaced belts, check ducting is attached correctly. FMO have communicated the equipment belongs to the user and their responsibility is only to maintain. FMO are going to put maintenance of the equipment on their regular schedule, however committee is concerned this could be abandoned if/when FMO have a large amount of work orders. Karen has requested an SOP to check on roof</p>	Karen	05/07/24	IP



8. ONGOING BUSINESS – Status of Action Items					
		regularly so controls around scheduling and preventative maintenance are documented. Karen to communicate to occupants of the Research Pavilion results of Metro Vancouver will site visit. Update 4/11: Nick attended tour of space with Karen. Two vents on exterior of building were queried, neither related to air intakes. Nick brought previous air quality tests, one internal and one external. Currently awaiting Metro Vancouver to reply to see if there are further questions, concerns or recommendations.			
NB-24/3/7-05	C	Eye care Centre asked whether other units have changed their sharps containers to refillable rather than single-use containers. “Refillable” containers are still removed by VCH custodial so they were unclear how they would get a new “empty” vessel ready for filling once their container had been removed. No other committee members have had their replaced but will ask their areas if they have seen new containers. Committee members to report back regarding new sharps containers Update 4/11: Karen followed up with housekeeping and was told this is not something they are doing. Joanne confirmed only the Eye Care Clinic changed to reusable sharps container, Eye Care Research are continuing to use disposable sharps container. Communications went out saying reusable sharps container are needed for clinic. VCH only supply reusable containers for the clinic, they are not supplying disposable containers to research for UBC. Continue to use what they have. No further action required	Orson/ ALL	N/A	C

9. JOHSC FORMAL RECOMMENDATION LETTERS & REGULATORY INSPECTIONS (e.g. WorkSafeBC)						
Item # (use Recommendation or Report #)	Priority	Discussion and/or Action Items	Assigned To	Date of Issue	Date to be Completed	Status
IR #202417748025A	E	Incident at Jack Bell Research Centre on February 28 where a worker was exposed to Isoflurane	N/A	03/01/24	N/A	C
IR #202419279016A	E	On March 1 a worker dropped an ethylene oxide ampule causing it to crack. They immediately exited the room, informed their supervisor and contacted 911. The fire department responded and	Steph/ Mardi	03/04/24	N/A	C



9. JOHSC FORMAL RECOMMENDATION LETTERS & REGULATORY INSPECTIONS (e.g. WorkSafeBC)						
		the worker was released from the hospital after a medical examination Action: Steph to send Mardi a copy of their SOP as they do not put ampule in a bag and instead use a fume hood.				
IR #202416973032A	E	On March 25, 2024, a WorkSafeBC officer followed up on a report of an unsafe condition at the AMS Student Nest. An order was issued under section 3.10 of the OHSR as the unsafe condition as not rectified in a timely manner. For details on the process of refusing unsafe work, including steps to take and documentation requirements, please visit the SRS website: Refusal of Unsafe Work.	N/A	3/27/24	N/A	C

* REC – Recommendation Letter *IR – WorkSafeBC Regulatory Inspection

10. SAFETY & RISK SERVICES UPDATE					
Item # (SRS-yy/mm/dd)	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Date to be Completed	Status
SRS-24/03/28	E	<ul style="list-style-type: none"> • First Aid Regulation Changes: Changes come into effect on November 1, 2024. Mardi and Madeline are meeting next week to discuss the scope change for this campus. • BERP Submissions: Recommended to review annually • Day of Mourning: April 28th for people lost due to work-related incidents. More information and resources can be found at: https://dayofmourning.bc.ca/	ALL	N/A	C

11. FACILITIES UPDATES					
Original Item #	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Follow up: Date Pending	Status
VCH-23/10/05-02	B	<p>Fume hoods: Maintenance staff are working in mechanical areas to complete more repairs.</p> <p>Update 2/1: Maintenance confirmed fume hoods are working. Rain City review fume hoods when needed. Last year not all passed due to change in air handlers, but are still safe to use and not needed to be rechecked. Fume hoods in Research Pavilion are being replaced. These were scheduled to be installed</p>	Karen	N/A	C



11. FACILITIES UPDATES					
		<p>on Feb 5th however sink needs to be removed in order to get fume hood into room. Actions: Karen to facilitate plumbing an HVAC contractor to prepare for fume hood installation</p> <p>Update 3/7: Fume hoods in Research Pavilion: fans now need to be added in addition to sink being removed. Karen is waiting on response from FMO on next steps. If a fume hood is needed please ask for access to Room 300 from Karen. Fume hoods in Jack Bell Rm 436: work is ongoing; a phoenix valve is needing replacement, however this would require a 3-day shutdown during the week to the lab. Karen waiting to hear what the impact would be to those affect before confirming work. Karen to communicate with affected groups at JB Rm436. Provide updates when able</p> <p>Update 4/11: Phoenix valves have been fixed. The Research Pavilion still needs reviewing as the sink needs to be removed and a fan installed—for the time being staff can use the fume hood on 3rd floor. Karen has emailed building occupants to tell them about alternative fume hood and help make arrangements for those who need access.</p> <p>No further action required</p>			
VCH-23/10/05-04	B	<p>Leaks: See previous minutes for background context. Front façade & paving treatment:</p> <p>Update 2/1: Short term remediation plan is to fill with gravel and paving stones until root of the problem is identified as exploration is ongoing. Long-term plan to replace compromised infrastructure but this cannot happen until issue is identified. Action: Karen/ Kate to provide updates as they are available.</p> <p>Update 3/7: No more drilling has been completed, Karen still waiting to hear back from engineer. This will require future work, and intention is to do same type of tarring and stones to waterproof the area. FMO will try to reduce the smell of tarring entering the building but cannot be stopped entirely. Committee agreed communication to affected groups is key. Karen to provide updates as they are available.</p> <p>Update 4/11: Currently no drilling or tarring scheduled. Karen to communicate when work is scheduled. All Animal Workers area fixed except for one in front of sterilizer.</p> <p>No further action required</p>	Karen	N/A	C



11. FACILITIES UPDATES

VCH-23/10/05-01	B	<p>Elevators: JBRC elevator currently functioning between floors but cannot call from inside elevator. Karen has refrained from sending emails every time elevator starts/stops working. Issue with call button and panel inside cab which are awaiting new parts. Parts have been delayed.</p> <p>A new VP of Research has been hired, who has been tasked with maintenance of infrastructure. Karen to provide updates as they are available.</p> <p>Update 3/7: Karen bought repair person on site to reprogram elevator—Robert Ho elevator has been resolved. Karen to follow up on JBRC passenger elevator</p> <p>Update 4/11: Elevator confirmed working, refer to VCH #80077 in item 5</p>	Karen	N/A	C
-----------------	---	--	-------	-----	---

12. NEW & OTHER BUSINESS

<ul style="list-style-type: none"> General discussion items (list actionable items below) 					
Item # (NB-yy/mm/dd-01)	Priority	Action Plan (Actions Taken/Need to be taken)	Assigned To	Date to be Completed	Status
NB-24/04/11-01	D	<p>https://www2.gov.bc.ca/gov/content/covid-19/vaccine/proof#masks</p> <p>Declaration that flu season over, masks not required in health care areas. Keep masks accessible for return to work if illness happens. Review signage in work areas if they are still required.</p>	ALL	N/A	C
NB-24/04/11-02	C	<p>Yuan asked committee how other areas are disposing of wooden pallets, as housekeeping is no longer taking care of them.</p> <p>Actions: Yuan to connect with Karen</p>	Yuan/ Karen	05/07/24	IP
NB-24/04/11-03	C	<p>Yuan asked committee what to do about a person who has repeatedly been found trespassing on level 3 where the floor is not secured by swipe card entry. This person has been found walking around the floor, stealing food from the fridge. They call Paladin security, who escort the person out. Committee member suggested posting a picture of the person in a communal area, so that security could potentially be called earlier, and as a deterrent to the person himself.</p>	Yuan	05/07/24	IP
NB-24/04/11-04	C	<p>Steph noted that first aid (provided by Paladin security) took almost half an hour to respond after the incident involving the isoflurane exposure. Asked Mardi what is an acceptable amount of time to wait? Other committee members had also experienced delays in first aid response.</p>	Steph/ Mardi	05/07/24	IP



12. NEW & OTHER BUSINESS

		Actions: Mardi to follow up on Guidance from WSBC on recommended response times and preferred method to escalate issues where response is untimely or unsuitable.			
--	--	---	--	--	--

*NB – New Business

13. NEXT MEETING

Date:	May 2, 2024
Time:	10:00 AM
Location:	Zoom

14. MEETING ADJOURNED

Time:	11:10 AM
-------	----------

LEGEND

PRIORITY:		STATUS:	
A	Critical/Life threatening/high probability	N	New
B	Urgent/moderate probability of re-occurrence	R	Repeat
C	Important/low probability of re-occurrence	C	Complete
D	Reminders	IP	In Progress
E	Information	RF	Referred forward

Monthly Distribution and Posting of Approved Meeting Minutes (Required):

- Responsible VP
- Responsible Managing Director/Dean
- All JOHSC members
- Internal Communications Person
- Safety & Risk Services ubcsafety.committee@ubc.ca
- Posted on any Safety Bulletin Boards

Posting of Approved Meeting Minutes (Required):

- JBRC: IIRC – 4th floor & on-line
- RHNH: 7th Floor
- ECC: Room 379
- Blusson: Ground floor by deliveries
- JBRC: VPC – 5th Floor
- VPC Common Drive (employees access only)



- Skin Science (Dermatology): TBD
- RP: 1st floor mailroom 100
- [VGH SharePoint site](#)